REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2009
FOREWORD

The Regional Health Forums were established in January 2006, as an integral part of the reform of the Health Services.

The Forum’s function is:

"To make such representations to the Executive as the Forum considers appropriate on the range and operation of the health and personal social services provided within its functional area”.

I am delighted to have been voted as Chairperson of the Regional Health Forum, South in July 2009 succeeding Cllr. Hilary Quinlan.

I wish to acknowledge the commitment of the Members and the support of the Executive since I took up my position as Chairperson and I will endeavour to honour my commitment for the upcoming year.

Local/county meetings are being set up between Forum members/Local Health Managers and Local Hospital Managers. These local meetings will open up two-way communication between Managers and ourselves, allow discussion of local issues/concerns or follow up on Motions or Questions that have been put forward at Forum meetings.

On approval by members, the Report will be forwarded to your respective County/City Councils/Managers for circulation for the information of all members who may be interested in the work undertaken by the Forum in 2009.

I attach this Annual Report for 2009 which outlines the activities of the Forum to 31st December 2009.

Cllr. Thomas Maher,
CHAIRPERSON
REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr. Hilary Quinlan replaced by Cllr. Tom Maher July 2009
Vice-Chairperson: Cllr. Catherine Clancy re-elected July 2009

ACUTE HOSPITAL SERVICES AND POPULATION HEALTH COMMITTEE:

Vice-Chairperson: Cllr. Catherine Clancy replaced by Cllr. Pat O’Neill October 2009

PRIMARY, COMMUNITY AND CONTINUING CARE COMMITTEE:

Vice-Chairperson: Cllr. John Carey replaced by Cllr. Sean Lonergan October 2009

FROM JANUARY TO JUNE 2009

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr. Rody Kelly
Cllr. Thomas Kinsella
Cllr. William Quinn

MEMBERS REPRESENTING CORK CITY COUNCIL

Cllr. John Buttimer
Cllr. Fergal Dennehy
Cllr. Catherine Clancy
Cllr. Mary Shields

MEMBERS REPRESENTING CORK COUNTY COUNCIL

Cllr. Joe Carroll
Cllr. Jim Daly
Cllr. John Gilroy
Cllr. Tim Lombard
Cllr. Liam O’Doherty
Cllr. Kevin O’Keeffe
Cllr. Mark O’Keeffe
Cllr. Aileen Pyne
Cllr. Barbara Murray

MEMBERS REPRESENTING KERRY COUNTY COUNCIL

Cllr. Michael Cahill
Cllr. Michael Healy-Rae
Cllr. Tom Fleming
Cllr. Brendan Cronin
Cllr. John Sheahan
MEMBERS REPRESENTING KILKENNY COUNTY COUNCIL

Cllr. John Coonan
Cllr. Michael O’Brien
Cllr. Tom Maher
Cllr. Pat O’Neill

MEMBERS REPRESENTING SOUTH TIPPERARY COUNTY COUNCIL

Cllr. Liam Ahearn
Cllr Joe Donovan
Cllr. Dr. Sean McCarthy
Cllr. Billy Shoer

MEMBERS REPRESENTING WATERFORD COUNTY COUNCIL

Cllr. John Carey
Cllr. Dr. Tom Higgins
Cllr. Paddy O’Callaghan

MEMBERS REPRESENTING WATERFORD CITY COUNCIL

Cllr. Tom Murphy
Cllr. Hilary Quinlan
Cllr. Seamus Ryan

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL

Cllr. Leo Carthy
Cllr. Jimmy Curtis
Cllr. Anna Fenlon
Cllr. Larry O’Brien

On 5th June 2009, City and County Council 5 yearly elections took place. The following is the new Regional Health Forum, South Membership following these elections

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr. Wayne Fennell
Cllr. Arthur McDonald
Cllr. Jim Townsend

MEMBERS REPRESENTING CORK CITY COUNCIL

Cllr. Mick Barry
Cllr. John Buttimer
Cllr. Catherine Clancy
Cllr. Mary Shields
MEMBERS REPRESENTING CORK COUNTY COUNCIL
Cllr. Pat Burton
Cllr. Timmy Collins
Cllr. Danny Crowley
Cllr. Michael Hegarty
Cllr. Brendan Leahy
Cllr. Tim Lombard
Cllr. Barbara Murray
Cllr. Frank O'Flynn
Cllr. John O’Sullivan

MEMBERS REPRESENTING KERRY COUNTY COUNCIL
Cllr. Brendan Griffin
Cllr. Michael Healy-Rae
Cllr. Marie Moloney
Cllr. Terry O’Brien
Cllr. Bobby O’Connell

MEMBERS REPRESENTING KILKENNY COUNTY COUNCIL
Cllr. John Coonan
Cllr. Tom Maher
Cllr. Michael O’Brien
Cllr. Pat O’Neill

MEMBERS REPRESENTING SOUTH TIPPERARY COUNTY COUNCIL
Cllr. Liam Ahearn
Cllr. Mary Hanna Hourigan
Cllr. Sean Lonergan
Cllr. Dr. Sean McCarthy

MEMBERS REPRESENTING WATERFORD CITY COUNCIL
Cllr. Laurence O’Neill
Cllr. Hilary Quinlan
Cllr. Seamus Ryan

MEMBERS REPRESENTING WATERFORD COUNTY COUNCIL
Cllr. John Carey
Cllr. Tom Cronin
Cllr. Declan Doocey

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL
Cllr. Pat Cody
Cllr. Anna Fenlon
Cllr. Denis Kennedy
Cllr. Martin Murphy
STAFF REGIONAL HEALTH OFFICE – SOUTH

- Mr. Ger Crowley, Director
- Ms. Elaine O’Mahony, Administrative Manager
- Ms. Suzanne Sisk, Staff Officer
- Ms. Annette O’Connell, Clerical Officer
- Ms. Rita O’Sullivan, Clerical Officer

In October 2009, the CEO, Professor Brendan Drumm, announced that responsibility for delivering health and personal social services was being devolved from national level to the four geographic regions of HSE South, HSE West, HSE Dublin Mid Leinster and HSE Dublin North East. An Integrated Services Directorate replaced the National Hospitals Office (NHO) and the Primary, Community and Continuing Care Directorates.

Mr. Pat Healy (previously Assistant National Director, South PCCC Directorate) was appointed Regional Director of Operations (RDO) for HSE South covering counties Wexford, Carlow, Kilkenny, South Tipperary, Waterford, Cork and Kerry taking up the post on 5th October 2009. Ms. Anna-Marie Lanigan, Local Health Manager Carlow/Kilkenny was appointed as Interim Assistant National Director, HSE South in Mr. Healy’s place. Ms. Lanigan continues to hold responsibility as Local Health Manager in Carlow Kilkenny in conjunction with her new role. Mr. Gerry O’Dwyer (previous Network Manager, Southern Hospitals Group) was appointed Regional Director of Operations for HSE Dublin/Mid Leinster and subsequently Mr. Ger Reaney, who had been leading the Disability Services Care Group was appointed Interim Network Manager, Southern Hospitals Group in Mr. O’Dwyer’s place.

SENIOR MANAGEMENT

- Mr. Pat Healy, Regional Director of Operations, HSE South
- Mr. Ger Reaney - Interim Network Manager, Southern Hospitals Group
- Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group
- Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South
- Dr. Elizabeth Keane, Director of Public Health
- Ms. Christine Eckersley, Area Communications Manager, HSE South
- Ms. Raymonde O’Sullivan, Assistant National Director of Finance, HSE South
- Mr. Barry O’Brien, Assistant National Director of HR, HSE South
CONTENTS

Background Regional Health Forum, South .................................................... 10
HSE Updates Sent/Circulated to Members ...................................................... 14
Notice of Motions and Question Responses, Forum Meeting 15th January .......... 20
Notice of Motions and Question Responses, Forum Meeting 12th March.......... 34
Notice of Motions and Question Responses, Forum Meeting 14th May ............. 70
Notice of Motions and Question Responses, Forum Meeting 30th July ............. 84
Notice of Motions and Question Responses, Forum Meeting 24th September ..... 100
Notice of Motions and Question Responses, Forum Meeting 5th November ...... 122
Minutes of Forum Meetings – January to December 2009............................... 131
Regional Health Forum South

Background

The Health Act 2004 provided a legal framework for the establishment of the Health Service Executive (HSE) on a statutory basis. With effect from 1 January 2005, the HSE took over responsibility for the management and delivery of health services from the Eastern Regional Health Authority, the health boards and a number of other agencies.

Part 8 of the Act – “Public Representation and User Participation” – sets out at Section 42, the establishment of four Regional Health Forums (RHF).

The function of the RHF is “to make such representations to the Executive [of the HSE] as the forum considers appropriate on the range and provision of health and personal social services provided in its functional area...” The Forums comprise of representatives from the City and County Councils within the functional area of each Forum.

The establishment day for the Regional Health Forum, South was January 1st 2006. Its functional area is the administrative area of Carlow County Council, Cork City Council, Cork County Council, Kerry County Council, Kilkenny County Council, South Tipperary County Council, Waterford County Council, Waterford City Council and Wexford County Council. These Councils between them have appointed the 39 members of the Regional Health Forum, South.

The other 3 Regional Health Forums are:-

- Regional Health Forum, Dublin-Mid Leinster (40 members)
- Regional Health Forum, Dublin and North East (29 members)
- Regional Health Forum, West (40 members)

In line with Section 42 (7) of the Health Act 2004 the Health Service Executive provides administrative support to the Regional Health Forums. This is provided through the Regional Health Office.

Regional Health Forum Meetings

The Forum meets 6 times in a full year. Meetings in 2009 were held on:

Thursday 15th January 2009
Thursday 12th March 2009
Thursday 14th May 2009
Thursday 30th July 2009
Thursday 24th September 2009
Thursday 5th November 2009

The HSE is represented at the meetings by the Regional Director Of Operations, South, Director of the Regional Health Office, the Interim Assistant National Director PCCC South, the Hospital Network Managers for the Southern and South Eastern Hospitals Group, the Functional Manager for Population Health, the Communications Manager, the Assistant National Director of HR, and the Assistant National Director of Finance.
Committee meetings

The Regional Health Forum, South has established 2 Committees:-

(a) Acute Hospital Services and Population Health Committee
(b) Primary, Community and Continuing Care Committee (PCCC)

These Committees meet 4 times a year, rotating between Cork and Kilkenny and furnish reports and recommendations to the Forum. The Committee meetings for 2009 were held on:

12th February 2009
16th April 2009
22nd October 2009
10th December 2009

AGM/Election of Chairperson & Vice-Chairperson

Members elected Cllr. Tom Maher as Chairperson and Cllr. Catherine Clancy as Vice-Chairperson of the Forum at its AGM on 30th July 2009.

The Acute Hospital Services and Population Health Committee meeting held on 22nd October elected Cllr. Michael O’Brien as Chairperson and Cllr. Pat O’Neill as Vice-Chairperson.

The Primary, Community and Continuing Care Committee at its meeting on 22nd October elected Cllr. John Carey as Chairperson and Cllr. Sean Lonergan as Vice-Chairperson.

Standing Orders

Standing Orders which regulate the proceedings and business of meetings were agreed and adopted by the Forum members on the 4th May 2006.

Notices of Motions

As per Standing Orders each Member can submit one Notice of Motion 10 clear days prior to a meeting. Motions are circulated with the agenda to each Member and responses are provided and debated at the meeting. In 2009, 40 Notice of Motions were adopted by Members and forwarded by the Director of the RHO to the Office of the Chief Executive Officer.

Questions

As per the Standing Orders, one written Question per Member can be submitted to the Regional Health Office ten clear days before a Forum meeting. Written answers prepared by the appropriate service are circulated at the meeting. In 2009, RHF South Members submitted 36 Questions.

Presentations

The following presentations were delivered to the Forum Members in 2009:-
• Reconfiguration of Acute Hospital Services – Ms. Margo Topham, General Manager, Hospital Network Office
• Service Plan Presentation 2009 – Senior Managers
• Presentation on Influenza - Dr. Elizabeth Keane, Director of Public Health
• "Exploding Myths", Attendances at A/E Departments – Mr. Tony McNamara, General Manager, Cork University Hospital
• Health Status Report – Dr. Tim Jackson, Specialist in Public Health Medicine
• Influenza AH1N1 (Swine Flu) – Dr. Tim Jackson, Specialist in Public Health Medicine
• Current Status of the Reconfiguration of Health Services, Cork/Kerry – Professor John Higgins, Project Director, Reconfiguration of Acute Services
• Cardiac/Renal Project, Cork University Hospital – Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group
• West Cork Emergency Medical Services – Mr. Kieran Henry, Advanced Paramedic, West Cork/Professor John Higgins, Director of Reconfiguration

Acute Hospital Services and Population Health Committee Presentations/Updates in 2009 included:-

• Verbal Report on Review of A/E Departments in Cork – Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group
• Report on the Reconfiguration of Acute Hospital Services in the South East – Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group
• Report on the number of stillbirths in Waterford Regional Hospital – Dr. Orlaith O’Reilly, Director of Public Health
• Update Report on the new A/E Project, Kerry General Hospital – Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group
• Verbal Update Report on the provision of a helipad at Bantry General Hospital and Cork University Hospital – Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group
• Update Report on the HSE’s Financial situation
• Presentation on “Alcohol Misuse in an Acute Hospital Setting” – Mr. Paul Goff, Substance Misuse Liaison Officer, Waterford Regional Hospital
• Modernisation of Acute Hospital Services, Hospital Group South East – Ms. Breda Kavanagh, Project Manager

PCCC Committee Presentations/Updates in 2009 included:-

• Update Report on the Health Centre, Callan – Mr. Pat Healy, Assistant National Director, South, PCCC Directorate
• Report on centralisation of catering services, St. Columbanus Home – Mr. Pat Healy, Assistant National Director, South, PCCC Directorate
• Report on the Sale of Lands to support Mental Health Services – Mr. Pat Healy, Assistant National Director, South, PCCC Directorate
• Update Report on the Audiology Services Review – Mr. Pat Healy, Assistant National Director, South, PCCC Directorate
• Update Report on the HSE’s Financial situation
• Update Report on Drug and Alcohol Services – Ms. Gretta Crowley, Local Health Manager, South Lee Community Services
• Update Report on Primary Care Teams and Primary Care Centres – Ms. Anna-Marie Lanigan, Interim Assistant National Director, PCCC South
• Presentation on a “A Fair Deal”, Nursing Home Support Scheme – Mr. Michael Fitzgerald, A/Local Health Manager, Kerry Community Services
Dates for 2010 Meetings

Forum Meetings

- Thursday 11\textsuperscript{th} February 2010
- Thursday 11\textsuperscript{th} March 2010
- Thursday 13\textsuperscript{th} May 2010
- Thursday 17\textsuperscript{th} June 2010
- Thursday 23\textsuperscript{rd} September 2010
- Thursday 18\textsuperscript{th} November 2010

Committee Meetings

- Thursday 15\textsuperscript{th} April 2010
- Thursday 1\textsuperscript{st} July 2010
- Thursday 21\textsuperscript{st} October 2010
- Thursday 9\textsuperscript{th} December 2010
<table>
<thead>
<tr>
<th>Date</th>
<th>HSE Updates and Press Releases Sent/Circulated to Members in 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/01/2009</td>
<td>HSE Urges People in High Risk Groups to Get the Flu Vaccine</td>
</tr>
<tr>
<td>13/01/2009</td>
<td>Call for Submissions for Rehabilitation Strategy (National Advert)</td>
</tr>
<tr>
<td>21/01/2009</td>
<td>Disposal of Unused Medicines Properly (DUMP)</td>
</tr>
<tr>
<td>22/01/2008</td>
<td>Roscommon Childcare Case</td>
</tr>
<tr>
<td>26/01/2009</td>
<td>First Nurse Prescriber for Castletownbere Community Hospital</td>
</tr>
<tr>
<td>30/01/2009</td>
<td>CEO Confirms €20m Modernisation of South Tipperary Mental Health Services</td>
</tr>
<tr>
<td>02/02/2009</td>
<td>Elder Abuse – It’s Happening</td>
</tr>
<tr>
<td>09/02/2009</td>
<td>Opening of New OPD St. Lukes General Hospital</td>
</tr>
<tr>
<td>19/02/2009</td>
<td>Information on the Application Process for the Over 70’s Medical Cards</td>
</tr>
<tr>
<td>25/02/2009</td>
<td>National No Smoking Day – It Makes ‘Cents’ to Quit!</td>
</tr>
<tr>
<td>06/03/2009</td>
<td>Official Opening of Tabor Lodge</td>
</tr>
<tr>
<td>06/03/2009</td>
<td>Appointment of Project Director – Reconfiguration of Acute Hospital Services, HSE South</td>
</tr>
<tr>
<td>09/03/2009</td>
<td>New National Standard for Residential Care</td>
</tr>
<tr>
<td>11/03/2009</td>
<td>Non Consultant Hospital Doctors – Shorter Working Hours</td>
</tr>
<tr>
<td>13/03/2009</td>
<td>Press Statement Following HSE Board Meeting on 12/3/09</td>
</tr>
<tr>
<td>16/03/2009</td>
<td>HSE Media Statement – Euthanasia Lecture</td>
</tr>
<tr>
<td>24/03/2009</td>
<td>CEOs Statement to Joint Oireachtas Committee on Health and Children</td>
</tr>
<tr>
<td>27/03/2009</td>
<td>Appointment of HSE’s Clinical Directors</td>
</tr>
<tr>
<td>03/04/2009</td>
<td>HSE Welcomes Recommendations of the Mental Health Commission Inquiry Report into South Tipperary Mental Health Services</td>
</tr>
<tr>
<td>07/04/2009</td>
<td>HSE Welcomes Minister’s Decision to Proceed with CF Unit, St. Vincent’s Hospital, Dublin</td>
</tr>
<tr>
<td>14/04/2009</td>
<td>Heart Health Awareness Evening in Castleisland</td>
</tr>
<tr>
<td>27/04/2009</td>
<td>BreastCheck Update for County Kerry</td>
</tr>
<tr>
<td>Date</td>
<td>Title</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>28/04/2009</td>
<td>HSE South Media Statement – Emergency Dept Kerry General Hospital to remain Open X 24 hours</td>
</tr>
<tr>
<td>29/04/2009</td>
<td>HSE Media Statement – Swine Flu</td>
</tr>
<tr>
<td>05/05/2009 &amp; 08/05/2009</td>
<td>HSE Media Statement – St. Patrick’s Hospital Waterford Change of Provider for Dialysis Services Carlow/Kilkenny</td>
</tr>
<tr>
<td>06/05/2009</td>
<td>HSE Media Release – Update on Influenza A (H1N1) Swine Flu</td>
</tr>
<tr>
<td>06/05/2009</td>
<td>HSE Media Statement – Heating Turned on 24/7 All Year Round – St. Columbanus Home, Killarney</td>
</tr>
<tr>
<td>11/05/2009</td>
<td>Press Release on Residential Services for People with Disabilities</td>
</tr>
<tr>
<td>12/05/2009</td>
<td>HSE Media Statement – Response to Monageer Inquiry Report</td>
</tr>
<tr>
<td>15/05/2009</td>
<td>Immunisation Uptake Rates Improve Reaching Almost 95% Target</td>
</tr>
<tr>
<td>18/05/2009</td>
<td>Say No To Ageism Week</td>
</tr>
<tr>
<td>18/05/2009</td>
<td>HSE Launches Campaign and New Research To Help Smokers Quit</td>
</tr>
<tr>
<td>20/05/2009</td>
<td>Press Release on Acute Hospital Services Review</td>
</tr>
<tr>
<td>20/05/2009</td>
<td>“A Safe Place to Be Heard” – Harbour Counselling Service</td>
</tr>
<tr>
<td>28/05/2009</td>
<td>HSE Annual Report 2008 Published</td>
</tr>
<tr>
<td>04/06/2009</td>
<td>HSE Health Status Report Shows the Health of the Nation</td>
</tr>
<tr>
<td>09/06/2009</td>
<td>Launch of Teamwork Report – Acute Services Review</td>
</tr>
<tr>
<td>12/06/2009</td>
<td>DOHC and HSE Joint Press Release – Update on Influenza A(H1N1)</td>
</tr>
<tr>
<td>18/06/2009</td>
<td>HSE Completes Report into Incident of Stolen Laptops</td>
</tr>
<tr>
<td>16/07/2009</td>
<td>DOHC Publishes Final Report of the Commission of Investigation into Leas Cross Nursing Home</td>
</tr>
<tr>
<td>16/07/2009</td>
<td>HSE Response to Publication of Commission of Inquiry into Leas Cross</td>
</tr>
<tr>
<td>16/07/2009</td>
<td>Community Welfare Services Cork/Kerry Affected by Industrial Action</td>
</tr>
<tr>
<td>20/07/2009</td>
<td>HSE Moves to Treatment Phase of Influenza Pandemic</td>
</tr>
<tr>
<td>21/07/2009</td>
<td>Reporting on Suicide</td>
</tr>
</tbody>
</table>
23/07/2009  Plan for Influenza Pandemic – HSE Advice to Business Community
23/07/2009  HSE Confirmation 867 Pharmacies will be open for Medical Card/Other State Drugs Scheme Business from 1/8/09
28/07/2009  HSE Publishes List of Pharmacies Open for State Drugs Business Scheme
29/07/2009  HSE Rolls Out Emergency Multilingual Aid Box to All Acute Hospitals
29/07/2009  Pharmacy Dispute Update
29/07/2009  HSE Response to Ryan Report Implementation Plan
29/07/2009  HSE Media Release – Looking After Your Mental Health in Tough Times
31/07/2009  HSE Update on Pharmacies Open for Business Under State Drug Scheme
07/08/2009  Methadone Maintenance Service
11/08/2009  HSE Pharmacy Update – Over 50 Pharmacies Wish to Recommence dispensing Under State Drugs Scheme
12/08/2009  HSE Pharmacy Update – Resumption of Normal Community Pharmacy Services
25/08/2009  Mercy University Hospital Strategic Plan 2010 – 2014
01/09/2009  Fermoy Community Hospital Benefits from Substantial Local Donation
02/09/2009  Media Release – Annual Report National Office for Suicide Prevention
02/09/2009  Kerryman Article – Success for CF Campaigners
10/09/2009  Suicide Prevention A Priority for the HSE South – World Suicide Prevention Day on 10th September
11/09/2009  Media Release – Business Opportunities for Small and Medium Enterprises With the HSE
28/09/2009  HSE Launches 2009 National Annual Flu Vaccination Campaign
29/09/2009  HSE Statement re Cancelled Day Patient and In-Patient Procedures 29th September
05/10/2009  Minister Harney Announces Fair Deal to start on 27th October 2009
06/10/2009  Cork Maternity Hospital Holds Service of Remembrance
09/10/2009  Major investment in HSE South Addiction Services
13/10/2009  Report on Services for People with Cystic Fibrosis
15/10/2009  HSE Press Statement – Swine Flu Vaccination Programme Announced
22/10/2009  Project Clinical Lead Appointed for Modernisation of Acute Hospital Services, South East
27/10/2009  Fair Deal – Nursing Home Support Scheme
28/10/2009  Launch of Riverstown Glanmire Primary Care Team
29/10/2009  Mass Vaccination Clinic – Swine Flu Campaign
30/10/2009  Visitor Restrictions Cork University Hospital and Cork University Maternity Hospital due to Swine Flu
06/11/2009  Future of Maternity Services, Kerry General Hospital
10/11/2009  First HSE South Advanced Paramedic Deployed in West Cork
13/11/2009  Contingency Plan for 24 Hour Strike to take place on 24th November 2009
13/11/2009  HSE Weekly Update on Swine Flu and Vaccinations
16/11/2009  HSE Launches Health Services Intercultural Guide
18/11/2009  Review of Emergency Departments and Pre-Hospital Emergency Care in Cork and Kerry
25/11/2009  HSE South Announces Community Welfare Services for Flood Victims
26/11/2009  HSE Outlines Advice and Services For Those in Flood Affected Areas
01/12/2009  HSE Launches Alcohol Service in Emergency Departments
04/12/2009  HSE Media Statement – Update on Swine Flu
30/12/2009  HSE Media Release – Review of the HSE Information Line 1850 24 1850
30/12/2009  Cork University Hospital Implements Timed Out-Patient Appointments to Improve Service for Patients
30/12/2009  Farm and Rural Stress Helpline – A Lifeline for Rural People
31/12/2009  New Year – New You!
31/12/2009  Keeping the Public Informed about the Swine Flu Pandemic
NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
15th JANUARY 2009
NOTICE OF MOTIONS 15th JANUARY 2009

Notice of Motion 5(b)

“That this Forum recommend the use of respite and long term beds be flexible at St. Patrick’s Hospital, Fermoy to meet the patient admission requirements for the catchment area i.e. where a long term stay patient is awaiting admission where no long term stay beds are available but where respite care beds are free at that time and vice versa”.

Cllr. Kevin O’Keeffe

St Patrick’s Hospital Fermoy provides continuing care, respite care, convalescent care and palliative care for older people in the Fermoy area. The majority of beds are used to meet the needs of older people who can no longer live independently in their own homes and require long term residential care. Admission to a long stay bed is co-ordinated by the Aged Care Evaluation team and while demand for long stay beds is high, access is usually facilitated within a short time. The criteria for access to long stay beds mean that only those with high to maximum needs are considered for admission. At times when demand for continuing care beds is reduced, long stay beds may be re-configured to facilitate older people who require emergency respite admission on a short term basis.

While this flexibility is built into the system of bed usage, it is not good practice that respite beds are used to facilitate access to long stay beds. Respite care is a key element of supporting older people to continue living in their own homes and there is always a high demand for this type of service and admission to a respite bed which is usually planned well in advance. It is also essential in supporting those caring for older people in the community. If respite beds are used to facilitate long stay care, there is an inherent risk that the availability of respite beds will be reduced and this will have a negative impact on supporting older people and their carers to be maintained at home within their own communities.

Mr. Pat Healy, Assistant National Director South, PCCC Directorate

Notice of Motion 5(c)

That the HSE South clarifies:-

(i) “Why are 4 beds currently left empty (1 for over five years) at the 15 bed Bridgeview House, Intellectual Disability Unit and Activation Centre, Ballydribeen, Killarney which was built in 2000 for €2.4m?”

(ii) “Why is the specially designed Activation Centre which includes the most modern Multi-sensory Snoexelen Therapy equipment and specially designed Therapeutical Jacuzzi bath never been used in the 8 years since it was built and prior to December 6th 2008 when was the last admission of a new client to Bridgeview House (apart from the current short term respite client)?”

Cllr. Brendan Cronin
Cluain Fhionnain is a residential care centre specifically for people with intellectual disability. The Unit comprises of a total of 30 beds (including two respite beds) in two 15 bed units – Bridgeview House and Archview House. There are no beds closed at Cluain Fhionnain Intellectual Disability Unit. Currently there are a total of 4 vacant beds.

A review of bed occupancy in Bridgeview House since Jan 2001 shows that the occupancy levels ranged from 14/15 beds from Jan 2001 to April 2005. Between April 2005 and April 2007 the unit was fully occupied (15 beds). Following the deaths of 2 patients in the period April 07 to Sept 08 the occupancy was reduced to 13 beds. The transfer of a patient to accommodation more appropriate to his needs and the death of a patient in Oct 08 brought the occupancy to the current level of 11 beds.

The last non respite admission to the unit was on the 26th April 2005 and as stated above the unit was fully occupied up to April 2007.

During 2008, the unit was operating on a reduced occupancy rate for a period of time which was necessary due to the identified high level needs of some of the residents at that time. This was necessary from a health and safety perspective for both patients and staff and also to ensure a continued high level of quality care for all patients.

The clinical team with responsibility for the unit assess patients on an ongoing basis with regard to the appropriateness of admission to the unit whether on a long term basis or for respite care.

The Activation Centre at Cluain Fhionnain is used by patients from the Intellectual Disability Unit and St. Finan’s Hospital. The Centre has a range of facilities which provides for physical activities and light occupational therapy including art and drama etc. Clients engage in the appropriate activities on the basis of their assessed need and level of dependency.

Mr. Pat Healy, Assistant National Director, South PCCC Directorate

Notice of Motion 5(d)

“To ask the HSE South Management, what progress has been made to provide a site for the Irish Wheelchair Association on the grounds of St. Finan’s Hospital Killarney which was promised back in 2007?”

Cllr. John Sheahan

The HSE is committed to facilitating the development of a resource centre for persons with physical and sensory disability and for such a unit to be provided in Killarney. This unit will provide services to a range of clients including those of the Irish Wheelchair Association.

The HSE, on foot of a Government decision in relation to mental health property, is looking at all options that will maximise the return from the disposal of lands in St. Finan’s Hospital Campus. Priority development requirements for Killarney include the provision of replacement accommodation for those patients currently accommodated.
in St. Finan’s Hospital, Killarney, the continued development of community mental health services in Killarney, the development of a primary care centre and network accommodation for the HSE staff providing services to the population of East Kerry.

In addition to these immediate requirements, the HSE has also identified the need to develop a range of other community support services for both the elderly and persons with physical and sensory disabilities. Included in the HSE’s plans for a number of years has been the provision of a resource centre in Killarney for persons with physical and sensory disability. The HSE’s commitment to the facilitation of this development in Killarney continues and the development of a resource centre in Killarney, either on the grounds of St. Finan’s Hospital or on an alternative site in Killarney, continues to be a priority for the HSE and is included in the rolling Capital Development Programme 2009-2013. The timing of the implementation of this development is dependent on the review of the National Development Plan which is currently ongoing. The HSE provided funding to enable an accommodation brief to be drawn up for the resource centre and this brief will inform the HSE in its deliberations in relation to the provision of the resource centre for Killarney.

Mr. Pat Healy, Assistant National Director, South PCCC Directorate

Notice of Motion 5(e)

That the HSE South would provide details on the number of requests for ASD Services as outlined below in the Cork region in 2006, 2007, 2008

- the number of assessments completed each year
- the age range of the children referred
- the number of ASD confirmed cases
- the average waiting time for assessment
- the level and type of intervention provided following assessment
- the impact of the assessment of need process on the diagnosis of ASD and the provision of intervention

Cllr. John Buttimer

<table>
<thead>
<tr>
<th>Year</th>
<th>No. assessments completed each year</th>
<th>Age range of children referred</th>
<th>No. ASD confirmed cases</th>
<th>Average waiting time for assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>133</td>
<td>2 – 18 years</td>
<td>74</td>
<td>12 months for U6. Over 6 – 20 months</td>
</tr>
<tr>
<td>2007</td>
<td>106</td>
<td>2 – 18 years</td>
<td>78</td>
<td>U6 – 3 months. Over 6 – 23 months</td>
</tr>
<tr>
<td></td>
<td>No. assessments completed each year</td>
<td>Age range of children referred</td>
<td>No. ASD confirmed cases</td>
<td>Average waiting time for assessment</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------</td>
<td>------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td><strong>2008 North Lee</strong></td>
<td>59</td>
<td>20months – 14 years.</td>
<td>51</td>
<td>3 months for U6 years. 2.5 years over 6 years</td>
</tr>
<tr>
<td><strong>2008 South Lee</strong></td>
<td>135</td>
<td>18 months – 18 years</td>
<td>112</td>
<td>3 months for U6 years. 27 months for over 6 years.</td>
</tr>
<tr>
<td><strong>2008 West Cork</strong></td>
<td>25</td>
<td>2½ years to 17 years</td>
<td>18</td>
<td>3 months for U5; 12 months for over 5’s</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>No. assessments completed each year</th>
<th>Age range of children referred</th>
<th>No. ASD confirmed cases</th>
<th>Average waiting time for assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2008 North Cork</strong></td>
<td>Psychology in 2008 = 17 Assessments completed</td>
<td>0-18 Years</td>
<td>In 2008 there were 12 confirmed cases - Psychologist on sick leave for 5 months in 2008</td>
<td>Based on current waiting list of 42, there would be a 12 month waiting list</td>
</tr>
</tbody>
</table>

*Up to 2007, the Regional ASD Team was the only team providing ASD assessments for all areas. Since 2008, each Local Health Office area has operated their own ASD Team. Each LHO area inherited a list from the Regional Autism Spectrum Disorder Service.

**THE LEVEL AND TYPE OF INTERVENTION PROVIDED FOLLOWING ASSESSMENT**

The types of interventions include:

- Individual / group therapeutic sessions for children from disciplines of Psychology, SLT, OT, Social Work, physiotherapy
- Program development
- Ongoing assessment and monitoring of progress
- Consultation and training with school staff
- Parent support and training
- Sibling support
- Transition programs
- Home support
- One to one teaching for children aged 0-4 years

The level and types of intervention varies according to the identified needs of the child and family.

- Intervention is provided by 5 core disciplines (psychology, SLT, Occupational therapy, Social Work, Physiotherapy) and access home support. Not all disciplines are required for all children and the input from each discipline may vary depending on the age of the child and their individual profile. Intervention may also vary with the stage of the child’s education e.g. increase in need during periods of transition.
THE IMPACT OF THE ASSESSMENT OF NEED PROCESS ON THE DIAGNOSIS
OF ASD AND THE PROVISION OF INTERVENTION

The Assessment of Need Process has had the following implications:

- Some staff have been reassigned to work in dual roles i.e. intervention work and diagnostic/assessment work. A number of these staff had been employed previously in Intervention posts only.
- The waiting time for initial assessment and diagnosis has reduced dramatically for those children who apply under the Disability Act (children under 5 years of age).
- A greater number of children under 5 years are now being seen and being seen at a younger age.
- Parents of these children (under 5 years of age) have an expectation of services and interventions following diagnosis. There is considerable media awareness around the impact of "Early Intervention" which raises hope and expectations.
- Waiting times for intervention services to children under 5 years have increased considerably in some areas leading to high levels of frustration and anger in parents. In other areas with fewer assessment requests, the process has fast tracked access to interventions.
- Children under 2 years need additional services to those of older children. Many of these services are not currently available and children are being referred to non-ASD Early Intervention Services. These services in turn are now requiring ASD Specific training.
- The waiting time for initial diagnosis/assessment for children aged 5+ years has increased.
- The waiting time for intervention for children aged 5+ years has also increased. The situation for some of the older teenagers is such that they will never access intervention unless additional resources are put in place.
- There is continual pressure to complete assessments ordered under the Act. These referrals are unpredictable in their number and their delivery. Appointments are given well in advance. However should a number of AON requests be received at the same time, it may be necessary to defer assessments of older children to accommodate the referrals under the Act to comply with the time deadlines.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

*********

Notice of Motion 5(f)

“That the HSE South would put in place the proper facilities to deal with the large number of patients with special needs who are awaiting dental treatment.”

Cllr. Catherine Clancy

Public dental treatment is provided to people with Special Needs through the public dental service provided in each local health office area. All persons with Special Needs, whether adult or child, are eligible to avail of the services provided by the HSE, i.e. immediate access to emergency care & early access to routine care. Every effort is made to ensure that clients do not have to wait unduly for these services and all waiting lists are reviewed and prioritised regularly.
The Principal Dental Surgeons co-ordinate the service and have dentists employed in each area who are qualified to deliver routine care including cleaning, extractions and fillings to people with special needs. Referrals are accepted from Intellectual Disability Service Providers, parents/carers, GPs, and private Dentists etc. This service continues to be provided routinely up to the level of specialism that the HSE clinic dentists have the capacity to provide. In less complex cases, this may include treatment under sedation. The HSE has supported the development of the skills and expertise of PCCC Dentists to deliver certain specialist services to children who require treatment under General Anaesthetic. One Dentist in the Region has also developed expertise in the delivery of care under Anaesthesia to adults with special needs.

However, when a general anaesthetic is required for more complex cases, the HSE needs to make a referral to the Dental School Dentists who provide the treatment under anaesthetic in the Cork University Hospital Dental Theatre.

**Dental Care For Adults With Special Needs Using General Anaesthetic**

The School of Dentistry has a weekly theatre session in Cork University Hospital to deal with the waiting list for both adults and children. Prior to 2008, this service had been provided by the Dental School under the Service Agreement that operated between the HSE and UCC. The issue of theatre dental services for adults with special needs arose in the South West during 2007 when the Dental School attached to UCC notified the HSE that they intended to discontinue providing a service to the adult cohort with special needs.

The School did indicate that they would complete the waiting list that existed up to the point when the service ceased in 2007 but no new referrals would be added to the list. Since that time, the HSE has maintained details of the clients who have been refused the service from the Dental School. Currently, the remaining adults on the Dental School waiting list are still being treated and work continues to address this. The HSE waiting list has not yet been addressed. The Dental School have committed to continuing the provision of emergency treatment only, to adults, under anaesthesia – usually extractions. The HSE is currently in the process of reconfiguring Dental Theatre Services in order to make provision for theatre time in order to enhance and increase the level of routine dental care to adults with Special Needs who require anaesthesia. This development is currently being negotiated with existing staff who utilize theatre time in CUH as the inclusion of a dedicated service for adults with Special Needs will have an impact on existing services for children. Every effort will be made to ensure there is a minimal adverse effect on the services available for children. There is a broad recognition and consensus that a service should be established for adults. The service currently being negotiated will be available to all clients residing in Cork City and County and will be delivered by the PCCC Dentist with a special interest in Special Needs. It was hoped that this additional theatre session could commence in December 2008, however while this was not possible, progress continues to be made and it is hoped to establish the service by February 2009.

In the interim adults with special needs will continue to avail of emergency General Anaesthetic dental services from the Dental School & Hospital in Cork.

**Mr. Pat Healy, Assistant National Director, South, PCCC Directorate**

**********
**QUESTIONS 15TH JANUARY 2009**

**Question 6(a)**

“When will the HSE provide Killarney with a 24hr Accident & Emergency Unit? This town is the tourist capital of the South West with a population of 40,000 plus on any given day in the tourist season with no immediate access to A/E services”

_Cllr. Brendan Cronin_

**Answer:**

Kerry General Hospital is an acute hospital facility, providing routine/elective and emergency medical services within a wide range of specialties and support services mainly for the population of County Kerry and additionally to a proportion of the populations of West Limerick and North Cork. The hospital also provides long-stay extended care and respite services for the elderly. An ambulance control room and base are also located onsite at KGH. There were approximately 35,000 attendances at the A+E Dept in 2007.

The population of the catchment area has grown considerably over the past decade. The 2006 census put the population at in excess of 139,000. However more noteworthy than the overall increase is the increase by 20% in the elderly population (over 85 years). Along with this, the varied selection of amenities that the county offers (e.g. coastal holidaying, hill walking etc), means that Kerry has a large visiting population/expanded population base particularly during the Summer months.

In the context of geographical location, Killarney town is located approximately 30 minutes by road transfer from Kerry General Hospital which is within relatively easy reach when the broad geographical spread of the county is considered. This distance is extended by a further hour or more for other townlands located at the north and south of the county.

Critical Mass: In consideration of A&E service sustainability based on critical mass and international evidence for systematic delivery of high quality acute hospital care, the clinical workload presenting in a town with population size of Killarney would not be sufficient to warrant a standalone A&E Unit. Please note also that A+E services require the on-site back-up of specialist services such as medical, surgical, radiology and laboratory diagnostic services as provided at KGH. While further investment at Kerry General Hospital A&E Department is warranted (and will be underway early in the New Year with the commencement of the new Emergency Department), the population base and its associated extensions generate sufficient A&E workload for KGH as a standalone Emergency Department for the area. With the expansion of services provided within the community by Primary Care networks and Primary Care Teams, it is envisaged that more care will be easily accessible within their communities for patients, freeing up Emergency Departments to concentrate on the care of major accident/trauma and seriously ill patients and the roll-out of the pre-hospital care programme.
Further considerations in the context of provision of appropriate levels of Emergency services include the onsite Critical Care backup which exists at Kerry General Hospital which has five intensive care beds, all of which have ventilator machines.

Of vital importance, Kerry General Hospital is the only hospital in the South West region with a Helipad and the Emergency Department at Kerry General Hospital is the designated support hospital in the integrated plan for provision of major emergency services in the region.

**Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group**

**Question 6(b)**

“To ask the HSE, why are there an increasing number of vacant beds in St. Francis Welfare Home Fermoy? Is there a deliberate policy to run it down?”

Cllr. Aileen Pyne

**Answer:**

St. Francis Welfare Home located on the Rathealy Road, Fermoy, was established in 1975 to care for residents with high social but low medical needs. The skill mix of the staff reflected the low dependency of clients admitted to the unit with a high number of non-nursing care staff employed. The initial capacity was to cater for 40 clients, 20 male and 20 female. However over the years as the need for welfare type accommodation for older people greatly decreased with the development of sheltered housing facilities and day care centres etc., the number of people accommodated in this facility reduced significantly.

In 2003 in order to address a range of emerging needs it was agreed that a review of bed usage at the Welfare Home would be undertaken to establish if the number of beds in the facility could be increased either for use as Welfare Home beds or for respite care. The General Manager for the North Cork area at that time arranged for a working group to undertake the review in consultation with the local stakeholders. In undertaking the review particular regard was taken of opportunities for the Welfare Home to support the Community Hospital activity in Fermoy. Having considered the various options available the Working Group took the view that the development of 10 beds at St. Francis Welfare Home as step down beds for low dependency clients supporting the Community Hospital and the Acute Sector offered the most appropriate use of the existing capacity at St. Francis Welfare Home and this initiative proceeded.

In recent years Government policy has moved in line with best practice whereby community & home based care is developed to maintain older people in their own communities for as long as possible and to support the important role of the family and informal carer. Where this is not possible high quality residential care should be available for the high and maximum dependency clients who require it.

This policy initiative is evidenced through the increasing availability of home supports such as home care packages, additional home help hours and nursing services, respite care, day care centres and the development of primary care teams in the Fermoy area. In addition the greater availability of sheltered housing provides a wider range of options. Many more people are successfully continuing to live at home for longer as their preferred place of choice. When they are deemed to be high
to maximum dependency and they can no longer be cared for at home, they are then considered for admission into a long stay facility where a high level of nursing care is available to meet their assessed needs on a 24 hour basis.

This increasing range of home support services now allows older people that would have traditionally been admitted into the Welfare Home, to continue living in their own homes until they become more dependent. This in effect means that people are now only admitted into long term care when they are high/maximum dependency and has meant that the number of people who now seek a low dependency placement in a welfare home setting has considerably reduced.

With the introduction of the HIQA Residential Care standards, the National Infection Control standards and other health and safety standards, there is a need to replace or refurbish residential care units in the area. Investment in St Patrick’s Hospital has been a priority over the last number of years with phase 2A of the re-development currently being carried out.

During phase one of the re-development of St Patrick’s Hospital, Fermoy in 1998, where a new 30 bedded unit was provided, residents were transferred to St Francis Home for a period of twelve months to allow building works to be carried out. Phase two of the re-development commenced in August 2008 and this will see the re-location of 30 beds from an existing three story building to a new purpose built ground floor unit. To facilitate the building works to be completed, it will be necessary to once again re-locate a small number of existing residents from St Patrick’s Hospital to an external site for a period of approximately three months commencing in mid 2009.

With the availability of beds in St Francis Home, the HSE is in the process of engaging with staff in Fermoy to re-locate residents on a temporary basis to St Francis Home in order to allow building works to continue. Given the low demand for beds in St Francis Home, this should not disadvantage potential clients who wish to access beds there.

Taking into account the overall number of both public and private long stay beds and future population projections in the North Cork area, indications are that the eastern sector is well supplied with long stay residential care beds. Future projections also suggest that efforts will made to reduce the number of older people in long term care from 5% to 4% based on the assumption that community supports such as home helps, day care and home care packages will continue to be expanded.

With this information in mind a bed utilisation review of the Fermoy area will be undertaken in the near future. This will establish the range and type of services being offered in the Fermoy Area and how they meet future bed requirements in the area.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

**********
Question 6(c)

“What is the present situation regarding student nurses having to pay for parking during their working day at Kerry General Hospital?”

Cllr. John Sheahan

Answer:
The volume of daily traffic to Kerry General Hospital has increased significantly over the years as service range and levels have expanded. At all times, the priority in managing the car park is to ensure that all access routes are kept clear for emergency vehicles and to ensure traffic flow is maintained to allow access for patients, visitors and staff as well as the reservation of spaces for people with disabilities.

The current situation is that car parking at the hospital has reached full capacity with no further parking spaces available to either staff or students of the hospital at the present time. All new staff and students joining the hospital going forward will be placed on a waiting list for a parking permit. With specific regard to rostered student nurses, applications for waiting list passes have now been received. As permits become available (eg through retirement of a staff member) they will be distributed accordingly as per the waiting list. This waiting list policy was agreed by a multi-disciplinary Car Parking Committee within the hospital in order to provide an equitable approach to the matter.

With regard to non rostered students, we understand that the Institute of Technology Union of Students are considering alternative car parking options at the present time.

It is acknowledged that the lack of car parking may pose difficulties for both staff and students and accordingly, the HSE wish to encourage, where possible, the availing of public transport, or car pooling options.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

**********

Question 6(d)

“What are the specific plans for the delivery of in-patient and out-patient Ophthalmology Services at Cork University Hospital in 2009?”

Cllr. John Buttimer

Answer:
The Ophthalmology service currently provided at Cork University Hospital includes the following components:

- In-patient surgery
- Day surgery and day case attendance
- Out-patients service incl. provision to Mercy University Hospital & South Infirmary Victoria University Hospital
- Eye ‘casualty’ attendance
- Multidisciplinary services e.g. orthoptics

Approximately 35,000 patients are treated by the multi-disciplinary Ophthalmology personnel of the Cork University Hospital each year.
A number of options are being considered for the relocation of this service however no final decision has been taken at this time. We are actively engaging with the stakeholders in this service area and will continue our discussions in a partnership manner.

**Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group**

************

**Question 6(e)**

“What is the update on the roll-out of Orthodontic Services for the North Lee Area?”

(i) Has the accommodation for the service been put in place?
(ii) Have all the staff been appointed?
(iii) Has or when will Orthodontic Services start for those on the North Lee Waiting List?

**Answer:**
Members will be aware of previous Notice of Motion on this issue.

**Staffing**
The new Consultant Orthodontist responsible for North Lee and Kerry Local Health Offices, Dr. Marie Cooke commenced on 8th December 2008. Achieving this goal was one of our key priorities in the 2008 Service Plan and is also one of the cornerstones of our strategy. Dr. Cooke leads a team initially comprising two specialist orthodontists and two dental nurses with administrative support. Another DSA will take up post in the first week in February.

**The Orthodontic Service and Accommodation**
The HSE reached agreement with Cork University Dental School and Hospital for use of their premises and facilities such as x-ray to carry out a central validation exercise on the North Lee and Kerry LHO orthodontic waiting lists which is ongoing. This exercise should be completed at the end April 2009. Clients from Kerry LHO continue to be treated in Moyderwell Health centre in Tralee and clients from North Lee continue to be treated in St. Finbarr’s Hospital. New Kerry clients will be treated in Moyderwell. The HSE is in ongoing negotiations with UCC regarding the continued use of their premises and facilities to treat North Lee clients after the current arrangements expires in April 2009.

The HSE is confident that the above measures, including other investment in South Lee and West Cork infrastructure, will improve the orthodontic service in the region for our clients and reduce our long waiting times.

**Mr. Pat Healy, Assistant National Director, South, PCCC Directorate**

************
Question 6(f)

“When will the proposed new A/E Unit for Kerry General Hospital commence?”

Cllr. Michael Cahill

Answer:
Funding of approximately €11m has been allocated for this project. The Design Team have been selected through tendering process. Tenders for the building of the A&E Unit were received in November 2008 for this project. Following a recommendation by the Design Team for the project, award of contract has been recommended by the Estates Department with a view to commencement on site in 2009.

The recommended tender is within the budget approved for the project in line with current construction tendering. The contractor has indicated a 12 month build period, however as the work is in two phases and will require co-ordination in relation to the delivery of services, further discussion will be required with Kerry General Hospital to identify an appropriate start date and a date for the completion of phase 1 (after which transfer of A&E services will be required).

These detailed discussions can commence once approval to proceed with the award of contract has been received. KGH look forward to the development of a new Emergency Department which will feature a resuscitation room, additional treatment and observation facilities, improved areas and special facilities for children.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

************
NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
12th MARCH 2009
NOTICE OF MOTIONS 12TH MARCH 2009

Notice of Motion 5(a)

“That the HSE South authorise the local area Health Nurse in the Kenmare/Kilgarvan area to do blood samples and testing, particularly on elderly people, in their own homes. (At present elderly people have to go to their local GPs to have this done)”

Cllr. Michael Healy-Rae

Routine blood sampling of patients in the community is provided by General Practitioners under their General Medical Services contract. Samples are then sent as required to the appropriate laboratory centre for testing and analysis.

Routine blood sampling and testing is not part of the core duties of public health nurses in the community at present. Many General Practitioners now have support staff such as practice nurses who provide this service on behalf of the General Practitioners.

Members will be aware that as part of the overall Transformation Programme for the health service, the HSE is establishing Primary Care Teams whereby General Practitioners, Nursing and therapy staff work together as part of a multidisciplinary team providing a wide range of services to the community. The overall Transformation Programme also envisages the reconfiguration of the hospital system to support a greater level of provision of services in the community. As these teams develop, the roles and duties of the team members will further evolve so that a comprehensive service provision tailored to meet the care needs of the clients will be fully developed. The type of approach outlined by Cllr. Healy Rae can be considered as part of this overall process.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

*******

Notice of Motion 5(b)

“That a report be made available in respect of the current status of the Dispensary in Kildorrery, Co. Cork and when do the HSE intend to have it refurbished.”

Cllr. Kevin O’Keeffe

Records of General Practitioner occupation of the Health Centre in Kildorrery date back to the 1970s with the Public Health Nursing and Community Welfare Services commencing in the early 1980s.

In 1986 the building was renovated providing a GP surgery and waiting room on the ground floor, three rooms on the first floor which include a toilet facility. Further renovations were carried out in 1992 with an office space for the GP’s secretary being created on the ground floor. In 2007 further work was completed on the roof, inner walls and back door and again in 2009 roof repair work was carried out. The Community Welfare Officer attends the centre for 1 hour per week on Wednesday
afternoon and the GP attends for 2 hours two afternoons per week. Currently there is no Public Health Nursing work carried out at the centre as their duties are carried out from the Glanworth and Fermoy Health Centre.

No further work is prioritised for the Health Centre at this time other than routine maintenance.

**Mr. Pat Healy, Assistant National Director, South, PCCC Directorate**

Notice of Motion 5(c)

“To ask the Assistant National Director of Primary, Community and Continuing Care, Mr. Pat Healy, what is the current status and timescale of the HSE’s capital plan for new continuing care accommodation in Kilkenny, including the replacement of St. Columba’s Hospital building on adjacent grounds, the protection of skilled and dedicated staff expertise in that hospital, and the provision of a satellite continuing care unit in Kilkenny City?”


Members will be aware from previous reports to the Forum of the overall approach to the development of long-stay beds in the Kilkenny area. The most recent review of Long Stay requirements for Older People in Kilkenny indicates that there are 463 Public Beds for Long Stay Care and Community Support Beds (Respite etc.). In addition, there are 14 Private Nursing Homes providing 543 beds giving an overall provision of 1,006 beds. The 2006 census population over 65 in Carlow/Kilkenny is 13,781. The total beds as a percentage of over 65 population is 5.1% in 2006. The current national average is 4.6% and the OECD average is 4.5%. Based on these figures there would be a requirement of just over 600 Long Stay beds and when Community Support Beds are taken into account, provision of just over 700 beds would be sufficient.

In line with these figures Carlow/Kilkenny is well served in terms of overall long stay bed numbers for the population being served. In addition in line with government policy the intention is to reduce the number of older people in long stay care to a figure closer to 4% as we develop more community based services to support older people at home within their own communities, as is their preferred wish and in line with international best practice.

In relation to Kilkenny it is recognised, however, that while the overall number of long stay beds is adequate the geographic location of the beds does not always match with local needs. In addition, the quality of the infrastructure of some of the older facilities, particularly in the public sector does not meet world class standards and a replacement and refurbishment programme will be required to address this issue.

Public nursing homes beds for the Kilkenny area are provided through St. Columba’s Hospital, Thomastown, Co. Kilkenny and there are currently 142 beds available within the hospital.
The priority development which has been approved is the refurbishment and extension of the Rehabilitation Ward at St. Columba’s Hospital. This will be progressed in 2009 and a submission forwarded for construction to commence in early 2010.

There are no plans to make any changes to the current staffing arrangements in St. Columba’s Hospital, Thomastown.

The next priority development earmarked for the Kilkenny area is to develop a 50 bedded Community Nursing Unit (CNU) for Kilkenny City to provide for rehabilitation and assessment as well as long stay beds for the city and surrounding areas. This proposal has been included by the HSE in the overall Capital Programme. The timing of the implementation of this proposal will be dependent on the availability of Capital within the overall Capital programme and this issue is currently the subject of review in the context of the prioritisation of the HSE Capital Plan. I am not in a position at this time to give a specific date for commencement for this particular development. However, the Forum will be kept appraised of progress on an ongoing basis on the overall implementation of the Capital Programme.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

**********

Notice of Motion 5(d) and Item 4(i)

Notice of Motion 5(d)

“That all of the criteria used by the HSE in its decision to make changes to the status quo in Bethany House Welfare Home, Carlow, be discussed by the Forum, and that all reports mentioned by management to back up the reasons for these changes be produced, including the specific Health and Safety Report in line with HIQA standards.”

Cllr. William Quinn

Item 4(i)

“That the PCCC Committee expresses grave concern at any decision to close Bethany House, Carlow and to reduce the bed complement of St. Patrick’s Hospital Waterford, St. Otteran’s Hospital, Waterford, St. Columbanus’ Home Killarney, until the matter is debated by members and that clarity is given on the Health and Safety and other reports on these institutions.”

1. INTRODUCTION

The purpose of this report is to respond to the range of concerns members have raised as outlined in the motion above, in the context of the implementation by HSE South in 2009 of a programme to address infrastructure deficits to meet new standards including health and safety & fire requirements in long stay facilities for older people in the region. In particular members have raised concerns in respect of the following units;

- St. Bridget’s Ward, St. Patrick’s Hospital
- St. Columbanus Home, Killarney
- Bethany House, Carlow
The approach being taken by the HSE is informed in particular by the new national quality standards for residential care settings for older people in Ireland. The HSE also has obligations to meet the requirements of the Health & Safety Authority and the local authorities in terms of fire regulations, all of which are encompassed within the new national standards.

The report outlines the key elements of the new standards together with the preparatory programme which the HSE is implementing both nationally and across the HSE South to prepare for full implementation of the standards, and goes on to address the specifics in relation to each of the units in respect of which concerns have been raised by members.

2. NATIONAL QUALITY STANDARDS FOR RESIDENTIAL CARE SETTINGS FOR OLDER PEOPLE IN IRELAND

On Monday the 9th March 2009 the Minister for Health and Children, Ms. Mary Harney, launched the approved National Quality Standards for Residential Care Settings for Older People in Ireland. From the 1st July 2009, the Chief Inspector of Social Services will have the power to inspect all designated centres for older people. As part of the new process all nursing homes will have to be registered. This will replace the current system whereby the HSE registered and inspected private nursing homes only.

The Standards, which were approved under Section 10(2) of the Health Act 2007, cover what is felt to be important to residents and what they can expect from the service provider. There are 32 standards which clearly outline what is expected of a provider of services and what a resident, their family, a carer or the public can expect to receive in residential care settings. The standards are grouped into 7 sections which cover:

- The rights of residents
- Protection of residents
- Health and social care needs
- Quality of life
- Staffing
- The care environment
- Management and governance

I attach for the information of members a guide to the National Quality Standards for Residential Care Settings for Older People in Ireland. The full standards document, which runs to some 90 pages is available on the HIQA web site at www.hiqa.ie.

From 1st July 2009, the Social Services Inspectorate of HIQA will register and inspect all residential care settings, public, private and voluntary against the National Quality Standards for Residential Care Settings for Older People in Ireland.

I would draw attention in particular to Standard 25 & 26. Standard 25 deals with the care environment and focuses on the location, design and layout of the residential care setting. Standard 26 deals with health and safety and related issues. It requires the registered provider to demonstrate that the premises and facilities comply with the relevant statutory provisions, the National Quality Standards and that the individual buildings comply with the requirements of fire safety legislation and relevant building regulations.
In respect of existing residential care settings, a period of six years from the implementation of the standards is allowed to enable compliance with the usable floor space requirement for single rooms and the requirement that there are no more than 2 residents per room, except in a high dependency room where up to 6 highly dependant residents may reside. Notwithstanding the above there is a requirement on the HSE to ensure full compliance with health & safety and fire requirements and existing care and welfare regulations to ensure that all existing facilities provide currently safe and effective accommodation for the provision of long stay care to residents.

Some existing residential facilities will face challenges to ensure compliance with these new standards. A concerted effort is required to ensure progression to the new model of care. To assist members in understanding the challenge facing the service I attached at appendix 1 an extract from Section 6 of the National Quality Standards which deals with the care environment & health and safety and which sets out the criteria for the existing facilities. Similar detailed criteria are included by HIQA in respect of each of the 32 standards.

These particular standards, in relation to space requirement and environment, will pose significant challenges to the majority of public residential care provision throughout the country as the majority of these units feature 6 or 8 bedded wards or more, without ensuite provision. There is provision however in the standards that where written, explicit, costed plans with time scales are agreed with the chief inspector, at the discretion of the chief inspector, the period for meeting the criteria in these cases may be extended on a case by case basis.

Given that there are over 10,000 public beds in respect of both long stay and community support beds including respite care, the HSE has undertaken to commence a phased programme of sustained reconfiguration and development over the next 6 years to ensure that we will be in a position to meet the statutory requirements provided for in the new national standards. In terms of reconfiguration and development the focus of the HSE’s programme is to target the highest priority locations in the first instance and progressing over time, within the resources available, to bring all our facilities up to the required standards.

3. PREPARATORY WORK UNDERWAY BY HSE TO COMPLY WITH STANDARDS

The standards provide an important roadmap in the move to transform residential facilities for older people to more home-like environments having regard to international standards, appropriate legislation and best practice.

We are moving into a new era on standards for residential care for older people and must move to address current shortcomings in our existing facilities.

In preparation for the introduction of the regulations and standards, the HSE has put in place a comprehensive programme of preparation to ensure that its public facilities will be in a position to comply with the requirements of the new standards. Our preparation has focused on two particular areas

- To ensure that our policies, procedures and overall service are sufficient to meet the standards of care and welfare of residents as outlined in the new National Quality Standards.
- To ensure that our overall infrastructure is adequately developed on a phased basis to meet the new standards (which will require compliance with Standard 25 in particular).
3.1 Care & Welfare
The HSE has in place a comprehensive programme of preparation to ensure that our public facilities are in a position to comply with the requirements of the new standards. Central to the standards will be the development of standardized policies, procedures, guidelines and information systems that are based on best practice and are governed by robust management systems. Each residential care setting is currently undertaking work to benchmark their facility against the standards in order to identify and address the deficits that can be addressed on a cost neutral basis. Notwithstanding the capital investment required for the physical environment, there is a significant body of work to be carried out to promote the person-centred ethos and culture that should govern the provision of residential care for older people.

The process that has been put in place involves a national group being led by Noel Mulvihill, Local Health Manager DNE which involves representation from all of the areas and is also representative of key professional groups involved. There are also formal implementation groups established across the 4 areas including HSE South. The national group acts as a reference group to guide the work of the implementation groups at local level. The overall effort here is to ensure preparation within the public facilities to comply with the 32 standards which would have come into force during 2009. In HSE South there are two local implementation groups one covering the South East & one covering the South West, which are co-ordinated through the office of the Local Health Manager, Kerry who leads on services for older people, with regular progress reports to me as Assistant National Director for the Region.

3.2. Infrastructure Development
In 2006, at the request of the Department of Health and Children, the HSE carried out an assessment of need for residential care for older people. As part of that assessment the HSE identified the requirement to replace or refurbish up to 5,000 beds in the current public bed stock.

In preparation for both the impending Quality Standards for Residential Care Settings for Older People, and the National Development Plan 2009-2013, the HSE identified a number of units nationally for priority replacement during the period 2009-2013. As part of this work, an assessment was undertaken of the extent to which existing public residential accommodation required replacement in the context of emerging standards, but also in the context of wider environmental and structural requirements including health & safety, fire and other criteria. The range of criteria which were considered include the following

- Existing and new national quality standards
- Health & Safety
- Fire requirements
- Accommodation in old infrastructure on upper floors
- Age and standard of existing structure
- Capacity for renovation, having regard to value for money and comparative new build costs

Specifically, in relation to HSE South, there is a requirement to address the environmental issues posed by the standards in St. Patrick’s Hospital Waterford, St. Finbarr’s Hospital Cork, St. Columbanus Home Killarney, Co. Kerry and Heatherside Hospital Doneraile, Co. Cork. Replacement units are identified for these hospitals in the overall HSE Capital Plan.
In its 2009 Service Plan the HSE identified the need to reduce the number of long stay residential beds in some parts of the country, particularly where the provision is above the norm and/or the standard is poor. In my presentation to the Regional Health Forum in January 2009, I identified a phased programme of reorganisation of a number of older person’s facilities having regard to current and emerging standards of care, health and safety issues and fire safety requirements.

In preparing the programme of work within HSE South to ensure compliance with the new national standards, consideration was given to the ongoing concerns regarding health & safety and fire requirements in addition to care and welfare standards in St. Brigid’s Ward, St. Patrick’s Hospital, Waterford; St. Philomena’s and St. James’ Wards in St. Finbarr’s Hospital in Cork; and the Rowan Ward in St. Columbanus Home, Killarney Co. Kerry. These are the facilities which currently required the HSE to take immediate action to reduce the risks involved in those units and to improve the quality of life of residents.

I would also advise members that this reconfiguration programme forms only one part of our overall work in this area and a very significant investment programme is already underway across HSE South with significant additional developments announced also this year as part of the overall service plan.

The Service Plan for 2009 for HSE South announced to the Regional Forum on the 15th January, 2009 confirmed provision of 502 new long stay beds – 295 additional public, plus 207 public replacement beds. This investment represents a very significant commitment by the HSE to ensure that services across the South are in a position to meet the standards. This investment programme will continue under the National Development Plan and will continue to support services to meet the changing needs as we go forward.

4. DETAIL OF INDIVIDUAL UNITS

4.1. St. Bridget’s Ward at St. Patrick’s Hospital, Waterford

4.1.1 Background

This ward has been identified for several years as being unsuitable in the long term for continued use for residential care for older people. It is a high priority project to replace the beds in this ward and to commence the replacement and redevelopment of St. Patrick’s hospital, Waterford. This has been listed as a priority project on the Health Service Executive capital plan. The new National Standards and the HSE’s own assessment of the requirements for residential care into the future confirmed the need to address deficits in current infrastructure.

Improvement works have been undertaken over recent years in this ward to address and ameliorate the risks and concerns. Every effort has been made to manage the risks and improve and maintain the general aesthetics of the ward. Adjustments have been made to total bed numbers to address health & safety concerns by the construction of alternative beds on the ground floor in as far as was practicable and generally to improve the environment for remaining residents. Some of these improvements have been carried out with the generous support of the Friends of St. Patrick’s.

Despite these measures concerns and risks still exist. It is clear that the ward does not currently meet standards and, on assessment, it has been determined that current and future needs cannot be delivered through refurbishment or upgrade. It is equally clear that any value for money assessment confirms that the development of
new purpose built replacement units are far more cost effective and deliver higher quality facilities for older people.

4.1.2. Service Plan 2009
The Service Plan for 2009 for HSE South announced to the Regional Forum on the 15 January 2009 confirmed provision of 502 new long stay beds – 295 additional public plus 207 public replacement beds. The priority for Waterford in that context was the development of St. Vincent’s Dungarvan where 32 beds are being provided – 24 replacement, 8 additional and a 15 place day Hospital. It is planned that those facilities will open this year.

The HSE also confirmed the continuation of the programme to address infrastructural deficits to meet new standards, health and safety and fire requirements. A comprehensive fast track process has been put in place by the HSE which has been rolled out across the 4 areas.

A priority list of locations for the development of new and replacement Community Nursing Units was agreed by the HSE in Quarter 3 2008. St. Patrick’s Hospital 50-bedded replacement unit is included in this list. This priority is subject to review in response to service pressures, risk evaluation, and to inspection and direction notices of HIQA, and the Health & Safety Authority. The current priority is reflected in the Capital Plan proposal, submitted to the Minister of Health & Children, in relation to 2009 expenditure. Approval to this plan is awaited.

In the course of our deliberations on the prioritisation of St. Patrick’s Hospital for a replacement 50 bedded CNU consideration was given to the potential for refurbishment or upgrade of the existing accommodation. It is clear that any value for money assessment confirms that the development of new purpose built replacement units are far more cost effective and deliver higher quality facility for patients and in terms of meeting required HIQA standards etc. for example the cost alone of refurbishing St. Bridget’s ward are in excess of €0.75m and even at that would still not meet with HIQA standards or health and safety requirements and the need to eliminate risk. In the circumstances it has been decided to proceed with a new 50-bedded replacement unit.

The immediate next steps is that the HSE will seek competitive tenders for detailed design, on the first three/four prioritized locations, following approval of the 2009 Capital Plan by the Minister. Current cost estimates indicate that sufficient funding has been allocated in the plan for these developments. The successful bidders will then undertake detailed design, statutory planning, fire certification, and construction.

Further detailed design by a selected successful bidder is proposed in quarter three/four 2009, in preparation for 2010 expenditure. The projects included in the tender process will reflect projected funding for 2010, and the risk priority, or direction notice of HIQA, or the Health & Safety Authority. The inclusion of St. Patrick’s Hospital 50-bedded CNU is envisaged in this tender process, which would allow the development to proceed to design and statutory planning stage by end of 2009 or commencement of 2010, site investigations are underway to facilitate and advance this. Approval for 2010 developments will be subject to HSE prioritisation and Board approval, and also subject to Ministerial approval, similar to the 2009 process.
4.1.3. Health & Safety Authority
The Health and Safety Authority Inspector made a site visit to St. Patrick’s Hospital on the 19th November 2007 issued report dated 26th November 2007 copy attached in appendix 2. Main issues relating to hospital fabric transcribed from the formal communication were:

1) “Not enough space between beds in St. Bridget’s ward for the safe use of patient lifting and hoists”
   Action required: “Appropriate measures must be put in place to eliminate the risk of injury to both employees and patients”.

2) “High dependency patients in St. Bridget’s Ward are currently located on the first floor of the hospital. There is a high risk of serious personal injury to both employees and patients in the event of a fire or any other serious incident requiring the evacuation of patients from this ward”.
   Action required: “Appropriate measures must be put in place to eliminate this risk”.

3) “There is a high risk of serious injury to employees and members of the public where materials are falling from the old convent building adjacent to the main hospital”.
   Action required: “Appropriate measures must be taken to prevent materials falling from a height”.

4) An additional issue related to the provision of manual handling training to staff.

Engagement within the HSE occurred on the wider issue of the physical environment with ongoing liaison with the Health and Safety Authority.

The Health & Safety Inspector made a further visit in May ’08 and a formal meeting was held on site with the Inspector to discuss the concerns about health and safety, fire safety and evacuation issues. On foot of these discussions the HSE submitted a formal proposal to the Health & Safety Authority on 22nd May 08 (Copy included in Appendix 2).

This outlined the proposed closure of the ward but indicated further interim remedial works that were proposed including a reduction in the number of beds in the ward and a proposed change in the dependency mix of the patients that would be accommodated on the upper floor in the remaining beds.

Other than noting our submission, no formal endorsement of our proposals was received. We proceeded to implement this interim plan. All of the interim proposals were submitted in the context of the planned closure of the ward in the short-term as envisaged under the Capital Programme.

A follow up visit was made on the 23rd June 2008 by the Health & Safety Authority Inspector in conjunction with the Chief Fire Officer.

Main issues relating to fabric of building transcribed from the formal H&SA letter (copy included in Appendix 2) were:

1) “There is no written fire safety risk assessment of St. Bridget’s Ward. A written fire safety risk assessment must be carried out on St. Bridget’s Ward by a person competent in fire safety. The competent person must
advise on appropriate interim and long term measures to be implemented by the HSE”.

Action required: “The fire safety risk assessment must be carried out as soon as possible and without unreasonable delay”.

2) “Some of the fire compartment doors are not adequately maintained to allow safe horizontal evacuation of the ward”.

Action required: “Defective fire safety doors must be repaired or replaced as soon as possible and without unreasonable delay”.

3) “The fire safety signage displayed on the ward is confusing and inconsistent”.

Action required: “Fire action notices should be clearly displayed and unambiguous”.

The Chief Fire Officer highlighted the following issues: (a) sub-compartment construction requirements, (b) required escape route door clearance and suitable for movement of beds, (c) walls forming compartments and sub-compartments to be carried to the underside of the roof and firestopped, (d) sufficient adequate trained staff available at all times to carry out progressive horizontal evacuation and (e) staff training and awareness and signage.

The HSE considered all of the issues arising as part of its ongoing deliberations and wrote to the H&SA on 22nd July 2008 (copy included in Appendix 2).

On site support was provided by the HSE’s Fire Safety Officer in relation to fire safety practice. The minor maintenance issues were addressed and arrangements made to source a fire risk assessment.

A further visit was made by the Health & Safety Authority Inspector on 5th Nov 2008 and letter of 26th Nov 2008 issued (copy included in Appendix 2).

Main issue arising relating to building fabric was:

1) Action required: Ensure the fire risk assessment as prepared by G. Sexton and Partners Ltd. for St. Bridget’s is fully implemented as a matter of priority.

4.1.4. National Service Plan 2009 – Implementation HSE South

Having regard to the ongoing safety issues arising in respect of this ward, the emerging new HIQA standards, the requirement to expend further funds on additional interim sub-optimal measures and proposals to replace the ward under the capital plan the Health Service Executive reviewed the issue in late 2008 an assessment was made that more immediate action was required. As part of the preparation of the Business Plan 2009 for HSE South a decision was made to cease admissions to the ward, transfer remaining patients to vacancies on the ground floor and effect closure of the ward by July 2009.

4.1.5. Notification to Health and Safety Authority

Following discussions and a meeting, at his request, with the Health & Safety Inspector in early Feb ’09, the HSE advised of the formal decision to cease admissions to the ward and move to full closure by July 2009. This was subsequently followed up in writing on 24th Feb 2009 (copy included in Appendix 2).

4.1.6. Current Position

The current position is that a policy of non-admission to St Bridget’s ward has been implemented. It is important that members be aware that patients will not be moved
out of St Patrick’s hospital. As vacancies arise on the ground floor, we will, in consultation with the patients themselves and their families, relocate patients from St Bridget’s ward, to wards down stairs, as they become available.

In acknowledgement of the reduction of 19 beds over time, the HSE has confirmed that we have already taken action to ensure that there will be no reduction in the number of beds to support older people in Waterford City. The HSE has issued for 30 additional private nursing home beds in Waterford to ensure no overall loss to the city in bed numbers and to continue to support early discharge from the acute hospital sector.

At the same time the HSE has confirmed it’s intention to build a new community nursing unit for older people in Waterford City. The planned 50 bed nursing unit will provide therapy, rehabilitation, and medical care to older people who no longer need acute hospital care or who can no longer be maintained in their own homes.

The new Community Nursing Unit will eventually replace St. Bridget’s Ward. Plans are being advanced under a national process for Design and Build Community Nursing Units. Within HSE South, Waterford is identified as the top priority location for the next phase of this programme. It is anticipated that the detailed design and planning process can commence in the second half of 2009 with site investigations being advanced currently.

4.2. St Columbanus Home Kilarney

4.2.1. Introduction
The decision by the HSE to reduce the overall number of beds in St. Columbanus home must be considered in the overall context of provision of long-stay care for older people in Kerry having regard to the development of new places and the replacement and upgrading of existing facilities in order to meet current and new standards for long stay care. The comprehensive report on this overall issue is being provided to the forum today on foot of motion from the PCCC committee. This report addresses the overall context in which these actions are being taken, in particular implementation of new National Standards for residential care together with the overall development of new and replacement facilities by the HSE.

4.2.2. Current Long Stay Bed Provision in Kerry Local Health Office
The current long stay residential care needs for older people in the Kerry area are met by the provision of continuing care beds in community hospitals, public voluntary units and contracted beds in private registered nursing homes. A number of beds in these facilities are also designated for respite, community support and palliative care.

There are 8 public/public voluntary continuing care/community support units in Co. Kerry with a total of 497 public beds including 189 in the Killarney area.

In addition to the above, there are 565 registered private nursing home beds in the county and there are in excess of 300 people in receipt of nursing home subvention.

4.2.3. Capital Developments underway in Kerry
The priority capital developments for long stay care which have been approved for Co. Kerry are the new community hospital in Dingle, construction of which has just been completed and the unit is currently being commissioned. This unit, which
replaces the existing 43 bedded unit, will also provide an additional 25 beds for the catchment area.

A new 50 bed community nursing unit at Killerisk, Tralee, has also been provided and this unit is also currently being commissioned. This community nursing unit will cater for the Tralee catchment area. The overall cost of these developments is in excess of capital €25.65m & revenue €7.6m which is a major commitment to support the development of Services Older People in the Kerry area.

The provision of new community based residential facilities in Tralee Dingle provides an opportunity to re-configure the provision of public residential care services for Older People in Kerry. The impending regulations to underpin the implementation of the Residential Care Standards (HIQA) and the current infection control standards place an onus on the HSE to review the provision and quality of public residential accommodation in Co Kerry.

4.2.4. St Columbanus, Killarney, Kerry
Currently there are 150 continuing care beds in St Columbanus Home, Killarney, which dates from the 1850’s. In particular, the environment, design and layout of the 18 bed male unit, on the ground floor, are unsuited to meet the proposed standards. The HSE will now proceed to reduce the bed complement in St Columbanus Home to 132 beds by closing the 18 bed male unit over an appropriate period of time. In addition, there are 3 additional beds located on the first floor which are currently occupied by ambulant patients and these will also need to be reconfigured in the overall provision of beds within the unit. With the provision of additional beds in both Tralee and Dingle during 2009, there will be opportunity to provide residents currently accommodated in St. Columbanus with alternative accommodation closer to their own community if they so wish. In addition, there will be less requirement for the concentration of long stay beds in the Killarney area as the future needs of North Kerry/West Kerry residents will be met in the new units.

The reduction in bed numbers in St. Columbanus will be implemented as beds become vacant during 2009. Movement within St. Columbanus will be minimised and the wishes and requirements of the patients on the ward will be taken into account during the course of the process.

There are no plans in place to close any further beds in St Columbanus Home at this point in time.

Given the overall situation as outlined above the HSE must proceed in 2009 with the implementation of the reconfiguration programme including the closure of beds in St. Columbanus.

4.3. Bethany House
4.3.1 Background
As you are aware members were advised in January 2009, that Bethany House, which is a 30 bed welfare home in Carlow, can no longer provide appropriate standards of care to cater for the growing dependency needs of its elderly residents. The fundamental difficulty we face currently at Bethany House is that it was developed as a welfare home to deal with residents with low dependency or social care needs. Now as the residents have aged and their dependency levels have increased they require nursing home care for which Bethany House is not suitable to provide.
4.3.2. Role of Welfare Homes
The Care of the Aged report 1968 proposed the development of Welfare Home to provide for older people ‘who do not need care in a hospital but for whom institutional care is required’. These homes were for elderly who were less dependent and described as merely frail or who were admitted to care for mainly social reasons. Bethany House Welfare Home was set up in 1975 to care for this group of residents, however, the type of patients now presenting for care have much greater needs and dependency levels than heretofore and the staffing and facilities within Bethany House are no longer able to respond to the needs of the residents.

4.3.3. Independent Review of Bethany House Welfare Home
In the context of the changing needs of residents in the welfare homes in Carlow/Kilkenny the HSE commissioned an independent review of the Welfare Homes within the Carlow/Kilkenny Local Health Office area carried out by Murtagh & Partners in January 2008, I attach at appendix 3. This independent review indicated that Bethany House Welfare Home no longer provides the services of a Welfare Home and recommended that Bethany House be re-designated within the Elderly Programme of Care to reflect its current activity, which is not that of a welfare home but rather is providing for high dependency residents. The review found that almost three quarters of the residents were high to medium dependency, with 43% of high dependency, 30% medium and 27% low.

The design of Bethany House and the lack of facilities to provide appropriate care to high dependency residents have been highlighted within this review and have also been identified in reports from the Clinical Nurse Specialist on Infection Control and Prevention.

The type of patient being referred to Bethany House has changed over the years and they no longer meet the criteria for care in a Welfare Home. In practice, the majority of residents with higher dependency who have been referred to Bethany House over recent years are transferred within a very short timeframe to the Sacred Heart Hospital, Residential Long Stay Continuing Care Unit, Carlow. As the patients requiring admission do not fit the criteria for a Welfare Home and in view of the fact that the accommodation and facilities within Bethany House are not appropriate to the type of patient presenting for admission, the HSE no option but to proceed to relocate the current residents to either public or private nursing home facilities that can better accommodate their growing dependency needs.

4.3.4. Decision on Relocation of Bethany House
Since receiving the independent review of the welfare homes the HSE South has been considering the most appropriate course of action to ensure the provision of safe and appropriate long stay care for these older people into the future. Having considered all of the issues the HSE made a determination that the 30 bed Bethany House Welfare Home is no longer able to provide appropriate services due to the increasing levels of dependencies of its patients.

The independent review highlighted the lack of facilities to provide appropriate care and the home’s inability to support high dependency patients.

The HSE decided in January 2009 that it was necessary to discontinue admitting patients to the home and to arrange for the current residents to be accommodated in facilities more appropriate to their needs. Senior nursing staff of the home met all 25 residents on Thursday, 15th January 2009. They explained the situation to the
residents and advised that every effort would be made to ensure a comfortable move for residents to facilities that will meet their care needs. Family members were contacted by telephone to give assurances that a further meeting with each resident and their family would be arranged to discuss and agree the facility most suited to each resident.

4.3.5. Current Position
At present there are 23 long stay residents, with one long stay admission to the facility in the last nine months. Consultation with residents and their families began on 15th January 2009 last and meetings have been ongoing to agree their preferences for relocation to one of three options, dependent on their health needs. Options outlined include admission to the nearby Sacred Heart Hospital - a modern setting which is purpose-built to cater for highly dependent patients; private nursing homes or other welfare homes in the Carlow area - for the few more-independent residents.

The HSE can confirm that the relocation of residents, from Bethany House Welfare Home is being undertaken only with the agreement of residents and their families. To date two residents have willingly moved from Bethany House and with the agreement of their family. There is on-going consultation between residents and HSE staff with the aim of relocating all residents to better and safer facilities that are purpose built to cater for their health and wellbeing.

The HSE and the staff in the service in Calorw/Kilkenny has every empathy for residents that change can be unsettling, and I can reassure members that where residents have formed friendships with others in the Home, these will be taken into account; and people will be relocated in groups, wherever possible.

There will be no job losses, as all staff are being provided with opportunities for employment at the Sacred Heart Hospital nearby. In most instances, the same staff will care for the former Bethany House residents in their new environment. This should make the transition to Sacred Heart Hospital, for both residents and staff alike, a smoother one, with familiar faces and friendships.

The HSE acknowledges that this is an unsettling time for the remaining 23 residents. We owe them a duty of care and we must ensure that our primary focus has to be to each one of them. All health service workers, including managers and clinicians and others working in the health services, have a responsibility to ensure that they strive to provide the best possible services to patients and other clients of our health services.

Members will be aware that a local group ‘Save Bethany House Campaign Committee’ have been campaigning locally and the Local Health Manager and her staff have been engaged in discussion with this group.

The HSE welcomes the recent decision by the group to discontinue the picket placed at Bethany House Welfare Home. A further meeting between HSE Senior Management and representatives of the Save Bethany House Committee has been organized with a view to progressing with the re-location and to address concerns of the group with regard to the future use of Bethany House.

In terms of the future use of Bethany house I can confirm that the building will be maintained as a healthcare facility and if at all possible within the services for older
people programme. I look forward to discussing this and other issues of concern with the local group. I believe members will appreciate that the safety and well being of older people is the most critical concern. Quality and patient safety comes first and all patients should receive the same high standard of quality-assured care. Unfortunately in the current context with Bethany House this requires the relocation of the residents to more appropriate nursing home services and the redevelopment of the unit into alternative health care provision.

**Mr. Pat Healy, Assistant National Director, South, PCCC Directorate**

**Notice of Motion 5(e)**

“That the HSE South co-opt a Public Representative from the South Tipperary County Council to be part of the newly appointed Steering Committee to review all acute services with Consultants from the four hospitals in the South East Region.”

Cllr. Billy Shoer

The reconfiguration of Services has recently been discussed at both the Forum Meeting on January 15th 2009 and the Acute Hospital Services and Population Health Committee on February 12th 2009. Forum members have been advised that the Project for Modernisation of Acute Hospitals in the South East commenced on March 2nd and the timeline for production of a plan to Professor Brendan Drumm, CEO is September 2009. The process will provide ample opportunity for the inclusion of the views of all stakeholders, hospitals, staff and community representatives. The HSE South Management has committed itself to keeping the Forum members briefed on proposals in relation to the hospitals in their areas. To date there have been information meetings held with the Oireachtas Members and the Clonmel “Save our Hospital” Action Group.

The position in relation to South Tipperary County Council is that it nominates representatives to the HSE South Forum and these councillors are responsible for acting on behalf of the people of the area. They also present feedback to the Council on the discussions, plans and decisions which arise at the Forum and Committee meetings, relating to the health issues of the area. Further formal feedback is given to Local Authorities via the Forum’s Annual Report adopted today.

Under Section 42 of the Health Act, this request therefore is “ultra vires” insofar as there is no legislative provision to enable a public representative to participate in operational/management tasks, within the structure of the HSE.

**Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group**

**Notice of Motion 5(f), 5(g) and Question 6(h)**

**Notice of Motion 5(f)**

“That the HSE South

• Will not close the vital beds in the Rowan Ward at St. Columbanus Home, Killarney, and to recognise the local need for this excellent

48
service for our elderly by renovating and providing extra new beds in Killarney and
• To request details of all properties leased by the HSE in Killarney and the yearly rent for each premises

Cllr. Brendan Cronin

Notice of Motion 5(g)

“That the HSE South reconsider their decision to close 18 beds at St. Columbanus Home, Killarney.”

Cllr. John Sheahan

Question 6(h)

“What are the future plans for St. Columbanus Home complex, Killarney regarding retention of maximum beds and maintaining existing staff, utilising the hospital buildings and grounds to full potential, by relocating to St. Columbanus existing HSE services in rented premises in other locations in Killarney town and what is the total rental cost per annum of these premises?”

Cllr. Tom Fleming

Introduction
The decision by the HSE to reduce the overall number of beds in St. Columbanus home must be considered in the overall context of provision of long-stay care for older people in Kerry having regard to the development of new places and the replacement and upgrading of existing facilities in order to meet current and new standards for long stay care. The comprehensive report on this overall issue is being provided to the Forum today on foot of motion from the PCCC committee. This report addresses the overall context in which these actions are being taken, in particular implementation of new National Standards for residential care together with the overall development of new and replacement facilities by the HSE.

Current Long Stay Bed Provision in Kerry Local Health Office
The current long stay residential care needs for older people in the Kerry area are met by the provision of continuing care beds in community hospitals, public voluntary units and contracted beds in private registered nursing homes. A number of beds in these facilities are also designated for respite, community support and palliative care.

There are 8 public/public voluntary continuing care/community support units in Co. Kerry with a total of 497 public beds including 189 in the Killarney area.

In addition to the above, there are 565 registered private nursing home beds in the county and there are in excess of 300 people in receipt of nursing home subvention.

Capital Developments underway in Kerry
The priority capital developments for long stay care which have been approved for Co. Kerry are the new community hospital in Dingle, construction of which has just been completed and the unit is currently being commissioned. This unit, which
replaces the existing 43 bedded unit, will also provide an additional 25 beds for the catchment area.

A new 50 bed community nursing unit at Killerisk, Tralee, has also been provided and this unit is also currently being commissioned. This community nursing unit will cater for the Tralee catchment area. The overall cost of these developments is in excess of capital €25.65m and revenue €7.6m which is a major commitment to support the development of Services for Older People in the Kerry area.

The provision of new community based residential facilities in Tralee/Dingle provides an opportunity to re-configure the provision of public residential care services for Older People in Kerry. The impending regulations to underpin the implementation of the Residential Care Standards (HIQA) and the current infection control standards place an onus on the HSE to review the provision and quality of public residential accommodation in Co Kerry.

St. Columbanus, Killarney, Kerry
Currently there are 150 continuing care beds in St. Columbanus Home, Killarney, which dates from the 1850s. In particular, the environment, design and layout of the 18 bed male unit, on the ground floor, are unsuited to meet the proposed standards. The HSE will now proceed to reduce the bed complement in St. Columbanus Home to 132 beds by closing the 18 bed male unit over an appropriate period of time. In addition, there are 3 additional beds located on the first floor which are currently occupied by ambulant patients and these will also need to be reconfigured in the overall provision of beds within the unit. With the provision of additional beds in both Tralee and Dingle during 2009, there will be opportunity to provide residents currently accommodated in St. Columbanus with alternative accommodation closer to their own community, if they so wish. In addition, there will be less requirement for the concentration of long stay beds in the Killarney area as the future needs of North Kerry/West Kerry residents will be met in the new units.

The reduction in bed numbers in St. Columbanus will be implemented as beds become vacant during 2009. Movement within St. Columbanus will be minimised and the wishes and requirements of the patients on the ward will be taken into account during the course of the process.

There are no plans in place to close any further beds in St. Columbanus Home at this point in time.

Given the overall situation as outlined above, the HSE must proceed in 2009 with the implementation of the reconfiguration programme including the closure of beds in St. Columbanus.

Additional Accommodation
At present the HSE is providing services from a number of centres owned by the HSE as well as availing of rental accommodation in the Killarney Town area. The total annual cost of the rental accommodation is €162,085. As part of the future plans for the development of services in Killarney, the HSE is currently engaged in a process for the development of a Primary Care Centre on the grounds of St. Finan’s Hospital. This will provide accommodation for GPs in the town as well as all Primary Care Services such as Public Health Nursing, Registered General Nursing, Physiotherapy, Occupational Therapy etc. This unique opportunity will facilitate the development of primary care team services and enhance multi-disciplinary team work to improve the provision of community based services to the public. In addition, the proposed development will also accommodate specialist services such as Community Mental
Health Teams, Mental Health Day facilities and allow for the provision of visiting clinicians. The proposed complex of care will address the majority of the accommodation requirements for HSE staff in Killarney.

The provision of a comprehensive Primary Care Centre in this manner is the most cost efficient and Value for Money approach and in this context there are no plans for the HSE to relocate services to vacant accommodation which is on the 2nd and 3rd floor of St. Columbanus Home. It is not appropriate to provide community based services in inaccessible accommodation and the capital cost of redeveloping an old building like St. Columbanus would be prohibitive and would not achieve a value for money outcome.

Mr. Pat Healy, Assistant National Director, South PCCC Directorate

Notice of Motion 5(h)

“That the HSE South provide a progress report on the Carrigaline Health Centre which received planning in 2008 and to clarify

- Has the HSE gone for tendering on the project?
- Is there money set aside to construct the Health Centre in Carrigaline?
- What is the proposed date when construction will start and the Health Centre will open its doors to the public?”

Cllr. Tim Lombard

The development of Carrigaline Primary Care Centre is included in the HSE 2007-2013 National Development Plan. Approval was received from Mr Brian Gilroy, National Director of Estates in October 2006 to appoint a design team and commence the planning process. A cost limit was identified for the project.

Planning permission was received for the development of the facility in late November 2008. Final grant of planning permission was received in December 2008. The project Design Team are now completing the Stage 3 design process which will allow final sign off of the design and confirmation of the construction budget required for the project. Simultaneously a fire certificate application is being processed for the project. HSE Estates expect to receive the Design Team Stage 3 Report within the next 4 weeks. Once this is complete, and as a result of the recent Government decision regarding capital commitments, the next step will be to seek approval from the Department of Finance through the Department of Health & Children to complete the preparation of tender documents and to go out to tender.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

Notice of Motion 5(i)

“That the HSE South give a detailed report in relation to the proposed new 40 bed Community Hospital for Kenmare as follows:

- When will planning permission be applied for?
- When will work commence on the proposed new hospital?”
• How long will it take to complete the project?
• What is the cost of the new hospital?
• Is funding in place for the project?”

Cllr. Michael Cahill

The HSE development programme identifies the requirement for new and replacement Nursing Units for long stay care for older people. The procurement of new and replacement nursing units is included in the rolling programme of the National Capital Development Plan 2009-2013. The development of these units is being done on a design and build basis, and this includes the planning process to be done by the successful bidder.

A priority list of locations for the development of new and replacement Community Nursing Units was agreed by the HSE in late 2008. Kenmare Community Hospital development is included in this list. This priority is subject to review in response to service pressures, risk evaluation, and to inspection and direction notices of the Health Information & Quality Authority (HIQA), and the Health & Safety Authority. The current priority is reflected in the Capital Plan proposal, submitted to the Minister for Health and Children, in relation to 2009 expenditure. Approval to this plan is awaited.

The decision to replace rather than refurbish, and extend, Kenmare Community Hospital followed an appraisal of the building options completed by O'Sullivan Campbell Architects on behalf of the HSE. The conclusion, extracted from that appraisal, is to provide “a 40 bed replacement facility in totally new accommodation on the existing site in Kenmare”. This is the best option in the context of the requirement to provide community hospital services in Kenmare, that meet current and emerging HIQA standards and also from a risk and cost perspective. The report has been considered by the HSE and this recommendation has been accepted.

The HSE proposes to seek competitive tenders for detailed design, on the first four prioritised locations, following approval of the 2009 Capital Plan by the Minister. Current cost estimates indicate that sufficient funding has been allocated in the plan for these developments. The successful bidders will then undertake detailed design, statutory planning, fire certification, and construction.

Further detailed design by a selected successful bidder is proposed in quarter three/four 2009, in preparation for 2010 expenditure. The projects included in the tender process will reflect projected funding for 2010, and the risk priority, or direction notice of HIQA, or the Health & Safety Authority. The inclusion of Kenmare is envisaged in this tender process, which would allow the development to proceed to design and statutory planning stage by end of 2009 or commencement of 2010. Approval for 2010 developments will be subject to HSE prioritisation and Board approval, and also subject to Ministerial approval, similar to the 2009 process.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

Notice of Motion 5(j)

“That following the recent HSE decision to relocate the local administration of the Over 70’s Medical Card Scheme from the Tralee office to the Dublin office, that this Forum requests Professor Brendan Drumm to cease any further centralisation of schemes currently administered in County Kerry
e.g. if schemes envisaged for relocation include the Medical Card Scheme, Drugs Payment Scheme, Ophthalmic Scheme and Immunisation Scheme. The net effect is that up to 20 people will have to be relocated or possibly lose their jobs.”

Cllr. Tom Fleming

Under the HSE 2009 Service Plan it has been agreed that the processing of medical card applications will be centralised and will transfer to the National Primary Care Reimbursement Service. This will allow the application process to be standardised and streamlined nationally.

There are no plans to close any of the local offices that currently process medical card applications. However, the process will involve a reassignment of existing human resources within the Health Service Executive. In this regard discussions have commenced with IMPACT and SIPTU under agreed arrangements and these discussions are ongoing.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

*********

Notice of Motion 5(k)

“That the HSE South outline the current financial situation of the HSE and its impact on delivery of the National Service Plan (NSP) 2009.”

Cllr. John Buttimer

Members were briefed on the National Service Plan and its implementation across HSE South at the meeting of the forum on 15th January 2009. The Service Plan is being fully implemented across HSE South.

The National Service Plan (NSP) 2009 identified a number of risks to which the HSE could have a financial exposure if income to the organisation is lower, or the planned costs for certain services are higher, due to factors outside of the HSE’s control. These risks include:-

- €100m savings in respect of over 70’s Medical Cards
- Savings on costs of wholesale margin for community drugs schemes
- Exceptional Growth in Demand Led Schemes due to economic downturn

These risks have now materialised and have been the subject of a special HSE Board meeting held on 23rd February 2009. These financial risks and the evolving national financial position may result in a revision of both the National Service Plan and the individual Business Plans/Cost Containment Plans for the Hospital Group South East, Hospital Group South and PCCC, South which were presented to Members at the January Forum meeting. The matter is being considered by the HSE Board today 12th March 2009. Decisions arising from the meeting will be communicated to the Forum Members. The January financial position for the South Eastern Hospitals Group indicated an over-run of €2.010m (7.15% of budget), Southern Hospitals
Group indicated an over-run of €1.687m (3.78% of budget) and PCCC indicated an over-run of €0.644m (0.63% of budget)

Mr. Pat Healy, Assistant National Director, South PCCC Directorate
Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group
Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group

**********

Notice of Motion 5(l)

“That the HSE/NCCP put all plans for the transfer of Breast Cancer Services back on the table to allow for proper consultation to take place with all stakeholders. Breast Cancer Services are set to transfer from the South Infirmary/Victoria University Hospital (SIVUH) to Cork University Hospital (CUH) later this year under the National Cancer Control Programme. Arising from this, huge concerns have been expressed by Doctors, Consultants, Breast Care Nurses and patients about the preparedness and ability of CUH to manage the service.”

Cllr. Catherine Clancy

Cancer, its prevention, diagnosis and treatment are a major challenge for our society with approx 20,000 Irish people developing cancer and 7,500 dying of cancer in Ireland each year. To address this rapidly rising burden, the Strategy for Cancer Control in Ireland 2006 advocates a comprehensive cancer control policy programme which is a whole population, integrated and cohesive approach to cancer. This integrated approach involves prevention, screening, diagnosis, treatment, support and palliative care. The HSE’s National Cancer Control Programme (NCCP) has been established to give effect to this strategy and will involve the transfer of all major cancer treatment – involving diagnostic, surgical and radiation oncology services – to four managed cancer control networks, each with two cancer centres, These centres will have a high concentration of specialist skills in cancer services. In the South, Cork University Hospital and Waterford Regional Hospital have been designated as the centres.

These cancer centres must serve a population of 500,000 and will require the availability of critical surgical sub-specialty services to support cancer control activity. The centre must also be well-supported by general medical and surgical infrastructure including all general consultation and support services such as pathology, laboratory medicine. Radiology/X-ray imaging, Respiratory support services, Physiotherapy, Occupational therapy, Nutrition and Palliative care in a multi-disciplinary academic, research and team environment, with the availability of third level education and specialty training facilities for health professions.

The relocation and development of Symptomatic Breast Care Services has been identified as the first cancer service to be enhanced under the programme. In the South, this initially involved the relocation of diagnostic and surgical symptomatic breast care services from Kerry General Hospital, which successfully took place in October 2008. The transfer was progressed via a Breast Care Planning Team who met on a weekly basis to ensure that the infrastructure, staffing and care pathways were in place to accommodate the move. To facilitate the transfer and to support the further development of the service, the appointment of additional Consultant, Nursing, Allied Health Professional and Administrative staff was approved by the NCCP. Understanding that patients may experience travel difficulties, the NCCP has
agreed with the Irish Cancer Society the provision of additional funding for a new Travel2Care Scheme which will be administered independently by the Society, to assist patients who have genuine difficulty in travelling to Cork for their care.

In addition to the above, a Cancer services office has been established at CUH which will support the full cancer programme and this is resourced by a dedicated Clinical Nurse Manager 3, Cancer Centre Manager and a Data Manager. This team will work closely with Hospital management, NCCP and HIQA to ensure ongoing audit and adherence to standards put in place by HIQA and NCCP. The office will also centrally manage cancer referrals and ensure that communication with clinicians, patients and others is consistent and thorough. The next step is the amalgamation of the Cork University Hospital (CUH), South Infirmary Victoria University Hospital (SIVUH) and Mercy University Hospital (MUH) (pathology) Symptomatic Breast Disease services at Cork University Hospital from Autumn 2009.

In the amalgamated service approx. 8,000 new breast patients will be seen per year i.e. approx. 160 patients per week which it is estimated will represent approx. 11 new breast cancer cases per week.

It should be noted that Professor Tom Keane, Interim Director and Mr. John Magner, Cancer Network Manager, South have had full engagement with the Breast Care Team at the SIVUH and indeed all members of the group involved in the amalgamation of the Service. To progress the move and to ensure wide-spread engagement and consultation, a joint governance programme between NCCP,HSE, SIVUH, and MUH has been set up to afford all stakeholders, including staff on the 3 sites, the opportunity to participate in the planning and development of the service at Cork University Hospital Cancer Centre. This is progressed via:-

(a) High Level Planning Steering Group to include membership from the NHO, NCCP, CUH, SIVUH, MUH and NCSS

(b) Project Implementation Group to include membership from the NHO, NCCP, CUH, SIVUH and MUH

(c) 7 Project sub-groups to include frontline service staff from the 3 hospitals who will work on the detailed planning for the future service

- Outpatient/Follow up services
- Radiology
- Surgery
- Pathology
- Support Services
- HR/Staffing
- Equipment/Equipping
- Communications

Chairpersons, from within the membership of the sub groups from SIVUH, MUH and CUH have been appointed and a programme of work has been identified, facilitated by an experienced NCCP Oncology Project Manager and supported by an Organisational and Development Manager from the HSE. The groups, which include frontline service representatives from all disciplines in the three hospitals have commenced meetings and will work collaboratively to develop a transition plan using the national standards on Symptomatic Breast Disease developed by the Health
Information and Quality Authority (HIQA) and the NCCP which includes the assurance that all patients will be reviewed and treatment decisions made by a multi-disciplinary team, prior to any surgical intervention.

In conjunction with this work, key infrastructural issues, as follows, are being addressed to ensure adequate capacity to manage approximately 8000 patient per annum:-

- Radiology/Mammography/OPD capacity
- Inpatient and Day Bed requirements
- Theatre Capacity
- Pathology Service
- Multi-disciplinary Meeting facilities and office accommodation

To support the Cork University Hospital Cancer Centre, the NCCP has set aside funding to develop an integrated diagnostic centre to accommodate the symptomatic breast service within CUH as well as the planned rapid access diagnostic lung cancer clinic and a rapid access diagnostic prostate cancer clinic which will come on stream in 2009. A proposal from CUH for this development on the former Ward 2C has been approved by the National Cancer Control Programme from its capital allocation for 2009. €5m has been approved by Prof. Tom Keane, Interim Director and this will support the development of full diagnostic clinics and treatment facilities including mammography imaging services, ultrasound, pathology/laboratory services, patient waiting areas and support services.

Communication with General Practitioners is taking place at national and local level and the NCCP has appointed Dr. Marie Laffoy as National Community Oncology Advisor to further open dialogue with GPs and staff in PCCC/Community services. A particular focus of the NCCP is to ensure that patient pathways are developed and in place that will enable cancer patients to continue to receive appropriate elements of their treatment, care and support – within agreed treatment protocols – from their family doctor, local hospitals and community services staff.

Working in a partnership approach the NCCP and HSE have endeavoured to make this an all-inclusive process keeping stakeholders involved at every stage. Regional Health Forum and Oireachtas members on behalf of their constituents/communities have been briefed at a number of local meetings and management/clinical staff at Cork University Hospital, have facilitated presentations and visits to the proposed Cancer Centre including a patient representative and local political representative group on last Monday 9th March 2009, who will again meet with CUH and NCCCP representatives on 5th May 2009, to demonstrate the work that is being undertaken to progress the amalgamation of the service.

To reassure the community/patients, it needs to be clearly understood by all interested stakeholders that Professor Tom Keane, NCCP has given a firm commitment that the Service at SIVUH will not move until CUH is in a position to provide a service of equal if not better quality. Going forward, the NCCP and HIQA will carefully oversee and audit the service and its standards to ensure its on-going quality.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

**********
Notice of Motion 5(m)

“That the HSE South provide a more relevant and comprehensive communication process with schools and parents/guardians especially in relation to children with Special Needs.”

Cllr. Rody Kelly

General Health Supports for School Going Children

Health supports for children with special needs are delivered by both statutory and voluntary service providers across a variety of settings depending on the specific needs of the child and their family and in some cases, the educational setting they attend.

Currently, within the HSE South, the health services appropriate to a child with special needs could include:

- Specialist family supports
- Autism specific services
- Community based therapy services
- Specialist disability therapy services
- Social Work
- Child and Adolescent Mental Health Services
- Child and Family Psychology
- Developmental Communication Disorder Services
- Afterschool support services
- Respite and residential services

These services can also be delivered across education, home, centre based settings and by direct and indirect methods as appropriate to the specific service and the needs of the child. The configuration of these services by Care Groups and Local Health Office area are in line with the HSE strategies such as Quality and Fairness (2001) and the Primary Care Strategy (2001) which aim to deliver focused, quality services on an equitable basis.

Special Schools

The voluntary disability service providers working on behalf of the HSE South with children in special schools have strong direct communication links with these schools which, in many cases includes health professionals assigned on a fulltime basis to the school by the services provider. These links and policies vary between settings due to the individual approach of the health services and the school.

Mainstream Schools

The communication by the HSE/voluntary service providers with schools in relation to children in special classes in mainstream school and general mainstream school classes is a partnership arrangement between the educational staff including the Special Educational Needs Officer (SENO), Special Needs Assistant (SNA), teacher, Principals and the health staff that is built upon open communication and goodwill. Whilst the HSE South is committed to an open comprehensive and relevant communication process with schools, the priority must be in the delivery of front line health services to children of school going age from within all available resources. The HSE South has provided a booklet "Directory of Community Services for Children”, which outlines the health supports available for children and this is available from all PCCC Offices and is made available to schools. Members will
appreciate that the primary responsibility within the school services rests with the Department of Education and the individual board of managements in schools with the HSE providing a supporting role.

**Disability Act/EPSEN Act**

With the launch of the Disability Strategy and the introduction in June 2007 by the Minister for Health and Children of the Assessment of Need process under the Disability Act 2005, a consistent process has been established under this legislation. The Assessment of Need process was introduced in June 2007 in respect of children under 5 years with the intention of extending this provision to older children and all people with disabilities in future years.

To deliver on its responsibilities in this regard, HSE South has employed Assessment Officers and Liaison Officers as detailed in the legislation. Assessment Officers are charged with ensuring that the Assessment of Need is completed in compliance with quality standards and that the Assessment Report clearly identifies the child’s needs and the Health and Educational services required to address the identified needs. The legislation further requires the Liaison Officer to complete a Service Statement detailing the services that will be provided and the timescale for their provision. Since the enactment of the Assessment of Need in June 2007 a total of 1,256 applications for AON have been received across the nine LHO areas within HSE South.

In tandem with the introduction of the Assessment of Need process, HSE South has enhanced service delivery for children with disabilities through the deployment of additional therapy staff and the development of co-ordinated Early Intervention Services for children under 6 years of age. During 2009 these improvements will be further enhanced with each Local health manager supporting mechanisms to ensure that Early Intervention Services are delivered in a co-ordinated, team-based manner throughout the region. The intention is to extend these provisions to ensure a co-ordinated service for all qualifying children. As the vision contained in the Disability Strategy is realised through the enhancement of provision and the implementation of additional elements of the strategy, a fully comprehensive process will be in place for all children with special needs. A key element of this process will be the E.P.S.E.N. Act (Education of Persons with Special Educational Needs). This Act which specifically caters for the educational needs of children with special needs, will be the responsibility of the Department of Education and will complement the provisions of the Disability Act to ensure the health and educational needs of qualifying children are addressed.

**Carlow/Kilkenny**

Carlow/Kilkenny LHO provides a range of services for children with special needs in line with the above process. Its Child & Adolescent Mental Health services will be further enhanced in 2009 with the employment of two full time permanent Consultant Psychiatrists. It is expected that they will take up post by end of May 2009. The provision of full time permanent Consultants will enable a more comprehensive service to be delivered. There will also be further enhancement of the multidisciplinary team to support the two new Consultant Psychiatrists.

The expansion of the teams will facilitate greater co-ordination of service delivery which will include establishing clear referral pathways and communications with those referring children to this service. The referral process will outline the
requirements relating to doctor to doctor referral and also interdisciplinary referrals and this will be communicated to schools within the catchment area.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

**********

QUESTIONS 12TH MARCH 2009

Question 6(a)

“What is the current plan to upgrade the Health Centre, Bennettsbridge, Co. Kilkenny?”

Cllr. Michael O’Brien

Answer:

Members will be aware that Bennettsbridge is a short distance from both Thomastown and Kilkenny City. Bennettsbridge is a satellite Health Centre of Thomastown, which has been identified as one of the Public Private Partnerships for the development of Primary Care Centres and is currently being progressed through this system as one of the areas approved for this process in 2008.

Going forward, it is planned that all significant activity will be provided from the new Primary Care Centre in Thomastown with a very limited service being provided at Bennettsbridge. In addition there has been a significant growth in population in the Thomastown area.

Bennettsbridge Health Centre has a Public Health Nurse operating out of the centre on a part time basis, approximately one hour each morning and approximately three afternoons per month where she provides child developmental clinics. A Community Welfare Officer operates out of the centre one afternoon per week. The centre is used by the local GPs on a part time basis of approximately one hour two days a week.

No further work is prioritised for the health centre at this time other than routine maintenance.

Mr. Pat Healy, Assistant National Director, South, PCC Directorate

**********

Question 6(b)

“What is the total capital expenditure and time span for completion of the agreed development at Our Lady’s Hospital, Cashel and St. Patrick’s Hospital Cashel?”

Cllr. Billy Shoer

Our Lady’s Hospital, Cashel

The Capital Development at Our Lady’s Hospital Cashel is providing the facilities announced by the Minister for Health in 1995 and reflect the agreement reached between the South Eastern Health Board and the Cashel Hospital Action Committee in 1996.
The building works have been carried out in a sequence that has maintained hospital services on site.

Phase 1 of the works provided four new free standing buildings for the following services:-

- A unit for the elderly mentally infirm and for those with Alzheimer’s Disease
- Services for people with a physical disability including a Day Centre, Independent Living Units and a Respite Unit
- Mental Health Services including a Day Hospital and Day Centre
- Supervised Hostel for Mental Health services

The Phase 1 works are complete and the Units are occupied. The Phase 2 Contract commenced in April 2008 and the expected completion date is June 2010. The Phase 2 works could only commence once surgical services had transferred to Clonmel, as the existing three storey hospital building is being upgraded, refurbished and extended to provide facilities for:-

- A 25 bed Geriatric Assessment Unit
- A 20 bed GP Assessment and Rehabilitation Unit
- A 15 bed Nursing and Convalescent Unit
- A 5 bed Palliative Care Unit
- A Day Hospital and Day Care Centre for the elderly
- Out Patients Services
- Physiotherapy Services
- Radiology Services

The Capital Budget for the project is €15 million. Construction of the Development will be completed by June 2010. It will then take approximately 3-6 months to equip and commission the new areas.

St Patrick’s, Cashel
Total expenditure on the Rehabilitation Unit, St. Patrick’s, Cashel is estimated at €3.5m. Expected completion date is 30th April 2009.

The floor area is 1.548 sq metres of which 752 sq m is existing and 796 sq m is new build. Practical completion date of project is April 30th 2009 and final cost will be available when final accounts are submitted.

This project to upgrade and extend the existing Rehabilitation Unit will maintain the bed complement of 21 beds and bed configuration will be improved from two multi-bed rooms to 5×4 beds, and one single room, each room with an ensuite WC/Shower which greatly enhances infection control. In addition, improved accommodation is being provided for Consultant led Multi-Disciplinary Team (MDT) to continue Rapid Access Clinics and a Therapeutic Day Hospital for aftercare of persons discharged home from the Rehabilitation Unit and GP referrals. Other clinics operating here are Orthotics, Prosthetics and Falls Prevention and a Memory Clinic will commence on completion of premises.

This Unit is the dedicated Rehabilitation Unit for older people for South Tipperary and this investment in its development will maintain its position as the leader in service development and service provision for the older people of our catchment area.

Mr. Pat Healy, Assistant National Director South, PCCC Directorate

************
**Question 6(c)**

“What progress has been made with my previous request for the development of a dedicated stroke unit at Kerry General Hospital?”

**Cllr. Brendan Cronin**

As outlined in the previous report to the Forum, Kerry General Hospital has an excellent facility for the rehabilitation of stroke patients, following their acute event, in a Consultant led Rehabilitation Unit.

This Unit is available to all Stroke Patients over the age of 55 years. Patients have access to co-ordinated care including assessment by a Consultant Geriatrician and his team. Dedicated Physiotherapy, Occupational Therapy, Speech & Language Therapist and Dietician care is co-ordinated through a Consultant Geriatrician led multidisciplinary team.

Acute stroke patients are currently managed on the general medical wards under the care of the relevant Consultant Physician. While Kerry General Hospital does not have a dedicated Acute Stroke Unit at present, plans to develop such a facility at the hospital are in the early stage of discussion.

HSE PCCC community based services in Kerry are made available on a needs basis to post-stroke patients in the community. The services that are provided include Public Health Nursing, Registered General Nursing, Home Help Services, Physiotherapy, Occupational Therapy and Audiology. In addition, patients may have a requirement for specific aids and appliances and will be prioritized in terms of their needs for such requirements. Respite facilities are also available in community hospital settings.

In relation to the development of the service going forward a working group has been jointly set up between the HSE and the DOH&C to develop a policy and action plan for rehabilitation services. Rehabilitation in this context includes neurological and physical rehabilitation including Trauma and Acquired Brain Injury and will also include rehabilitation for Older People including Stroke services. This group has met on a number of occasions and is due to issue its report in the second quarter of 2009. The Strategy and Action Plan will address National, Regional and Local requirements to provide access to comprehensive and integrated Rehabilitation services. The development of a specialised Stroke Unit for Kerry or elsewhere in HSE South will be informed by this report.

**Mr. Pat Healy, Assistant National Director, South, PCCC Directorate**

**Question 6(d)**

“Can the HSE South confirm or deny that it is intended to change Annagh Surgical Ward from a 7 day to a 5 day ward, at a time when Rathass Orthopaedic Ward, is considered to close for refurbishment at Kerry General Hospital?”

**Cllr. John Sheahan**

In response to the challenges in terms of efficiencies required in the 2009 HSE South Service Plan, the Executive Management Board (EMB) at Kerry General Hospital are reviewing all areas across the hospital to maximise potential efficiencies in order to
manage service delivery within the allocated financial resource. Specific areas identified by the Executive Management Board for cost containment and efficiencies include the conversion of Annagh Ward (30 bedded Ward) from 7 to 5 day (i.e. closed at weekends) with effect from Monday 2\textsuperscript{nd} March, 2009.

The challenges of ensuring that services are delivered in accordance with the 2009 National Service Plan and within with the Hospital’s financial and resource allocation are acknowledged by the Executive Management Board at the hospital. However, Kerry General Hospital management are committed to the ongoing development of the vital services provided by the hospital to the population of Kerry. In that regard, the development project to upgrade the 30 bedded Orthopaedic Ward (Rathass), which is costed at approximately €3.5m (for redevelopment and equipment), is hoped to commence during 2009. The upgrading of this Ward will be a huge asset to the Kerry patient population. The project will see structural changes to the Ward including the making available of high quality facilities to include Isolation room capacity and the facility to separate Elective and Trauma patients to reduce risk of cross infection.

2009 will undoubtedly be a difficult year for all HSE Service providers. As the national financial situation is changing daily, the operating environment of the HSE in terms of budgets will be reviewed on a continual basis and accordingly the Executive Management Board at Kerry General Hospital will continue to review plans as necessary throughout the year.

**Gerry O’Dwyer, Network Manager, Southern Hospitals Group**

Question 6(e)

“How many beds were lost in Cork University Hospital, the Mercy University Hospital and the South Infirmary Victoria University Hospital over the last three years due to the late discharge of patients and what proposals are in place to provide extra community beds to deal with the late discharge problem?”

Cllr. Tim Lombard

The HSE, through the provision of community based services actively supports the discharge of patients into the community to the most appropriate setting and liaises closely with the acute hospital services to ensure that appropriate discharge planning is adhered to at all times.

The development of community services, particularly over the past number of years, has seen a wide range of initiatives and service enhancements which has supported this process. Such developments as the provision of home care packages, increased levels of home help service, the development of primary care teams, have all impacted positively in the availability of appropriate services to ensure that as many people as possible can either be maintained or discharged to their own homes without delay.

In the case of residential care requirements, the majority of patients await a residential bed where:
They need a public residential care bed due to the level of complexity of their medical and nursing needs.
Either they themselves or their family are requesting a public, long stay bed
There is specific ongoing work required regarding their discharge to a residential care bed to address their particular needs
There is ongoing work in relation to their application for nursing home subvention
In addition, a number of patients will await specific rehabilitation beds to assist in their recovery.

In particular in relation to the provision of non acute beds in the Cork city area, there are a number of recent developments.

An additional 37 beds have been provided in 2008 in St. Joseph’s community nursing unit on the grounds of the St. Finbarr’s Hospital Complex. Construction work is ongoing across a range of sites which will see the provision of an additional 200 public beds with the development of a 50 bed unit at St. Mary’s Orthopaedic Hospital, 100 beds at Ballincollig Community Nursing Unit and an additional 50 at Farranlee Road Community Nursing Unit. The Farranlee Road development will also provide for 50 replacement beds from the current available public bed stock.
In response to increasing demands for non acute beds the HSE currently contracts in excess of 310 beds in the greater Cork City area. Since October 2008 to date 90 of these additional beds have been contracted as an interim measure until the new community nursing units are operational.

The community and acute hospital services are committed to working closely together and recently a Joint Implementation Group for Integrated Discharge Planning has been formed. The purpose of the group is to implement the National Integrated Discharge Planning process which is an initiative of the HSE which examines all the processes of admission and discharge with a view to focusing the available resources to minimise delayed discharges where possible.

The HSE also administers the Nursing Home Subvention Scheme which has a budget in excess of €30m across Cork and Kerry. Many recipients of subvention will be discharged from acute hospital to private nursing homes with the support of this scheme.

Currently legislation is being taken through the Houses of the Oireachtas, known as the Nursing Homes Support Bill (Fair Deal). The proposed legislation will ensure that everyone that enters a nursing home in either the public or private sector has their need for residential care assessed and that they pay a fair portion of their means as a contribution towards the cost of their care.

| Bed Days Lost – South Infirmary Victoria University Hospital (SIVUH) |
|----------------------|----------------|
| 2006                 | 2,222          |
| 2007                 | 2,459          |
| 2008                 | 3,779          |
**Bed Days Lost – Cork University Hospital (CUH)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Days Lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>7,514</td>
</tr>
<tr>
<td>2007</td>
<td>11,873</td>
</tr>
<tr>
<td>2008</td>
<td>10,861</td>
</tr>
</tbody>
</table>

**Bed Days Lost – Mercy University Hospital (MUH)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Days Lost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>1,990</td>
</tr>
<tr>
<td>2007</td>
<td>2,548</td>
</tr>
<tr>
<td>2008</td>
<td>4,510</td>
</tr>
</tbody>
</table>

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

**********

**Question 6(f)**

“When will work commence on the new dedicated Cystic Fibrosis Unit at Cork University Hospital?”

Cllr. Michael Cahill

The members of the Forum will recall that a Statement of Need (SON) for Adult Cystic Fibrosis Services was presented to the Executive Management Board (EMB) at Cork University Hospital on June 26th 2008. The SON set out the requirements for both day and in-patient facilities to accommodate the caseload of adult patients, the multidisciplinary team, and enable CF services to be delivered in line with best practice. It also provided a pathway for existing paediatric patients to transition to adult care within the same setting and with many shared staff.

The Executive Management Board of CUH agreed in principle that new facilities for patients with CF should be provided. Such facilities will consist of dedicated in-patient beds, a dedicated day unit and a respiratory ward. These facilities are to be planned and allowed for in the review of the Development Control Plan for the CUH campus, which is currently under tender. Specific development proposals will then be prepared for consideration and approval in the context of the HSE’s Capital Plan.

Members should also be aware that as and from February 12th of this year that HSE is under instruction from the Department of Health and Children and from the Department of Finance that no capital commitments may be entered into without the prior approval of the Department of Finance.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

**********

**Question 6(g)**

“That the HSE give a full detailed and comprehensive report on the planned changes to and delivery of Accident and Emergency Services in Cork City and County, with special reference to:

- The current and projected attendance figures for 2009 relative to the National Service Plan 2009
- Current and projected waiting times at A/E
In the context of the Reconfiguration of Acute Hospital Services programme in the Southern Hospitals Group area, and in order to fulfil the commitment given in the HSE’s National Service plan, the HSE will carry out a review of the provision of Emergency Department services within the Cork and Kerry region. The review will benchmark the existing service against international best practice and make recommendations on the provision of emergency services in the region going forward. In doing so it will take due account of current and projected activity levels, as well as population and health demographics at both regional and national level. It will also encompass an integrated approach to academic medicine, education, teaching, training and research across the region.

This review will be carried out under the direction of the recently appointed Project Director of the Reconfiguration of Acute Services HSE South, Prof. John Higgins, and with the assistance of Dr Stephen Cusack, Director of Emergency Medicine. The membership of the review group is currently being finalised, as are the terms of reference for the review.

It is intended that this review will include full engagement and discussion with relevant healthcare providers including General Practitioners, their representative bodies and Southdoc, staff, patient representative groups, public representatives and others interested parties. The review will commence in March/April ‘09. It will be published when it is completed.

As previously advised at Committee level, we will keep the members informed of the progress of the review through a series of progress reports to the Acute Hospitals and Population Health Committee. A full presentation on the final report will also be made to the members at a future meeting of the Regional Health Forum, South.

Mr. Gerry O’Dwyer, Hospital Network Manager, Southern Hospitals Group

**********

Question 6(i)

“Would the HSE South put in place a system whereby the users of A&E Services at Cork University Hospital and South Infirmary/Victoria University Hospital can use their Credit Cards to pay their bills thus substantially reducing the estimated annual postage cost of over €100,000”

Cllr. Catherine Clancy

Answer:
There are three Accident and Emergency Units in Cork City. These are located at Cork University Hospital, Mercy University Hospital and South Infirmary/Victoria University Hospital. There were a total of 104,928 attendances at these Units in 2008 the breakdown of which is as follows:

CUH 58,247
Not all of those attending an A&E Unit are required to pay the statutory charge, which currently stands at €100. Those currently exempt from the charge include:

- Medical card holders
- Health (amendment) Act Card holders
- Women receiving services in respect of motherhood
- Children up to the age of 6 weeks
- Children suffering from specified diseases/disabilities
- Children referred for treatment from Child Health Clinics & School Health Examinations
- Persons receiving services in respect of prescribed infectious diseases
- Services provided in accordance with EU Regulations
- Persons who are transferred for services from the HSE’s Geriatric, Psychiatric or Mental Handicap Institutions (long stay persons only)
- Persons who attend the A/E Department with a GP referral letter

For those patients that are not exempt from payment, it is the policy of all three hospitals to request payment of the statutory charge by eligible patients when they attend for treatment at the Emergency Department. Staff are required to inform patients of the cost involved (currently €100). Patients are then offered a choice of payment either by cash, cheque, credit card or laser card. In the past few weeks, an ATM facility has been installed in the foyer of the Emergency Department at CUH for the convenience of patients wishing to pay by cash.

In Cork University Hospital, the income arising from ED charges in 2008 amounted to €653,000. Approximately 60% of this total was collected by staff at the counter in the A&E Unit. In some instances the nature of the patient’s condition precluded staff from collecting the charge and in other cases, the patient had insufficient or no means of payment on hand. In these circumstances, a bill would be sent by post, to be followed by 2nd and subsequent reminders if it remained unpaid. There may be an occasion when the A&E Unit is exceptionally busy that staff at the counter may not have sufficient time to process a credit card payment and the bill is subsequently issued by post. However, this will only happen very rarely in the 105,000 attendances in the three Cork City A&Es each year.

You will also be interested to know that management at CUH are currently implementing a new billing system in the department which is hoped will further increase the amount of income collected and reduce the need to follow up by post.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

***********

Question 6(j)

“What role if any, do members of the HSE Fora fulfil in the formulation of HSE policy?”

Cllr. Rody Kelly
Answer:
Members will be aware that the 4 Regional Health Fora were established in January 2006 under Section 42 of the Health Act 2004 by the Minister for Health and Children, following consultation with the Minister for the Environment, Heritage and Local Government - as part of the reform of the health services. The membership consists of appointees of the Local Authorities. The HSE as specified under subsection (7), arranges for the provision of administrative support via the Regional Health Offices.

As laid out in the Act, the Forum’s function is:-

“To make such representations to the Executive as the Forum considers appropriate on the range and operation of the health and personal social services provided within its functional area”.

As such, there is no authority for the Forum to involve itself in respect of matters which are within the management responsibilities of the Executive including:-

(a) The control, supervision, service, remuneration, privileges or superannuation of employees of the Executive or a service provider
(b) Any decision as to whether or not any particular person is eligible to avail himself of a service (including a service for the payment of grants or allowances) or as to the extent to which, and the manner in which, a person shall avail himself of any such service
(c) Any decision as to the making or recovery of a charge, or the amount of any charge for a service for a particular person

Section 42 of the Act specifically provides that the Forum may not consider or make representations in respect of the following matters, namely:-

(a) A matter relating solely to the exercise of clinical judgement by a person acting on behalf of the Executive or a service provider
(b) A matter relating to an action taken by the Executive or a service provider if the action was taken solely on the advise of a person exercising clinical judgement in the circumstances described above
(c) A matter relating to the recruitment, appointment of employees by the Executive or by a service provider
(d) A matter relating to or affecting the terms or 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

Under S.I. No. 797 of 2005 (Regional Health Forum Regulations) further detail as follows is laid out on the Forum’s role:-

- The establishment date of the Forum
- The functional area and membership of each Forum
- Method of appointment of members, filling of vacancies and attendance at and procedures/regulation of business for meetings
- Appointment of Chair and Vice-Chair
- Disclosures of interest
To give members an opportunity to make informed representations to the Executive, the HSE South

(a) Provides updates on services via formal presentations at both the Forum and committee meetings
(b) Regularly forwards updates/press releases via e mail to all members (FULL DETAILS AVAILABLE IN THE ANNUAL REPORT)

In parallel with the formal Forum/committee meetings, lines of contact via informal meetings with local PCCC and Hospital Managers have been opened to members to allow greater discussion on health matters of local interest.

Members views and concerns regarding the role and function of the Regional Health Forum, South in the present HSE structures were raised at the last PCCC committee meeting and, recognising that change to the legislation is not within the remit of the HSE, members have put forward a formal Motion, as follows, for today’s meeting:-

"To ask that the Minister for Health and Children would instigate a total review of the structure of the Forums to allow democratic input into decision-making and budgetary control"

Mr. Ger Crowley, Director, Regional Health Office, South

************
NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
14TH MAY 2009
NOTICE OF MOTIONS 14TH MAY 2009

Notice of Motion 5(a)

“Bantry General Hospital provides an excellent service not only to South and South West Cork, but also to many people in the South Kerry area. I would ask that the HSE South Network Manager would ensure that the services in Bantry General Hospital are not downgraded and that no further bed closures are proceeded with.”

Cllr. Michael Healy-Rae

Bantry General Hospital opened in 1960 and since then the hospital has provided a comprehensive range of inpatient, outpatient and day case services in response to needs of the populations it serves in West Cork and South Kerry, and in accordance with the HSE’s principles of equity, people centeredness, quality and accountability. A wide range of specialties are delivered by the hospital including: General Medicine, General Surgery, Old Age Medicine, Care of the Elderly & Respite Care, Radiology, Palliative Care and Mental Health Services (under PCCC). There are specialist outpatient services provided in Orthopaedics, Paediatrics, Maternity, Orthoptics and Urology. Bantry General Hospital (BGH) has an operating budget of over €19m in 2009 to provide the above services and has a treatment capacity of 119 inpatient, day case, sub-acute, emergency and mental health places in which to do so.

The HSE has invested considerably in the infrastructure at the hospital in recent years and included in the capital developments at the hospital is a CT scanning service, a lift for the Rehab and Assessment unit, a new day room in St. Joseph’s unit, a new library and a link corridor between the main hospital and the x-ray and outpatients departments. Work on developing the helipad at the hospital is ongoing. The hospital has also invested in a considerable refurbishment programme in the laboratory, ward stores and kitchen.

Financial Situation at Bantry General Hospital
The HSE operates within a very strict budgetary environment (it is legally required to balance its budget) and all managers and agencies in turn have a clear responsibility to operate within their designated budgets and deliver on their service targets.

For the past two years in particular the HSE has put in place a number of national and local initiatives aimed at addressing potential end of year budget overruns. These initiatives have included cost containment measures in non-direct costs (such as travel, hotel hire and training), reductions in non-front line expenditure and non-front line pay, Value for Money initiatives, and efficiencies in energy use, patient transport and debt collection. Throughout this process the HSE has continued to monitor very carefully the impact these initiatives are having on the overall budgetary position with a view to ensuring that they would not impact negatively on service targets.

Each hospital within the Southern Hospitals Group, including BGH, has put together a breakeven plan for 2009 that is based on a realistic assessment of achievable objectives for the hospitals within the Group. These plans are formulated with a view to maintaining all existing essential services and minimising the overall impact on patient care. Nevertheless, it is acknowledged that some services provided by the
hospitals will have to be curtailed. Existing levels of service at BGH are being examined in light of a projected budget over run of around €1m. The Hospital’s Executive Management Board is in ongoing discussions with key personnel around cost containment proposals. All activity levels within the hospital are regularly reviewed in order to achieve these efficiencies and meet the above financial target. As part of its cost containment plan the Executive Management Board at the hospital took the decision to close 10 acute beds on a phased basis. Four beds were closed on March 13th and a further six beds were taken out of the system by April 30th.

Management at the hospital are keeping the hospital’s financial and service activity levels under constant review and they are confident the steps taken to date will ensure that the hospital achieves a breakeven position by year end. In the interim, management and staff at the hospital continue to ensure that everyone who requires urgent treatment receives it.

**Future of Bantry General Hospital**

As the members are aware, the review of acute hospital services across HSE South (including BGH) is complete. The review provides recommendations as to how the HSE can provide a quality, safer and more responsive health service to people in Cork and Kerry. Professor John Higgins has been appointed as Project Director for the reconfiguration of health services in Cork and Kerry, since 2nd March 2009 and he is more than half way through a twelve week communications process with key audiences to take on board their opinions and ideas. This will be completed in the second week of June and the review will be published at that stage. This dialogue with stakeholders is essential in order to determine how best to reconfigure acute services in the region and to enable the greatest concentration of resources, mix of staff skills and service quality, thereby serving the greatest number of patients in the Cork and Kerry region.

Members will recall that in the context of the Reconfiguration of Acute Hospital Services programme and the HSE’s National Service plan, the HSE is also carrying out a review of the provision of Emergency Department services within the Cork and Kerry region. This review will be carried out under the direction of Prof. John Higgins, and with the assistance of Dr Stephen Cusack, Director of Emergency Medicine, as Chair of the sub-group. The membership of the review group and its terms of reference have already been circulated to the members of the Forum.

The outcome of the reconfiguration programme and the associated review of Emergency Department services will provide guidance on how Bantry General Hospital can continue to provide a quality, safer and more responsive health service to the people in West Cork and South Kerry.

Professor Higgins has gone on record as saying that it is not our plan to close hospitals; rather it is our intention to enhance the range of services that we provide to all of the population. Bantry General Hospital will have a part to play in this process.

**Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group**

************
Notice of Motion 5(b)

“That the HSE South provide a dedicated ambulance for the Carrigaline area and investigate the possibility of an ambulance base in Carrigaline.”

Cllr. Tim Lombard

The Health Service Executive South Ambulance Service primary role is to provide pre-hospital emergency patient care and transportation of the seriously ill and injured to hospital and between hospitals, for the community we serve in Cork and Kerry. The Ambulance Service provides the first point of access to health care for a wide variety of patient conditions, ranging from life threatening emergencies to chronic illness and social care.

The HSE South Ambulance Service is committed to serving a population of 550,000 in the counties of Cork and Kerry, covering a total area of 4,695 Square miles from 19 strategically located ambulance stations. The HSE South Ambulance Service has by far the greater number of ambulance stations (19) compared with the national average in other Board areas (9). The Ambulance Service nationally is conducting a spatial analysis of Emergency Ambulance Call volume and activity. This has been rolled out in the North East and North West of the country and it is expected the South will commence in the not to distant future. When complete we will have evidence based data which will assist us in strategically locating Ambulance bases.

The nearest Ambulance Station to the Carrigaline area is the Cork City Ambulance Base, which is located only approximately 8 miles from Carrigaline. The Ambulance Service operates a protocol of the nearest available ambulance is dispatched to every emergency, even though this ambulance may be passing through an area on its return journey to its original station. The HSE South Ambulance Service assisted in a mass Training Day with Pfizers and the local Voluntary Groups in October 2006 and also in October 2008. Many people from the Carrigaline area were trained in Family and Friends Basic Life Support Course. Pfizers and the Voluntary Groups have trained people in the Defibrillation Course and our HSE Community First Responder Organiser/Trainer has attended several meetings to advise on the training and the setting up of stand-alone or integrated Programme within the HSE Emergency System.

Demands for improved emergency cover must be placed in the context of the many other priority areas of service, throughout Cork and Kerry that require costly development, which are being addressed on a phased basis.

Mr. Michael Norris, Assistant Chief Ambulance Officer, HSE South
Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

************
Notice of Motion 5(c)/Question 6(a)/Question 6(e)

Notice of Motion 5(c)

“That the HSE HR Department identify the core staffing needs/staff complement for each facility within its remit at any given time and that staffing levels should not fall below this level. The present situation with the staff recruitment moratorium, where staff on resignation cannot be replaced, is unacceptable. Each health facility needs a core staff to operate and this is only replacement of existing staff and will not increase staff numbers. At present, staff morale is at an all-time low as a result of the current situation”.

Cllr. Barbara Murray

Question 6(a)

“Is there an embargo on employing people working in the position of Radiation Therapists? (if this is the case it will have a detrimental effect on the unfortunate cancer sufferers and we should ensure we have adequate, suitably qualified people working in all of these positions).”

Cllr. Michael Healy-Rae

Question 6(e)

“To ask:-
(i) How many people are currently on maternity leave from the HSE South?
(ii) The numbers expected to take maternity leave in 2009 and
(iii) To outline the current policy in replacing personnel on maternity leave”.

Cllr. Catherine Clancy

The following is a composite response to the Notice of Motion and Questions submitted above to the Human Resource (HR) function in the HSE South:-

Revised Employment Control Framework for the Health Services – Moratorium on Recruitment and Promotions in the Public Services

Effective from 27th March 2009, as notified by Government, a moratorium on recruitment and promotions in the public service is a central feature of the required implementation of savings measures on public service employment. The moratorium has full application across the HSE, Voluntary Hospitals and Voluntary Agencies encompassed by the approved employment ceiling.

Purpose of the Moratorium

The Government has issued a full suspension on recruitment and promotion and seeks to have the health services use its resources more effectively through the redeployment/reassignment of staff and by reducing the employment levels in management/administrative grades by 500 WTEs during 2009 within an initial Government approved overall employment ceiling of 111,800.
The challenge of complying with approved employment ceilings is being aided by the emerging budgetary position. In many areas budgetary allocations may be insufficient to support the current employment ceiling/staff complement and the grade mix therein. However, employment ceilings assist service and line managers in effecting better day to day management and control employment levels and assist in balancing budgets while maintaining existing levels of service. Other than Budget Day announcements and the corresponding appropriate ceiling adjustment, it is essential that we do not grow employment beyond current levels in 2009 both in terms of WTEs and costs.

The challenge for all in the Health Services, therefore, is to do more with what we have – to maximise our efficiency, streamline how we do things, trim costs, cut out duplication, reduce the over-reliance on acute hospitals, work more flexibly and provide more integrated community-based care.

Over the last number of years, we have been operating within tight employment controls in both the Acute and PCCC services and this has been critical to the delivery of service plans within Vote. However 2009 may prove to be the most challenging year that the health services in this country will have experienced over the last 20 years. In managing the HR challenges this year, we are focusing on a number of areas including:-

- The contribution that redeployment/reassignment of staff both administrative and clinical, can make to ensuring delivery of safe services
- Utilisation of skill-mix to ensure resources are deployed as efficiently as possible
- Maximising employment levels while focusing on the protection of base pay
- Adherence to best management practices on travel, subsistence etc. and agreed annual leave plans, encouragement of uptake on non-statutory family friendly policies (term-time, career breaks and unpaid leave), restriction on locum/agency and replacement cover for all staff, restriction on overtime
- Incentivised scheme for Early Retirement
- Completion of Workforce Planning Strategy and analysis of future demand/supply in certain critical professions
- Successful completion of contract negotiations (e.g. NCHDs/EWTD) and roll-out of new Consultant Contract

A number of initiatives have been put in place to assist the process and to ensure consistent and fair decision-making, monitoring, reporting and control. This includes the establishment of an Area Employment Monitoring Group (AEMG) whose membership includes the Area Assistant National Director PCCC, Hospital Network Managers and key Finance and HR Managers. The focus of this group and of all managers is on ensuring maintenance of front-line services and minimising the impact on patients and clients. Service areas have put priority committees in place who examine all requests to fill vacancies – permanent, temporary and maternity leave/locums - and who look at each individual situation on a case by case basis to prioritise and ensure that service-critical posts are filled as required. It is recognised as imperative that staff and local management continue to work in an environment where they are confident that they can address emerging clinical risk issues where and when they occur.
The support of Social Partners/Union representatives/staff and managers funded directly and indirectly by the HSE, general public, public representatives and Forum members is crucial to this process.

**Mr. Barry O’Brien, Assistant National Director, HR, HSE South**

************

**Notice of Motion 5(d)**

“Noting that the National Audit on Stroke has been published and that Ireland has one of the worst stroke outcomes in Europe, could the HSE South Forum please recommend to the HSE Board that a “Stroke Strategy” similar to the National Cancer Strategy be developed, perhaps as a pilot scheme attached to an acute hospital in this Region”.

**Cllr. Michael O’Brien**

Since the publication of the Irish National Audit of Stroke care in 2008, there has been an increased focus on improving the quality of stroke care in Ireland. There are a number of developments underway nationally and regionally to improve the quality of stroke care received by Irish stroke patients.

The Department of Health and Children (DOHC) established the Cardiovascular Health Policy Group in 2007. It is expected that the report of the Group will be published in June 2009. This report will review current approaches to prevention and service provision, and will make recommendations on the organisation of services and on processes of care, with particular attention to cardiology and stroke services.

There has been ongoing communication about the work of the Policy Group to service managers in the HSE, particularly in relation to emergency and acute care. Priority developments are included in the 2009 Level 1 Business Plan of the National Hospitals Office (NHO). This sets out that each network will improve acute stroke services, through the development of an acute stroke unit, identification of a lead stroke physician, multidisciplinary teamwork, and improved emergency care of patients with stroke.

The Council on Stroke of the Irish Heart Foundation recently held a national meeting of all stakeholders to review international guidelines, identify those most appropriate to the Irish setting, and agree standards of care for patients in Ireland. The Level 1 Business Plan of the NHO includes the implementation of the agreed stroke guidelines in the second half of 2009.

The National Hospitals Office is currently undertaking a review of stroke services. This will provide baseline information on current structures and quantify the resources allocated to stroke care at regional and national level.

**Mr. Pat Healy, Assistant National Director, South, PCCC Directorate**  
**Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group**

************
Notice of Motion 5(e)

“That the HSE
a) Reaffirm its stated commitment to retaining Bethany House, Carlow, within the Health Services for elderly people, and
b) Outline clearly how the HSE plans to use the Bethany House premises to serve the Health and Medical needs of people in the Carlow area, now and in the future.”

Cllr. Rody Kelly

The HSE is continuing to progress its plans on the future usage of Bethany House, Carlow and it is pursuing the following options:-

- A meeting has been arranged between the Alzheimers Society and the HSE to progress the development of their services in Bethany House. The possibility of extending the level of services being provided by the Alzheimer's Society will also be discussed.
- It is anticipated that Bethany House will also be used to accommodate the members of the Primary Care Team to be established for Carlow Town.
- Discussions are underway with Caredoc concerning the provision of the clinical out of hours base for Carlow Town.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

**********

Notice of Motion 5(f)

“That the Regional Health Forum, South calls for the appointment of a replacement paediatric dietician to the Children’s Diabetic Unit at Cork University Hospital when the current dietician takes up maternity leave”.

Cllr. Catherine Clancy

The Government has declared a moratorium on recruitment and promotions in the Public Service with effect from the 27th March 2009 until the end of 2010.

This moratorium is being applied to the Health Services with immediate effect and has application across the Health Service Executive, all Voluntary Hospitals and Voluntary Agencies encompassed by the approved employment ceiling of the HSE.

As a result of the moratorium Cork University Hospital is unable to appoint a Paediatric Dietician to cover the present post holder for her Maternity Leave. However, there are four other Dieticians in the Dietetics Service who also have Paediatric training and these staff will endeavour to meet the Service demands as the need arises. These measures have been agreed in consultation with the Business Manager for Paediatrics and the Principal Clinical Nutritionist in Cork University Hospital (CUH).
The Division of Paediatrics and the Management of CUH will monitor the situation closely and continue to make every attempt to support the service within the resources allocated to them.

**Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group**

**Notice of Motion 5(g)**

“**That the HSE South maintain the current level of services at Kerry General Hospital.**”

**Cllr. John Sheahan**

Kerry General Hospital (KGH) provides acute general hospital services to the population of Co. Kerry and additionally to a proportion of the populations of West Limerick and North Cork. The hospital has 274 acute public general beds. Additionally there are 50 Acute Psychiatric beds and a 46-bed geriatric unit serving the Tralee catchment area. Two beds are allocated to respite care.

The following Specialties are provided at KGH: Emergency Medicine; Ear, Nose & Throat Services; General Medicine including Medicine of the Elderly & Endocrinology; General Surgery; Gynaecology (Colposcopy & Urodynamics); Obstetrics; Orthopaedics; Paediatric including Special Baby Care Unit; Pathology; Psychiatry; Radiography including C.T. Scanning Service; Renal Dialysis Satellite Unit; Oncology Satellite Unit; Palliative Care.

The following additional Specialist Out-Patient Services are provided by Visiting Consultants: Dental; Dermatology; Nephrology Neurology; Oncology; Ophthalmology; Plastic Surgery; Rheumatology; S.T.D.

The Support Services provided include: Audiology; Diabetics; Endoscopy Suite; Medical Assessment Unit; Occupational Therapy; Out-Patient Department; Physiotherapy; Speech and Language Therapy.

The hospital treats over 15,000 inpatients per annum and approximately 45,000 patients attend the Outpatients Department annually. Emergency Department attendances are approximately 34,346 annually.

Over the past number of years a considerable level of service developments has taken place at KGH which have added immensely to the value of service provision for the population of the county. The hospital has seen several projects initiated / undertaken in recent times for instance -

- Upgrade of Colposcopy Unit
- Upgrade of the Helipad
- Refurbishment of Clonfert Ward
- Planned refurbishment and remodelling of the 30 bedded Orthopaedic ward (Rathass), which is costed at approximately €3.5m.
- A&E Dept – Capital funding of €11m has been allocated for this project
- Investment programme for Endoscopy
- A new Palliative Care Day Unit has been built
- The Medical Assessment Unit was expanded to accommodate more patients
- The Dialysis Unit was expanded to cater for additional clients
- Accommodation in the Oncology Unit was expanded
• Additional car parking places have been provided for the public and for staff
• The planned refurbishment and upgrading of the Intensive Care Unit
• The library has been expanded
• A new Multi-disciplinary Education Room was opened in association with UCC

In the context of operating resources, the approved budgeted complement for KGH currently stands at 968 WTE, representing an increase of over 15% since 2002. During this time the hospital’s budget has increased also to its current level of €78.7m. The hospital has made a number of permanent appointments across a range of specialties in recent years, e.g.

• Clinical Nurse Specialist appointed through SARI
• Senior Pharmacist post approved through SARI
• 3rd Consultant Paediatrician joint KGH & PCCC appointment
• Medical Scientist post approved to assist in the implementation of EU Blood Directive
• Consultant Microbiologist employed on sessional basis
• UCC have put in place a Lecturer & Assistant Lecturer post which will provide for medical teaching links between KGH and UCC

KGH has also just received preliminary approval for the appointment of a Consultant Rheumatologist and a 4th Consultant Obstetrician (joint appointment with CUH).

In ensuring that services are delivered in accordance with the 2009 National Service Plan along with the Hospital’s financial and resource allocation, the challenges presented therein are acknowledged. Notwithstanding the above developments and in response to the challenges in terms of efficiencies required in the 2009 HSE South Service Plan, the Executive Management Board (EMB) at Kerry General Hospital are reviewing all areas across the hospital to maximize potential efficiencies in order to manage service delivery within the allocated financial resource.

Specific areas identified by the EMB for cost containment and efficiencies include the conversion of Annagh Ward (29 bedded male surgical ward) from 7 to 5 day (i.e. closed at weekend) with effect from March 2009. The ward continues to remain fully open Monday to Friday.

With regard to Outpatient Care, planned seasonal closures to coincide with holiday seasons are in place. This will facilitate annual leave during these peak holiday times thus will eliminate costly locum cover arrangements.

2009 will be, without doubt, a difficult year for all HSE Service providers. As the national financial situation is changing daily, the operating environment of the HSE in terms of budgets will be reviewed on a continual basis and accordingly the Executive Management Board at KGH will continue to review plans as necessary throughout the year.

Kerry General Hospital and the HSE South are committed to the continued development of the hospital and to providing the best possible quality of care to all patients, within the level of resources available.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

**********
**QUESTIONS 14TH MAY 2009**

**Question 6(a)**
Response included with Notice of Motion 5(c) and Question 6(e) Page 68/69/70

**Question 6(b)**

“Will the HSE clarify when the First Responder Programme will be rolled out in the Carrigaline, Crosshaven, Passage West and Douglas areas?”

Cllr. Tim Lombard

**Answer:**

The HSE wishes to clarify that there is already a Community First Responder Group linked to the HSE Ambulance Service in the Crosshaven area on a 24/7 basis when the Community First Responder is available.

The HSE Ambulance Service has assisted with the establishment of a Community First Responder Stand-alone Programme in the Carrigaline area. This area has not to date applied to be fully integrated within the HSE First Responder Programme.

The HSE Ambulance Service have not yet received a request from the Passage West or Douglas area for a First Responder Programme nor have we been requested to attend a meeting to advise on such a Programme. On receipt of this request we will assist in the introduction of a First Responder Programme.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group
Mr. Mick Norris, Chief Ambulance Officer, HSE South

**********

**Question 6(c)**

“Would the HSE consider administering the BCG Vaccine to those children that missed out through the local Health Centres in each area, alternatively through local GPs. At present those that want the BCG are waiting up to two years and have to travel to Cork?”

Cllr. Barbara Murray

**Answer:**

Significant progress has been made since the commencement of the administration of the BCG vaccine to babies when they are born in CUMH. All parents of babies who do not receive BCG in the CUMH are advised to make an appointment through their Local Health Office within 6 weeks of discharge. The administration of the BCG Vaccine to these babies is prioritized and the majority of them are receiving BCG within 3 months.

Clients from the City area are offered appointments in City clinic locations, those outside the city are offered appointments in their own local health centres. The
waiting list for the administration of the BCG Vaccine has reduced from 2 years to approximately 1 year or less.

At present there is no plan to transfer responsibility for BCG to GPs. BCG is a public health responsibility and these staff have the clinical skills and expertise to administer the vaccine. The HSE is satisfied that the scheme is organized to deliver the best possible outcome within the resources available.

Mr. Pat Healy, Assistant National Director South, PCCC Directorate

***********

Question 6(d)

“What is the position with staff currently working in Medical Card Departments? As redeployment is mentioned, will it be within their own county or could it be Wexford Staff moving to say Offaly?”

Cllr. Leo Carthy

Answer:

The HSE is working towards the centralisation at national level, on a phased basis, of the processing of Medical Cards, including GP Visit Cards. This initiative is intended to enhance service delivery to members of the public. A significant component of the centralisation initiative is to improve the turnaround time for processing applications for cards.

All staff working in each of our Medical Card Offices at local level are continuing to administer and process medical cards for the 0 to 69 year olds. Primary Care Reimbursement Service (PCRS) are processing the over 70s cohort since January 1st 2009.

It is anticipated that PCRS will in time become the centralised office for the management of all Schemes. Medical cards are the largest scheme in the suite of schemes that PCRS will be centralising.

While Wexford staff will be redeployed due to the centralisation of these schemes, it will be open to staff to avail of opportunities in other counties or Local Health Offices. However, it is anticipated that the vast majority of staff will be redeployed within the HSE services in County Wexford.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

***********

Question 6(e)

Response included with Notice of Motion 5(c) and Question 6(a) Page 68/69/70
Question 6(f)

“Will the HSE increase funding to the Ard Aoibheann Centre in Killorglin to enable this facility to be utilised to its potential?”

Cllr. John Sheahan

Answer:

The premises known as Ard Alainn, Killorglin was provided by the Killorglin Branch of Kerry Mental Health Association and handed over to the HSE for the provision of a Mental Health Day Centre. The centre has been in operation since 2007 providing day care services for a population of 10,500 approx with an average daily attendance of 4 to 6 clients 5 days per week from the Killorglin and the Mid-Kerry area. There were 26 referrals to the Centre during 2008.

The Centre is operated and managed by the HSE and staffed by a Clinical Nurse Manager and a housekeeping attendant. The centre has the use of a minibus and a driver is provided by FAS. The centre is also supported by Kerry Education Services and the Rural Employment Scheme as well as the local branch of the Mental Health Association.

Activities at the Centre include art classes, massage therapy, music sessions, gardening, wellness programmes as well as life skills, social outings etc.

The revenue costs for the centre both pay and non pay are provided by the HSE. The centre provides a wide range of services and there is a protocol in place for the referral of clients to the centre through the Consultant Psychiatrist for the area. There are no proposals at this time to extend the current level of this funding.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

*************
NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
30th JULY 2009
NOTICE OF MOTIONS 30TH JULY 2009

Notice of Motions 5(a)

“With reference to the Provision of a Mental Health Day Care Centre for Kenmare, that the HSE give an update on progress that has been made with regard to the provision of this service.”

Cllr. Michael Healy-Rae

The provision of a mental health day care centre for the Kenmare area has been identified as a priority requirement for Kerry PCCC and is included in the list of capital requirements for the county. In addition, the resourcing of the day care centre will have to be considered in the context of reconfiguration of existing mental health services in Kerry, the development of primary care teams and social networks in line with current HSE policy and particularly 'A Vision for Change' which is a strategy document which outlines the framework for mental health services development in Ireland.

Discussions are ongoing with the Kerry Mental Health Association in respect of the provision of a facility for use as a day care centre on an interim basis. However, there is no additional development funding in the 2009 Service Plan for this development.

Mr. Pat Healy, Assistant National Director, South PCCC Directorate

Notice of Motion 5(b)

“In accordance with the 2009 National Service Plan HSE South, that the proposed primary care centre site location in Thomastown, Co. Kilkenny, be finalised immediately.”

Cllr. Michael O’Brien

The HSE is engaged in a Property Transaction process with potential developers of Primary Care facilities at a number of designated locations including Thomastown. Some locations have experienced delays due to the inability of potential providers meeting the HSE requirements for this process.

In the case of Thomastown it has been necessary to invite potential providers to re-bid and a closing date of 21st August 2009 has been identified. Because of commercial sensitivity, it would not be possible to provide further details of this process at this stage.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate
Notice of Motion 5(c)

“In recognition of the escalation in the number of people presenting with addictions, that the HSE South would publish a comprehensive report with specific reference to Cocaine, Heroin and Alcohol, outlining:-

- The current service provision and projected service delivery for the inpatient and community based assessment and treatment and management
- The number of people presenting for assessment and treatment in 2007, 2008 and 2009
- The current provision and projected provision for children under the age of eighteen years presenting with addictions,
- The current and projected need for managed and supervised detox
- Current and future provision for the delivery methadone programmes
- Current waiting times and plans to reduce this
- The clinical efficacy of service models being used
- The efficacy of prevention programmes”

Cllr. John Buttimer

The HSE fulfils its responsibility in relation to the provision of treatment and rehabilitation services through a combination of direct provision by HSE staff, significant funding of voluntary agencies to provide services on behalf of the HSE, and a wide range of partnerships with community based groups and agencies.

The services provided on an outpatient basis include the following:

- Consultation and Assessment services
- Concerned Persons Programmes, Strengthening Families Programmes
- Community Counselling Services (Tier 2 Services) in locations throughout the region
- Tier 2 & 3 Treatment Services for Adults, Young Adults (18 to 23 years) and Under 18 year olds

The following treatment interventions are provided:

- Medical evaluation and interventions
- Psychiatric evaluation and interventions (when required)
- Psychological consultations and assessment (when required)
- Consultations and assessment by Addiction Counsellors
- Brief individual counselling
  - Motivation Enhancement Therapy
  - Relapse Prevention Programmes
  - Harm Reduction Programmes
- Brief Family Counselling
- Brief Intervention Group Work
- Individual Counselling for Concerned Persons
- Aftercare Group Work
- Strengthening Families Programme
- Methadone Maintenance Services
Addiction services throughout HSE South include both drug and alcohol services, and in this context, the numbers presenting for treatment in 2007, 2008 and 2009 to date are:

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Numbers Cork &amp; Kerry</td>
<td>1454</td>
<td>1205</td>
<td>550</td>
</tr>
<tr>
<td>Client Numbers South East</td>
<td>1442</td>
<td>1473</td>
<td>420</td>
</tr>
</tbody>
</table>

In relation to methadone treatment and waiting times, there are currently 106 clients in Cork and Kerry and 78 in the South East on the waiting list.

There are currently 3 HSE led clinics in operation – 1 in Cork, 1 in Carlow and 1 in Waterford. With assistance of minor capital grants from DCRAGA, 3 additional clinics will open before year end – 1 in Wexford and 2 in Cork city. The opening of these clinics will facilitate the reduction of waiting times towards our target of less than 3 months by year end.

We are also actively recruiting both GPs and Pharmacists to facilitate community based methadone protocol provision. This will increase throughput in HSE run clinics and positively impact on waiting times.

In relation to young people:

**(South East Area)**

Aislinn Adolescent Addiction Treatment Centre, Ballyragget, Co. Kilkenny is commissioned to provide services to the HSE South (East) to young people presenting with addiction problems. The Centre caters for male and female clients in the 15 – 21 year age bracket followed by an aftercare programme.

The Substance Misuse Teams in each of the four Local Health Office areas within the South (East) region and the Cornmarket Project, Wexford also treat young persons.

**(Southern Area)**

Service provision for the treatment of alcohol and other substance misuse amongst young people is available in a number of settings. Community based Counsellors are located throughout the region and provide first point of contact and initial assessment and referral if needed.

Arbour House (outpatient) Treatment Centre, St Finbarr's Hospital, Cork provides initial point of contact, assessment, one to one counselling and a structured treatment programme for young people aged 13 – 22.

The HSE South has a Service Arrangement with Aislinn Treatment Centre Ballyragget Co. Kilkenny to deliver services as per the details shown above under the heading HSE South East.

Cara Lodge Residential Treatment Centre is run by a Voluntary Group and has a Service Agreement with the HSE Southern Area to provide residential treatment to boys under 18 years who have drug and alcohol problems with co-existing psychosocial issues. The Centre caters for six boys at any given time.
According to the Health Research Board, the main problem drugs reported by new cases in 2007 were:

- Opiate 42.7%
- Cannabis 28.7%
- Cocaine 19.1%

The HSE Southern Area’s development priority is the improved provision of services at community and outpatient level. This would allow for greater access, early intervention and improved outcomes.

The 2009 Service Plan provided €4.2m nationally, of which at least 25% was earmarked to develop Tier 2 & 3 services in the South. However, in the context of the revised Service Plan and reduction in monies available to the HSE, it has not been possible to progress these developments and every effort is being made to secure the required resources.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

**********

Notice of Motion 5(d)

“That the HSE would provide regular updates on the 'Swine Flu' crisis to members and the general public.”

Cllr. Tim Lombard

Influenza A(H1N1) is circulating in countries worldwide and the number of confirmed cases has increased steadily in Ireland since April.

A public health alert was received from the World Health Organisation on **Friday 24th April 2009** indicating that human cases of influenza type A (H1N1) virus infection had been identified in California and Texas in the United States and in four districts in Mexico.

The following day **(Saturday, 25th April 2009)** the HSE and the Department of Health and Children met to review cases identified in the US and Mexico. This was communicated to the general public that day via national broadcast, print and electronic mass media.

Joint HSE/Department of Health **press conferences** were held daily for the 12 days that followed (there have been 17 media briefings in the three months since the WHO alert) to update the public with the latest advice about Influenza A(H1N1) and how to avoid contracting the virus. Audio recordings of all media briefings are at [www.dohc.ie/issues/swine_influenza/press](http://www.dohc.ie/issues/swine_influenza/press)

Posters with advice for people travelling to and from Irish Ports and Airports, were distributed on **Wednesday, 29th April 2009**.

That same day **(Wednesday, 29th April 2009)** Regional Health Forum members were updated by email. Further email updates were sent on **6th June, 12th June, 20th July and 23rd July**.
On **Friday, 1st May 2009** the HSE announced to the general public - via the mass media - its 24 hour Flu Line **Freephone 1800 94 11 00**. This dedicated line has recorded up-to-date information about flu symptoms, what to do if you are worried, updated travel advice and how to care for oneself or someone else at home.

From **5th May 2009** **information leaflets** were distributed to every household in Ireland. The leaflets inform the public of how to recognise the symptoms of influenza A(H1N1), what to do if they or someone in their family gets sick, and how to care for someone at home. It also includes the HSE Flu Information Line number. For the week that followed national and regional radio adverts reminded the public to read the leaflet carefully and keep it in a safe place.

**Posters** with advice on how to stop the flu from spreading were distributed to all health care facilities in the country, including hospitals, health centres, GP surgeries and community pharmacies. The posters are also available electronically for download from [www.swineflu.ie](http://www.swineflu.ie) in Irish, Arabic, French, Russian, Chinese and Polish.

Given the numbers of cases that have now been seen, and the fact that the flu is now being passed from person to person within Ireland, **we have moved from a Policy of Containment to the Treatment/Mitigation phase of this flu outbreak.** The health service will now make sure that people who get the flu can access the best advice on how to care for themselves and their family, to stop the flu from spreading to others, and to access medical care and treatment if they need it.

The HSE website [www.swineflu.ie](http://www.swineflu.ie) has had 150,000 ‘page views’ since the 24th April when the WHO alert was received. Traffic to the site peaked last week (16th July 2009) and there are currently 11,000 views a day to this section of the site, with data showing that visitors are taking time to read the content. This site also offers links relevant to professional groups and employers.

Public information **television and radio advertisements** will air in the **next fortnight** and will be used for the duration of the outbreak to keep the public informed and updated.

Three simple steps we can all take to take stop the flu from spreading are:

1. Use a paper tissue to catch coughs or sneezes
2. Put the tissue in a bin straight away and
3. Wash your hands well and often

The current advice from the Department of Health and Children is that travel is not restricted, as the flu is now circulating across the world and travel restrictions will not stop this spread. People travelling overseas should make themselves aware of how to contact medical care in their destination, in case they do get sick. Remember, most people who get this flu will recover at home in a few days without needing medical care or anti-viral medicine.

We expect the first deliveries of a vaccine to protect against this flu to arrive in Ireland later this year. The HSE has ordered enough vaccine for the whole population and is making plans to deliver this vaccine to the population, with high risk patients, frontline health staff and other essential workers among the first to be vaccinated.
An **OMNIBUS survey of the general public** is currently underway to establish how concerned people are about catching the virus, how likely they are to take up the vaccine when it becomes available, whether they are familiar with the symptoms, and what they would do if they thought they had the flu. The results will inform the Communications Strategy.

If you or any of your constituents would like more information on Influenza A(H1N1) please visit [www.swineflu.ie](http://www.swineflu.ie) or [www.dohc.ie](http://www.dohc.ie) or [www.hpsc.ie](http://www.hpsc.ie) or phone the HSE 24 hour Flu Line **Freephone 1800 94 11 00**.

**Dr. Elizabeth Keane, Director of Public Health**  
**Ms. Christine Eckersley, Area Communications Manager, HSE South**

************

**QUESTIONS 30TH JULY 2009**

**Question 6(a)**

“To ask if HSE South has made a submission to the Department of Health and Children and the HSE in regard to the Call for Submissions on Policy/Strategy for the Provision of Rehabilitation Services (26th January 2009) and if so, who were the authors of the submission and is a copy available to members?”

**Cllr Catherine Clancy**

**Answer:**

The requirement to provide access to comprehensive and integrated Rehabilitation services for the population of HSE South has been acknowledged for some time and development proposals were drawn up by both the former Southern Health Board and South Eastern Health Board in line with the needs of the area.

In the former Southern Health Board area development proposals for an Acute Unit on the site of St. Mary’s Orthopaedic Hospital were developed in Year 2000 and subsequently a strategy document was drawn up which was submitted to the DOH&C in 2003. The document entitled “Development of Rehabilitation Services in Cork & Kerry – Our Vision for the Future” addressed the totality of need across Hospital and Community.

In the former South Eastern Health Board during the same period a document entitled ”Pathways to Independence“ was developed mapping out the direction for the future of services for the South Eastern area.

“Towards 2016” - the 10 year Framework Social Partnership Agreement - identified the need to develop a strategic integrated approach to rehabilitation services within the context of a Multi-Annual Investment Programme with a view to supporting people back into employment, as appropriate, through early intervention and enhanced service provision.
The Health Service Executive and the Department of Health and Children jointly decided to develop a national policy/strategy for the provision of rehabilitation services. Rehabilitation in this context includes neurological and physical rehabilitation including Trauma and Acquired Brain Injury and will also include rehabilitation for Older People including Stroke services. The Working Group which was established in July 2008 is chaired by Mr. James O’Grady, Policy Advisor, Office of the DOH&C and includes representatives of the key stakeholders comprising of a wide range of interests including professionals and voluntary organisations working in the area of disabilities.

In addition, I can confirm that a call for submissions to assist and inform the Working Group to deliver on its task, was invited from organisations and individuals, in relation to the objectives set out in the terms of reference for this Working Group. Mr. Pat Healy, Assistant National Director, South PCCC Directorate wrote to Mr. James O’Grady on February 4th 2009 enclosing the area development proposals referred to above which were to be used to inform the work of the group. Copies of these development proposals are available on request.

HSE’s interests are represented by the following nominees on the working group:

- Ms. Fionnula Duffy, National Hospitals Office, HSE
- Ms. Marion Meany, Primary, Continuing and Community Care, HSE
- Dr. Tim Jackson, Population Health, HSE
- Ms. Elaine Whelan, Speech and Language Therapy, HSE
- Ms. Alma Joyce, Occupational Therapy, HSE
- Ms. Shona Lee, Advance Nurse Practitioner, Rheumatology, HSE
- Ms. Patricia McLarty, HSE

Please note that as part of the acute services Reconfiguration project, Prof. John Higgins - in his role as Director - has announced the engagement of the services for one year of a medical Consultant from the National Rehabilitation Hospital in Dun Laoghaire to work with medical staff in the HSE South to scope out and develop plans for rehabilitation services within the area.

The HSE South is well positioned to engage with the development of National Policy/Strategy for the provision of rehabilitation services having regard to the Development Plans and Needs Analysis previously prepared and referred to earlier in this report. The deliberations of the Regional Forum on the issue will also inform and support the HSE’s work in progressing the development of the Service.

Mr. Pat Healy, Assistant National Director, South PCCC Directorate
Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group
Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group

*************
Question 6(b)

“To ask HSE Management to clarify what obligations attach to Consultants and other Clinicians working in HSE services in their responses to patient queries by elected public representatives on behalf of their constituents?”

Cllr Michael O’Brien

Answer:

The HSE recognises that it is a normal and accepted function of an Irish public representative (TD, Senator, Cllr or MEP) to represent individual constituents in their dealings with the health services. The HSE’s position is very clear regarding the requirement to respond appropriately to queries which typically relate to access to services or to information about those services.

In general, where a public representative makes a written representation on behalf of a constituent, the organisation generally assumes that the constituent has given consent for the release of personal data necessary to respond to the representation. However, there will be cases where it would be appropriate for the HSE/hospital/service area staff to check with the public representative, or the individual whose personal data is being released, regarding release of confidential information which could give rise to complaints about breach of the Data Protection Acts e.g.

(a) where a constituent is making enquiries about a relative where it is not clear that the relative supports the representation being made or
(b) where access is being sought to information which would involve disclosure of personal data without consent e.g. names on a waiting list

HSE staff are aware that particular care is needed where the information being released qualifies as ‘sensitive data’ under the Data Protection Acts (e.g. information about the health of an individual).

Public representatives should also be aware of their obligations under the Data Protection Acts. They need to be satisfied that they are acting with the consent of the individual where the response to a representation involves release of that individual’s personal data. They should also understand the obligation on the HSE to keep personal data confidential and that, in particular cases, this may involve a requirement to check directly that the individual concerned has consented to the release of their personal data.

Members have been circulated with up-to-date contact details for the relevant Managers in PCCC and Acute hospital services should they wish to obtain local health information or make local representations. Alternatively, members are free to make contact at any stage via the staff in the Regional Health Office as follows:

Ms. Elaine O’Mahony Tel Number (021) 4923603 e-mail Elaine.omahony@hse.ie
Ms. Suzanne Sisk Tel Number (021) 4923703 e-mail suzanne.sisk@hse.ie
Ms. Annette O’Connell Tel Number (021) 4923605 e-mail annettemary.oconnell@hse.ie
Ms. Rita O’Sullivan Tel Number (021) 4923602 e-mail rita.osullivan@hse.ie

Mr. Ger Crowley, Director, Regional Health Office, South

**********
Question 6(c)

“With reference to cost containment, would the HSE:

(a) Provide details and comment on cost saving measures and efficiencies introduced in 2009 with specific reference to the acute hospital sector and the PCCC sector

(b) give details on the rates of application for demand led schemes, the cost associated with this change of application rate and its impact on other programmes

(c) give details on the costs incurred to date in the preparation of reports (internal and external) related to the planned reconfiguration of services and the current status of the reconfiguration project.”

Cllr. John Buttimer

Answer:

(a) Provide details and comment on cost saving measures and efficiencies introduced in 2009 with specific reference to the acute hospital sector and the PCCC sector

Value for Money (VFM) efficiency targets were applied to all HSE locations and units in 2009. The amount applied to HSE South was €22.5m and related to targets in the following expenditure headings. Details in relation to specific hospitals and services are set out in the attached Service Plan documents. These documents were previously circulated to members and were the subject of detailed discussion at the meeting of the Regional Health Forum, South held on 15th January 2009.

The target savings are being achieved in line with expectations as at June 2009 i.e. €11.225m.

<table>
<thead>
<tr>
<th></th>
<th>Total (€m)</th>
<th>NHO (€m)</th>
<th>PCCC (€m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management / admin (3% reduction)</td>
<td>4.200</td>
<td>2.100</td>
<td>2.100</td>
</tr>
<tr>
<td>Use of generic drugs and formularies</td>
<td>1.600</td>
<td>1.050</td>
<td>0.550</td>
</tr>
<tr>
<td>General reduction in pay (note 1)</td>
<td>4.800</td>
<td>1.800</td>
<td>3.000</td>
</tr>
<tr>
<td>Blood (note 2)</td>
<td>2.600</td>
<td>2.600</td>
<td>-</td>
</tr>
<tr>
<td>Laboratory</td>
<td>0.400</td>
<td>0.400</td>
<td>-</td>
</tr>
<tr>
<td>Travel and subsistence (note 3)</td>
<td>1.600</td>
<td>0.300</td>
<td>1.300</td>
</tr>
<tr>
<td>Legal fees</td>
<td>0.300</td>
<td>-</td>
<td>0.300</td>
</tr>
<tr>
<td>VFM target applicable to 3rd party agencies</td>
<td>2.350</td>
<td>-</td>
<td>2.350</td>
</tr>
<tr>
<td>Reorganisation of services</td>
<td>2.500</td>
<td>-</td>
<td>2.500</td>
</tr>
<tr>
<td>Rationalisation of services</td>
<td>2.100</td>
<td>-</td>
<td>2.100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22.450</strong></td>
<td><strong>8.250</strong></td>
<td><strong>14.200</strong></td>
</tr>
</tbody>
</table>

The hospital element of the above amounts to €8.250m (1% of budget) while the PCCC element is €14.200m (1.2% of budget).
Note 1 – This reduction is to be achieved through savings in non basic pay i.e. overtime, allowances, on call, premia payments.

Note 2 – This reduction is to be achieved through savings in blood stock management and blood usage.

Note 3 – This reduction is to be achieved through the payment of lower travel and subsistence rates to all public sector employees together with a reduction in the number of miles claimed through the use of teleconferencing etc.

(b) Give details on the rates of application for demand led schemes, the cost associated with this change of application rate and its impact on other programmes

An overrun of €3.858m arises in relation to demand led schemes for the 6 months ended 30 June 2009 in the Southern area. Demand led schemes while administered locally are financially managed on a national basis by Primary Care Reimbursement Service (PCRS). The overrun arising therefore does not impact on any local services or programmes. The main areas where the overrun arises are as follows:-

<table>
<thead>
<tr>
<th>Allowance</th>
<th>€m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domiciliary Care Allowance</td>
<td>1.729</td>
</tr>
<tr>
<td>Other Allowances</td>
<td>(0.742)</td>
</tr>
<tr>
<td>Mobility Allowance</td>
<td>0.604</td>
</tr>
<tr>
<td>Blind Welfare Allowance</td>
<td>0.477</td>
</tr>
<tr>
<td>Drug Refund Schemes etc</td>
<td>1.790</td>
</tr>
<tr>
<td></td>
<td>3.858</td>
</tr>
</tbody>
</table>

( ) Denotes under budget

(c) Give details on the costs incurred to date in the preparation of reports (internal and external) related to the planned reconfiguration of services and the current status of the reconfiguration project.

Southern Hospitals Group

The Health Service Executive, under its national Transformation programme, has undertaken to review the present reconfiguration of its acute hospital services in the South. This is driven by international and national evidence which indicates that acute complex healthcare should be provided in large high-volume hospitals in order to maximise clinical/patient outcomes and ensure safe services. As part of this transformation programme it is recognised that there is a need for significant change in the way our current hospital and community health services are structured and delivered.

Drivers of this process include:

- On-going in-depth examination and review of the range of activity within hospitals which is giving a clearer evidence-based picture of the optimal placement of services within tertiary, secondary and local hospitals and Primary Care Centres/Networks
The programme of work being undertaken by the National Cancer Control Programme in establishing designated cancer centres

An increased emphasis nationally and internationally on Day Surgery and the change of use of beds from 7 Day to 5 Day and to Day Case along with best practice on bed utilisation and patient length of stay

An Emergency Department Review has commenced in the South under the lead of Dr. Stephen Cusack, Director of Emergency Services, Southern group of hospitals

National Review of Critical Care services (both Intensive Care & Coronary Care)

National Paediatric Services Review

The internationally recognised need to concentrate and match the expertise of clinical staff with clinical workload

Development of services within the community including diagnostic services and Primary Care Teams with provision of care for the patient as close to home as possible

The continued roll-out of Out-reach and Out-patient/Day services to local hospitals

Regional configuration

The Teamwork report proposes a single health care system for Cork and Kerry with the development of a new governance structure for the hospitals and community to encompass the relationship between the health care system and the third level educational sector. (UCC, CIT, ITT)

The principles that apply are that complex clinical care should be concentrated on the Cork University Hospital campus and that other hospitals should where possible provide outpatient, ambulatory, elective, planned, day care, day surgery, 5-day surgery etc. The reconfiguration process involves both enhancing primary care services and moving hospital services as close as practicable to people’s homes.

As members can see below, the report is being implemented on a phased basis the first phase of which has already been completed.

Phase 1 (March – June 2009)

This involved an extensive consultation process with a range of interested parties including patient groups, clinicians, hospital managers, PCCC, public representatives etc.

Phase 2 (June – October 2009)

This involves a detailed planning phase to produce an implementation plan for the reconfiguration of services across Cork and Kerry. This planning will involve setting up between twenty and thirty subgroups to look at particular specialties, functions and processes. Two have already reported – on Haemochromatosis and on Emergency Care – and active engagement with hospital management, General Practitioners and patient groups is ongoing. Two more have commenced meetings – Single Patient Chart and Number and Single GP Referral. Discussions have also commenced on creating an academic health sciences centre to give effect to the alliance with the higher education sector. We are about to issue formal invitations to the remaining subgroup chairs. We anticipate that most if not all will have completed their work by November.
Phase 3 (November – December 2009)
All this work will then be collated into an overarching plan for the reconfiguration of services in the region of Cork and Kerry as a whole so that by the New Year, we hope to have commenced implementation.

The net cost of the Horwath/Teamwork report on the reconfiguration of acute services in Cork and Kerry was €288,203.

The report was launched publicly on the 9th June 2009.

South Eastern Hospitals Group

Project for the Future Development of Acute Hospital Services Hospital Group South East
The HSE future strategies for health service delivery are now proceeding to implementation through the Transformation Programme. The aim is to substantially align Irish health services with recognised international best practice.

The HSE is now seeking the implementation of these strategies across the South East.

A Steering Group has been established to lead the project to plan and implement the acute hospital transformation programme in the South East. The title of the project is “Future Development of Acute Hospital Services”.

Steering Group Terms of Reference:
- To agree the future organisation of Acute Hospital Services in HGSE with reference to HSE Corporate Strategy, National Service Plan and best practice taking cognisance of Teamwork Reviews
- To agree a priority work programme to gain and maintain confidence in the process on a regional basis
- To make decisions on the basis of proper analysis with reference to agreed criteria
- To establish Regional Specialty Advisory Groups to provide specific advice and information as required by the Steering Group
- To develop an approach to consultation and communication
- To develop a strategic plan and develop an accompanying implementation plan
- To oversee implementation of agreed plan

Regional Specialty Advisory Groups
In the process of defining and planning the future organisation of services, the Steering Group has established three Regional Specialty Advisory Groups as follows to provide specific advice and information on individual services. This advice/information will advise the strategic plan to be completed by the end of 2009.

1. General Medicine
2. General Surgery
3. Women and Children’s Health

All hospitals in the South Eastern Hospital Group - consisting of Wexford General Hospital, Waterford Regional Hospital, South Tipperary General Hospital, and St Luke’s Hospital Kilkenny - will be included in the plan for the revised model of care.
No decisions regarding the roles of services of any hospitals will be taken until this plan is completed through a process of broad based consultation within the services. It is likely to be the end of 2009 before this review is completed. The review will be published in the first quarter of 2010.

Costs incurred to Date for the Reconfiguration Project HGSE are as follows:-

<table>
<thead>
<tr>
<th>Reconfiguration Project HGSE</th>
<th>Pay Costs</th>
<th>Non-Pay Costs</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cost from 1st April 2009 to 20th July 2009</strong></td>
<td>€</td>
<td>€</td>
<td>€</td>
</tr>
<tr>
<td>Project Manager Consultation Fees</td>
<td>26,250</td>
<td>26,250</td>
<td>26,250</td>
</tr>
<tr>
<td>Consultation Fees</td>
<td>7,500</td>
<td>7,500</td>
<td>7,500</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td><strong>33,750</strong></td>
</tr>
</tbody>
</table>

Mr. Pat Healy, Assistant National Director, South PCCC Directorate  
Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group  
Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group  

************

Question 6(d)

“Would the HSE South,  
(a) Update Forum Members on the current status of the Cork University Hospital Development Plan and the Traffic Mobility Plan and if they can indicate when these might be completed  
(b) If the HSE has any projects which they intend to pursue on the CUH campus in the next three months which will require planning permission to the City Council Planning Authority?”

Cllr. Tim Lombard

Answer:

The HSE South is midpoint in the tendering process to appoint a design team to provide a new Outline Development Control Plan at Cork University Hospital. The appointed team will also have responsibility for a Traffic Mobility Plan. The HSE South would expect to have the design team in place by the end of September 2009 and following that would expect the work to be completed in a 4-5 month period.

The HSE South is currently examining plans for a number of minor extensions at Cork University Hospital which may require planning permission. The National Programme for Radiation Oncology are also currently carrying out assessment of outline plans for facilities in Cork, Dublin and Galway and they may seek outline planning permission in relation to this project.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group  

************
Question 6(e)

"With regards to the review on the future of A&E services in the Cork/Kerry region, can the Forum be informed:

(a) Has the review been completed?
(b) If not, when will the review be completed?
(c) When will the review be available to Forum members?
(d) When and how will the report be published?"

Cllr. Mick Barry

Answer:

(a) Has the review been completed?
No, we are undertaking some additional engagement with all of the hospitals, other service providers and interested parties to ensure as broad as possible a consensus is reached to support the review’s recommendations.

(b) If not, when will the review be completed?
The review will not be finalised until the end of September.

(c) When will the review be available to Forum members?
The review will be available for all at the end of September.

(d) When and how will the report be published?
The review will be available on the HSE website and Forum members and others will be advised in advance of the date and time of availability via the website.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

**********
NOTICE OF MOTIONS AND
QUESTION RESPONSES

FORUM MEETING
24th SEPTEMBER 2009
NOTICE OF MOTIONS 24TH SEPTEMBER 2009

Notice of Motion 5(a)

“That the HSE South publish the National Report on the Rheumatology Services and Allied Conditions. As this report would provide a framework for the development of Rheumatology Services in Ireland, it is imperative that it is published as soon as possible”.

Cllr. Michael Healy-Rae

In line with the Health Service Executive’s commitment to develop integrated services for patients with chronic illness, a national working group was established in 2006 to look at arthritis services in Ireland. The terms of reference of this group were to identify clearly the current provision and future requirements of the health and social care system for arthritis services and to agree a development plan for services for arthritis and related conditions in Ireland.

The national report of the HSE Working Group on Arthritis and Allied Conditions has not yet been published. However, the group’s report is expected to be completed shortly and will then be considered by the HSE’s senior management team. In the interim, approval for a Consultant Rheumatologist post has recently been given to Kerry General Hospital. Discussions are on-going with the relevant stakeholders in regard to the detailed specifications of the post. Once this process has been completed, the process of filling the post will be progressed through the normal channels over the coming months.

Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

 **********

Notice of Motion 5(b)

“That the HSE recognise the ongoing need for the maintenance of the 24 hour A&E Service at Wexford General Hospital and that the Steering Group currently examining Acute Service reconfiguration in the South East, be made aware of the overwhelming Public support for this essential service covering the largest populated County in the Region and also that the Group meet with elected Public Representatives in advance of completing their work.”

Cllr. Pat Cody

Project for the Future Development of Acute Hospital Services in the Hospital Group South East (HGSE)

The HSE future strategies for health service delivery are now proceeding to implementation through the Transformation Programme. The aim is to substantially align Irish health services with recognised international best practice.

The HSE is now seeking the implementation of these strategies across the South East.
A steering group was established in April 2009 to lead the project, to plan and implement the acute hospital transformation programme in the South East. The title of the project is “Future Development of Acute Hospital Services”.

**Membership of the Steering Group**

**Chair:**
Mr. R. Dooley, Hospital Network Manager

**Members:**
- Dr. G. Courtney, Clinical Director, St Luke’s Hospital Kilkenny
- Dr. C. Quigley, Clinical Director, Wexford General Hospital
- Dr. A. Majeed, Clinical Director, South Tipperary General Hospital
- Dr. R. Landers, Clinical Director, Waterford Regional Hospital
- Dr. O. O’Reilly, Director Public Health
- Mr. M. Doyle, ED Consultant Waterford Regional Hospital
- Ms. B. Kavanagh, Project Manager

**Steering Group Terms of Reference:**

- To agree the future organisation of Acute Hospital Services in HGSE with reference to HSE Corporate Strategy, National Service Plan and best practice taking cognisance of Teamwork Reviews
- To agree a priority work programme to gain and maintain confidence in the process on a regional basis
- To make decisions on the basis of proper analysis with reference to agreed criteria
- To establish Regional Specialty Advisory Groups to provide specific advice and information as required by the Steering Group
- To develop an approach to consultation and communication
- To develop a strategic plan and develop an accompanying implementation plan
- To oversee implementation of agreed plan

**Regional Specialty Advisory Groups**

In the process of defining and planning the future organisation of services the Steering Group has established three Regional Specialty Advisory Groups to provide specific advice and information on individual services.

This advice/information will advise the strategic plan to be completed by the end of 2009. The following Specialty Advisory Groups, chaired by Hospital General Managers, have been established:

1. General Medicine
2. General Surgery
3. Women and Children’s Health

**These groups will also advise on the Accident and Emergency elements of the afore-mentioned specialties.**

It is also planned to establish 2 Reference Groups in September in the following
areas to provide specific advice and information on services and integration:

1. Primary, Community and Continuing Care (PCCC)
2. Pre-Hospital Care (Ambulance)

On completion of the planning phase a “Project Operational and Quality Assurance Group” will be established to plan and implement the operational aspects of the project. This group will be supported by operational subgroups dealing with issues such as resource deployment, employee relations, ICT, logistical planning etc.

The project structure is illustrated in diagram No 1 on the next page.

Diagram No 1: Project Structure

All hospitals in the South Eastern Hospital Group - consisting of Wexford General Hospital, Waterford Regional Hospital, South Tipperary General Hospital, and St Luke’s Hospital Kilkenny - will be included in the plan for the revised model of care.

In this regard, no decisions regarding the roles of services of any hospitals will be taken until this plan is completed through a process of broad based consultation within the services. It is likely to be the end of 2009 before this review is completed. The review will be published in the first quarter of 2010.
Progress to Date
The Steering Group has met monthly since April 2009. The Specialty Advisory Groups in General Surgery, General Medicine and Women and Children’s Health have been established and meetings are ongoing. The Steering Group has posed a series of questions to each Specialty Advisory Group to obtain advice on the best model for the future provision of acute hospital services in the South East.

The Specialty Advisory Groups are working to deadlines for the completion of reports in time for meetings with the Steering Group scheduled from 18th September to 16th October 2009.

Communication
Communication has been an integral part of the project to date. A communication strategy is in operation, and this has been discussed with Corporate Communications. Briefings have been held with Hospital Department Heads, Oireachtas Members, Forum Members and Medical Boards. A number of additional meetings are scheduled in September and October with General Practitioners, PCCC Management, Patient Representative Groups, Oireachtas Members and Staff Representative Bodies. These meetings take the format of presentation and interactive discussion.

The Hospital Network Manager and the Project Manager met with the Wexford Oireachtas members on Monday 21st September in Wexford General Hospital. Ms. Breda Kavanagh, Project Manager will give a presentation to the Forum members between both committee meetings on Thursday 22nd October, 2009 in Kilkenny.

Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group

**********

Notice of Motion 5(c)

“That all written representations by Public Representatives regarding medical card applications be responded to within an agreed time-frame as currently there are long waiting times being experienced by Public Representatives.”

Cllr. Brendan Griffin

Representations by public representations in relation to medical card and other issues are dealt with through the appropriate staff in the local health offices. The HSE is very cognisant of the representational role of councillors on behalf of health service users. While these representations are not subject to target times due to the large volumes received in each area, the HSE endeavours to respond to all representations in a timely manner. Members will appreciate that the volume of applications for medical cards has increased significantly arising from the economical down turn and the first priority for the service is to ensure a speedy response to all applications. The administrative resources available are prioritised at this activity in the first instance in advance of responding to representations. At the same time all these representations are taken into account as appropriate. In addition arrangements are being put in place to maximise efficiency.
There are approximately twenty representations a week received regarding medical card applications in Kerry LHO. There was a backlog over the last five to six weeks due to extended sick leave. This has now been addressed and the backlog is being brought up to date. Every effort will be made to ensure that future representations will be dealt with in a reasonable response time.

**Mr. Pat Healy, Assistant National Director, South, PCCC Directorate**

**********

**Notice of Motion 5(d)**

“That the HSE South would immediately hold a series of public consultation meetings for patient groups and the general public to discuss plans for the proposed reconfiguration of services, especially

(i) The proposed changes to provision of A&E services,
(ii) The development of community based health facilities and
(iii) The ongoing ability of Southdoc to cope with any increased demand on services, so as to allow for the full and open sharing of information and the inclusion of the views of service users and the general public on any such plans”

**Cllr. John Buttimer**

A detailed written answer on regional reconfiguration was provided to the July meeting of the Regional Forum in response to a question raised under item 6(c) of that agenda. It outlined a three phase process comprising

2. Establishment of subgroups to conduct a detailed examination of each aspect of clinical services, and
3. The synthesis of an integrated plan for the reconfiguration of services in Cork and Kerry

It concluded by expressing the hope that we would have commenced implementation by the New Year of 2010.

**Establishment of subgroups**

Since that report, a total of 47 specialty and functional subgroups have been established. A chair and project manager (in some cases two) have been appointed for each, reporting templates have been issued, and arrangements have been made with all six hospitals in the region and the HSE’s Performance Management Unit to gather as much factual data as possible to inform the work of the subgroups. It is hoped that most, if not all, of the subgroups will report back by the end of October.

Each subgroup will include key members of its service delivery team, a patient advocate representative, a PCCC representative, a representative from University College Cork, a General Practitioner and a representative of each hospital where the service is delivered and/or required. The subgroups are as follows:
### Haemochromatosis testing

The Haemochromatosis subgroup was established early on to address the specific issue of haemochromatosis testing. New protocols were developed that allowed the introduction in recent weeks of an in-house testing regime at CUH that replaced proposed outsourcing thereby creating significant savings to patients and the taxpayer.

### Emergency Services Review

The Emergency Services subgroup has completed its work and its draft recommendations are being discussed with interested groups in Mallow, West Cork and Kerry. An initiative has been commenced in West Cork to introduce a team of six Advanced Paramedics (AP) and a fully equipped vehicle based in Bantry to provide an additional response capability, tasked by ambulance control, on a 24/7 basis. The team is currently engaged in an extensive awareness programme in local schools, to voluntary groups and at public gatherings to inform the public about the new service.

The team is frequently accompanied by Professor John Higgins, Dr Gerry McCarthy or Dr Stephen Cusack who take questions on reconfiguration and emergency medical services. The programme of meetings is being arranged by the Communications Department of HSE South. The 8th September draft is attached to this response to demonstrate the comprehensive nature and reach of this programme. The AP personnel will work in close collaboration with hospital physicians in Bantry General Hospital and will be in 24/7 contact with the Emergency Department in Cork.
University Hospital through a special hotline. Prior to the introduction of this service, pre-planned scenarios will be conducted to test the functionality of the new service in different circumstances and at different locations.

Another recommendation is the establishment of special Medical Assessment and Admissions Units in each hospital in the region. Dr Jennifer Carroll, a consultant in the HSE South East who successfully introduced a similar Unit in St Luke’s Hospital Kilkenny, is advising the Reconfiguration Forum on this project. Quality standards and operating protocols will be introduced throughout the region so that each unit provides similar levels of service to a similar quality standard and each relates effectively to the hospital in which it is based.

Another recommendation, already in train, involves the addition of intermediate care vehicles for inter-hospital transport. Additional vehicles are being commissioned and these will relieve pressure on the existing 24/7 ambulance service.

Fundamental to the recommendations of the subgroup is the development of a regional team of emergency medicine consultants who will develop regional standards and a role for each hospital in a regional strategy.

The Cork city hospitals, and Mallow General Hospital, will act collectively to provide a co-ordinated emergency service for the city and for North Cork. This will include a co-ordinated approach to bed management and the phasing out of trolleys. In this respect, the recent publication of a strategic plan for the Mercy University Hospital, is in line with the subgroup’s recommendations and has been warmly welcomed by the Reconfiguration Forum.

The subgroup review deals at some length with the role of pre-hospital care in an integrated emergency service, including potential enhanced roles for the general public as first responders providing basic life support using Automatic External Defibrillators (the Ambulance Service already has a programme underway that has trained over 5,000 community first responders). Prof Higgins has met with a wide range of political representatives and community groups, and this engagement is ongoing.

Implementation of the subgroup’s recommendations has already commenced where this is possible through taking specific actions and this will continue. Steps requiring greater integration, or those requiring recruitment or retraining of staff, will commence when the overall plan for the reconfiguration of services is clear and priorities can be set. It is planned to upload the review on to the HSE website as “work in progress” in October.

The Development of Community-based health facilities
Members will be aware that the business plan for 2009 which was presented to the Forum in January this year, set out a range of measures for development of community based health facilities across a range of care groups including primary care, mental health & older people. I do not intend to restate all the above measures but I can confirm for Members that progress with implementation is in line with our plan. Given the importance of integrating primary care as part of the overall re-configuration programme I wish to confirm for Members that the HSE South is on target for the implementation of 63 primary care teams across the South by the end of this year.
When the overall programme is completed, in Cork and Kerry there will be 82 primary care teams and 21 primary and social care networks – this will involve a workforce of over 260 GPs working in teams with over 450 community professionals i.e. nursing, physiotherapy, OTs, speech and language therapy & social work staff across the region.

The teams will be supported through the 21 primary and social care networks where over 4,917 staff will provide specialist services such as the 31 community hospitals / residential centres for older people, which deliver over 1800 long stay, rehabilitation and community support beds, 8 consultant geriatrician teams, 30 day care centres for older people as well as 19 adult community mental health teams and 7 child and adolescent teams.

All of these services will be linked together in a far more integrated way across the community and linked to the acute hospital sector ensuring a more seamless and responsive service for the public.

In relation to Southdoc I can confirm that they have been fully involved in this overall process and the HSE south continues to liaise closely with them to ensure that the services provided continue to meet the needs of the population. Most recently Southdoc have extended their out of hours service in Cork City to Saturday mornings commencing at 8.00 a.m. in response to increased service needs.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate
Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group

********

Notice of Motion 5(e)

“That as a matter of urgency the HSE adopts a policy of recruiting replacement staff locally where redeployment has not been taken up. Core staffing levels have to be maintained, otherwise front line services are adversely affected”.

Cllr. Barbara Murray

A Government moratorium on recruitment and promotion in the public service has been in operation since 27th March 2009. The moratorium is a central feature of the required implementation in saving measures on public service employment. There is no exemption for the health services from the moratorium, but a number of specific grades have been exempted examples Speech and Language Therapists, Physiotherapists, Clinical Psychologists, Social Workers and Emergency Medical Technicians. This approach is to meet the requirements of integrated care delivery and address community and primary care needs, particularly in respect of children at risk, the elderly and those with disabilities.

Key focus in implementing the moratorium in the health service will be on redeployment or restructuring of existing staff and work. The focus of decision making will be on ensuring maintenance of frontline services where possible and minimising the impact on patients and clients.
A process is in place to fill critical vacancies and formal approval is required for non
exempted posts from the Department of Health and Children/Department of Finance.
When such approval is granted, recruitment then takes place.

Mr. Barry O’Brien, Assistant National Director HR, HSE South

************

Notice of Motion 5(f) and Question 6(b)

5(f)
"That this Forum would express its concern about Nursing Homes passing
on the cost of the new HIQA Registration and Inspection Fees to patients."

Cllr. Catherine Clancy

6(b)

"What is the up to date position regarding the following:-

(i) Fair Deal Nursing Home Care Support Scheme
(ii) The New Nursing Home Inspectorate?"

Cllr. John Coonan

Under the Health Act, 2007, statutory responsibility is given to the Chief Inspector of
Social Services, part of the Health Information and Quality Authority (HIQA) for
inspecting and registering categories of centres, including nursing homes. HIQA
commenced the new system of registration and inspection on July 1st, 2009. This
has for the first time, introduced an independent system of inspection of both public
and private nursing homes. It is important that this new inspection regime is
effective, robust, independent and properly resourced. In this regard the 2007 Act
provides for the following fees:

- Applications for registration or renewal of registration under Section 48. This
  section states that the applicant shall include with the application the prescribed
  application fee.
- An annual fee payable by the registered provider under Section 99
- A fee for variation or removal of any conditions of the registration under Section
  52. A registered provider making an application under this section must include
  the fee with their application.

Following analysis of the types of centres, numbers of places, etc. it was decided to
set a registration fee of €500, payable every 3 years by each nursing home together
with an annual fee of €190 per place in each registered centre. It is estimated that
the fee will represent an average weekly cost of €3.73 per registered place. The
fees are payable by the registered provider (or in the case of applications for
registration by the applicant, who for existing designated centres would normally be
the registered provider). These fees are not due or payable by the resident or their
family.

Article 8 of the Health Act 2007 (Care and Welfare of Residents in Designated
Centres for Older People) Regulations 2009 states that
"(1) The registered provider shall agree a contract with the resident within one month of the admission of that resident to the designated centre.

(2) Such contract shall deal with the care and welfare of the resident in the designated centre and shall include details of the services to be provided for that resident and the fees to be charged."

Therefore, only those fees, including any agreed increases, set out in the contract should be charged by the registered provider to the resident.

In relation to the overall inspectorate regime Members will appreciate that this is now the responsibility of HiQA and the HSE will work with them and give them every assistance in carrying out their new role.

THE NURSING HOME SUPPORT SCHEME – A FAIR DEAL – Update Report

The Nursing Homes Support Scheme Act 2009 was signed into law on the 1st July 2009 and is due to be enacted in last quarter of 2009. The Scheme is designed to remove real financial hardship from many individuals and their families who, under the current system of Nursing Home Subvention, have to sell or re-mortgage homes to pay for the cost of nursing home care.

The Scheme will also equalise State support for public and private long-term care recipients. In the future, there will be one, transparent system of support towards the cost of care that will be fair to all, irrespective of whether they are in public, private or voluntary nursing homes. It also aims to render private long-term care affordable and anxiety-free, and ensure that no-one has to sell their home during their lifetime to pay for their care.

Negotiations are ongoing between the National Treatment Purchase Fund (NTPF) and the private nursing home providers in respect of the maximum prices to be charged under the scheme. The HSE, as the scheme administrator, is also engaged in the finalisation of its procedures in respect of the scheme.

The HSE has been advised that the Minister intends to commence the Nursing Homes Support Scheme once the negotiation process with private providers has concluded and the HSE has finalised its procedures. It is not possible to be more specific at this time, particularly as the stipulation of an exact date could undermine the negotiation work of the NTPF.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

**********

Notice of Motion 5(g)

“That the Regional Health Forum South calls on the Government to implement its Mental Health Policy “A Vision for Change”, to actively promote mental health and to map local service needs and delivery of employment schemes for people with experience of mental health difficulties”

Cllr. Mary Hanna Hourigan
The Report of the Expert Group on Mental Health Policy: "A Vision for Change" was published in January 2006 and was subsequently adopted by the HSE, in May 2006, as the organisational framework for the future development of mental health services in Ireland.

An implementation plan, which spans the five year period from 2009-2013, has now been developed describing the strategic approach for operationalising those recommendations contained in "A Vision for Change" that fall to the HSE to implement. This plan was approved at the HSE board meeting on the 9th April 2009. Prior to the publication of the implementation plan for "A Vision for Change" it is important to acknowledge that a significant amount of work has already been undertaken on the journey towards implementing "A Vision for Change”

In 2008, the HSE committed to delivering on six key priorities to advance the implementation of "A Vision for Change”. The six key deliverables were:

1. **Child and Adolescent Mental Health Services**
   Funding provided has facilitated the development of additional child and adolescent mental health teams. The South has received funding for an additional 24 posts, including 2 Child & Adolescent Consultants, Psychologists, Occupational Therapists, Social Workers, Speech & Language Therapists, Nursing, Clerical support.
   Child and adolescent in-patient capacity across the area will increase from 12 beds in 2006, to 30 by the end of 2009.
   In the South an Interim 8 bed Inpatient Unit is underway in St. Stephens with staff already having undertaken induction and admissions commencing in October.
   Construction on two, 20 bed in-patient units in Galway and Cork has commenced with the Cork unit due for completion in the first quarter of 2010.

2. **General Adult Community Mental Health Services**
   "A Vision for Change” recommends the delivery of modern mental health services in the community through the creation of community mental health teams, comprising a range of disciplines to better meet service users individual needs. An additional eighteen General Adult Community Mental Health Teams have been created nationally. The South received funding for 4 full teams and 5 part teams creating an additional 54 new posts and these are being implemented.

3. **Providing Modern Mental Health Facilities**
   In March 2008 a Working Group on the Modernisation of Mental Health Infrastructure was formed by the HSE to review and report on the infrastructural implications of the implementation of "A Vision for Change”. In adopting "A Vision for Change” as Government policy for Mental Health, it was agreed that the provision of the infrastructure would be part funded through the sale of the remaining psychiatric hospitals and the reinvestment of the money within the mental health service.
   The HSE is in discussion with the relevant departments to secure the allocation of €42m, which was raised from the sale of mental health lands in 2004 and 2005 to develop mental health facilities.

4. **Mental Health Services for People with Intellectual Disability**
   Considerable work in planning the reconfiguration of mental health services for people with an intellectual disability was undertaken in 2007 following the Report of the Forum on Mental health and Intellectual Disability. This report also took account of the recommendations contained in "A Vision for Change”. Significant agreement has been reached with service providers as to how services will be configured in
accordance with “A Vision for Change” and the requirements of the Mental Health Act, 2001.

5. Catchment Area Definition and Clarification
The recommendations in “A Vision for Change” are predicated on the provision of services to a defined population. “A Vision for Change” describes expanded mental health catchment areas to provide critical mass and economies of scale to provide specialist services to populations between 250,000 and 400,000 under the direction of an Executive Clinical Director. The South will have 4 expanded areas as follows:

• North Lee and North Cork
• South Lee, West Cork and Kerry
• Waterford and Wexford
• Carlow, Kilkenny and South Tipperary

6. Development of a Mental Health Information System – WISDOM
The HSE is working in collaboration with the Health Research Board and other stakeholders to develop the WISDOM information system to expand the data currently collected from in-patient and community settings. The pilot of the WISDOM system in the mental health services in Donegal commenced on January 19th 2009.

In addition progress was made in the following areas since 2006:-
Mental Health and Rehabilitation, Mental Health and Older Persons, Forensic Mental Health Services, Suicide Prevention and Mental Health in Primary Care.

At a national level a number of key decisions have been taken to progress matters further including the appointment of an Assistant National Director who will have a national lead role in Mental Health. The person appointed will support the implementation of “A Vision for Change” across the system and ensure implementation is in line with national policy.

Also, to facilitate the provision of a comprehensive service, 13 expanded mental health catchment areas have been created, four in the South (see above) under the direction of an Executive Clinical Director. The Executive Clinical Directors, who are now in place, will drive the implementation of “A Vision for Change” in their catchment areas.

When it was launched in 2006, “A Vision for Change” was universally welcomed as a progressive, evidence based and realistic document which proposed a new model of service delivery which would be patient-centered, flexible and community based. While acknowledging the downturn in the economy will impact on the timescale within which additional resources can be provided, much can be achieved to continue to progress the development of a more community based service.

Mr. Pat Healy, Assistant National Director South, PCCC Directorate

**********
QUESTION 6(a)

"Will the HSE confirm that Capital Projects due this year at
(i) Wexford General Hospital (the A&E extension and Obstetrics Theatre and Delivery Suite) and
(ii) Wexford Mental Health Services (the New Mental Health Day Hospital in Gorey Co. Wexford including Psychology and Psychiatric Services, as well as Social Work, Occupational Therapy, Counselling and Nursing Services) be advanced without delay and also provide an update re the 32 bedded Acute Psychiatric Admission Unit at Wexford General Hospital?"

Cllr. Pat Cody

Answer:

(i) Wexford General Hospital – A/E Extension and Obstetrics Theatre and Delivery Suite

Stage 1 Design is complete (i.e. overall layout of new buildings with footprint to accommodate schedule of accommodation). We are advised by the National Director of Estates that the design will be brought to Tender stage. However we are currently awaiting approval to move to next stage i.e. detailed design, including planning and room by room layout and this is now likely to be in early 2010, due to cash flow constraints in 2009.

(ii) Wexford Mental Health Services

The main focus of Wexford Mental Health Service is to develop community based services which are accessible and acceptable to a service user in line with “A Vision for Change”, the report of the expert group on Mental Health policy. This will enable the service to develop alternatives to admission and treat patients as far as possible within the community setting.

Community based services are provided from:

- CARNE House, Enniscorthy on a 7 day week basis
- Summerhill, Wexford on a 7 day week basis
- Maryville, New Ross, currently providing services on a 5 day week basis.

The provision of the new Mental Health Day Hospital in Gorey is the next phase in the development of community based services. Tara House, the Community Mental Health Facility in Gorey is expected to be completed in the last quarter of the year and commissioning will then be required which is hoped will be completed in early 2010 as part of next year’s capital programme.

The development of a thirty two bed acute psychiatric unit at Wexford General Hospital was an integral part of Wexford Mental Health Services Five Year Plan, 2007-2011. On foot of the acute bed capacity recommended under “Vision for Change”, the requirement to reconfigure services based on extended catchment
areas and in the context of service plan 2010, the HSE is currently reviewing psychiatric acute bed capacity. Following this review a decision will be taken on the development and reconfiguration of acute psychiatric services including those in Wexford.

Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group  
Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

**********

Question 6(c)

“When the new Dingle Community Hospital opens, will the full bed capacity be utilised from the start and will all day services and other services at the hospital be provided immediately?”

Cllr. Brendan Griffin

Answer:

Additional revenue funding has been provided in the HSE Service Plan 2009 for the operation of the new community hospital in Dingle and the hospital is currently being commissioned with a view to opening in late 2009.

It is envisaged that the hospital will open on a phased basis with the first phase being the transfer of the existing number of patients from the current hospital to the new accommodation. Overall staffing arrangements for the new hospital are currently being finalised in line with similar staffing levels in units currently being commissioned by the HSE in other areas.

In the interim, some members of the primary care team in Dingle have located to the day care area of the new hospital and a limited number of outpatient clinics including physiotherapy, speech and language therapy etc are being provided from the new hospital. The ambulance service base in Dingle has also relocated to the new hospital site.

Mr. Pat Healy, Assistant National Director, South, PCCC Directorate

**********

Question 6(d)

“Can the HSE comment on the current parking regime at the CUH and CUMH with specific reference to:-

- The current number of dedicated staff car park spaces?
- The projected number of dedicated car park spaces for 2012?
- The number of parking spaces available for the general public?
- The projected number of parking spaces for the general public in 2012?
- The pricing regime for parking spaces on the site?
- How much money is raised from parking charges on the CUH site?
- Where is that money allocated?
• What measures have been taken to create a modal shift in car use by staff and how successful have these been?
• When will the traffic management plan for the site be completed”

Cllr. John Buttimer

Answer:
• The current number of dedicated staff car park spaces?
There are currently 1,050 dedicated car park spaces for staff on the Cork University Hospital campus.

• The projected number of dedicated car park spaces for 2012?
1,050

• The number of parking spaces available for the general public?
There are 500 parking spaces available for the general public.

• The projected number of parking spaces for the general public in 2012?
It is expected that there will be 560 parking spaces for the general public by 2012. The plan for the Co-located Hospital Project is that it will provide an additional 483 spaces to meet its need for staff and public parking.

• The pricing regime for parking spaces on the site?
The current charge is €2.50 per hour to a maximum of €12 per day. Reduced rates are available, on request, for frequent visitors and cases where the payment of the full rate would cause hardship.

• How much money is raised from parking charges on the CUH site?
The income generated from car parking charges in 2008 amounted to €1.94m.

• Where is that money allocated?
The revenue generated from car-parking is required by CUH to meet the costs of staffing (all Security Staff are HSE employees), equipment (incl. CCTV) and general maintenance of its carpark facilities.

• What measures have been taken to create a modal shift in car use by staff and how successful these have been?
To date the following action has been taken:

(1) A commuter plan manager was employed in 2001.
(2) A number of alternative options were put in place for staff:
   i. The employer tax-saver travel pass scheme has been made available. Regular promotional campaigns are undertaken to further expand the uptake of this scheme.
   ii. A car-share database has been constructed and is available to staff on-line.
   iii. Staff discounts were negotiated for purchase of bicycles and motorcycles, and cycle storage facilities have been improved.
   iv. Pedestrian access onto and through the site has been upgraded.
   v. Park and ride services based on the municipal site at the Black Ash & St. Finbarr’s Hospital were piloted in December 2004 and 2007-2008 respectively. A similar service from Ballincollig RFC with pick up points en route was also trialled for a six month period but was discontinued due to low take-up.
   vi. Access for Public Transport has been improved by the provision of a dedicated emergency ambulance and bus entrance to the hospital. While a bus service (no 14) passes through the site, hospital management are regularly pressing Bus Éireann to improve the bus service to/from the city centre.
vii. Off site parking for 180 cars has been provided at two local sports clubs on a park and walk basis.
viii. Improved controls over access to car parking for staff were introduced to eliminate “unauthorised” parking on site, incorporating a clamping regime. The resultant reduction in free access to parking acts as an incentive for staff to change to alternative commuting methods.

The most recent survey in 2007 indicated that 64.5% of staff travel to work by car, either as driver or passenger. This is substantially down on the 81% identified in the Traffic, Access & Parking Study and from the 87.5-90% estimated by the City Council in 2006.

- **When will the traffic management plan for the site be completed?**

  Tender documents for the Outline Development Control Plan for CUH have been issued with a return date of 21st September 2009. This incorporates the traffic management plan and is expected to be completed in early 2010.

**Mr. Gerry O’Dwyer, Network Manager, Southern Hospitals Group**

***********

**Question 6(e)**

“To ask the HSE, why the Podiatry Services in Youghal have been discontinued? At first they were reduced from 4 days a month to 2 days and now there appears to be no service”

**Cllr. Barbara Murray**

**Answer:**

The North Lee Podiatry service is well developed and compares favorably with podiatry services across the county as a whole having a staff compliment of 5.1 WTE. The team have over 300 patient contacts per week or more than 13,000 contacts per annum. The Podiatry Service operates a needs-led service which gives priority to those with the greatest Podiatric need.

Services are currently provided from clinics held in Cork city in Grattan Street Health Centre (3 clinics), Blackpool (Respond Day Care Centre), Ballyphehane Health Centre, St. Finbarr’s Hospital and in Cork County in Kinsale, Macroom, Cobh, Midleton and Youghal.

In early September, arising from a Maternity Leave the staff complement is reduced to 4.1 and it has been necessary to re-organise the delivery of clinics. The main areas impacted here are St. Finbarr’s Hospital, Kinsale & Macroom with the St. Finbarr’s clinic being merged with Grattan Street and Ballyphehane. The revised schedule of clinics is set out below:
<table>
<thead>
<tr>
<th>Location</th>
<th>Clinic Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grattan Street Health Centre</td>
<td>2 clinics @ 5 days per week each and 1 clinic @ 4 days per week</td>
</tr>
<tr>
<td>Blackpool</td>
<td>1 clinic @ 1 day per week</td>
</tr>
<tr>
<td>Ballyphehane</td>
<td>1 clinic @ 2½ days per week with 1 additional day every second week (3½ days every second week)</td>
</tr>
<tr>
<td>Kinsale</td>
<td>1 clinic @ 1 day every second week (2 days per 4 weeks)</td>
</tr>
<tr>
<td>Macroom</td>
<td>1 clinic @ 1 day per week with 1 additional day every second week (2 days every second week or 6 days per 4 weeks)</td>
</tr>
<tr>
<td>Cobh</td>
<td>1 clinic @ 1 day per week</td>
</tr>
<tr>
<td>Midleton</td>
<td>1 clinic @ 2 days per week</td>
</tr>
<tr>
<td>Youghal</td>
<td>1 clinic @ 1 day every second week (2 days per 4 weeks)</td>
</tr>
</tbody>
</table>

* St. Finbarr’s Hospital clinic will be merged with Grattan Street and Ballyphehane clinics.

The Podiatry service in Youghal has not been discontinued nor indeed has it been impacted by the implementation of these revised arrangements and will continue to be delivered on the basis of 2 days every 4 weeks. Any cases which are identified at risk are prioritised for appointment with the service and in relation to Youghal appointments for priority cases falling outside the clinic times have been offered attendance at the Midleton clinic. These arrangements will ensure optimum service delivery to clients in greatest need throughout Cork from clinics in the city, Kinsale, Cobh, Macroom, Midleton and Youghal.

**Mr. Pat Healy, Assistant National Director, South, PCCC Directorate**

**********

**Question 6(f)**

“As the HSE Pathway of Care to Patients is now and in the future to be delivered by Primary Care Centres, can the Forum be informed as to:

- How many Primary Care Centres are operating in Cork City and County and where are they located?
- How many Primary Care Centres are planned for Cork City and County and where will these be located?
- What stage of development are the Primary Care Centres at?”

**Cllr. Catherine Clancy**

**Answer:**

Central to the overall transformation programme for health and social care services is the development of primary care teams. The teams will serve as the first point of contact when individuals need to access the health system.
The first step has been to integrate the individual elements of PCCC services and deliver care through community based teams of health and social care professionals grouped in primary care teams.

These teams will include many disciplines such as GPs, PHNs, OTs, Physiotherapists and Social Workers and a range of other therapists and support workers. They will provide services locally that are designed to meet the majority of patients’ needs. They will serve populations of 7-10,000 people.

The establishment of Teams creates a supportive environment to facilitate structured approaches to chronic disease management, enhanced multi-disciplinary working and integration between primary, secondary and tertiary services. Primary Care Teams will be the bedrock of our new modern health service.

Where people in the community have complex or multiple needs, a key worker appointed from the primary care team will be responsible for securing the expertise of service required to meet those particular needs.

The primary care teams in the community will be part of a primary and social care network of a 30-50,000 population which will support the teams in linking them to specialist community services such as mental health, child protection and family supports, specialist disability services, long stay residential and rehabilitation and community support beds.

It is important to distinguish between the development of Primary Care Teams and Primary Care Centres. It is not necessary that all Primary Care Teams will actually be based in a new primary care centre. While new Primary Care Centres are being built to facilitate co-location of GP practices and community based teams there will also be circumstances where team members may be based in separate locations using ICT to facilitate team working. Co-location is not a pre-requisite, but meetings are arranged in a suitable facility to allow all Team members to attend.

**Primary Care Team Targets and Current Status – Cork City and County**

It is planned that by 2011 there will be approximately 530 Teams across the country. In the HSE South this translates to 138 Teams; and in Cork City and County 66 Teams:

<table>
<thead>
<tr>
<th>Local Health Office</th>
<th>No. Primary Care Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cork City - North Lee</td>
<td>21</td>
</tr>
<tr>
<td>Cork City – South Lee</td>
<td>25</td>
</tr>
<tr>
<td>North Cork</td>
<td>12</td>
</tr>
<tr>
<td>West Cork</td>
<td>8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>66</strong></td>
</tr>
</tbody>
</table>

The HSE South Business Plan for 2009 which was presented to the Forum in January this year targets 63 Primary Care Teams to be in operation in 2009, with “operating” defined as Teams holding clinical meetings involving GPs and HSE staff, concerning patients and shared care arrangements. As of 30th August, in the HSE South there are 38 Teams in operation. Of these, **12 Teams in operation are in Cork City and County** serving a population of over **85,000 persons**. The Teams are as follows:
As of 30th August, another 20 Primary Care Teams in Cork City and County are in varying stages of development, with at least 10 due to reach “operational” stage by year end. The HSE South is on target to have the 63 teams in operation by year end as planned.

**Status of Primary Care Centres**
As regards Primary Care Centres, a project to procure integrated HSE and GP resourced Primary Care Centres was initiated by the HSE in 2007. The project was based on the principle that the GP Primary Care infrastructure elements in these centres are funded by the GPs, that the HSE fund the public healthcare infrastructure elements, and that the shared common infrastructure elements are funded jointly on an agreed proportional basis.

In respect of the HSE South, valid bids have been received for over 40 locations, of which 21 in Cork City and County have been submitted to the HSE Board for approval. The 21 locations are as follows:

<table>
<thead>
<tr>
<th>Local Health Office</th>
<th>Primary Care Teams in Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cork City – North Lee</td>
<td>Riverstown / Glanmire</td>
</tr>
<tr>
<td></td>
<td>Fairhill / Farranree</td>
</tr>
<tr>
<td>Cork City – South Lee</td>
<td>Kinsale 1</td>
</tr>
<tr>
<td></td>
<td>Kinsale 2</td>
</tr>
<tr>
<td></td>
<td>Ballyphehane / Togher 1</td>
</tr>
<tr>
<td></td>
<td>Ballyphehane / Togher 2</td>
</tr>
<tr>
<td>North Cork</td>
<td>Mitchelstown</td>
</tr>
<tr>
<td></td>
<td>Newmarket</td>
</tr>
<tr>
<td></td>
<td>Charleville</td>
</tr>
<tr>
<td>West Cork</td>
<td>Mizen</td>
</tr>
<tr>
<td></td>
<td>Skibbereen</td>
</tr>
<tr>
<td></td>
<td>Dunmanway</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local Health Office</th>
<th>Valid Bid Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cork City – North Lee</td>
<td>Blarney</td>
</tr>
<tr>
<td></td>
<td>Cobh</td>
</tr>
<tr>
<td></td>
<td>Macroom</td>
</tr>
<tr>
<td></td>
<td>Mayfield</td>
</tr>
<tr>
<td></td>
<td>Midleton</td>
</tr>
<tr>
<td></td>
<td>Youghal</td>
</tr>
<tr>
<td>Cork City – South Lee</td>
<td>Ballincollig</td>
</tr>
<tr>
<td></td>
<td>Bandon</td>
</tr>
<tr>
<td></td>
<td>Bishopstown</td>
</tr>
<tr>
<td></td>
<td>Kinsale</td>
</tr>
<tr>
<td></td>
<td>Passage West</td>
</tr>
<tr>
<td></td>
<td>Togher</td>
</tr>
<tr>
<td>North Cork</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>----------------------</td>
</tr>
<tr>
<td></td>
<td>Castleyons</td>
</tr>
<tr>
<td></td>
<td>Charleville</td>
</tr>
<tr>
<td></td>
<td>Fermoy</td>
</tr>
<tr>
<td></td>
<td>Kanturk</td>
</tr>
<tr>
<td></td>
<td>Mitchelstown</td>
</tr>
<tr>
<td></td>
<td>Newmarket</td>
</tr>
<tr>
<td>West Cork</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bantry</td>
</tr>
<tr>
<td></td>
<td>Clonakilty</td>
</tr>
<tr>
<td></td>
<td>Schull</td>
</tr>
</tbody>
</table>

Schedules of accommodation have been agreed for the majority and, in most cases, the legal discussions are ongoing. In addition to the above significant progress has been made with the development of the new major primary care centre in Mallow. Construction will be completed in December this year with the facility being opened in early 2010.

**Mr. Pat Healy, Assistant National Director, South, PCCC Directorate**

************
NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
5th NOVEMBER 2009
NOTICE OF MOTIONS 5TH NOVEMBER 2009

Notice of Motion 5(a)

“That the HSE South would publish and make available any plans or documentation submitted to the Department of Health and/or to the HSE nationally with regard to the development of the 2010 Budget and Service Plan with specific identification of proposed cost and saving efficiencies for the Cork region and that this information would also be presented in tabular format to allow for comparison with the 2009 figures initially agreed for the 2009 budget and the final projected figures for 2009.”

Cllr. John Buttimer

The HSE is currently in the process of developing its Corporate Business Plan (incorporating National Service Plan) 2010 which must be prepared within 21 days after the publication by the Government of the Estimates. From the information available at present the position is that Budget Day has been announced as being 9th December and the HSE will submit its National Service Plan by 30th December next.

It is not feasible to determine the impact of Budget 2010 at this point at a regional level until such time as the budget has been announced and its implications considered in terms of service delivery for next year.

Mr. Pat Healy, Regional Director of Operations, HSE South

**********

Notice of Motion 5(b) and Notice of Motion 5(c)

5(b)

“That the HSE South provide a progress report on the provision of the urgently needed dedicated Stroke Unit in Kerry General Hospital. It should also have a provision of a Thrombolytic facility as this facility is available in other parts of the county.”

Cllr. Michael Healy-Rae

5(c)

"That this forum calls for the establishment of a Dedicated Stroke Unit at Kerry General Hospital".

Cllr. Brendan Griffin

Stroke is one of the leading causes of death in most developed countries, and it is estimated that in Ireland more than 10,000 acute strokes occur each year. While mortality rates from stroke have fallen considerably in recent decades, longer life expectancy after strokes and an ageing population mean that strokes will continue to pose challenges for individuals, families, communities and the health service for years to come.
Kerry General Hospital has an excellent facility for the rehabilitation of stroke patients, following their acute event, in a Consultant led Rehabilitation Unit.

This Unit is available to all Stroke Patients over the age of 55 years. Patients have access to co-ordinated care including assessment by a Consultant Geriatrician and his team. Dedicated Physiotherapy, Occupational Therapy, Speech & Language Therapy and Dietician care is co-ordinated through a Consultant Geriatrician led multidisciplinary team.

Acute stroke patients are currently managed on the general medical wards under the care of the relevant Consultant Physician. While Kerry General Hospital does not have a dedicated Acute Stroke Unit at present, plans to develop such a facility at the hospital are in the early stage of discussion.

HSE community based services in Kerry are made available on a needs basis to post-stroke patients in the community. The services that are provided include Public Health Nursing, Registered General Nursing, Home Help Services, Physiotherapy, Speech and Language Therapy, Occupational Therapy and Audiology. In addition, patients may have a requirement for specific aids and appliances and will be prioritised in terms of their needs for such requirements. Respite facilities are also available in community hospital settings.

There are a number of national reports which are due to be published soon that will have an impact on the provision and future direction of stroke services in the region.

**National Working Group for Rehabilitation Services**

The HSE and the Department of Health and Children (DOHC) established a National Working Group to draw up a Strategy and Action Plan for Rehabilitation services. Rehabilitation in this context includes neurological and physical rehabilitation including Trauma and Acquired Brain Injury and will also include rehabilitation for Older People including Stroke services. The group is representative of key stakeholders and includes participation by the DOH&C. The Strategy and Action Plan will address National, Regional and Local requirements to provide access to comprehensive and integrated Rehabilitation services. It is expected that the group will present its final report to the HSE and the DOHC before the end of the year.

**Cardiovascular Health Strategy**

Ireland’s first Cardiovascular Health Strategy, *Building Healthier Hearts*, was launched in 1999. In September 2007 the Minister for Health and Children established a Cardiovascular Health Policy Group to draw up a new policy framework for the prevention, detection and treatment of cardiovascular disease, including stroke. As part of its work in drawing up a new policy framework, the policy group has taken into consideration the findings of the *National Audit of Stroke Care* which was published in April 2008. This audit provided the country’s first overview of stroke services in hospitals and in the community and highlighted a number of areas where clinical care and the organisation of stroke services should be developed and improved. Among the issues raised by the audit were prevention in the primary care setting, rapid access to diagnostic services, the configuration of stroke services which includes stroke units, the provision of thrombolysis – otherwise known as clot-busters – as well as models for rehabilitation and discharge planning. The policy will provide for safe, effective and equitable services, within an over arching commitment to prevention and early management of cardiovascular health problems. The final report of the policy group is expected to be published shortly.
Reconfiguration of Services
Dr. Andrew Hanrahan, Consultant in Rehabilitation Medicine, has been seconded from the National Rehabilitation Hospital in Dublin to work with the Reconfiguration Team for Cork and Kerry. His brief is to appraise the current availability, and explore the capacity for future development, of an integrated medical rehabilitation service for the region that will assist patients of all ages to move from the acute services back into their homes and communities with the most appropriate level of support and care that the system can provide. Currently Dr. Hanrahan is engaged with meeting a number of interested parties and is establishing a reconfiguration subgroup on Rehabilitative Medicine that will feed into the overall reconfiguration of services being planned by Professor John Higgins, Director of Reconfiguration and his team.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

***************

QUESTIONS 5th NOVEMBER 2009

Question 6(a)

“What is the up to date position in relation to the alleviation of the large number of Kerry patients who are waiting for very long periods of time to access cardiovascular examinations and what is the current position in relation to the appointment of a Senior Consultant Cardiologist at Kerry General Hospital?”

Cllr. Brendan Griffin

The Cardiology service in Kerry General Hospital is provided in a partnership arrangement between Kerry General Hospital and the Bon Secours Hospital, Tralee facilitating Consultant provided Cardiology Services for adults in the Kerry region as well as the development of specialist Cardiology Services at the hospital. In-patient consults are seen every Wednesday morning at Kerry General Hospital. The Consultant Cardiologist also holds a weekly outpatient clinic on Wednesday afternoon where he sees up to 28 patients (approx 8-10 new and remainder review patients). The cardiology service at KGH is also supported by a team including Coronary Care nurses, a Cardiac Rehabilitation Nurse, a part-time cardiac staff nurse, an ECG Technician and a Cardiac technician. The team also has access to Occupational Therapy, Dietetics, Physiotherapy and administration support. Investment in the infrastructure in the hospital over the years has enabled KGH to develop a Cardiac non-invasive diagnostic service, extend its Telemetry service in CCU, and provide for ongoing training. It has also ensured that essential cardiac equipment was procured for the cardiology services at the hospital. The First Responder Programme continues to be rolled out on a phased basis in the hospital’s catchment area.

A specific service level agreement is in place at present with the Bon Secours Hospital, Tralee for provision of Cardiac Catheterisation Laboratory facilities to patients of Kerry General Hospital. Should a patient require an angiogram, the patient is referred to the Bon Secours Hospital, Tralee where the procedure is carried out.
Waiting times for urgent outpatient referrals are approximately 60 days. However, following review of the referral letter by the Consultant, tests may be ordered and any abnormal results are brought to the attention of the Cardiologist. There is a waiting time of 8-9 months for routine referrals and currently there are a total of 145 public patients waiting longer than 3 months for an initial outpatient cardiology consultation at KGH.

While there are no designated cardiology beds at the hospital, inpatient consults are carried out where required, for patients admitted under other specialties. Patients requiring cardiac surgery are referred to Cork University Hospital. CUH is the Regional Tertiary Referral Centre for Cardiology/Cardiac Surgery. The Cardiac Renal Centre Statement of Need Document considered the requirements of the Kerry cohort of patients, and facilities at the Centre have been scoped to accommodate the needs of this patient cohort. CUH is committed to ensuring both appropriate and timely access to all Kerry patients requiring Cardiology review in respect of heart failure, general cardiology etc.

Kerry General Hospital is committed to providing the best possible quality of care to all Cardiac patients attending the hospital, within the resources available. A Cardiology clinical subgroup has been established under the Reconfiguration of Health Services programme. This subgroup is being chaired by Dr. Peter Kearney, Consultant Cardiologist at Cork University Hospital. Dr. Kearney has met with representatives from senior management and clinicians at Kerry General Hospital, and it was agreed that details regarding patients requiring review/intervention would be directed via the Cardiac Co-Ordinator CUH and allocated appointments accordingly. Furthermore, a third Consultant Cardiologist has permanently joined the team at CUH taking a specific lead in the area of Heart Failure which will enable CUH to accommodate Kerry patients. KGH will continue to actively participate in the Cardiology reconfiguration clinical subgroup through their nominated representatives and any further appointments will be considered as part of this work which will also take account of the forthcoming report of the Department of Health and Children’s Cardiovascular Health Policy Group.

The HSE South has agreed additional consultant posts for Kerry General Hospital over the past number of years. In 2009 the hospital has received approval for a Consultant Rheumatologist and a fourth Consultant in Obstetrics and Gynaecology. In addition it is hoped to progress a proposal for an additional Consultant Geriatrician at the hospital in the very near future.

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

**********

Question 6(b)

“In April 2009, the HSE closed down Bethany House, Carlow as a community-based nursing home. What future has the HSE envisaged for this HSE property?”
Members will be aware that following the closure of Bethany House, the HSE agreed to work locally with organisations involved in the delivery of services to older people with a view to determining whether alternative services could be located at the facility. The HSE has advanced its plans on the future usage of the former welfare home, Bethany House and is finalising arrangements for the following:

The HSE has agreed with the Alzheimer’s Society that part of Bethany House will be used to facilitate an Alzheimer’s Day Centre for Carlow. Solicitors for the Alzheimer’s Society and the HSE are currently drawing up the necessary legal documents and the HSE has met with the Alzheimer’s Society and agreed terms and conditions for this centre. The Alzheimer’s Society will carry out refurbishments to the building and the garden which will then allow them to provide an enhanced day care service in Carlow. It is envisaged that the modifications which they wish to make to the premises should start as soon as the legal process has been finalised and it is anticipated that the day care service would commence operation late 2009 or early 2010.

The HSE will continue to review any further appropriate options to co-locate community based services at the facility.

**Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South**

*********

**Question 6(c)**

“What is the up to date position regarding the provision of child/paediatric Rheumatology Services within the HSE Southern region?”

**Cllr. John Coonan**

There are approximately 1,000 children in Ireland living with arthritis. There is currently one Consultant Paediatric Rheumatologist in the Republic of Ireland. Dr. Orla Killeen is based in the Department of Paediatric Rheumatology, Our Lady’s Hospital for Sick Children, Crumlin, Dublin.

Paediatric Rheumatology Services within the HSE South are currently provided at Cork University Hospital and Waterford Regional Hospital.

Cork University Hospital provides a monthly Rheumatology joint clinic which is attended by a Consultant Paediatrician and a Consultant from the Adult Rheumatology Service. Referrals to the clinic are accepted from General Practitioners, Consultants and Allied Health Services within the Cork University Hospital. Urgent referrals would be seen at the next scheduled rheumatology clinic. Clinics are always held on the first Wednesday of the month. The number of children attending any clinic would normally be about 10 to 12.

The Physiotherapy Department at CUH accepts Paediatric Rheumatology referrals for both inpatients and outpatients and the referrals are managed by the senior physiotherapist in paediatrics. A number of patients who have been treated in Our
Lady’s Hospital for Sick Children in Crumlin are also referred to the service for treatment on an outpatient basis. The waiting time for a paediatric outpatient appointment is approximately 2-3 weeks for acute referrals, and 2 months for more chronic conditions.

In the South Eastern Hospital Group, children with rheumatological/musculoskeletal problems may be referred to a paediatrician or to a Rheumatologist, according to the GPs own judgement, at Waterford Regional Hospital. Thereafter, the paediatricians and rheumatologists will often look after a patient together, or will transfer the care of a patient as appropriate to the clinical need. There is no formal “transitional” clinic or paediatric clinic – children of any age attending the rheumatology service will attend on the same day as adults. Where necessary, children are referred to Dr. Killeen in Dublin and her advice has also been sought in the treatment of patients at WRH.

In relation to the development of Paediatric Rheumatology Services into the future we can advise that the HSE established a national Working Group on Rheumatology Services and Allied Conditions. We await the publication of the national report. The implementation of any recommendations made in the report will be subject to the availability of resources in the context of the 2010 Service Plan.

**Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group**

**Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group**

**********
MINUTES

FORUM MEETINGS
January to December 2009
MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 15th January, 2009 - 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:
Cllr. Liam Ahearn Cllr. John Buttimer
Cllr. Michael Cahill Cllr. John Carey
Cllr. John Coonan Cllr. Michael Healy-Rae
Cllr. Catherine Clancy Cllr. John Gilroy
Cllr. Jim Daly Cllr. Rody Kelly
Cllr. Tom Fleming Cllr. William Quinn
Cllr. Tommy Kinsella Cllr. Tom Maher
Cllr. Brendan Cronin Cllr. Tim Lombard
Cllr. Tom Murphy Cllr. Michael O'Brien
Cllr. Barbara Murray Cllr. Liam O'Doherty
Cllr. Paddy O'Callaghan Cllr. Seamus Ryan
Cllr. Pat O'Neill Cllr. Billy Shoer
Cllr. Kevin O'Keeffe Cllr. Hilary Quinlan, Chairperson
Cllr. Mark O'Keeffe Cllr. Mary Shields
Cllr. Aileen Pyne Cllr. John Sheahan

Apologies:
Cllr. Leo Carthy
Cllr. Dr. Tom Higgins
Cllr. Dr. Seán Mc Carthy

In Attendance:
- Mr. Richie Dooley, Hospital Network Manager, South Eastern Hospitals Group
- Mr. Ger Crowley, Director of Regional Health Office - South
- Mr. Pat Healy, Assistant National Director, South, PCCC Directorate
- Mr. Gerry O'Dwyer, Hospital Network Manager, Southern Hospitals Group
- Dr. Elizabeth Keane, Director of Public Health
- Mr. Barry O’Brien, Assistant National Director of HR
- Ms. Christine Eckersley, Area Communications Manager – HSE South
- Ms. Margo Topham, General Manager, Network Manager’s Office
- Ms. Elaine O'Mahony, Administrative Manager, Regional Health Office, South
- Regional Health Office and Communications Support staff
1. **Adoption of the Minutes of previous meeting held on Thursday, 13th Nov. 2008**

With reference to Notice of Motion 5(c) of the November meeting, Cllr. John Buttimer requested that his dissatisfaction with the adequacy of the response and the non-circulation of data prior to today’s meeting be noted.

At the proposal of Cllr. Michael O’Brien, seconded by Cllr. Catherine Clancy, the minutes of the meeting of the 13th November were approved and adopted by members.

2. **Chairperson’s Correspondence**

The Chairperson welcomed back all members and Managers following the Christmas break and wished all a healthy and happy new year.

- A vote of sympathy was unanimously passed to
  (a) Cllr. Tom Fleming, on the recent death of his brother, Mr. Patrick Fleming and
  (b) the clergy, parishioners, family and friends of the former Bishop of Waterford on his recent passing.

The items for consideration under HSE updates were outlined to members as follows:-

- (a) Presentation on Reconfiguration of Acute Hospital Services from Ms. Margo Topham

- (b) A presentation from Managers on Service Plan ‘09. Both to be followed by a Question and Answer session.

- (c) A verbal update on influenza from Dr. Elizabeth Keane.

It was agreed that local briefings for Forum members in each locality would be arranged over the next fortnight to allow Managers to respond to specific queries on local issues.

Members were informed that the 2008 Annual Report for the Regional Health Forum South will be sent to all members via e-mail in advance of the March meeting and following approval it will be circulated to the Managers of the appointing local authorities.

Cllr. Barbara Murray raised a query on the HSE Audit on child protection issues with particular reference to the Cloyne area and it was agreed that a report on the matter will be compiled for the March Forum meeting.

The Chairperson then welcomed Ms. Margo Topham and invited her to make the presentation on Acute Services Reconfiguration within the Hospital Network South.

3. **HSE Updates**

(a) **Presentation on Reconfiguration of Acute Hospital Services from Ms. Margo Topham, General Manager, Hospital Network South**

Ms. Margo Topham introduced herself to members, outlined her role and gave an overview to members on the work taking place to progress the reconfiguration of hospital services within the South West pointing out:–

- the national reports and reviews and the key drivers that have pointed up the need and driven the agenda for reform within acute services
• the rationale for change and key principles of accessibility, patient safety, clinical standards and quality of service
• the emphasis now on routine care being provided, as far as possible, within the community or in local hospitals i.e. the evolving model of integrated care and the interdependencies between acute and community services such as Primary Care Networks and teams.

Ms. Topham outlined the work programme, and extensive communication and negotiation that is taking place locally with all stakeholders, pointing out that only non-cancer and non-tertiary (trauma/complex) clinical services will be transferred to local hospitals from major centres. Some of the work taking place to enhance services includes:

• an increased emphasis on 5 day and Day surgery
• development and usage of out-reach, out-patient and day services
• a greater emphasis on reducing length of in-patient stay
• centralisation of cancer services in Centres of concentrated expertise to ensure the best international standards of care for patients
• a review of Emergency Departments and services

Members were informed of the service moves that are being looked at within the region with the core aim of greater patient safety and quality. It was emphasised that service moves will not take place until the receiving location can guarantee the same level of service, if not better, than that offered now.

Following the presentation members were given an opportunity to seek further clarity and to pose questions/comments and concerns as follows:-

• proposals for Acute services reconfiguration in the South East Network Hospitals
• obstetric outreach clinics in Midleton
• amalgamation of Symptomatic Breast Disease service in Cork University Hospital Cancer Centre
• future base for BreastCheck services – ongoing discussions with BreastCheck management
• Recently opened Living Health Centre, Mitchelstown and services available there
• request for consultation with patients/client and local representatives on reconfiguration
• impact of current national economic problems on reconfiguration
• future status of Mallow General Hospital and South Infirmary Victoria University Hospital
• need for robust out of hours GP services and Primary Care Teams as part of acute reconfiguration
• laundry services
• surgical outreach service from Kerry General Hospital to Bantry General Hospital

In response to further queries raised by Cllr. Clancy on the alignment of the breast cancer services at Cork University Hospital Cancer Centre, Mr O’Dwyer reminded members of the commitment from Professor Tom Keane and the National Cancer Control Programme that the service will not transfer from South Infirmary Victoria University Hospital until he is satisfied with the quality of the service to be offered to women at Cork University Hospital. He elaborated on the work that has taken place to date on setting up a strong governance structure to progress the amalgamation of the service including the setting up of working groups with membership from all patient service areas in the Cork University Hospital, South Infirmary Victoria University Hospital and for Mercy University Hospital laboratory.
work. These groups will enable all staff who are involved in the care of breast patients to input their views and skills into the design of a new world-class service. Mr. O'Dwyer extended an invitation to interested members to visit the area within Cork University Hospital that will be designated for the Cancer Centre – this visit will be facilitated via the Regional Health Office and General Manager at Cork University Hospital.

In conclusion, the Chairperson thanked Ms. Topham for her very informative presentation.

(b) Presentation and Report from HSE Management on Service Plan ’09.

Mr. Barry O'Brien, Assistant National Director South for HR services introduced the presentation informing members that the Managers had that morning collectively met the unions representing the 25,000 staff employed in the South. Intensive negotiations have been taking place since October and it is imperative now that all stakeholders work together in partnership to speedily progress the Service Plan ’09 which poses unprecedented challenges for all staff. Local union representatives and Managers also met today within each area to give greater detail on plans and changes for local areas/services.

Mr. O'Brien explained the order in which the presentation would be made and outlined the legislation under which the Service Plan is compiled by each area, guided by the HSE Corporate Plan, feeding into one overall document for the HSE which has been presented to, and approved by the Minister and the Department of Health and Children. He explained the specific requirements for ’09 as requested by the Minister and the particular challenges facing the HSE e.g. Demand-led schemes, specific efficiencies requested including Management/Administrative grade reductions and overall management of wholetime equivalents (WTEs) in the current year collectively working to maximise employment. He then asked for the support, innovation and flexibility of all stakeholders in facing the challenge of living within the given resources.

Primary Community and Continuing Care: Mr. Pat Healy

Mr. Pat Healy commenced the presentation on the 2009 PCCC Service Plan by outlining plans being put in place to develop further Primary Care Teams and expand the infrastructure in place for Primary Care Centres, explaining that 63 Primary Care Teams will be fully operational with 16 additional teams in development by end ’09. He explained the HR reconfiguration that will have to take place, in an integrated manner, between hospital and community services with re-organisation of work patterns and greater linkages between the services.

Mr. Healy referred to the demographic information circulated to members and the significant demands being placed on community services and demand led schemes with the rising population and the downturn in the national economy. A national 9 point Action Plan has been developed to re-organise the delivery of demand led schemes and this will be implemented this year.

The programme for services for older people in ’09 was mentioned with plans for:

- 502 new beds, 295 additional and 207 replacement
- 60 additional contract beds (40 for Cork City and environs, 10 for Waterford and 10 for Wexford) to support acute services
- A comprehensive programme of maintenance works and reconfiguration of beds and services to meet new HIQA standards which will incorporate Health and Safety and fire requirements and to improve services for the elderly e.g.
a) St. Philomena’s Young Chronic Sick Unit and St. James Ward in St. Finbarr’s Hospital
b) St. Patrick’s Hospital, Waterford
c) St. Columbanus Home, Killarney
d) Bethany House, Carlow
e) 10 bedded stroke unit on the St. Finbarr’s Hospital campus

- Implementation of Fair Deal Nursing Home Support and full year roll out of the Elder Abuse Programme.

Mr. Healy also outlined additional supports that will be put in place in Disability Services particularly Children’s Therapy supports. Current levels of services for this cohort of clients and also for Mental Health patients will be maintained, along with the following new developments in Child and Adolescent Psychiatry:

- 3 additional Child and Adolescent Mental Health Teams
- A new interim 8 bedded Child and Adolescent unit in St. Stephen’s Hospital, pending the development of the 20 bedded unit at Bessboro, Cork

He outlined that specific efficiency targets had been set for the disability sector.

Services in Mental Health will be reconfigured to ensure that patients are treated in the most appropriate facilities and a programme is being put in place to address infrastructural deficits e.g. movement of patients from Heatherside Hospital, Buttevant to more appropriate facilities in St. Stephen’s Hospital.

Mr. Healy also pointed out the work that will take place in 2009 in Drug and Alcohol services to enable the implementation of the Rehabilitation Strategy, ongoing work on the implementation of the Traveller Primary Care projects and work to enhance services for children in foster care and in the residential care of the HSE.

Hospital Network South East – Mr. Richie Dooley

Mr. Richie Dooley, Network Manager mentioned the high level context within which Managers have prepared their 2009 Service/Business plans. He referred to the historical overdependence on the Acute sector and the pressures that have increased on all hospitals due to the rising population, particularly in the elderly age group with increasing complexity of needs. He demonstrated the increase in hospital budgets over the past number of years with a 48% increase since 2004 which has allowed new developments to take place improving services and the quality of life of many.

He outlined the plans that are being progressed within the Hospital group South East for ’09 with:
- a greater emphasis on Day Case Surgery and day case admissions
- closer integration with PCCC to improve on discharge planning and bed utilisation to ensure more appropriate care within the community
- developments in Out-patient services with an increase in the new to return ratio of patients and more timely discharge of patients back to the care of their family doctor
- the management of increased number of births

He outlined the financial constraints on the group and the measures that will be actively taken to live within the allocation while maintaining frontline patient services. Mr. Dooley pointed out that new directives may issue from Government with further challenges.
Flexibility and a strong sense of partnership will be required by all to address these challenges. He praised the co-operation of all staff within the group in ’08 which enabled the hospitals to break even.

Members were informed that a review will take place in ‘09 of the maternity units in the South East to ensure that the highest quality standards are available to Obstetric and Gynaecological patients. Further collaborative work will be undertaken with the National Treatment Purchase Fund to ensure that waiting times are kept to a minimum, in particular for procedures such as colonoscopies. Work that has taken place to date with the National Cancer Control Programme to centralise cancer services in Waterford Regional Hospital Cancer Centre was outlined by Mr. Dooley and he explained that the NCCP priorities for ’09 will include the enhancement of Lung & Prostate Services.

**Hospital Network South – Mr. Gerry O’Dwyer**

Mr. O’Dwyer outlined the hospitals within the Network - South, the activity undertaken in the group over the past number of years and that he anticipates the same level of service for patients in ’09 as in ’08. With the previously mentioned financial constraints on all services this will require an unparalleled level of co-operation and hard work from all stakeholders. Again he praised the contribution of all staff which enabled the hospitals to deliver on their Business Plan ’08. He spoke of the progress achieved over the past number of years and the work that will take place in ’09 to further improve patient services:-

- opening of a Gynaecological Theatre in Cork University Maternity Hospital, 5 days per week from February
- collaboration with National Treatment Purchase Fund to address in-patient and out-patient waiting lists
- a move from In-patient to 5 day and day case work with more patients being admitted on the day of surgery and reduced lengths of stay
- Cardiac/Renal Capital project at Cork University Hospital. A comprehensive briefing on this project will be brought to members later in 2009
- close co-operation and integrated working with colleagues in PCCC to ensure timely discharge of patients to the most appropriate place of care
- plans in place for the new A&E at Kerry General Hospital and refurbishment of Rathass (Orthopaedic) ward
- commencement of out-reach clinics and setting up minor and day case surgery in local Hospitals

In conclusion, Mr. O’Dwyer thanked members for their support to date and emphasised the importance of this backing and assistance in ‘09. He referred to the queries that have been received on the proposed release of the Teamwork/Acute Services Review which is with the HSE management team for approval. It is intended to release the report in late February or March.

The Chairperson thanked the Managers for their presentations which were followed by a Question and Answer session and commentary on the following points:-

- Community Nursing Units
- PET CT scanner for Cork University Hospital
- Reduction in WTEs in ’09 with a particular emphasis on Management/administrative posts
- Amalgamation of catchment areas in Mental Health Service
- Locum/temporary workers within different disciplines
Need for reduction in overtime costs and conversion of savings into full-time posts
Re-configuring of services to reduce overtime, reduce on-call and premium payments and employment of agency staff
New Consultant Contract
Redeployment and re-assignment of staff whilst adhering to statutory and contractual arrangements
Components of proposed review of A&E services: consultation process; Ambulance protocols; Advanced Para-medics; Minor injury units; Medical assessment units; Out of hour GP services and analysis of attendances to ensure effective usage of services
Car parking at Kerry General Hospital
Usage of beds at St. Columbanus Home, Killarney, waiting lists for beds and centralisation of catering services
Closure of Kerry General Hospital laundry
Reconfiguration of beds at Waterford Regional Hospital
Transfer of 17 patients from St. Otteran’s Hospital
Ward closure at St. Patrick’s Hospital – discussions with staff, patients and families
HIQA standards of care for the elderly in public and private nursing homes
Maternity units in the South East Hospitals
St. Lukes, day cases and waiting lists, colonoscopies and usage of NTPF
Day procedures unit at St. Lukes
New A&E Unit for St. Lukes
Primary Care Teams for Kilkenny and Thomastown
Health Centre Callan and Public Private Partnership process
Home Help services in 2009
St. Philomena’s Young Chronic Sick Unit, St. Finbarr’s Hospital
Recent Opening of new A&E, Mercy University Hospital on a 24/7 basis
3 proposed Primary Care Teams for Carlow/Kilkenny
Child & Adolescent team for Carlow/Kilkenny
National ICT system to enable reduction in blood costs
Helipad, Bantry General Hospital – clarity on planning permission
Politicians inclusion in discussions regarding reconfiguration
Increase in birth rates
Update on Marymount project
More efficient rostering within Mental Health Services to reduce overtime costs while continuing Acute Mental Health services on a 24/7 basis
Update on Kenmare Community Hospital project
Sale of Mental Health lands to support development of Mental Health Services
Car parking charges at Waterford Regional Hospital

In conclusion, on behalf of the Managers, Mr. Pat Healy asked for members support in proceeding with Service Plan ’09 and targeting areas where efficiencies and alternative savings can be made so that the same service provided in ’08 to patients/clients can be continued in ’09.

(c) Verbal update report on Influenza from Dr. Elizabeth Keane, Director of Public Health

Due to the increase in recorded cases of Influenza nationally, Dr. Elizabeth Keane gave an update to members requesting that they use their contacts with constituents and local communities to encourage the uptake of the flu vaccination. Any queries on this can be forwarded to Dr. Keane via staff in the Regional Health Office.
4. **Reports by Chairpersons of Committees**
On the proposal of Cllr. Barbara Murray, seconded by Cllr. Catherine Clancy the reports of the (a) Acute Hospital and Population Health and (b) Primary Community and Continuing Care committee were approved by members.

5. **Notices of Motion**

6. **Questions**

Due to the lengthy agenda on the day, it was agreed that the Notices of Motion and Questions submitted for this meeting would be deferred to the March meeting if members so wished. The Regional Health Office would make contact with each member in this regard.

7. **Date and Time of next Meeting**
**Thursday, 12th March, 2009** at **2.00pm** in Council Chambers, County Hall, Cork.
REGIONAL HEALTH FORUM

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 12th March, 2009 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:
Cllr. Liam Ahearn  Cllr. John Buttimer
Cllr. Michael Cahill  Cllr. John Carey
Cllr. Joe Carroll  Cllr. Fergal Dennehy
Cllr. Leo Carthy  Cllr. Jimmy Curtis
Cllr. John Coonan  Cllr. Michael Healy-Rae
Cllr. Catherine Clancy  Cllr. Tom Higgins
Cllr. Jim Daly  Cllr. Rody Kelly
Cllr. Tom Fleming  Cllr. William Quinn
Cllr. Tommy Kinsella  Cllr. Tom Maher
Cllr. Brendan Cronin  Cllr. Tim Lombard
Cllr. Tom Murphy  Cllr. Michael O'Brien
Cllr. Barbara Murray  Cllr. Liam O'Doherty
Cllr. Paddy O'Callaghan  Cllr. Seamus Ryan
Cllr. Pat O'Neill  Cllr. Billy Shoer
Cllr. Mark O'Keeffe  Cllr. Hilary Quinlan, Chairperson
Cllr. Aileen Pyne  Cllr. Mary Shields
Cllr. Joe Donovan  Cllr. John Sheahan
Cllr. Sean Mc Carthy  Cllr. Anna Fenlon
Cllr. Larry O'Brien

Apologies:
Cllr. Seamus Ryan

In Attendance:
- Mr. Richie Dooley, Hospital Network Manager, South Eastern Hospitals Group
- Mr. Ger Crowley, Director of Regional Health Office - South
- Mr. Pat Healy, Assistant National Director, South, PCCC Directorate
- Mr. Gerry O'Dwyer, Hospital Network Manager, Southern Hospitals Group
- Mr. Barry O'Brien, Assistant National Director of HR
- Ms. Christine Eckersley, Area Communications Manager – HSE South
- Ms. Elaine O'Mahony, Administrative Manager, Regional Health Office, South
- Regional Health Office and Communications Support staff
1. Adoption of the Minutes of previous meeting held on Thursday, 15th Jan, 2009

Prior to adoption of the minutes, Mr. Pat Healy briefed members on a formal Review of Audiology Services in the South initiated following concerns raised regarding the work of an Audiological Scientist who provided community-based audiology services to clients in Cork, Tralee and Limerick. Mr Healy explained that this Scientist has not worked in the audiology services since December 2007. He outlined the process for the review, which is being supported by an external expert, and which will entail calling back 1231 clients of the service, as a precautionary measure, from 1908 charts which were reviewed in total. Additional external Audiological support is being recruited to prioritise cases. Mr. Healy responded to members queries and confirmed that he will bring an update report on the review to a future meeting of the Primary Community and Continuing Care Committee.

At the proposal of Cllr. Tom Maher, seconded by Cllr. Michael O’Brien the minutes of the meeting of 15th January, 2009 were approved and adopted by members.

2. Chairperson’s Correspondence

- Cllr. Hilary Quinlan welcomed members to the meeting and passed on apologies for Dr. Elizabeth Keane and Cllr. Seamus Ryan who were unable to attend today’s meeting.

- Members were reminded of the day’s lengthy agenda and the Chair recommended that matters that require further debate be referred to the committee meetings for further consideration.

- On the proposal of Cllr. Tim Lombard, seconded by Cllr. Michael Healy Rae, members adopted the previously circulated Annual Report 2008. The report will be forwarded to the County/City Manager of each Local Authority which nominates members to the Forum.

- The Chair then welcomed Mr. Tony Mc Namara, General Manager, Cork University Hospital and invited him to make the presentation to the meeting on “Exploring Myths – Attendances at A&E Departments”.

3. HSE Updates

Presentation from Mr. Tony Mc Namara, General Manager, Cork University Hospital on “Exploring Myths – Attendances at A&E Departments”.

Mr. Mc Namara thanked members for the opportunity to present to them on work undertaken at Cork University Hospital to examine attendances at the Emergency Department in order to improve decision making and new policy options based on robust, factual information rather than intuition and anecdotes. He went through the detailed statistical data on patient attendances over a number of years explaining that approximately 125 patients attend the Cork University Hospital A&E per day with the summer months being the busiest. He also explained that
(a) Monday and Tuesday are the busiest days of the week and consequently elective admissions should be reduced on these days to allow for even patient flows through theatres

(b) Attendances lessen at night with attendance surges throughout the day

(c) Young men are the biggest A&E attendees

Mr. Mc Namara explained the triage system in place to ensure patients are seen in order of urgency and the interesting facts that the information collated shows e.g. 91% of category 5 (minor injuries) patients are discharged and overall nearly 50% of patients are discharged back to their GP and therefore would be classed as inappropriate attendees at A&E Departments.

Mr. Mc Namara went through the key policy issues that need to be examined and progressed in all Emergency Departments:-

- Working smarter with Senior staff available during core/busy hours
- Improved liaison with patients and relatives
- Rapid processing of X-ray images and results within the Department
- Allocating resources to reflect actual activity
- Authorising nursing staff to request X-rays/other imaging procedures
- Effective management of both emergency and elective admissions
- Rapid treatment for category 4 and 5 patients (less urgent)
- Employment of Advanced Nurse Practitioners
- Close monitoring of staff deployment to mirror peaks in activity
- Greater liaison with General Practitioners

and referred to the review of Emergency Departments in Dublin and Cork which will commence shortly as requested by the Minister.

The presentation was followed by a Question and Answer session and Mr. Mc Namara responded to members queries/comments on the following:-

- Deployment of staff
- Challenge of reducing A&E presentations and treating patients in the most appropriate setting
- Need to increase diagnostic capability in the community
- Consultants contract/matching hours of work to busy A&E periods
- Medical Assessment unit model
- Triage nurses and their benefit to A&E Departments
- Need to maintain Emergency Department for major trauma and medical emergencies
- Praise for A&E staff working in difficult situations

In conclusion the Chairperson and members thanked Mr. Mc Namara for his very informative presentation.

3 (a) Update report on Callan Health Centre

Mr. Pat Healy circulated an update report on the proposed Callan Primary Care Centre reminding members that the provision of the Centre will be progressed through a Public Private Partnership initiative and this has been communicated to the Callan public representative group and other interested stakeholders. The process has commenced
with submissions sought for the development. A meeting of the key stakeholders has been deferred to 3rd April, and Mr. Healy confirmed that he will attend this meeting. Cllr. Maher welcomed the report and the work that has taken place and asked that the process be expedited. It was agreed that Mr. Healy will bring an update report to the April committee Meeting.

3 (b) Report on proposed Primary Care Teams for Carlow/Kilkenny
Mr. Healy gave a verbal update on plans for the roll-out of Primary Care Teams. It is anticipated that 63 primary care teams will be operational across the South in 2009 with 16 additional teams in development by the end of 2009 with 3 planned for Carlow/Kilkenny. Carlow is one of the towns being looked at and work is taking place to match Health Service Executive and GP interest in setting up teams. Not all teams will require new builds and not all teams have to work from the same building – the team concept comes from collective working and close collaboration between the different disciplines. It was agreed that Mr. Healy will make direct contact with Cllr. Michael O’Brien on his query on Thomastown Primary Care Team.

4. Reports by Chairpersons of Committees
Cllr. Liam Ahearn, Chairperson summarised for members the report of the Acute Hospital Services and Population Health Committee meeting of 12th Feb. ‘09 and

Cllr. Michael O’Brien, Chairperson summarised the report of the Primary Community and Continuing Care Committee held on the same date outlining the following Motions for consideration by the Forum, which were raised on 12th February, ‘09:-

(i) "That the PCCC Committee expresses grave concern at any decision to close Bethany House, Carlow and to reduce the bed complement of St. Patrick’s Hospital Waterford, St. Otteran’s Hospital, Waterford, St. Columbanus’ Home Killarney, until the matter is debated by members and that clarity is given on the Health and Safety and other reports on these institutions.” (Please see Notice of Motion 5(ii) (d) on Page 3)

(ii) "That the Minister for Health and Children would instigate a total review of the structure of the Forums to allow democratic input into decision-making and budgetary control.” (Please see Question 6(j) on Page 6)

(i) Responding to the above motion, Mr. Pat Healy presented a report on the matter and outlined the detail for members on the reconfiguration of beds that is being undertaken by PCCC in response to a number of reports including the independent review of Bethany House, the Health and Safety Authority report on St. Patrick’s Hospital, Waterford and the upcoming HIQA National Quality Standards for Residential Care Settings for Older Persons.

Cllr. Brendan Cronin voiced his concerns regarding the proposed closure of the Rowan Ward at St. Columbanus Home outlining his – and other Kerry members – unhappiness with the decision. Cllr. Rody Kelly, and other members from the South East, outlined their concerns on bed re-configuration in that area, with Cllr. Kelly particularly concerned at the manner in which the news of the closure of Bethany House was released to patients/families and public representatives without prior consultation. He welcomed Mr. Healy’s commitment to meet the Action group.
(ii) With regard to the above Motion on a review of the structures of the Forums, which was taken in conjunction with the following Question 6(j) from Cllr. Rody Kelly,

“What role, if any, do members of the HSE For a fulfil in the formulation of HSE Policy?”

a number of members voiced disquiet on the efficacy of the Forum and its function as specified under Section 42 of the Health Act 2004.

On the proposal of Cllr. Kelly, seconded by Cllr. Michael O’Brien, it was agreed that the Chairperson would forward a letter to the Minister for Health and Children expressing members concerns at their inability under the legislation to input democratically into the decision making and budgetary processes of the HSE and requesting that a review of the Forum structures be instigated as a matter of urgency.

Issues raised include the geographical spread of the area covered by the Forum, the lack of time available at meetings to effectively consider and debate motions etc. with some members of the view that the smaller Local Forum meetings held with PCCC Local Health Office and Hospital Managers being more effective.

At the request of Cllr. Michael O’Brien, information on the Section 39 grants to Voluntary organisations will be circulated to members for their information.

5(i) DEFERRED NOTICES OF MOTION FROM JANUARY MEETING

On behalf of Cllr. Kevin O’Keeffe, Cllr. Aileen Pyne moved the following Notice of Motion standing in his name:

“That this Forum recommend the use of respite and long term beds be flexible at St. Patrick’s Hospital, Fermoy to meet the patient admission requirements for the catchment area i.e. where a long term stay patient is awaiting admission where no long term stay beds are available but where respite care beds are free at that time and vice versa”.

The response was noted.

5(i) Cllr. Brendan Cronin moved the following Notice of Motion standing in his name:
He noted the report however, he informed the meeting that he has been advised by some staff locally that the Unit is not being used to full capacity.

That the HSE South clarifies:-

“Why are 4 beds currently left empty (1 for over five years) at the 15 bed Bridgeview House, Intellectual Disability Unit and Activation Centre, Ballydribeen, Killarney which was built in 2000 for €2.4m?”

“Why is the specially designed Activation Centre which includes the most modern Multi-sensory Snoexelen Therapy equipment and specially designed Therapeutical Jacuzzi bath never been used in the 8 years since it was built and prior to December 6th 2008 when was the last admission of a new client to Bridgeview House (apart from the current short term respite client)?”
5(i) Cllr. John Sheahan moved the following Notice of Motion standing in his name:

“To ask the HSE South Management, what progress has been made to provide a site for the Irish Wheelchair Association on the grounds of St. Finan’s Hospital Killarney which was promised back in 2007?”

The response was noted.

5(i) Cllr John Buttimer moved the following Notice of Motion standing in his name:

“That the HSE South would provide details on the number of requests for ASD Services as outlined below in the Cork region in 2006, 2007, 2008

- the number of assessments completed each year
- the age range of the children referred
- the number of ASD confirmed cases
- the average waiting time for assessment
- the level and type of intervention provided following assessment
- the impact of the assessment of need process on the diagnosis of ASD and the provision of intervention”

Mr. Pat Healy outlined for members the contents of the written response explaining that the focus for the Local Health Office ASD teams has been to provide assessments for children aged 5 and under and this focus will remain as agreed in the 2009 Service Plan. He explained the types of intervention provided following assessment and that the level and type of intervention varies according to the identified needs of the child and family. Mr. Healy explained that there are waiting lists for assessment and intervention for children six years and over and that additional resources will be required to deal with these lists.

5(i) Cllr. Catherine Clancy moved the following Notice of Motion standing in her name:

“That the HSE South would put in place the proper facilities to deal with the large number of patients with special needs who are awaiting dental treatment.”

Mr. Pat Healy confirmed that progress had been made on this situation and that he will forward an update to Cllr. Clancy on the re-establishment of the service.

5(ii) NOTICES OF MOTION – MARCH

5(a) Cllr. Michael Healy Rae moved the following Notice of Motion standing in his name:

The response was circulated and noted by members.

“That the HSE South authorise the local area Health Nurse in the Kenmare/Kilgarvan area to do blood samples and testing, particularly on elderly people, in their own homes. (At present elderly people have to go to their local GPs to have this done)”

5(b) Cllr. Kevin O’Keeffe moved the following Notice of Motion standing in his name:
The response was circulated and noted by members.

That a report be made available in respect of the current status of the Dispensary in Kildorrey, Co. Cork and when do the HSE intend to have it refurbished.

5(c) Cllr. Michael O’Brien moved the following Notice of Motion standing in his name:

The response was circulated and noted by members.

“To ask the Assistant National Director of Primary, Community and Continuing Care, Mr. Pat Healy, what is the current status and timescale of the HSE’s capital plan for new continuing care accommodation in Kilkenny, including the replacement of St. Columba’s Hospital building on adjacent grounds, the protection of skilled and dedicated staff expertise in that hospital, and the provision of a satellite continuing care unit in Kilkenny City?”

5(d) Cllr. William Quinn’s Notice of Motion as following was taken in conjunction with Notice of Motion 4 (i) above:

“That all of the criteria used by the HSE in its decision to make changes to the status quo in Bethany House Welfare Home, Carlow, be discussed by the Forum, and that all reports mentioned by management to back up the reasons for these changes be produced, including the specific Health and Safety Report in line with HIQA standards.”

5(e) Cllr. Billy Shoer moved the following Notice of Motion standing in his name:

“That the HSE South co-opt a Public Representative from the South Tipperary County Council to be part of the newly appointed Steering Committee to review all acute services with Consultants from the four hospitals in the South East Region.”

Mr. Richie Dooley, Network Manager circulated a written reply to the Motion and in response to a query from Cllr. Shoer confirmed that the project to progress the modernisation of Acute Hospitals in the South East commenced on the 2/03/09 and it is anticipated that a plan will be prepared for the CEO’s consideration by September 2009. The view of all stakeholders will be considered, including community representatives, via a formal consultation process which is being put in place by the Steering Group. An information meeting has been held with the Clonmel “Save our Hospital” Action Group. Forum and Oireachtas members have both been briefed on the process and will be regularly updated on same.

Referring to Section 42 of the Health Act, 2004 and the role of Forum members, Mr. Dooley confirmed that there is no legislative provision to enable a public representative to participate in HSE operational matters such as this project.

5(f) The following Notice of Motion standing in the name of Cllr. Brendan Cronin was taken under 4 (i) above and in conjunction with Notice of Motion 5 (f) from Cllr. John Sheahan and Question 6 (h) as follows from Cllr. Tom Fleming:
5 (f) “To ask that the HSE South
Will not close the vital beds in the Rowan Ward at St. Columbanus Home,
Killarney, and to recognise the local need for this excellent service for our
elderly by renovating and providing extra new beds in Killarney and
To request details of all properties leased by the HSE in Killarney and the yearly
rent for each premises

5(g) “That the HSE South reconsider their decision to close 18 beds at St.
Columbanus Home, Killarney, Co. Kerry”.

6(h) “What are the future plans for St. Columbanus Home complex, Killarney
regarding retention of maximum beds and maintaining existing staff, utilising
the buildings and grounds to full potential, by relocating to St. Columbanus
existing HSE services in rented premises in other locations in Killarney town and
w the total rental cost per annum of these premises?”

5(h) Cllr. Tim Lombard moved the following Notice of Motion standing in his name:

The response was circulated and noted by members.

“There the HSE South provide a progress report on the Carrigaline Health Centre
which received planning in 2008 and to clarify

- Has the HSE gone for tendering on the project?
- Is there money set aside to construct the Health Centre in Carrigaline?
- What is the proposed date when construction will start and the Health
Centre will open its doors to the public?”

5(i) Cllr. Michael Cahill moved the following Notice of Motion standing in his name: The
response was circulated and noted by members.

“That the HSE South give a detailed report in relation to the proposed
new 40 bed Community Hospital for Kenmare as follows:-

- When will planning permission be applied for?
- When will work commence on the proposed new hospital?
- How long will it take to complete the project?
- What is the cost of the new hospital?
- Is funding in place for the project?”

5(J) Cllr. Tom Fleming moved the following Notice of Motion standing in his name:

“That following the recent HSE decision to relocate the local administration of
the Over 70’s Medical Card Scheme from the Tralee office to the Dublin office,
that this Forum requests Professor Brendan Drumm to cease any further
centralisation of schemes currently administered in County Kerry e.g. if schemes
envisioned for relocation include the Medical Card Scheme, Drugs Payment
Scheme, Ophthalmic Scheme and Immunisation Scheme. The net effect is that
up to 20 people will have to be relocated or possibly lose their jobs.”

Mr. Pat Healy circulated a report confirming that, under the HSE’s 2009 Service Plan, the
processing of medical card applications will be centralised to allow national streamlining
and structuring of the system. The initial change will occur in the over 70s application
process and will eventually involve all the schemes. He confirmed that no permanent staff will lose their jobs in local offices because of these changes but that existing staff will be re-assigned and in this connection discussions with staff representative bodies have commenced.

5(K) Cllr. John Buttimer moved the following Notice of Motion standing in his name:-

"That the HSE South outline the current financial situation of the HSE and its impact on delivery of the National Service Plan (NSP) 2009."
A joint response was issued by Managers updating members on the financial situation and explaining that the evolving national position may result in a revision of both the HSE’s Service Plan and the individual business plans for the hospital groups and PCCC.

At Cllr. Buttimer’s request it was agreed that an update on the financial situation will be provided at the committee meetings in April.

5(l) Cllr. Catherine Clancy moved the following Notice of Motion standing in her name:-

“That the HSE/NCCP put all plans for the transfer of Breast Cancer Services back on the table to allow for proper consultation to take place with all stakeholders. Breast Cancer Services are set to transfer from the South Infirmary/Victoria University Hospital (SIVUH) to Cork University Hospital (CUH) later this year under the National Cancer Control Programme. Arising from this, huge concerns have been expressed by Doctors, Consultants, Breast Care Nurses and patients about the preparedness and ability of CUH to manage the service.”

Cllr. Clancy acknowledged the comprehensive response from Mr. O'Dwyer which outlined in detail the inclusive consultation process that has taken place to ensure a smooth amalgamation of the Symptomatic Breast Disease service at the Cork University Hospital Cancer Centre. Cllr. Clancy explained that her main concern is that the close relationship between the BreastCheck Services and the South Infirmary Victoria University Hospital service is not fractured and that two pathways of care are not established for patients.

Mr. O'Dwyer explained that the future plan is that BreastCheck will move to the same site but that is important that the successful amalgamation of the Symptomatic Breast Disease service takes place first. He outlined that the target date set for amalgamation of the service is Autumn ’09. To progress the move, and ensure that all relevant stakeholders are involved, subgroups, have been formed with representatives from each of the frontline service areas. These groups will work on the detailed planning for the future service.

Members will be kept updated as this process evolves.

5(m) Cllr. Rody Kelly moved the following Notice of Motion standing in his name:-

“That the HSE South provide a more relevant and comprehensive communication process with schools and parents/guardians especially in relation to children with Special Needs.”
Cllr. Kelly acknowledged the written response circulated by Mr. Pat Healy who informed members that the HSE South provides a booklet on “Directory of Community Services for Children”. Cllr. Kelly requested that a list of local contacts also be circulated annually to schools so that teaching staff are aware of the relevant personnel within their area to liaise with.
Mr. Healy explained that the two full-time permanent Consultant Psychiatrists for the Child and Adolescent Mental Health services are expected to take up duty by the end of May and this, along with the expansion of the supporting multi-disciplinary teams, will considerably enhance the provision of a comprehensive service to children with special needs.

An outline of the EPSEN Act was given and Mr. Healy explained that a collaborative approach needs to be taken on this work including enhancement of the communication process between the Departments of Health and Children and Education.

6(i) DEFERRED QUESTIONS FROM JANUARY MEETING
Circulated responses from the Questions deferred from the January meeting below were noted by members:-

Cllr. Brendan Cronin:
“When will the HSE provide Killarney with a 24hr Accident & Emergency Unit? This town is the tourist capital of the South West with a population of 40,000 plus on any given day in the tourist season with no immediate access to A/E services”

Cllr. Aileen Pyne:
“To ask the HSE, why are there an increasing number of vacant beds in St. Francis Welfare Home Fermoy? Is there a deliberate policy to run it down?”

Cllr. John Sheahan:
“What is the present situation regarding student nurses having to pay for parking during their working day at Kerry General Hospital?”

Cllr. John Buttimer:
“What are the specific plans for the delivery of in-patient and out-patient Ophthalmology Services at Cork University Hospital in 2009?”

Cllr. Catherine Clancy:
“What is the update on the roll-out of Orthodontic Services for the North Lee Area?”
- Has the accommodation for the service been put in place?
- Have all the staff been appointed?
- Has or when will Orthodontic Services start for those on the North Lee Waiting List?

It was agreed that Mr. Pat Healy will write directly to Cllr. Clancy giving a full update on progress made with the North Lee Orthodontic Waiting lists.

6(ii) QUESTIONS – MARCH MEETING
6(a) Cllr. Michael O’Brien put forward the following question:

“What is the current plan to upgrade the Health Centre, Bennettsbridge, Co. Kilkenny?”
The response circulated by Mr. Pat Healy was noted by members.

6(b) Cllr. Billy Shoer put forward the following question:

“What is the total capital expenditure and time span for completion of the agreed development at Our Lady’s Hospital, Cashel and St. Patrick’s Hospital Cashel?”

Noted by members.

6(c) Cllr. Brendan Cronin put forward the following question:

“What progress has been made with my previous request for the development of a dedicated stroke unit at Kerry General Hospital?”

Noted by members.

6(d) Cllr. John Sheahan put forward the following question:

“Can the HSE South confirm or deny that it is intended to change Annagh Surgical Ward from a 7 day to a 5 day ward, at a time when Rathass Orthopaedic Ward, is considered to close for refurbishment at Kerry General Hospital?”

Noted by members.

6(e) Cllr. Tim Lombard put forward the following question:

“How many beds were lost in Cork University Hospital, the Mercy University Hospital and the South Infirmary Victoria University Hospital over the last three years due to the late discharge of patients and what proposals are in place to provide extra community beds to deal with the late discharge problem?”

A joint response was circulated by
(a) Mr Gerry O’Dwyer on behalf of Acute hospital services and
(b) Mr. Pat Healy on behalf of PCCC Services and was noted by members.

6(f) Cllr. Michael Cahill put forward the following question:

“When will work commence on the new dedicated Cystic Fibrosis Unit at Cork University Hospital?”

Noted by members.

6 (g) Cllr. John Buttimer put forward the following question:

“That the HSE give a full detailed and comprehensive report on the planned changes to and delivery of Accident and Emergency Services in Cork City and County, with special reference to:

• The current and projected attendance figures for 2009 relative to the National Service Plan 2009
• Current and projected waiting times at A/E
• Current capacity of Southdoc
• **Projected capacity of Southdoc**

*Update of progress to date of discussion with interested and relevant stakeholders*

Mr. Gerry O'Dwyer circulated a response which detailed the plans in place to carry out a review of Emergency Department services in the Cork & Kerry area, benchmarking the present service against international best practice and making recommendations for the future service within the region. In response to Cllr. Buttimer’s query on Southdoc services, it was agreed that a written update would be forwarded to him.

6 (h) Cllr. Tom Fleming’s question, as follows, was taken in conjunction with Notice of Motion 5 (f) submitted by Cllr. Brendan Cronin and Notice of Motion 5 (g) submitted by Cllr. John Sheahan:

“What are the future plans for St. Columbanus Home complex, Killarney regarding retention of maximum beds and maintaining existing staff, utilising the hospital buildings and grounds to full potential, by relocating to St. Columbanus existing HSE services in rented premises in other locations in Killarney town and what is the total rental cost per annum of these premises?”

5(f) – Notice of Motion – Cllr. Brendan Cronin

“To ask that the HSE South

- Will not close the vital beds in the Rowan Ward at St. Columbanus Home, Killarney, and to recognise the local need for this excellent service for our elderly by renovating and providing extra new beds in Killarney and

- To request details of all properties leased by the HSE in Killarney and the yearly rent for each premises

5(g) – Notice of Motion - Cllr. John Sheahan:

“That the HSE South reconsider their decision to close 18 beds at St. Columbanus Home, Killarney.”

6(i) Cllr. Catherine Clancy put forward the following question:

“Would the HSE South put in place a system whereby the users of A&E Services at Cork University Hospital and South Infirmary/Victoria University Hospital can use their Credit Cards to pay their bills thus substantially reducing the estimated annual postage cost of over €100,000”

Members noted the response

The following questions put forward by Cllr. Rody Kelly was taken in conjunction with Agenda item 4(b) earlier in the agenda:

“What role if any, do members of the HSE Fora fulfil in the formulation of HSE policy?”

7. **Date and Time of next Meeting**

*Thursday, 14th May 2009, at 2.00pm in Council Chambers, County Hall, Cork.*

**Closing Date for Notices of Motions and Questions**

*Tuesday 28th April, 2009 at 5.00pm*
MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 14th May, 2009 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:
Cllr. Liam Ahearn  Cllr. John Buttimer
Cllr. John Carey  Cllr. Joe Carroll
Cllr. Catherine Clancy  Cllr. Jim Daly
Cllr. Joe Donovan  Cllr. Michael Healy-Rae
Cllr. Rody Kelly  Cllr. Tim Lombard
Cllr. Tom Maher  Cllr. Tom Murphy
Cllr. Paddy O’Callaghan  Cllr. Liam O’Doherty
Cllr. Hilary Quinlan – Chairperson

Apologies:
Cllr. Leo Carthy
Cllr. John Coonan
Cllr. Brendan Cronin
Cllr. Dr. Tom Higgins
Cllr. Dr. Sean McCarthy
Cllr. Mary Shields

In Attendance:
- Mr. Ger Crowley, Director of Regional Health Office - South
- Mr. Pat Healy, Assistant National Director, South, PCCC Directorate
- Mr. Gerry O’Dwyer, Hospital Network Manager, Southern Hospitals Group
- Ms. Breda Kavanagh, Project Manager, Modernisation of Acute Hospitals, South East
- Ms. Angie O’Brien, Media Relations Manager – HSE South
- Dr. Elizabeth Keane, Director of Public Health
- Ms. Elaine O’Mahony, Administrative Manager, Regional Health Office, South
- Regional Health Office and Communications Support staff

Apologies:
Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group
Ms. Christine Eckersley, Area Communications Manager, HSE South
1. Adoption of the Minutes of previous meeting held on Thursday, 12th March

At the proposal of Cllr. Michael Healy-Rae, seconded by Cllr. Tom Murphy the minutes of the meeting of Thursday 12th March, 2009 were approved and adopted by members.

2. Chairperson’s Correspondence

- Cllr. Hilary Quinlan welcomed members to the meeting and passed on apologies for Mr. Richie Dooley who had been called to an urgent meeting in Dublin and is represented by Ms. Breda Kavanagh and apologies from Ms. Christine Eckersley, Communications Manager who is represented by Ms. Angie O’Brien. As this is the last meeting with the current cohort of Forum members, Cllr. Quinlan thanked the executive and media for all the support given to him since he took up his position as Chairperson last year and to all members since the setting up of the Forum in 2006.
- Members were reminded of the day’s lengthy agenda and the Chair recommended that matters be moved swiftly.
- Cllr. Quinlan informed members that an acknowledgement letter has been received from Minister Mary Harney in connection with the Function/Role of the Regional Health Forums.
- Members were also asked to note the following from the Agenda:
  - Item 3. HSE Updates, Report on HSE Recruitment Moratorium
  - Notice of Motion 5(c) from Cllr. Barbara Murray
  - Question 6(a) from Cllr. Michael Healy-Rae and
  - Question 6(e) from Cllr. Catherine Clancy

As all of these relate to HR issues, one comprehensive response has been compiled by Mr. Barry O’Brien, Assistant National Director, HR South. Mr. O’Brien has given his apologies as he had other commitments today, but the Managers will answer any questions on his behalf.
- This being the last meeting with the current group of Councillors, a tentative date of Thursday 30th July 2009 has been set for the next Forum meeting, pending nominations from the City/County Managers following the local elections on June 5th. Cllr Quinlan took the opportunity to wish all members going forward for these elections the very best of luck.

3. HSE Updates

3(a) Report on Proposed Primary Care Teams Carlow/Kilkenny

Mr. Pat Healy circulated an update report and outlined the following for members:- 15-16 Primary Care Teams are planned for the Carlow/Kilkenny area with 3-4 teams in Kilkenny City, 3 Teams in Carlow Town, 2 Teams in South Carlow and 1 Team each in Hacketstown, Tullow, North and West Kilkenny, Callan, South and East Kilkenny. He explained that the Primary Care Strategy and other national strategies clearly indicate that Teams are to be implemented on a phased basis to ensure that the necessary capacity building takes place. There are currently five Primary Care Teams in development in Carlow/Kilkenny serving a population of 49,845. The first three Teams in development are:

- Dean Street Team – Kilkenny City
- South Carlow Team – serving Bagenalstown Leighlinbridge and Myshall areas
- Callan Team
Mr. Healy outlined that the above three teams are now in advanced stages of development holding regular team meetings for clinical case discussion and valuable information sharing.

Two additional teams have commenced development this year:-
- East Kilkenny Team, serving Gowran and Graiguenamanagh in Co. Kilkenny and Borris, Co. Carlow
- South Kilkenny Team, serving Bennettsbridge, Thomastown, Ballyhale and Inistioge in Co. Kilkenny.

Initial meetings between HSE staff and the GPs on the Teams are scheduled for mid-May with clinical team meetings due to commence in early June. It is hoped to be in a position to commence additional teams in 2009, based on readiness to implement.

Members posed a number of questions following the update which were answered by Mr. Pat Healy on:-
- Primary Care team for Thomastown
- Callan Primary Care Team
- Carlow Primary Care Team

3(b) Update Report on HSE’s Financial Situation
Following a financial report provided at the last committee meetings in April, a further update report was given on the HSE’s financial situation. Mr. Pat Healy outlined that the HSE South overall is managing well and constant close monitoring of the situation will take place throughout the year. The following queries raised by members were responded to:-
- Individual case on Disability services – Cllr. Michael O’Brien to revert to Mr. Pat Healy with details.
- Monthly monitoring of situation in both PCCC and Acute Services.
- Reduction in overtime costs.
- Impact of Demand-Led Schemes.
- Avoidance of cuts in front-line services.
- Summer closures in hospitals.
- Reduction in non-health care activities e.g. closure of Laundries.

3(c) Report on HSE Recruitment Moratorium from Mr. Barry O’Brien
In the absence of Mr. Barry O’Brien, Assistant National Director HR, HSE South, Mr. Pat Healy circulated a report on the HSE Recruitment Moratorium which also encompassed a response to the following (see Page 2 under Chairperson’s Correspondence):-
- Notice of Motion 5(c) from Cllr. Barbara Murray
- Question 6(a) from Cllr. Michael Healy-Rae
- Question 6(e) from Cllr. Catherine Clancy

Mr. Healy outlined the general content of the report which explained the rationale behind and purpose of the moratorium. He explained that over the past number of years, the HSE South has been operating within tight employment controls which have enabled the delivery of service plans within Vote. However, with this moratorium, 2009 will be a particularly challenging year and he gave examples of the areas that are being focussed on to assist the process and to ensure consistent and fair decision-making. An Area Employment Monitoring Group (AEMG) has been established and its focus will be the
maintenance of front-line patient/client services. Mr. Gerry O’Dwyer, in response to a query from Cllr. Catherine Clancy, explained that this AEMG is closely examining all posts that become vacant. With reference to the locum post of Clinical Nutritionist in Paediatric Diabetes, Mr. O’Dwyer agreed to set up a meeting with the concerned Parents Group and Cllr. Clancy. He agreed also to request from the HR Department the number of staff on maternity leave and will circulate this to Cllr. Clancy for information.

3(d) Update Report on the Sale of Mental Health Lands from Mr. Pat Healy

Mr. Pat Healy gave a verbal update to members on the sale of Mental Health Lands explaining that it is envisaged that in line with the recommendations in ‘A Vision for Change’ the HSE policy is that these resources will be reinvested to progress capital builds to improve facilities for mental health patients. With reference to members specific queries on smaller tracts of land within individual local health areas, Mr. Healy acknowledged that there may be smaller parcels of land that could be used in partnership with City/County Councils. A number of members were of the view that the timing at present is wrong for the selling of lands.

In conclusion, Mr. Healy will revert with a report to the October Committee meeting giving the update on local lands in each LHO area.

3(e) Report from Dr. Elizabeth Keane, Director of Public Health on

(a) MMR Vaccine
(b) Influenza A H1N1

(a) Dr. Keane asked for members support in encouraging pupils within schools to receive the MMR vaccine/booster as there is a particular problem in the aged 16-24 population. 130,000 2nd Level Students have been targeted nationally with a very encouraging uptake of approximately 75% - the remaining 25% will be targeted again in September/Autumn along with 3rd Level colleges.

(b) Dr. Keane gave an update on reported figures of Influenza A H1N1. To date, the number of cases reported in Europe have been small and have been mild but there is no room for complacency and we are on Phase 5 Threat on the disease alert scale at present. The regular “flu” season is over at the end of May but numbers may increase in the Autumn and the southern Hemisphere will be on high alert as they head into their Winter season. Dr. Keane explained that members can access daily updates on the HPSC website. To date, there is no vaccine available for this particular type of influenza but Ireland has stockpiled anti-virals and will be working in partnership with other countries to develop and purchase vaccines.

3(f) Report on Child Protection issues in the Cloyne Area

As per request at an earlier meeting from Cllr. Barbara Murray, Mr. Pat Healy circulated a Report on Child Protection issues in the Cloyne Area. He explained that the HSE completed a National Audit of all Catholic dioceses in Ireland in 2008 in order to establish their level of compliance with the Catholic Church’s own Child Protection Guidelines of 1996 and 2005 in co-operation with the relevant Bishops. However, following receipt of complaints with regard to non-compliance with Guidelines in the Diocese of Cloyne and therefore a separate but related review of compliance in Cloyne was undertaken by the HSE South. This Report was submitted to the Department in December 2008 and in January 2009 Minister Andrews published the national audit including the report on compliance in Cloyne. The Cabinet took a decision to request that the Commission of
investigation into the Dublin Diocese undertake an examination of the operation of child protection practices and policies in the Diocese of Cloyne which the HSE is fully co-operating with. As part of this process an Order of Discovery has been issued by the Commission which the HSE if fully complying with and which requires that the HSE carry out a comprehensive review of all child protection records in Cork to see if any notifications of clerical sexual abuse in the Cloyne Diocese have been received and has also put in place specific measures to ensure full compliance in the Diocese working closely with the child protection delegate.

In conclusion, Cllr. Murray thanked Mr. Healy for his comprehensive Report.

4. Reports of Chairpersons of Committees

(a) Acute Hospital Services and Population Health Committee
The report of the Acute Hospital Services and Population Health Committee meeting of 16th April 2009 was noted.

(b) Primary Community and Continuing Care Committee
Cllr. Michael O’Brien, Chairperson summarised the report of the Primary Community and Continuing Care Committee held on the same date and the Report was noted.

5. Notices of Motion

5(a) In the absence of Cllr. Michael Healy-Rae the following Notice of Motion standing in his name and response from Mr. Gerry O’Dwyer was noted:-

“Bantry General Hospital provides an excellent service not only to South and South West Cork, but also to many people in the South Kerry area. I would ask that the HSE South Network Manager would ensure that the services in Bantry General Hospital are not downgraded and that no further bed closures are proceeded with.”

5(b) Cllr. Tim Lombard moved the following Notice of Motion standing in his name:

“That the HSE South provide a dedicated ambulance for the Carrigaline area and investigate the possibility of an ambulance base in Carrigaline.”

A joint written response was provided by Mr. Michael Norris, Assistant Chief Ambulance Officer and Mr. Gerry O’Dwyer who explained that a review of A/E Services and pre-hospital care is proceeding as part of the reconfiguration of acute services and this will include examination of ambulance locations. Along with this, pre-hospital response vehicles are being introduced in the Mid-West and will be rolled out to all areas into the future.

5(c) Notice of Motion 5(c) from Cllr. Barbara Murray was taken in conjunction with Question 6(a) submitted by Cllr. Michael Healy-Rae and Question 6(e) submitted by Cllr. Catherine Clancy:-
Notice of Motion 5(c)

“That the HSE HR Department identify the core staffing needs/staff complement for each facility within its remit at any given time and that staffing levels should not fall below this level. The present situation with the staff recruitment moratorium, where staff on resignation cannot be replaced, is unacceptable. Each health facility needs a core staff to operate and this is only replacement of existing staff and will not increase staff numbers. At present, staff morale is at an all-time low as a result of the current situation”.

Cllr. Barbara Murray referred to the proposed closure of 5 beds in Youghal to facilitate staff to take hours worked up, along with 3 staff out on long-term sick leave. She asked that the HSE would consider bringing in temporary staff or deployment from other facilities rather than building up entitlement to lengthy time off. Mr. Pat Healy explained that efforts are being made to address the situation in Youghal as the HSE do not want the respite beds closed to admissions.

Question 6(a)

“Is there an embargo on employing people working in the position of Radiation Therapists? (if this is the case it will have a detrimental effect on the unfortunate cancer sufferers and we should ensure we have adequate, suitably qualified people working in all of these positions).”

Question 6(e)

“To ask:
(i) How many people are currently on maternity leave from the HSE South?
(ii) The numbers expected to take maternity leave in 2009 and
(iii) To outline the current policy in replacing personnel on maternity leave”.

5(d) Cllr. Michael O’Brien moved the following Notice of Motion standing in his name:

“Noting that the National Audit on Stroke has been published and that Ireland has one of the worst stroke outcomes in Europe, could the HSE South Forum please recommend to the HSE Board that a “Stroke Strategy” similar to the National Cancer Strategy be developed, perhaps as a pilot scheme attached to an acute hospital in this Region”.

Cllr. O’Brien thanked the Managers for the circulated joint response and in particular news of the imminent release of the Report of the Cardiovascular Health Policy Group and the review of stroke services that is currently being undertaken by the National Hospitals Office.

Cllr. O’Brien noted the lack of dedicated stroke beds nationally and he proposed, seconded by Cllr. Rody Kelly, that the HSE South consider a pilot stroke care programme at Waterford Regional Hospital. Mr. O’Dwyer on behalf of Mr. Richie Dooley, suggested that all await the release of the above Reports before further consideration of the Motion and the pilot project at that time. It was agreed that members would be notified on publication of the Report.
5(e) Cllr. Rody Kelly moved the following Notice of Motion standing in his name:

“That the HSE
(a) Reaffirm its stated commitment to retaining Bethany House, Carlow, within the Health Services for elderly people, and
(b) Outline clearly how the HSE plans to use the Bethany House premises to serve the Health and Medical needs of people in the Carlow area, now and in the future.”

Cllr. Kelly acknowledged the response circulated by Mr. Pat Healy and referred to outstanding issues that the Bethany House Committee would like clarification on.

Mr. Healy explained that the HSE wishes to maintain Bethany House as a health facility for older people but it will not be used for long-stay care. Engagement has taken place with the Alzheimer Society to progress the development of services in a partnership process. If this does not progress, other community care services will be examined and the HSE wants to engage with the local community to ensure the appropriate utilisation of the facility.

In response to a request from Cllr. Kelly, Mr. Healy agreed that he will meet with members of the Bethany House Committee.

5(f) Cllr. Catherine Clancy moved the following Notice of Motion standing in her name:

“That the Regional Health Forum, South calls for the appointment of a replacement paediatric dietician to the Children’s Diabetic Unit at Cork University Hospital when the current dietician takes up maternity leave”.

In response to a request from Cllr. Catherine Clancy, Mr. Gerry O’Dwyer agreed to meet representatives of the Parents Group and Cllr. Clancy to further discuss Paediatric Diabetes Services.

5(g) Cllr. John Sheahan moved the following Notice of Motion standing in his name:

“That the HSE South maintain the current level of services at Kerry General Hospital.”

The report was noted.

6. Questions

6(a) The following Question was submitted by Cllr. Michael Healy-Rae and was taken in conjunction with Notice of Motion 5(c) and Question 6(e) earlier in the Agenda.

“Is there an embargo on employing people working in the position of Radiation Therapists? (if this is the case it will have a detrimental effect on the unfortunate cancer sufferers and we should ensure we have adequate, suitably qualified people working in all of these positions).”
6(b) Cllr. Tim Lombard submitted the following Question:

“Will the HSE clarify when the First Responder Programme will be rolled out in the Carrigaline, Crosshaven, Passage West and Douglas areas?”

A response was circulated by Mr. Gerry O’Dwyer and noted by members.

6(c) Cllr. Barbara Murray submitted the following Question:

“Would the HSE consider administering the BCG Vaccine to those children that missed out through the local Health Centres in each area, alternatively through local GPs. At present those that want the BCG are waiting up to two years and have to travel to Cork?”

A response was circulated by Mr. Pat Healy and noted by members.

6(d) Cllr. Leo Carthy submitted the following Question:

“What is the position with staff currently working in Medical Card Departments? As redeployment is mentioned, will it be within their own county or could it be Wexford Staff moving to say Offaly?”

A response was circulated by Mr. Pat Healy and noted by members.

6(e) The following Question was submitted by Cllr. Catherine Clancy and was taken with Notice of Motion 5(c) and Question 6(a) earlier in the Agenda.

“To ask:-
• How many people are currently on maternity leave from the HSE South?
• The numbers expected to take maternity leave in 2009 and
• To outline the current policy in replacing personnel on maternity leave”.

6(f) Cllr. John Sheahan submitted the following Question:

“Will the HSE increase funding to the Ard Aoibheann Centre in Killorglin to enable this facility to be utilised to its potential?”

A response was circulated by Mr. Pat Healy and noted by members.

7. Date and Time of next meeting – the next meeting of the Regional Health Forum, South will be held on Thursday 30th July 2009 at 2pm, Council Chambers, County Hall, Cork.
MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 30th July, 2009 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:
Cllr. Liam Ahearn  Cllr. John Buttimer
Cllr. Pat Burton  Cllr. John Carey
Cllr. Timmy Collins  Cllr. Pat Cody
Cllr. Tom Cronin  Cllr. Declan Doocey
Cllr. John Coogan  Cllr. Michael Healy-Rae
Cllr. Catherine Clancy  Cllr. Anna Fenlon
Cllr. Wayne Fennell  Cllr. Brendan Griffin
Cllr. Mary Hanna Hourigan  Cllr. Denis Kennedy
Cllr. Brendan Leahy  Cllr. Tom Maher, Chairperson
Cllr. Marie Moloney  Cllr. Tim Lombard
Cllr. Martin Murphy  Cllr. Michael O’Brien
Cllr. Barbara Murray  Cllr. Frank O’Flynn
Cllr. Arthur Mc Donald  Cllr. Michael Hegarty
Cllr. Laurence O’Neill  Cllr. Seamus Ryan
Cllr. Pat O’Neill  Cllr. Jim Townsend
Cllr. John O’Sullivan  Cllr. Sean Longergan
Cllr. Bobby O’Connell  Cllr. Hilary Quinlan
Cllr. Mick Barry  Cllr. Mary Shields
Cllr. Sean Mc Carthy

Apologies:
Cllr. Terry O’Brien  Cllr. Danny Crowley

In Attendance:
- Mr. Ger Crowley, Director, Regional Health Office – South
- Mr. Dave Drohan, A/Assistant National Director, South, PCCC Directorate
- Mr. Richie Dooley, Hospital Network Manager, South Eastern Hospitals Group
- Mr. Gerry O'Dwyer, Hospital Network Manager, Southern Hospitals Group
- Dr. Timothy Jackson, Consultant in Public Health Medicine
- Mr. Barry O’Brien, Assistant National Director of HR
- Ms. Christine Eckersley, Area Communications Manager – HSE South
- Ms. Elaine O’Mahony, Administrative Manager, Regional Health Office, South
- Regional Health Office and Communications Support staff

Apologies:
Dr. Elizabeth Keane  Mr. Pat Healy
1. **Welcome from Director of Regional Health Office: Mr Ger Crowley**
Mr. Ger Crowley welcomed new and former Forum members and HSE Managers to the first meeting of the new Forum. He explained that the first matter for consideration was the election of the Chairperson and sought nominations for same:-

**Election of Chairperson**
Cllr. Tom Maher was proposed by Cllr. Tim Lombard, seconded by Cllr. Pat O’Neill and as no other candidate was put forward for election, Cllr. Maher was unanimously elected as Chairperson until the next annual meeting of the Forum.

Cllr Maher took the Chair, thanked members for their support and looked forward to the challenge of working with the Executive and members during the demanding period ahead for the Heath Services. He asked that both management and members keep the public updated and communities informed at a local level of the work of the Forum. A number of members congratulated Cllr. Maher on his election and wished him success in the role.

**Election of Vice-Chairperson**
Nominations were sought for the position of Vice-Chairperson:

Cllr. Catherine Clancy was proposed by Cllr. Michael O’Brien, seconded by Cllr. Seáamus Ryan and as no other candidate was put forward for election, Cllr. Clancy was unanimously elected as Vice-Chair until the next annual meeting of the Forum. She thanked all for their support and looked forward to working with Cllr. Maher and members in the year ahead.

2. **Consideration of membership of committees:-**
   (a) Acute Hospital Services and Population Health Committee
   (b) Primary Community and Continuing Care (PCCC) Committee

Members were pre-circulated with information on the role of the committees which were established

(a) To provide assistance to the Forum in relation to the performance of its function and

(b) To allow for further debate and consideration of motions and their referral back to the Forum with recommendations/advice.

A roll-call was taken and members put forward their preference for committee membership. A formal letter will issue regarding the meeting of the committees due to be held in Kilkenny on 22nd October, ‘09.

3. **Adoption of minutes of meeting held on 14th May, ’09**
At the proposal of Cllr. Pat O’Neill, seconded by Cllr. Michael Healy Rae, the minutes of the meeting of Thursday, 14th May ‘09 were approved and adopted by members.

4. **HSE updates**

(a) **Presentation from Dr. Tim Jackson on HSE’s Health Status report on the state of Health of the Nation.**
Dr. Tim Jackson, Consultant in Public Health Medicine opened his presentation by explaining that the HSE’s Transformation Programme is focussing on the transition from a predominantly hospital/acute based system to one where the public/patients will receive
most of their care in a community based setting as close to home as possible. Dr. Jackson explained that population projections outline that over the next numbers of years, a middle-aged population will increasingly have to support an elderly and paediatric population. He outlined that there are many determinants of health that are outside the remit of the healthcare system e.g. environmental factors, housing, and poverty and in the most recent census, 9% of people claimed disability. He pointed out that influences also impact on health, e.g. stress, over-indulgence in alcohol and food leading to obesity and the societal problems attached to binge drinking. On the plus side, the report showed that an increasing number of adults are participating in sport/exercise; enhanced paediatric services are in place with a concurrent reduction in infant mortality and life expectancy in Ireland is at its highest level ever for both males and females.

The contents of the report were outlined as follows for members:

- The population
- Health determinants
- Health inequalities
- Lifestyle
- Causes of death in Ireland
- Causes of Illness in Ireland
- Priorities for improving the health and well-being of the population of Ireland along with the reasons for collating the information including the importance of using robust information to plan health services into the future and to provide for the burden of disease due to chronic illness in an increasingly ageing population. Dr. Jackson outlined the 7 priority risk factors that cause 2/3rds of the disability burden:
  - High blood pressure
  - Smoking
  - Over consumption of alcohol
  - Raised cholesterol
  - Overweight/obesity
  - Need to increase intake of fruit and vegetables
  - Need to increase physical activity (particularly female teenagers)

and if the general population tackled these challenges, the overall health of the nation would improve.

The presentation was followed by a Question and Answer session where Dr. Jackson responded to questions on the following:
- Primary Care Centres/Teams
- Increase in unemployment and knock on effects
- Promotion of good health and welfare in the over 70’s age-group
- Measures in place to address suicide

4 (b) Update on Influenza A(H1N1) (Swine flu) from Dr. Tim Jackson, Consultant in Public Health Medicine.
Dr. Jackson’s presentation incorporated also the response to Notice of Motion 5 (d) on the agenda from Cllr Tim Lombard as follows:-

“That the HSE would provide regular updates on the 'Swine Flu' crisis to members and the general public.”
Dr. Jackson explained that Influenza A(H1N1) is circulating in countries worldwide and that the number of confirmed cases has increased steadily in Ireland since April. He outlined the transmission process and that the country has now moved from a policy of containment to a treatment/mitigation phase and that the Health Service will now make sure that people who get the 'flu can access the best advice on how to care for themselves and their family in the most appropriate setting.

Dr. Jackson pointed out that with this wave of the 'flu', the elderly may have residual immunity from previous outbreaks. Healthy adults will get through but high-risk cases e.g. those with underlying diseases, Diabetics, asthmatics, pregnant women and young children will be at greater risk. He outlined the main symptoms and explained that diagnosis can be clinically complex as the symptoms are similar to other illnesses. Constant monitoring is taking place and all cases being admitted to hospital are being recorded. There are a number of expert guidance groups established including a Regional Crisis Management Team in the South represented by Mr. Gerry O'Dwyer for acute care, Mr Peter Daly for Emergency Management and Dr. Elizabeth Keane for Public Health. There are also helpful web/information sites which provide up-to-date information to the public along with the HSE’s website and its 24 hour Flu Line FREEPHONE 1800941100.

Members were informed of the HSE’s vaccination strategy and its intention to offer the vaccination to the entire population with the initial target being certain priority groups. There are logistical problems attached to this strategy which are being worked on at present.

The Chair thanked Dr. Jackson for his very informative update and agreed that a copy of the presentation would be circulated to members for their information. A Question and Answer session took place where Dr. Jackson and other Managers addressed the following queries/issues:-

- Pharmacy dispute and knock on effect for ‘flu’
- Funding for ‘flu’ strategy
- Policy for Schools/Colleges on return in September
- Practical actions for the public to avoid ‘flu’
- National funding for vaccination/local manpower support to provide vaccinations
- Importance of simple general hygiene e.g. hand-washing, sneezing etc.
- Common sense approach to usage of masks in known ‘flu’ areas
- Policy on quarantine/potential contacts
- Prioritisation of vaccination to high risk groups
- Contingency HR planning for frontline staff on sick leave
- Training programmes for nurses/midwives to undertake vaccination
- Contingency and prioritisation plans for the business community and essential services
- Surveillance/quarantine procedures during “Foot and Mouth” outbreak
- Availability of on-going public information via different mediums

In conclusion, the Chair again thanked Dr. Jackson on behalf of the members for the work that he evidently put into both very useful and instructive presentations.

4 (c) Update on Pharmacy Services

Mr. Dave Drohan gave a verbal update to members on the threatened withdrawal of G.M.S. Pharmacy services by Pharmacists from 1/08/09 outlining the contingency plans being put in place by the HSE with the setting up of a phone service, transportation of
patients where required and HSE dispensing centres. He responded to a number of queries from members on:

- the on-going communication on the situation via the media
- the National Helpline Details – 1850 241 850
- the list of participating pharmacies available on the HSE Website on www.hse.ie
- staffing of HSE dispensing facilities
- supply of adequate post-discharge medication by hospitals and General Practitioners

4 (d) Report on Callan Health Centre
An update report on the provision of a primary care centre for Callan, via a public private partnership initiative, was circulated to members. Members were informed that arrangements to finalise a lease are proceeding and they will be informed once this process had been finalised.

5. Notices of Motion

5(a) Cllr. Michael Healy-Rae moved the following Notice of Motion standing in his name:

“With reference to the provision of a Mental Health Day Care Centre for Kenmare, that the HSE give an update on progress that has been made with regard to the provision of this service.”

A written report was circulated by Mr. Dave Drohan and, in response to further queries from Cllr. Healy Rae, it was pointed out that the provision of a mental health day care/centre for the Kenmare area is still included on the capital programme for the South but not at the top of the priority list. To ensure progress on the matter, existing local mental health service reconfiguration needs to take place in an imaginative way and in line with HSE policy on Primary Care and Mental Health. Mr Drohan explained that discussions are on-going with the Kerry Mental Health Association regarding an interim facility for the service funded from within existing resources.

5(b) Cllr. Michael O’Brien moved the following Notice of Motion standing in his name:

“In accordance with the 2009 National Service Plan HSE South, that the proposed primary care centre site location in Thomastown, Co. Kilkenny, be finalised immediately.”

Mr. Dave Drohan circulated a report explaining that at present the HSE is engaging with potential Primary Care facility providers, including interested parties for the Thomastown locality. Further information and update proposals have been requested, and are awaited from some parties. Following further discussion, it was agreed that an update on Primary Care Teams/centres would be brought to the October PCCC Committee of the Regional Health Forum South meetings in Kilkenny.

5(c) Cllr. John Buttimer moved the following Notice of Motion standing in his name:

“In recognition of the escalation in the number of people presenting with addictions, that the HSE South would publish a comprehensive report with specific reference to Cocaine, Heroin and Alcohol, outlining:-
• The current service provision and projected service delivery for inpatient and community based assessment and treatment and management
• The number of people presenting for assessment and treatment in 2007, 2008 and 2009
• The current provision and projected provision for children under the age of eighteen years presenting with addictions
• The current and projected need for managed and supervised detox
• Current and future provision for the delivery of the methadone programmes
• Current waiting times and plans to reduce these
• The clinical efficacy of service models being used
• The efficacy of prevention programmes”

A comprehensive written report was circulated to members outlining the Drug & Alcohol treatment and rehabilitation services available within the area, provided:-

a) directly by the HSE
b) by funding of voluntary agencies
c) via a wide range of partnerships with community based groups and agencies

Mr. Drohan explained that the new strategy for addiction services will encompass alcohol also (Drug & Alcohol strategy 2009-2016).

Cllr. Buttimer requested further detail on funding, waiting lists and 2009 plans and it was agreed that Mr. Drohan will follow up with Ms. Gretta Crowley, Lead Manager to address these queries.

5(d) Cllr. Tim Lombard’s Notice of Motion was taken in conjunction with the presentation from Dr. Tim Jackson on Influenza A(H1N1) which included a joint detailed written response regarding communication processes from Ms. Christine Eckersley, Area Communications Manager & Population Health:-

“That the HSE would provide regular updates on the 'Swine Flu' crisis to members and the general public.”

5(e) Cllr. Mick Barry moved the following Notice of Motion standing in his name:

"That this Forum believes that Medical Card/GP Visit Card application and processing should be retained as a local service."

Cllr. Mick Barry

A written report was circulated outlining that the Health Act 2008 gave effect to changes regarding entitlement to a medical card for those aged 70 years and over. This process now includes an obligatory means test and to co-ordinate and streamline the procedure, this will now be done centrally via the Primary Care Reimbursement Service (PCRS). This will be done on a pilot phased basis commencing in Dublin North West. Mr. Drohan explained that local HSE jobs will not be lost and that one-stop-shops to address queries will be established employing re-deployed medical card administrative staff ensuring that local knowledge and strengths are retained in a cost-effective way. In response to a number of queries, Mr. Drohan explained that there are no plans in place to outsource PCRS work and that negotiations have commenced with the representative organisations to progress this plan in consultation with the relevant staff.
6. Questions

6(a) Cllr. Catherine Clancy moved the following question standing in her name:

“To ask if HSE South has made a submission to the Department of Health and Children and the HSE nationally in regard to the Call for Submissions on Policy/Strategy for the provision of Rehabilitation Services (26th January 2009) and if so, who were the authors of the submission and is a copy available to members?”

In a written response to Cllr. Clancy’s query it was explained that the HSE and Department of Health and Children jointly decided to develop a national policy/strategy for the provision of rehabilitation services to include:

- Neurological and Physical rehabilitation (encompassing trauma and acquired brain injury)
- Rehabilitation services for older people (including stroke services)

To progress this, a Working Group was established in July 2008 – chaired by Mr. James O’Grady, Policy Advisors, DOH&C – and the group includes representatives of the key stakeholders. A call for submissions to aid and assist the Working Group was invited from interested parties/individuals and Mr. Pat Healy, Assistant National Director, PCCC forwarded on copies of area proposals developed by the former Southern and South Eastern Health Boards which will be used to inform the work of the group.

Cllr. Clancy outlined her concerns on the lack of rehabilitation services within the South and asked that the HSE South proactively support the workings of the group and move to the next phase of the project as soon as possible. In response to request for a copy of the SHB’s 2003 document, it was agreed that a copy would be forwarded on to Forum members.

6(b) Cllr. Michael O’Brien moved the following Question standing in his name:

“To ask HSE Management to clarify what obligations attach to Consultants and other Clinicians working in HSE services in their responses to patient queries by elected public representatives on behalf of their constituents.”

The circulated response to Cllr. O’Brien’s query explained that the HSE as a public body understands that one of the functions of an elected public representative in any democracy is to make representations on behalf of individual constituents in their dealing with the health services, while at the same time ensuring confidentiality of sensitive patient data.

Mr. Gerry O’Dwyer, Hospital Network Manager explained that over the past number of years the HSE has been endeavouring to streamline and centralise systems of communication for elected local and Oireachtas representatives to ensure appropriate and speedy responses are issued to queries. He pointed out that members wishing to make representations or receive information may make direct contact with the relevant Managers in Acute Hospital or PCCC services or alternatively contact may be made via the Regional Health Office Staff.
6(c) Cllr. John Buttimer moved the following question standing in his name:

“With reference to cost containment, would the HSE:
(a) Provide details and comment on cost saving measures and efficiencies introduced in 2009 with specific reference to the acute hospital sector and the PCCC sector
(b) Give details on the rates of application for demand led schemes, the cost associated with this change of application rate and its impact on other programmes
(c) Give details on the costs incurred to date in the preparation of reports (internal and external) related to the planned reconfiguration of services and the current status of the reconfiguration project.”

1. A joint Acute/PCCC response on efficiencies was circulated on behalf of the Managers. Mr. Richie Dooley, Hospital Network Manager responded to further queries referring back to the HSE South Service Plan document and presentation made to members on 15th January, ‘09 which outlined the service to be made available within allocated moneys. The earlier presentation also laid out the detail of the VFM/cost efficiency targets and plans to achieve these. Mr. Dooley explained that the target savings are being achieved in line with expectations as at June ’09. Further update reports will issue later in the financial year.

2. In respect of demand-led schemes, it was explained to members that the €3.8m over-run is funded centrally so this does not impact on any local services or programmes.

3. With reference to Cllr. Buttimer’s query on the costs incurred to date on the reconfiguration process:
   ➢ Mr. Gerry O’Dwyer outlined the nett cost of the Horwath/Teamwork report and the extensive work that has taken place in reviewing the present configuration of acute hospital services in the South to ensure, into the future, that the appropriate care for patients is provided in the most appropriate location. He outlined the wide ranging reasons compelling the health services to examine and reconfigure services which will provide a single unified health care system for Cork and Kerry with a new governance structure shared between the health care system and 3rd level education. The first step in this process will be the National Cancer Control Programme’s centralisation of services in 8 centres commencing with Symptomatic Breast Disease Services. He pointed out that the Emergency Services Review which was due to be released this month will now issue in September to allow for further wide consultation with interested and involved parties so as to ensure as broad a consensus is reached for the review’s recommendations. He explained that Prof. John. Higgins, Project Director for Reconfiguration is determined that the reconfiguration process will proceed in a partnership process with all stakeholders. Prof. Higgins has been invited to attend the September Forum meeting to give an overview on the Emergency Services Review.
   ➢ Mr. Richie Dooley gave an update on the Regional Project for the future development of Acute Hospital Services in the Hospital Group South East. He gave details on the Steering Group which has been established to lead the project with a dedicated Project Manager and the setting up of Regional Speciality Advisory Groups in:-
      a) General Medicine
      b) General Surgery
      c) Women and Children’s Health
He explained that the four Acute Hospitals in the South East are included in this process and that no decisions regarding the role of any of the hospitals will be taken until the review is completed and published in the first quarter of 2010. The amount expended to date was provided within the report.

6(d) Cllr. Tim Lombard moved the following question standing in his name:

“Would the HSE South,
(a) Update Forum Members on the current status of the Cork University Hospital Development Plan and the Traffic Mobility Plan and if they can indicate when these might be completed
(b) If the HSE has any projects which they intend to pursue on the CUH campus in the next three months which will require planning permission to the City Council Planning Authority?”

A written response to Cllr. Lombard’s queries was circulated to members.

6(e) Cllr. Mick Barry moved the following question standing in his name:

"With regards to the review on the future of A&E services in the Cork/Kerry region, can the Forum be informed:-
(a) Has the review been completed?
(b) If not, when will the review be completed?
(c) When will the review be available to Forum members?
(d) When and how will the report be published?".

Cllr. Mick Barry

A written response to Cllr. Barry’s queries was circulated by Mr. O’Dwyer which explained that the review of A&E services is underway and that the publication of same has been deferred to allow for further widespread consultation. Mr. O’Dwyer noted Cllr. Barry's views and explained that Prof. Higgins will attend the September Forum meeting to address members queries and concerns. Mr. O’Dwyer outlined the processes that have been put in place by Prof. Higgins to drive the Reconfiguration plan including the setting up of a Reconfiguration Team/Forum which meets fortnightly and which will ensure implementation of the plan on a phased basis.

In response to Cllr. Griffin’s query on the A&E Department at Kerry General Hospital, it was explained that there are no plans to close the A&E services and that work on the planned new Department will commence in late 2009/early 2010 with plans proceeding to re-advertise the position of permanent Consultant in Emergency Medicine.

Mr. Dooley responded to Cllr. Cody’s query on the A&E Departments within the South East explaining that the services in each of the Departments will be reviewed as part of the global Reconfiguration process. All hospitals will remain open but services provided into the future may be fundamentally different. At Cllr. Cody’s request he gave further details on the membership and Terms of Reference.

It was agreed that Mr. Dooley and Ms. Breda Kavanagh will make a presentation on the South East project to the committee meeting in Kilkenny in October.

7. Date and Time of next Meeting
Thursday, 24th September, 2009 at 2.00pm in Council Chambers, County Hall, Cork.
MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 24th Sept, 2009 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:
Cllr. Liam Ahearn Cllr. John Buttamer
Cllr. Pat Burton Cllr. John Carey
Cllr. Timmy Collins Cllr. Pat Cody
Cllr. Danny Crowley Cllr. Declan Docey
Cllr. John Coonan Cllr. Michael Healy-Rae
Cllr. Catherine Clancy Cllr. Anna Fenlon
Cllr. Wayne Fennell Cllr. Brendan Griffin
Cllr. Mary Hanna Hourigan Cllr. Denis Kennedy
Cllr. Brendan Leahy Cllr. Tom Maher, Chairperson
Cllr. Marie Moloney Cllr. Tim Lombard
Cllr. Martin Murphy Cllr. Michael O'Brien
Cllr. Barbara Murray Cllr. Frank O'Flynn
Cllr. Arthur Mc Donald Cllr. Michael Hegarty
Cllr. Laurence O'Neill Cllr. Seamus Ryan
Cllr. Pat O'Neill Cllr. Jim Townsend
Cllr. John O'Sullivan Cllr. Sean Lonergan
Cllr. Bobby O'Connell Cllr. Hilary Quinlan
Cllr. Mick Barry Cllr. Mary Shields
Cllr. Sean Mc Carthy

In Attendance:
- Mr. Ger Crowley, Director, Regional Health Office – South
- Mr. Pat Healy, Assistant National Director - PCCC South
- Dr. Elizabeth Keane, Director of Public Health
- Professor John Higgins, Director of Reconfiguration, Cork/Kerry
- Mr. Richie Dooley, Hospital Network Manager, South Eastern Hospitals Group
- Mr. Gerry O'Dwyer, Hospital Network Manager, Southern Hospitals Group
- Ms. Christine Eckersley, Area Communications Manager – HSE South
- Ms. Elaine O'Mahony, Administrative Manager, Regional Health Office South
- Regional Health Office and Communications Support staff

1. Adoption of the minutes of meeting held on 30th July, '09

Following clarification on
paragraph 6 (d) regarding a recent announcement on projects at CUH as referred to by Cllr. Buttimer
(b) PCT, Thomastown update for Cllr. Michael O’Brien
(c) Kenmare Community Hospital update for Cllr. Michael Healy Rae
(d) Waterford Community Nursing Unit update for Cllr. Seamus Ryan and
(e) Commitment to bring a report to the committee meetings on the HSE’s Integrated Services Programme/appointment of Regional Directors of Operations

the minutes of the meeting of 30th July – at the proposal of Cllr. Tim Lombard, seconded by Cllr. Liam Ahearn – were approved and adopted by members.

2. **Chairperson’s Correspondence**

Cllr. Tom Maher, Chairperson, welcomed members back after the summer recess, outlined the HSE updates on the agenda and reminded members that the next committee meetings will be held in Kilkenny on 22nd October ’09. He explained that Professor Brendan Drumm, Chief Executive Officer is no longer available for the November Forum meeting but will attend the meeting due to be held in January 2010.

3. **HSE Updates**

(a) **Update on Influenza A (H1N1) (swine flu) from Dr. Elizabeth Keane, Director of Public Health and Ms. Christine Eckersley, Area Communications Manager.**

A joint written and verbal update on the Influenza A (H1N1) swine flu was provided for members by Dr. Elizabeth Keane and Ms. Christine Eckersley. Dr. Keane explained that the seasonal influenza vaccination campaign is commencing and requested that members use their position to encourage constituents to receive the annual vaccination as soon as possible. However, this vaccine is unlikely to provide protection against swine flu so a further swine flu targeted vaccination campaign will commence later this year, in a two-dose schedule, once a safe effective vaccine is available. Dr. Keane explained that collaborative work has taken place with schools and colleges with particular guidance available for special needs/boarding schools etc. This information may be accessed via the HSE and/or Department of Education websites.

Further updates will be provided to members as the situation evolves.

(b) **Presentation on the “Current status of the Reconfiguration of Health Services in Cork and Kerry” from Professor John Higgins, Director of Reconfiguration Cork/Kerry**

The chairperson introduced and welcomed Professor John Higgins, Director of Reconfiguration who explained that he was appointed by Professor Brendan Drumm to lead the implementation of a comprehensive plan for Cork and Kerry where in the future there will be a single health system with hospital and community services functioning as a single integrated unit. This service will allow patients to move in, through and out of the health service quickly and cohesively and receive more of their healthcare needs closer to home.

Professor Higgins explained that, along with the above, the aims of reconfiguration are to:

- Concentrate complex care in regional centres
- Improve the utilisation of existing resources and get the best outcomes for money spent
- Organise as much routine care as possible locally
- Allow Consultants to work in regional teams, which will give greater opportunities to staff and provide support for the smaller hospitals.
- Introduce a new governance structure incorporating an alliance with the local higher education institutions similar to international models.

A Reconfiguration Forum has been set up, whose membership includes Clinical Directors, Senior Management and Education Leads who work in partnership with Professor Higgins to provide direction on the reconfiguration programme. In parallel with this, over forty speciality and functional sub-groups have been set up representing all specialities and corporate functions each with wide ranging and inclusive membership including GPs and patient advocates. These groups will examine how best to deliver their service in accordance with the principles of reconfiguration. The groups will report back by the end of October and their outputs will feed in to a plan for a new integrated health system for the region which it is hoped to have completed by the end of the year.

In parallel, a wide ranging stakeholder communication process has been on-going for a number of weeks as Professor Higgins is interested in hearing the views and ideas of all interested parties.

He outlined the main areas of progress to date as follows:

- A new Haemochromatosis testing service based at CUH
- The completion of the work of the Emergency Services Sub-group which it is hoped to publish in mid-October when a further consultation process is completed. Members will be kept appraised on this.
- A 24/7 team of 6 Advanced Paramedics (APs) and fully equipped rapid response vehicle based in West Cork will commence work shortly. 2 members of this team are currently engaged in raising awareness of the service via a number of different mediums.
- A group is being established to plan the introduction of Medical Assessment & Admission Units in each hospital in the region similar to the successful unit run in St. Luke's Hospital, Kilkenny.

Professor Higgins explained that performance into the future will be standards driven and Clinical Performance Indicators will be developed which will demonstrate the success or otherwise of services for patients.

Members raised questions on the following which Professor Higgins responded to:

- Centralisation of Histopathology services
- Single GP referral system as initiated by the National Cancer Control Programme (NCCP)
- An extended working day 7 day usage of Radiology and other diagnostic equipment
- Public/private patient mix
- Retention of acute services at Kerry General Hospital with a broader range of outreach and other services to be made available at the hospital
- National plan for Advanced Paramedic services within teams
- Greater detail on the concept of Medical Assessment Units
• Re-organisation, not downgrading of services at MUH, as endorsed by their own recently – published strategic plan
• Primary Care Teams and Centres and outreach clinics
• Amalgamation of the symptomatic breast disease service at CUHCC from 1st December 2009 and GP after-care in the community
• Co-located hospital plans
• Emergency Department at Mallow General Hospital
• Ongoing meetings and communication process with hospital staff on plans for reconfiguration
• Helipad plans for CUH
• Long-term plans for move of BreastCheck diagnostic service
• Requirement for strict timelines to ensure success of change management process
• NCCP & HIQA clinician led standards of care and Performance Indicators at the core of Cancer Control Programme
• Appointment-based A & E systems for non-trauma work
• Theatre utilisation project group examining optimal usage of 42 operating theatres in Cork and Kerry
• Transport of patients and usage of intermediate vehicles
• Retention of trauma and Orthopaedic services at Kerry General Hospital
• Importance of communication with patients attending A&E Depts.
• Regional Team concepts in reconfiguration
• Proposed meetings with City and County managers

In response to a query from Cllr. Michael O’Brien, Mr. Richie Dooley gave an update on the Reconfiguration of services within the South East. As requested by members, local briefings will be held with South East Forum members and they will be kept appraised of plans including a presentation at the October Committee meetings and will be updated before the release of any reports.

In conclusion, Prof. Higgins reiterated his commitment to keep the general public and political representatives updated as the Reconfiguration process progresses. When the Emergency Department review is released, a link to the report on the HSE website will be forwarded to members.

Cllr. Maher thanked Prof. Higgins for his very informative presentation and for the extensive Q & A session.

3(c) Update report on Cardiac/Renal Project, CUH from Mr. Gerry O’Dwyer, Hospital Network Manager
Mr Gerry O’Dwyer gave a comprehensive progress update on the Cardiac Renal build at CUH which is due for handover on 18th December. He outlined the different services that will transfer into the new building including a city-wide cardiac service at existing levels of service (ELS) which will be incrementally developed over time. Patient Care Pathways and policies and procedures for the unit are in development, led by the Cardiology Commissioning Group.
Mr. O’Dwyer responded to queries from members and explained that the other service areas of CUH, will move into the vacated renal space which will allow expansion and improvement to other services.

4. Committee Meetings
Members were reminded that the next committee meetings take place in Lacken, Kilkenny on Thursday, 22nd October 2009.
5. Notices of Motion

5(a) In the absence of Cllr. Michael Healy Rae Cllr. Danny Crowley moved the following Notice of Motion standing in this name:

“That the HSE South publishes the National Report on the Rheumatology Services and Allied Conditions. As this report would provide a framework for the development of Rheumatology Services in Ireland, it is imperative that it is published as soon as possible.”

A written report on the matter was circulated by Mr. Gerry O’Dwyer, Hospital Network Manager.

5(b) Cllr. Pat Cody moved the following Notice of Motion standing in his name:

“That the HSE recognise the ongoing need for the maintenance of the 24 hour A&E Service at Wexford General Hospital and that the Steering Group currently examining Acute Service reconfiguration in the South East, be made aware of the overwhelming public support for this essential service covering the largest populated County in the Region and also that the Group meet with elected Public Representatives in advance of completing their work.”

Mr Richie Dooley, Hospital Network Manager circulated a written report and acknowledged the importance of communication as part of the Health Service Reconfiguration process. He explained that recent meetings were held with Oireachtas members and, as referred to earlier, local meetings with Forum members will be set up shortly to ensure avenues of communication are kept open. He outlined the methodology adopted by the Steering Group in the South East who will compile a strategy for the future configuration of services within the area to provide the best quality, safe services for patients into the future. Mr. Dooley pointed out that no service will be withdrawn unless a demonstrably better service is in place and the role of each hospital will change over the next number of years. He reminded members that Ms. Breda Kavanagh, Reconfiguration Project Manager will make a presentation to members at the October committee meetings.

5(c) Cllr. Brendan Griffin moved the following Notice of Motion standing in his name:

“That all written representations by Public Representatives regarding medical card applications be responded to within an agreed time-frame as currently there are long waiting times being experienced by Public Representatives.”

Cllr. Griffin thanked Mr. Healy for the written response and outlined an individual case where he awaits a response. Mr. Healy acknowledged that delays are being experienced by public representatives for some queries, but the priority for staff has to be rapidly responding to medical card applications, the volume of which has dramatically increased due to the economic down turn. Arrangements are being put in place to maximise efficiency and every effort will be made to ensure that representations will be responded to on a timely basis.

5(d) Cllr. John Buttimer moved the following Notice of Motion standing in his name:
“That the HSE South would immediately hold a series of public consultation meetings for patient groups and the general public to discuss plans for the proposed reconfiguration of services, especially
(i) The proposed changes to provision of A&E services,
(ii) The development of community based health facilities and
(iii) The ongoing ability of Southdoc to cope with any increased demand on services, so as to allow for the full and open sharing of information and the inclusion of the views of service users and the general public on any such plans.”

A detailed written response was circulated which explained that members had received a written update on the Reconfiguration process at the July meeting along with today’s extensive briefing from Prof. John Higgins. Mr. Pat Healy responded to Cllr. Buttimer’s concerns regarding South Doc capacity and extension of hours explaining that South Doc have recently extended their Saturday morning out of hours service in Cork city in response to increased service needs and will continue to monitor requirements on an ongoing basis.

5(e) Cllr. Barbara Murray moved the following Notice of Motion standing in her name:

“That as a matter of urgency the HSE adopts a policy of recruiting replacement staff locally where redeployment has not been taken up. Core staffing levels have to be maintained, otherwise front line services are adversely affected.”

Mr. Barry O’Brien, Assistant National Director of HR South circulated a written response explaining that the focus of the HSE in implementing the recruitment moratorium in the health service will be on redeployment of staff and/or restructuring of work whilst ensuring that the effects on frontline services are minimised. Cllr. Murray raised a specific query on the filling of vacant posts within services in the Youghal area and the difficulty of sourcing staff via redeployment where numbers employed are small. In response, Mr. Pat Healy explained that it is incumbent on all management, staff and unions to work collectively to address the issue of redeployment. Negotiations are ongoing with Unions and it is hoped that progress will be made over the next four months as redeployment and streamlining of work are going to be crucial for all services in 2010.

5 (f) Cllr. Catherine Clancy moved the following Notice of Motion standing in her name:

“What is the up to date position regarding the following:-
(iii) Fair Deal Nursing Home Care Support Scheme
(iv) The New Nursing Home Inspectorate?”

This was taken in conjunction with Question 6(b) as follows from Cllr. John Coonan.

“A report was circulated by Mr. Pat Healy outlining the HIQA registration and inspection of nursing homes schemes which came into effect from 1st July 2009 and giving an update on the nursing home support scheme - A Fair Deal. Both Cllr. Clancy and Cllr. Coonan welcomed the introduction of the HIQA inspection process. In response to Cllr. Clancy’s concerns regarding the pressure on families to pay fees along with other nursing home costs, Mr. Healy elaborated on the fees payable by the provider under the Health Act 2007 which are not due or payable by the resident or their family unless set out in the contract agreed between the two parties.”
In relation to “A Fair Deal”, members were informed that the “Nursing Homes Support Scheme Act 2009” was signed into law on 1st July 2009 and is due to be enacted in the last quarter of 2009. It is designed to remove financial hardship from patients and their families who have to pay for the cost of nursing home care. Negotiations are ongoing between the National Treatment Purchase Fund (NTPF) and private nursing home providers in respect of charges and once these negotiations are completed the Minister intends commencing the scheme. Members will be kept updated on this matter.

5(g) Cllr. Mary Hanna Hourigan moved the following Notice of Motion standing in her name:

“That the Regional Health Forum South calls on the Government to implement its Mental Health Policy “A Vision for Change”, to actively promote mental health and to map local service needs and delivery of employment schemes for people with experience of mental health difficulties.”

Cllr. Hourigan acknowledged the written response circulated by Mr. Pat Healy and asked that the profile of mental health services be raised and that plans for change and improvement in services under a “Vision for Change” be expedited. In response to specific queries raised by Cllr. Hourigan, Mr. Healy reassured her that plans are in place and there is a strong commitment – recently endorsed by Prof. Brendan Drumm, CEO – to identify deficiencies and enhance services in South Tipperary. It was agreed that Cllr. Hourigan would forward her specific queries to Mr. Healy for direct response.

6. Questions

6(a) Cllr. Pat Cody put forward the following Question standing in his name:

“Will the HSE confirm that the Capital Projects due this year at (i) Wexford General Hospital (the A&E extension and Obstetrics Theatre and Delivery Suite) and (ii) Wexford Mental Health Services (the New Mental Health Day Hospital in Gorey Co. Wexford including Psychology and Psychiatric Services, as well as Social Work, Occupational Therapy, Counselling and Nursing Services) be advanced without delay and also provide an update re the 32 bedded Acute Psychiatric Admission Unit at Wexford General Hospital as per the 2009 Capital Plan?”

A joint response was circulated by Mr. Richie Dooley and Mr. Pat Healy.

In response to Cllr. Cody’s queries on proposals for an acute psychiatric unit at Wexford General Hospital, Mr. Healy explained that development of community based services and greater support of patients within the Community setting is the focus of mental health services in Wexford, in line with “A Vision for Change”. He outlined the developments in place to expand community based services within the area and that the HSE is presently reviewing its acute bed capacity in the mental health services and will await the outcome of this review before taking any decision on the development/reconfiguration of acute psychiatric services. Following further discussion, it was agreed that an update briefing report on “Vision for Change” will be brought to the 10th December committee meeting.
6(b) Cllr. John Coonan put forward the following Question standing in his name:

“What is the up to date position regarding the following:-
(v) Fair Deal Nursing Home Care Support Scheme
(vi) The New Nursing Home Inspectorate?”

Taken in conjunction with Notice of Motion 5(f) submitted by Cllr. Catherine Clancy. Please see above.

6(c) Cllr. Brendan Griffin put forward the following Question standing in his name:

“When the new Dingle Community Hospital opens, will the full bed capacity be utilised from the start and will all day services and other services at the hospital be provided immediately?”

Cllr. Griffin welcomed the development of the new Dingle Community Hospital which is seen as an excellent resource for Dingle and the West Kerry Gaeltacht area and particularly for patients wishing to transfer back to their home area from other hospitals/homes in Kerry.

No firm full opening date has yet been agreed as work is still taking place on staffing levels required but there will be a phased opening, initially transferring the present patients and then commissioning of new beds. Members were informed by Mr. Healy that it is hoped to start this process by the end of 2009. In the meantime, some members of the Primary Care Team in Dingle have transferred to the day care unit in the hospital along with the Dingle ambulance service base.

6 (d) Cllr. John Buttimer put forward the following Question standing in his name:

“Can the HSE comment on the current parking regime at the CUH and CUMH with specific reference to:-
• The current number of dedicated staff car park spaces?
• The projected number of dedicated car park spaces for 2012?
• The number of parking spaces available for the general public?
• The projected number of parking spaces for the general public in 2012?
• The pricing regime for parking spaces on the site?
• How much money is raised from parking charges on the CUH site?
• Where is that money allocated?
• What measures have been taken to create a modal shift in car use by staff and how successful have these been?
• When will the traffic management plan for the site be completed?”

Mr. Gerry O’Dwyer circulated a comprehensive response responding to Cllr. Buttimer’s queries and explained that in order to alleviate traffic congestion at the hospital, a number of initiatives have been put in place to encourage patients and staff to use alternative forms of transport. He explained that the income generated from car-parking charges meets the cost of staffing, equipment (including CCTV) and general maintenance of the carparks. Mr. O’Dwyer informed members that the traffic management plan for the site is expected to be completed in early 2010.
6(e) Cllr. Barbara Murray put forward the following Question standing in her name:

“To ask the HSE, why the Podiatry Services in Youghal have been discontinued? At first they were reduced from 4 days a month to 2 days and now there appears to be no service.”

Mr. Pat Healy circulated a response outlining the revised Podiatry services in place throughout the North Lee area arising from a staff member going on maternity leave. In response to further queries from Cllr. Murray regarding the service in Youghal, it was agreed that Mr. Healy would review the matter and write directly to Cllr. Murray.

6(f) Cllr. Catherine Clancy put forward the following Question standing in her name:

“As the HSE Pathway of Care to Patients is now and in the future to be delivered by Primary Care Centres, can the Forum be informed as to:

• How many Primary Care Centres are operating in Cork City and County and where are they located?
• How many Primary Care Centres are planned for Cork City and County and where will these be located?
• What stage of development are the Primary Care Centres at?”

Mr. Pat Healy circulated a comprehensive report detailing the plans in place to develop both (a) Primary Care Teams, which may be based in the one premises or alternatively may use ICT systems to facilitate team working, coming together as required for multi-disciplinary team meetings and (b) Primary Care Centres (buildings). Mr. Healy provided clarity on a number of Cllr. Clancy’s queries regarding the Primary Care Teams in place in North and South Lee and that the HSE South is on target to have 63 teams in operation at year end. Members were reminded that an update on the establishment of Primary Care Teams in the South will be brought to the October PCCC Committee meeting.

7. Date and Time of next Meeting
Thursday, 5th November, 2009 at 2.00pm in Council Chambers, County Hall, Cork.
REGIONAL HEALTH FORUM

Chairperson,
Cllr. Tom Maher

Contact Details:
Regional Health Office – South,
Áras Sláinte,
Wilton Road,
Cork.

Tel:  (021) 4923603
Fax:  (021) 4545748

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 5th November, 2009 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:
Cllr. Liam Ahearn  Cllr. Pat Burton
Cllr. John Buttimer  Cllr. John Carey
Cllr. Catherine Clancy  Cllr. Pat Cody
Cllr. Timmy Collins  Cllr. John Coonan
Cllr. Tom Cronin  Cllr. Danny Crowley
Cllr. Declan Doocey  Cllr. Anna Fenlon
Cllr. Wayne Fennell  Cllr. Brendan Griffin
Cllr. Mary Hanna Hourigan  Cllr. Michael Healy-Rae
Cllr. Michael Hegarty  Cllr. Denis Kennedy
Cllr. Brendan Leahy  Cllr. Tim Lombard
Cllr. Sean Lonergan  Cllr. Tom Maher, Chairperson
Cllr. Marie Moloney  Cllr. Martin Murphy
Cllr. Barbara Murray  Cllr. Sean McCarthy
Cllr. Bobby O’Connell  Cllr. Frank O’Flynn
Cllr. Laurence O’Neill  Cllr. Pat O’Neill
Cllr. John O’Sullivan  Cllr. Hilary Quinlan
Cllr. Seamus Ryan  Cllr. Mary Shields
Cllr. Jim Townsend

In Attendance:
- Mr. Ger Crowley, Director, Regional Health Office – South
- Mr. Pat Healy, Regional Director of Operations - South
- Dr. Elizabeth Keane, Director of Public Health, HSE South,
- Mr. Anne Slattery, General Manager, South Eastern Hospitals Group
- Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group
- Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South
- Ms. Christine Eckersley, Area Communications Manager, HSE South
- Professor John Higgins, Director of Reconfiguration, Cork/Kerry
- Mr Kieran Henry, Advanced Paramedic, HSE South
- Ms. Elaine O’Mahony, Administrative Manager, Regional Health Office South
- Regional Health Office and Communications Support staff
1. **Adoption of the minutes of meeting held on 24th September 2009**

a. Members extended a unanimous Vote of Sympathy to:
   (a) Cllr. Tim Lombard on the recent death of his brother Ger
   (b) The family of the late Mr. Ian O'Dowling, Consultant Orthodontist who passed away unexpectedly recently. Cllr. Michael Healy Rae, seconded by Cllr. Danny Crowley paid tribute to the extensive work undertaken by Mr. O'Dowling over many years to improve the orthodontic services for children in Cork and Kerry.

- Cllr. John Buttimer raised a query on reconfiguration of acute services and it was confirmed that the ED review will be formally released and the website link forwarded to members on the week of 16th November.
- At the request of Cllr. Michael O'Brien an update on the Thomastown PCT was provided by Ms. Anna-Marie Lanigan and Mr. Pat Healy.
- Further to a Question submitted for the November Forum meeting by Cllr. Buttimer on Childcare Services, the answering of which will take some time to compile, it was agreed that same will be placed for response on the January 2010 agenda.
- At the proposal of Cllr. Pat O'Neill, seconded by Cllr. John Coonan, the minutes of the meeting of 24th September were approved and adopted by members.

2. **Chairperson’s Correspondence**

- Cllr. Tom Maher, Chairperson, welcomed all members and managers and congratulated Mr. Pat Healy on his recent appointment as Regional Director of Operations for the HSE South. He paid tribute to Mr. Gerry O’Dwyer who was successful in obtaining the Regional Director of Operations post in Dublin Mid-Leinster. He informed members of the appointment of Ms. Anna-Marie Lanigan as Interim Assistant National Director, PCCC and Mr. Ger Reaney as Interim Network Manager and welcomed both to the meeting along with Ms. Anne Slattery who attended in lieu of Mr. Richie Dooley.

- The Chair congratulated (a) Cllr. Michael O’Brien on his election as Chairperson and Cllr. Pat O’Neill as Vice Chairperson of the Acute Hospitals Services and Population Health Committee and (b) Cllr. John Carey on his election as Chairperson and Cllr. Sean Lonergan as Vice-Chairperson of the PCCC Committee.

- Cllr. Maher then introduced Mr. Kieran Henry, Advanced Paramedic, Prof. John Higgins, Director of Reconfiguration and Mr. Michael Norris, Assistant Chief Ambulance Officer and welcomed the presentation on the West Cork Emergency Medical Services.

3. **HSE Updates**

(a) **Presentation on West cork Emergency Medical Services (EMS) from Mr. Kieran Henry, Advanced Paramedic.**

Mr. Kieran Henry introduced himself and explained his role within a new team of Advanced Paramedics who have taken up duty as clinical leaders in pre-hospital services, based in West Cork area. He explained that it takes 6 years education and training to become an Advanced Paramedic with placements on an internationally recognised course at UCD. The course is externally validated with the award of a Higher Diploma from the Pre-Hospital Emergency Care Council on completion. Those admitted to the course have to have 6 or more years experience working in the ambulance service. At that stage the paramedics are pre-hospital care specialists with the skills and knowledge to respond to accidents and other medical emergencies and offer vital life support services “at the roadside”, reducing the burden on the Emergency Departments. The five members based in West Cork will provide 24/7 cover and will be alerted to emergencies by the Ambulance Control Centre, responding in their own medically-equipped rapid response vehicles. Mr. Henry explained
that, during an emergency, the paramedics will have a direct link via a dedicated number to the Emergency Department at Cork University Hospital which will ensure that they can liaise directly with an A&E doctor for consultation on patient care.

Mr. Henry gave an overview of the services provided by the Advanced Paramedics team e.g. insertion of a tube into the trachea (windpipe) to help the patient breathe; cardiac resuscitation including CPR defibrillation and drug administration; giving of IV fluids and drugs for pain management. The team will provide extensive skills at the scene of an incident and more comprehensive care than previously available to those in remote areas of West Cork. They will ensure that the patient is stabilised before transporting him/her to hospital. It was explained that West Cork is the first area to get this new service which will be rolled out to other HSE areas in North Cork, Cork City and Kerry.

The extensive communication process that has taken place over the past number of months on the setting up of the service was outlined to members. The Advanced Paramedics and Prof. Higgins have had meetings with local community groups, General Practitioners, the IFA, ICA, schools, general public and other interested stake holders, building up team work with volunteers within the community and hospital.

The Chairperson and members then thanked Mr. Henry for the excellent and informative presentation. A question and answer session then took place where Mr. Henry and Prof. Higgins responded to the following queries and comments:

- Complementary role of Advanced Paramedics with the ambulance service
- Ring-fencing of funding for the service
- Extension of model to other areas of the South and South East
- Gratitude from members to all staff working in emergency services
- Number of Advanced Paramedics based in the POD
- Workload being approximately 70-80% medical cases with severe trauma cases transferred to CUH
- Importance of team work for the Advanced Paramedic Service which will be continually monitored, evaluated and experience built on to improve the service
- Roll-out of service to North Cork
- Debriefing processes for emergency staff
- Holding of records/Medical records and safe-keeping of drugs in Advanced Paramedic vehicles
- Welcome to the service from colleagues in the ambulance service
- Graduation of further Advanced Paramedics in 2010
- Provision of AVL (Automatic Vehicle Location) equipment at base
- Mobility of Advanced Paramedic service
- Contingency plans and locum cover for Advanced Paramedics on leave

Following a question on the release of the Emergency Department review, Prof. Higgins confirmed that the link to the report on the HSE website will be forwarded to members on its release later this month.

In conclusion, the Chair again thanked Mr. Henry and Prof. Higgins for taking the time to come and make the presentation and respond to members questions.

(b) Update on Influenza A (H1N1)(Swine Flu) from Dr. Elizabeth Keane & Ms. Christine Eckersley
An update report was circulated to members which pointed out the upsurge in swine flu cases over the past few weeks. Dr. Keane explained that most sufferers have a
mild/moderate illness but emphasised that those in high-risk categories, younger children and pregnant women can be particularly susceptible. The number of people presenting to GPs with flu like illness has continued to rise sharply and this is particularly marked in children under the age of 5. Dr. Keane explained that 90 per cent of cases are aged under 45.

Ms. Eckersley gave an update on the vaccination campaign via family doctors and mass vaccination clinics. She pointed out that the HSE and Dept. of Health and Children have launched a communication campaign providing detailed information for the public about, how, when and where people can receive the vaccination. She thanked the media for their support in spreading the messages and again emphasised the avoidance tactics, particularly hand hygiene, that people need to observe.

Ms. Eckersley and Dr. Keane then responded to members queries and comments on the following:

- Roll-out of delivery of vaccines to GPs
- Passive immunity for children of women vaccinated during pregnancy
- Reassurance regarding safety of vaccines
- Reporting mechanisms to the Irish Medicines Board on any adverse incidents
- On-going communication process with schools and colleges
- Usage of Tamiflu for high-risk patient categories
- Utilisation of media to encourage further uptake of vaccination
- Redeployment of staff for locum cover for those on sick leave
- Flexibility of opening hours for late evening clinics
- Immunity levels of those aged over 65 who will be vaccinated over the next number of weeks
- Praise for General Practitioners for their co-operation in administering the vaccines

Cllr. John Butttimer commended the staff involved in the organisation of the mass vaccination clinic at the Neptune Stadium. In response to a question from Cllr. Cody on breakdown of figures on those affected by the flu, Dr. Keane will bring a report on available figures to the next meeting.

The Chairperson then thanked both Ms Eckersley and Dr. Keane for their update.

4. Reports by Chairpersons of Committee Meetings
(a) Acute Hospital Services and Population Health Committee held on 22nd October 2009

Cllr. Michael O’Brien, Chairperson summarised the report of the meeting held in Kilkenny on 22nd October 2009 outlining the following Motion for consideration by the Forum:

“\textbf{That the Acute Hospital Services and Population Health Committee requests that a report be submitted to the Regional Health Forum into the re-usage/re-cycling of Aids and Appliances, including crutches, wheelchairs etc from a Value for Money perspective}”

Proposed: Cllr. O’Brien
Seconded: Cllr. Pat Cody

It was agreed that a report on the matter would be brought to the January 2010 meeting of the Forum.
(b) Primary Community and Continuing Care Committee held also on 22nd October 2009

Cllr. Seán Lonergan gave an update on the PCCC Committee meeting and questions on (a) Primary Care Teams for North and South Lee, (b) Primary Care Centre in Carlow and (c) the appointment of Dr. Colm Quigley as clinical lead for Reconfiguration of Acute services in the South East were responded to. It was agreed that Dr. Quigley would be invited to make a presentation to members at the March 2010 meeting.

As per suggestion from Cllr. John Coonan a discussion took place on the informative presentations at committee meetings and how beneficial it would be for second level students to learn about health/health promotion during their formative years. At the proposal of Cllr. Coonan, seconded by Cllr. John Buttimer the members resolved to write to the Department of Education proposing that Health Promotion/Health Education programmes be formally placed on the school curriculum for second-level students.

The Chairperson informed members that Senior Officials and himself will meet the party whips at the December 10th Committee Meetings to agree procedures going forward for the Forum and Committee Meetings.

5. Notices of Motion

5(a) Cllr. John Buttimer moved the following Notice of Motion standing in this name:

“That the HSE South would publish and make available any plans or documentation submitted to the Department of Health and/or to the HSE nationally with regard to the development of the 2010 Budget and Service Plan with specific identification of proposed cost and saving efficiencies for the Cork region and that this information would also be presented in tabular format to allow for comparison with the 2009 figures initially agreed for the 2009 budget and the final projected figures for 2009.”

A written report on the matter was circulated pointing out that the HSE is currently developing the Corporate Business/Service Plan for 2010 which by statute has to be prepared within 21 days after the publication by the Government of the Estimates.

In response to a request from Cllr. Buttimer for wider clarification on the steps being taken by the HSE to develop the 2010 Service Plan, Mr. Pat Healy explained that preparatory work is taking place at Corporate Level in consultation with the Department of Health & Children and in line with guidance given by the Department but that resources being made available to the HSE for 2010 will not be clarified until after 9th December. It is not feasible to determine the impact of Budget 2010 at this point at a regional level until such time as the budget has been announced and its implications considered in terms of service delivery for next year. He explained that the prioritisation for service provision and developments for 2010 will be undertaken in line with direction given by the Department of Health & Children post Budget and will be informed by the various national strategies and local and regional policies, all of which are already in the public domain. The HSE South will have to look at its priorities for 2010, within directions from the Department to address certain initiatives and value for Money targets, while also prioritising changes and enhancements as per published reports such as “Vision for Change” and the Teamwork Report on Reconfiguration.
5(b) Cllr. Michael Healy-Rae moved the following Notice of Motion standing in his name:

“That the HSE South provide a progress report on the provision of the urgently needed dedicated Stroke Unit in Kerry General Hospital. It should also have a provision of a Thrombolytic facility as this facility is available in other parts of the county.”

which was taken in conjunction with Notice of Motion 5(c) as follows from Cllr. Brendan Griffin:

“That this Forum calls for the establishment of a dedicated Stroke Unit at Kerry General Hospital”.

Mr. Ger Reaney, Interim Hospital Network Manager gave an overview of the Rehabilitation Services available at present at Kerry General Hospital for post-stroke patients over the age of 55 in their consultant-led Rehabilitation Unit. Patients can avail of the services of a multi-disciplinary team with dedicated Physiotherapy, Occupational Therapy, Speech and Language Therapy and Nutrition services. While acknowledging that discussions to develop a dedicated Acute Stroke Unit have commenced, Cllr. Griffin asked that these plans be given priority. Members were informed that Dr. Barry White the new National Director for the Quality and Clinical Care Directorate intends prioritising the improvement of rehabilitation services and the work being undertaken in Cork and Kerry by Dr. Andrew Hanrahan will contribute and feed into this process.

In response to Cllr. Griffin’s query on the post of A & E Consultant at Kerry General Hospital, it was agreed that Mr. Reaney will revert directly to him on this matter.

6. Questions

6(a) Cllr. Brendan Griffin put forward the following Question standing in his name:

“What is the up to date position in relation to the alleviation of the large number of Kerry patients who are waiting for very long periods of time to access cardiovascular examinations and what is the current position in relation to the appointment of a Senior Consultant Cardiologist at Kerry General Hospital?”

A written report on the Cardiology Services at Kerry General Hospital was circulated to members explaining that the service is provided by a Consultant Cardiologist from the Bon Secours Hospital Tralee who does both in-patient consults and a weekly outpatient clinic. The Consultant is supported by a team including Coronary Care Nurses, a Cardiac Rehabilitation Nurse, a P/T Cardiac Staff Nurse, an E.C.G. Technician and a Cardiac Technician and other related team support services. Equipment has been purchased with ongoing staff training and the provision of Cardiac Catheterisation Laboratory facilities has been put in place in partnership with Bon Secours Hospital where patients requiring angiograms are treated.

Mr. Ger Reaney, Interim Hospital Network Manager explained that a third Consultant Cardiologist post at CUH will be used to address the waiting lists at Kerry General Hospital and that the new Cardiac/Renal Centre was designed to take account of the needs of Kerry patients requiring cardiology review. Mr. Reaney pointed out that a Cardiology sub-group has been set up under the Reconfiguration Programme, chaired by Dr. Peter
Kearney, Consultant Cardiologist at CUH, with KGH participation on same, and this group will make recommendations shortly on the configuration of services into the future.

6(b) Cllr. Wayne Fennell put forward the following Question standing in his name:

“In April 2009, the HSE closed down Bethany House, Carlow as a community-based nursing home. What future has the HSE envisaged for this HSE property?”

Ms Anna-Marie Lanigan, Interim Assistant National Director circulated a response outlining that since the closure of Bethany House the HSE has been actively involved in discussions with local organisations who provide services to older people to ascertain if suitable non-residential services could be provided in the premises. To date, it has been agreed that an Alzheimers Day Centre for Carlow will be based in part of the house, to commence operation in late 2009/early 2010 when refurbishments are completed. Ms. Lanigan will revert to Cllr. Fennell with details regarding security costs.

6(c) Cllr. John Coonan put forward the following Question standing in his name:

“What is the up to date position regarding the provision of child/paediatric Rheumatology Services within the HSE South?”

A joint response to Cllr. Coonan’s question was provided by Mr. Richie Dooley and Mr. Ger Reaney explaining that, at present, Ireland has one Consultant Paediatric Rheumatologist based in Our Lady’s Hospital for Sick Children, Crumlin. The report outlined the services provided for children in the South and South East via Consultant Rheumatologists/Consultant Paediatricians in Waterford Regional Hospital and Cork University Hospital. Where it is deemed desirable and in the patient’s best interest, children are referred to the Paediatrician in Dublin or her advice sought. Members were informed that a National Working Group on Rheumatology Services and allied conditions has been established by the HSE and the publication of the Group’s report and recommendations is awaited.

7. Date and Time of next Meeting

Thursday, 11th February, 2010 at 2.00pm in Council Chambers, County Hall, Cork.