

Vol 5 | Issue 3 | Autumn 2009

HEALTH MATTERS

National Staff Magazine of the Health Service Executive

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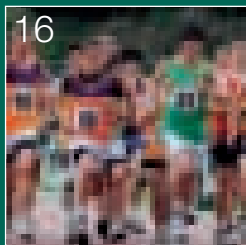
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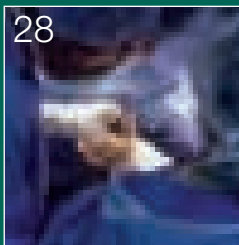
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PROTECT YOUR PATIENTS • PROTECT YOURSELF • PROTECT YOUR FAMILY

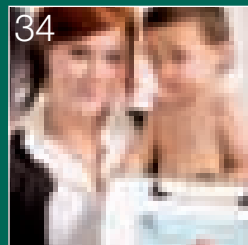
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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

WELCOME...



Welcome to the first edition of the newly revamped *Health Matters*. We hope you like the new look publication and find plenty of items to interest you.

You will notice more detailed articles written by individual contributors on topical areas of interest in addition to the usual mix of news and developments from around the country.

In future issues we will be working to bring you more analysis of the workings of our healthcare system, more in-depth coverage of important issues and developments, and greater emphasis on special features. It is important that all HSE staff have a channel of information that informs them of what is happening in healthcare in Ireland. Consequently, the new look *Health Matters* aims to provide a greater coverage and analysis of the HSE's recent developments and future plans, and to highlight the many achievements of health care workers. *Health Matters* has a role to play in informing and in addition to acknowledge the great work being carried out by health care professional's right across the country. *Health Matters*

will strive to recognise and celebrate staff achievements while highlighting organisational purpose and ambitions.

We are very conscious of the current economic environment and the need to cut costs as much as possible and demonstrate excellent value for money. With this objective in mind we have achieved significant reductions in the production, design and distribution costs and revenue from advertising is helping us to reduce costs further.

Our aim is to provide you with an improved new look publication and to achieve the very best value for money. We would be very interested to hear your feedback after reading this first edition, this will be important in order to constantly improve *Health Matters*. Email your views to internalcomms@hse.ie

We intend to continue to publish every quarter to keep you informed about health care developments and highlight important initiatives throughout the HSE regions.

You can also check out the digital edition of *Health Matters* on www.hse.ie or via the HSE Intranet.

Finally, I would like to thank all our contributors and distributors for their efforts and the Communications team for their work in producing this publication.

Paul Connors,
National Director,
HSE Communications

The magazine is produced by the
National Communications Unit

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FEEDBACK: Send your feedback to
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Did you know?

» Adults need at least 30 minutes a day of moderate activity, five days a week (National Physical Activity Guidelines).

» No advertising or display of tobacco products is now permitted in a retail premises selling them.

» Around 2,400 men develop prostate cancer in Ireland annually. Two rapid access diagnostic clinics for prostate cancer have been established at Galway University Hospital and St James's Hospital, Dublin.

» The HSE has developed an Emergency Multilingual Aid (EMA) box which will assist frontline staff in communicating with patients with limited English proficiency who attend hospitals in acute or emergency situations. This resource is being rolled out in all 52 acute hospitals for the first time.

» Clonsaugh in north Dublin is the location for an eircom-managed new National Health Data Centre which will house key systems for HSE hospitals and health service offices nationwide including clinical applications, administrative and email systems.

» From July 1st 2009, responsibility for inspections of all nursing homes transferred to the Health Information and Quality Authority (HIQA). HSE as a major provider of care to older people is working with HIQA and the private nursing home sector to implement newly established standards in residential services for older people.

Learning...The key to your future

The Institute of Public Administration (IPA) is Ireland's leading Public Sector Management Development Agency. Its aim is to promote the study and improve the standard of public administration and management in the civil and public service. The IPA currently offers a wide range of services, which broadly covers education, training and development, research and publishing. Its training and professional development services include short training courses, accredited programmes, seminars, conferences and consultancy services that are specifically designed to address the issues and challenges facing the Irish public service.

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MESSAGE FROM THE CEO



On a visit to the south west region recently a senior manager said to me casually "In considering what has been achieved, we tend to forget we are a very new organisation".

It is very true – we are a new organisation. When you think about where we started from and the important changes we committed to introducing to improve quality and achieve better value for tax payers, our staff have achieved a great deal in a relatively short space of time.

Changes that are occurring in community services and within hospitals are significant given their far reaching impact on improving access to services for our communities and increasing our own pride in the quality of the services we provide as team members.

A lot of this willingness to get involved in making a difference stems, I believe, from the simple realisation that it is up to each of us to build a modern health service. That's our job. We have a great opportunity over the next few years, while our population remains relatively young, to build a superb health and social care service in all its facets if we can harness the wealth of skill that exists among us.

When I meet therapists and nurses who have moved from a hospital base, or an isolated community base, to working in

a primary care team, it is moving to hear their enthusiasm for this new way of team working. They really believe that they can make things far better for patients and clients with this community focused team approach.

As I visit hospital facilities I am more and more struck by our staff's eagerness to reach out into the community to ensure people get access to fully integrated care. Historically hospital staff often found it very confusing to determine who they should link with in the community other than the general practitioner. As primary care teams emerge and stronger hospital-community links are forged, caring for people in their own homes, where they want to be, will become easier.

I appreciate that it is not always possible to provide the volume and type of services we would like as funding has to concentrate on the most urgent need. Nevertheless around the country many are working together and finding ways to overcome what were seen in the past as brick walls. In many facilities, such as St Joseph's Community Hospital in Stranorlar, which I recently visited, staff worked with the management team to reduce significantly high absenteeism levels; absenteeism was reduced and the money saved used to provide more frontline services.

When we hear about high profile achievement, setting up primary care teams, reducing waiting times, opening new facilities and delivering cost efficiencies, it is important not to forget that these were started and are being delivered by individual staff working together, overcoming road blocks and persevering.

The handling of the recent action by pharmacists is a prime example of extraordinary lengths staff are prepared to go to make sure that the health and welfare of the public is protected. This was an extremely trying time for many but thanks to the leadership that was provided among the

many teams involved a very good outcome was achieved.

The challenge of making very significant value for money savings right across this organisation, in order to protect patient services, was only met because of the dedication of thousands of people on the ground in ensuring that those we serve had the service they needed.

The appetite for change and improvement among our staff has never been greater. Change initiatives which in the past may have led to stalemate discussion or even industrial action are now being addressed with greater consideration for the needs of the public and the realities of the financial challenge facing the country.

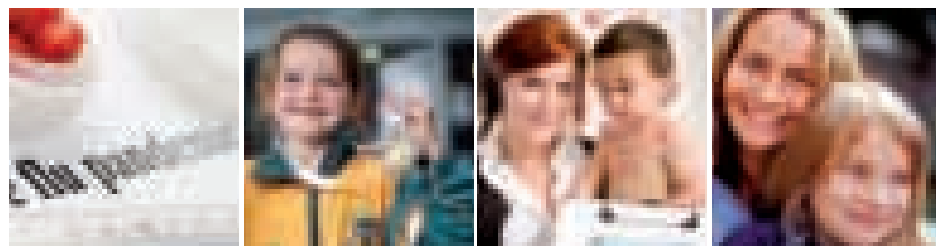
The public also now has a greater appreciation that there is no endless stream of funding for health services; if we make savings in one area without compromising quality we can keep services going in another area.

This positive approach must be welcomed. It will help us greatly as we continue to make essential changes that will improve quality and lower costs. A lot of this will become visible as we start next month to merge our National Hospitals Office and Primary, Community and Continuing Care at national and regional level. Given the level of job security that exists within the health service there is no reason why invitations to join this change programme should not be welcomed as opportunities for personal and professional growth and enriched job satisfaction. I know that the willingness to be flexible and support change for the better exists among the vast majority of our staff and I thank you for it.

This focus on doing what is best for clients is our greatest asset and will help us to continue to make progress within a relatively short space of time.

**Professor Brendan Drumm,
CEO, Health Service Executive**

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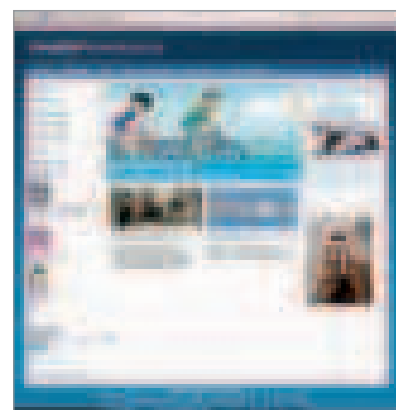
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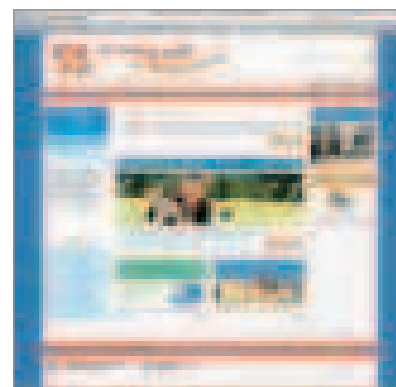
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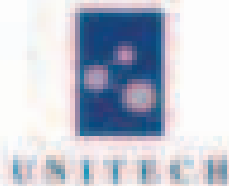
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From Rhetoric TO REALITY



We're making significant organisational changes in the HSE to enable us to deliver hospital and community services in an integrated way, writes **BRIAN MURPHY**.

Ultimately, the aim is to enhance integration between community and hospital services so it is easier for patients to navigate between health services. By rolling out primary care teams nationwide we're aiming to have a health system that is less hospital-oriented and which provides more services for people in their local community. More hospital resources will be re-allocated in favour of expanding community-based services

delivered through primary care teams (PCTs). Primary care teams are providing an easy single access point to local health services such as general practice, physiotherapy, public health nursing, diagnostic services, occupational therapy, speech and language therapy services, community welfare and support for chronic illnesses such as diabetes, asthma and so forth. We are on target to have 530 teams in operation by the end of 2011, with

everyone in the country ultimately being able to access up to 95 per cent of the care they need within their local community. More than 850,000 people can now avail of 'one-stop' shop health and social care from primary care teams. At present, there are 125 PCTs operating - holding clinical team meetings across the country - with approximately 1,540 HSE staff and 680 GPs participating in teams in place and in development. By the end of 2009 we are aiming to have 210 teams in operation. This will represent a threshold in the overall programme, a 'tipping point' from which further momentum will develop.

A SINGLE POINT OF CONTACT

For many of our patients, the health care system can seem like a labyrinth of professionals, services and referrals. People who are struggling with health issues, many of them very complex, may not know who to call, or where and how to access particular services. As a result, people - many of whom are very vulnerable - fall

PRIMARY CARE TEAMS

through the cracks in our system and don't get the timely, appropriate care that they need. The establishment of primary care teams means that there is a single point of contact for health services available to people in their local communities. With this model patients will get to know familiar faces and develop high levels of trust with their health professionals. In turn, primary care team professionals will learn more about patients' lives and circumstances and this will lead to the provision of appropriate help as early as possible.

The benefits of primary care teams are self-evident. They have a proven ability to support and maintain people in their own homes and communities for as long as possible, thereby decreasing hospital attendances by offering specific programmes of multi-disciplinary preventative care as well as facilitating early hospital discharge and supported care at home. More and more services are now becoming available locally, which reduces the need for patients to travel outside their communities. Health professionals are also dealing with defined populations within a geographic area and sharing their clinical expertise in an inter-disciplinary way with team colleagues.

BETTER QUALITY OF LIFE, FEWER READMISSIONS

There is overwhelming international evidence demonstrating that robust primary care systems are associated with improved healthcare outcomes in the community. Many primary care teams are establishing chronic disease management programmes. These programmes have positive impacts on patients' quality of life. They reduce hospital admissions due to the availability of the services in the community and a higher uptake of the services. Ultimately, this means fewer complications resulting in hospitalisation. Studies show that chronic disease management programmes can achieve up to 50 per cent reduction in unplanned hospital admissions as well as a 50 per cent reduction in bed day rates for these conditions. They have also been shown to greatly enhance the integration of services between the community and the hospitals.

One of the main areas in which programmes have been developed is diabetes management. Other areas include asthma, COPD, cardiovascular and cancer. Patients who traditionally were seen and managed in hospitals are now seen routinely in their local primary care team with input from dieticians, podiatrists, nurses and GPs. Several primary care teams are now successfully delivering these programmes nationwide.

Each primary care team is provided with a level of flexibility to develop team-based care that meets the specific needs of its population. To date, there has been a focus and concentration on the initial establishment of primary care teams across the country. The results to date are promising. The transformation of unidisciplinary community-based services into multi-disciplinary primary care teams has generated an upsurge of innovation and creativity. A number of teams are pioneering new programmes and services with obvious benefits to patients. While many of these services are not available consistently within all teams across the country, the next step will be to standardise these best-practice services across all teams. The team structure will facilitate such capacity development.

BUILDING BLOCKS

There is clearly huge commitment and creativity within the existing teams. They address particular local challenges, often reaching out to vulnerable or high-risk groups or individual patients. Many teams are involved in health promotion initiatives and adopt a more holistic and forward-looking approach to health care.

The primary care teams are the core building blocks of our new health care system. Through them, patients will experience new and improved approaches to care which will be widely adopted and implemented. They are and will be the guardians of the health of local communities providing team-based care, especially to the vulnerable and those with greatest need.

Brian Murphy is National Primary Care Services Manager and is based in Merlin Park Hospital, Galway.



“More than 850,000 people can now avail of ‘one-stop’ shop health and social care from primary care teams”

Please turn over for a more detailed look at new primary care teams in Scariff, Irishtown and on the Aran Islands. >>



✚ HSE CEO Professor Brendan Drumm is pictured at the opening of Scarriff Primary Care Team with local mothers and their babies - Suzanne Trehy with Jack, Patricia Foley with Patrick, Judy McCormack with James, Mairead Higgins with Kate and Carol McMahon with Paul. Local nurse Christine Guilfoyle is also in the picture.

SCARRIFF PCT PROVIDES TOP-CLASS CARE FOR PEOPLE OF EAST CLARE

Scariff Primary Care Team, launched in June, provides services to some 9,750 people living in east Clare.

The team, consisting of five GPs and 13 HSE staff, are based in a number of locations including Scarriff Health Centre, Scarriff Medical Centre, Tulla Health Centre, Broadford Health Centre and Raheen Community Nursing Unit. Additional staff have been appointed to support the PCT, including a physiotherapist, a registered nurse and an occupational therapist.

"The basic premise behind the establishment of primary care teams is that more services will be available locally, for

"The basic premise behind the establishment of primary care teams is that more services will be available locally, for example physiotherapy or blood tests for Warfarin"

example physiotherapy or blood tests for Warfarin, which are services that are now available in the area," says Scariff PCT GP Dr Conor McGee. "Previously patients would have to travel to Ennis or Limerick for these services. If you also consider the travel time, hospital staff hours, laboratory time and more particularly how the patients and their families or carers may have to organise their lives around appointments, having these services available locally is very significant. It certainly has improved access to services and the quality of people's lives; clients are seen in a more timely fashion by health care professionals whom they are familiar with, thereby often resulting in a more satisfactory outcome for both client and healthcare worker."

Speaking at the launch HSE CEO Professor Brendan Drumm said that "primary care teams are the bedrock of our new modern health service. They are transforming how people access care and how we provide care. The healthcare professionals who are embracing and leading this new way forward and setting up teams in communities across the country deserve our thanks and full support."

"PCTs are delivering new standards of quality and convenience for patients; better value and greater job satisfaction for staff. I encourage all GPs and health care professionals to become actively involved in transforming our primary care service and unlock the potential and enormous enthusiasm that exists among staff to deliver quality care to all in need."

IRISHTOWN PCT

Irishtown and Ringsend Primary Care Centre, which was officially opened in July 2009, provides services to around 9,000 people in Dublin's south city.

The Irishtown and Ringsend PCT comprises of three GP practices and 11 HSE staff.

The PCT will provide an easy access point to local health and personal social care services such as GPs, physiotherapy, public health nursing, occupational therapy, speech and language therapy services, dietetics, community welfare and support for chronic illnesses such as diabetes and asthma in a fully integrated way.

PRIMARY CARE TEAMS



“The new Health Centre will be used to provide a wide range of health services including mental health, dentistry, and early intervention services for children”

“Primary care teams are greater than the sum of their parts,” said GP Dr Tony O’Sullivan, speaking at the official launch. “They are encouraged to develop more integrated team working than before. They treat a defined population, and work together through inter-referral and regular team meetings to provide a comprehensive integrated service to patients.”

The members of the Irishtown and Ringsend PCT are located in a new purpose built centre in Irishtown. Facilities include a physiotherapy and occupational therapy treatment room, wound clinic, minor surgery, dental suite, health promotion room and interview and clinical rooms used by staff.

NEW HEALTH CENTRE FOR INIS OÍRR

A new Health Centre on Inis Oírr in the Aran Islands was officially opened in July 2009.

The Health Centre is currently used by a GP who provides 24-hour medical cover for Inis Oírr and Inis Meáin, and by the resident public health nurse who provides a nursing service. Speech and language therapy is provided in the Health Centre, along with chiropody and podiatry clinics which take place twice a year.

The three Aran Islands (Inis Mór, Inis Meáin and Inis Oírr) form a natural primary care unit and a new Island Primary Care

Team will be developed next year to provide locally based, multi-disciplinary services to the local communities.

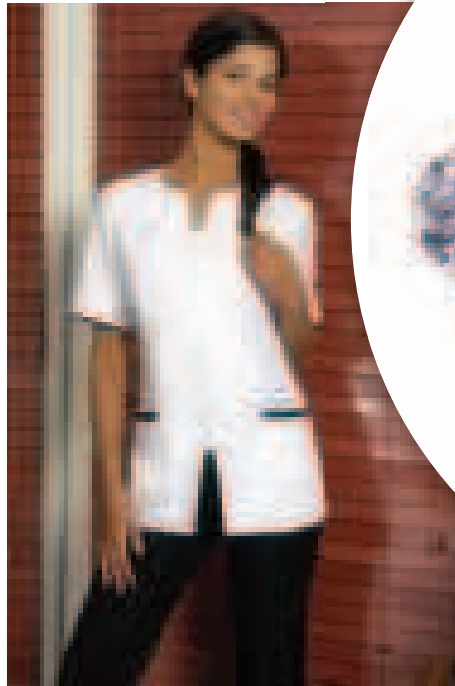
“The new Health Centre will be used to provide a wide range of health services including mental health, dentistry and early intervention services for children by visiting services to the Island Primary Care Team,” said Tony Canavan, General Manager of Galway PCCC, speaking at the opening.

The new Centre has 150 square metres of clinical space with a reception area, consultation rooms for the GP and public health nurse and a room for visiting clinicians.

✦ Pictured above: Irishtown and Ringsend PCT GPs, (front, left to right), Dr Damien Rutledge with Professor Brendan Drumm, CEO of the HSE; Dr John Ryan, (back, left to right) Fionan O’Cuinneagain, CEO of the ICGP, Dr Tony O’Sullivan and Dr Miriam Daly. Below: Pictured at the new Health Centre on Inis Oírr, Aran Islands, Galway (from left) Dr Mirko Jukic, GP for Inis Oírr and Inis Meáin; Barbara Hernon, Public Health Nurse, Inis Mór; Mary Curran, Health Centre Administrator; Bríd Ní Chonghaile, Health Centre Caretaker; Tony Canavan, General Manager, Galway PCCC; Dr Marian Broderick, GP for Inis Mór; and Rita Flaherty, Public Health Nurse, Inis Oírr.



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PANDEMIC H1N1

THE CHALLENGES FOR HEALTHCARE WORKERS

Our health system is moving to high alert as we prepare for the challenges that Pandemic H1N1 will pose this winter, writes **KEVIN KELLEHER, PHIL JENNINGS and PAUL MCKEOWN.**

We can all play our part in trying to limit the spread of Pandemic H1N1 2009 and protecting the public, ourselves and our families from the effects of the virus.

Early this summer the World Health Organisation declared a pandemic as the new influenza virus was spreading and causing disease in many parts of the world.

During the initial phase, our health system focused on slowing the spread of the virus – placing people with flu in isolation at home and asking their close contacts to self-isolate and take anti-viral medicine as

a preventative measure. However, cases began to increase as the flu began to spread from person to person within Ireland.

MITIGATION, RATHER THAN CONTAINMENT

In July we shifted our focus to mitigation rather than containment. We are now applying our resources to ensure that those people who contract the flu can easily access the correct advice to take care of themselves, to stop the flu from spreading to others, and to access medicine if they need it.

Most people who get this flu are able to recover at home without needing anti-viral treatment – following the HSE's simple home care advice is sufficient for the majority of cases. Treatment with anti-viral medicines and laboratory testing is now focused on people with severe symptoms and people in high-risk groups.

Contingency plans are in place and are being implemented by staff across the HSE to ensure that we respond in an integrated and appropriate manner to the many challenges posed by the pandemic. The HSE National Crisis Management Team (NCMT) is overseeing the national response of the HSE. The NCMT is working closely with regional crisis management teams that are co-ordinating and leading the local response.

PERSONAL RESPONSIBILITY

It's up to everyone to take personal responsibility for good hygiene practice, now more so than ever. Keep a pack of tissues in your pocket or on your desk, make sure you regularly wash your



hands with soap and water; if you are a department head or staff manager make sure you have information posters up in your area. These posters are available online at www.hse.ie. Ensure that soap and appropriate hand drying facilities are always available in all toilets.

For the public, the message is that most people with self care will recover at home in a few days without anti-viral medication.

- If you feel you have the flu:
- If you get sick with a flu-like illness, phone the Flu Information Line on freephone 1800 94 11 00, available 24 hours a day;
 - Listen to the symptoms of flu and the advice on home care. Most people with flu will be able to recover at home within a few days without needing anti-viral medicine or medical care;
 - If you have severe symptoms, or are in a high risk group, contact your GP or family doctor by telephone. They will decide if you need testing or treatment;
 - If you do need to be tested or treated the GP may arrange for you to be seen at their surgery or may arrange a home visit. You should stay at home for seven days while ill, unless needing further care.
- Anti-viral medicine, where it is prescribed by the GP, is available from community pharmacies nationwide free of charge to patients.

VACCINATION

7.7 million doses of vaccine have been ordered – enough for the whole population to have the required two doses each. The HSE is finalising plans to deliver this vaccine to the population, with high risk groups and health workers among the first to be vaccinated.

Healthcare workers have been prioritised to receive the pandemic vaccine when it becomes available. It's your personal responsibility to protect yourself by taking up the offer of vaccine when it becomes available. Two doses of pandemic vaccine are required at least three weeks apart; healthcare staff should also receive the seasonal influenza vaccine. While there is a

moral and ethical obligation on healthcare staff to be vaccinated by taking up the offer of the vaccine when it becomes available, you protect your own health and that of your patients and your family. Staff are strongly encouraged to avail of both the pandemic and seasonal influenza vaccine when they become available. Healthcare workers, along with people with high risk medical conditions, will be the first groups to be immunised.

For all staff, the important messages are:

- Keep up to date on clinical advice and the new arrangements for testing and caring for flu cases
- Know what to do if you get sick
- Know how to stop the flu from spreading
- Know your local area's pandemic plan and your role in it

PREVENTING THE SPREAD OF PANDEMIC H1N1 2009

Members of staff are asked to help prevent the spread of infection by following good hygiene practices. You are asked to:

COVER YOUR COUGH: cover your nose and mouth with disposable tissues when sneezing, coughing, wiping and blowing your nose. If you have no tissues immediately available, coughing or sneezing into your arm or sleeve (not into your hand) is recommended. *CATCH IT*

BIN YOUR TISSUES: dispose of used tissues in the nearest waste bin. *BIN IT*

WASH YOUR HANDS: wash your hands often with soap and water, especially after

SYMPTOMS	PANDEMIC H1N1 2009	COMMON COLD
Onset	Sudden	Slow
Fever	Characteristically High (≥38°C or 100°F)	Rare
Headache	Prominent	Rare
General aches and pains	Usual, often severe	Rare
Fatigue, weakness	Can be prolonged for a number of weeks	Quite mild
Extreme exhaustion	Early and prominent	Never
Runny nose	Common	Common
Sneezing	Common	Usual
Sore throat	Common	Common
Cough	Common, can be severe	Mild to moderate, hacking cough
Diarrhoea, vomiting	Sometimes	Not associated with the common cold in adults

FLU PANDEMIC



coughing and sneezing – this is the most effective way of preventing the spread of infection. *KILL IT*

If you have clinical contact with patients, please make sure that you observe the appropriate infection control measures before and after patient contact. Full information on occupational health and safety advice for healthcare workers is available on www.hpsc.ie - go to Advice for Healthcare Professionals on Pandemic H1N1 2009 and click on the Occupational Health Professionals link.

Remember: flu is an acute respiratory illness which usually causes high fever of sudden onset, with severe weakness and fatigue. It is more than the common cold (see box on previous page). More information on Pandemic influenza is available in the Frequently Asked Questions on the HPSC's website www.hpsc.ie

ANTI-VIRAL MEDICATIONS

GPs are only prescribing anti-viral medication, for example Tamiflu, on the basis of a range of clinical and other features, to certain categories of patients suspected of having Pandemic H1N1 2009. As most patients will have relatively mild symptoms, they will not need any antiviral medication and will recover by staying at home (to prevent spreading infection to others), drinking plenty of fluids and taking paracetamol regularly to relieve their symptoms. The following groups are most likely to require treatment with anti-virals: patients who appear to have severe symptoms and patients from one of the high risk groups.

WHO ARE THOSE CONSIDERED TO BE IN HIGH RISK GROUPS AND NEEDING TREATMENT?

Patients with: chronic lung, heart, kidney, liver or neurological disease; immunosuppression (whether caused by disease or treatment), diabetes mellitus, people aged 65 years and older, children under five years, people on medication for asthma, severely obese people (Body Mass Index of 40 or more), pregnant women and people with haemoglobinopathies.

This approach to managing the current influenza situation is being adopted in many countries that are experiencing increased cases of Pandemic H1N1 2009. It is important to remember that the vast majority of cases that have been seen so far are mild, with many cases possibly unaware that they have been infected.

An information leaflet for the public on Pandemic H1N1 2009 was delivered to all homes in early May 2009.

An updated August 2009 version is now available at www.swineflu.ie. The 24-hour flu information line is available on 1800 94 1100.

Dr Kevin Kelleher is Assistant National Director, Population Health; Dr Phil Jennings is Director of Public Health, Midlands Area, and Dr Paul McKeown is Health Protection and Surveillance Centre Specialist in Public Health Medicine. All are members of the HSE National Crisis Management Team (NCMT).

“Most people who get this flu are able to recover at home without needing anti-viral treatment – following our simple home care advice is sufficient for the majority of cases”

Additional information can be found on:

www.hse.ie
www.hpsc.ie
www.who.int
www.cdc.gov





Fighting THE FLU

Ensuring vaccine safety is a high priority. Influenza vaccines have been used for more than 60 years and have an established record of safety in all age groups. Before being used, vaccines must pass many safety tests, writes **DR KEVIN KELLEHER** and **DR DARINA O'FLANAGAN**.

Pandemic (H1N1) 2009, a new form of flu that has spread throughout the world since April 2009, was formerly known as Influenza A (H1N1) or Swine Flu. While there is evidence that some elderly people have some immunity most people under 65 years have no immunity and are therefore at risk of catching it. This includes healthy adults as well as young children, those with pre-existing medical conditions and most older people.

Since spring 2009, over 254,206 people worldwide have had laboratory confirmed pandemic (H1N1) 2009, with at least 3,281 deaths due to the virus. In Ireland, up to early September, 831 people have had laboratory confirmed pandemic flu, 86 were hospitalised, seven have been admitted to intensive care and two people have died. However, as laboratory testing is now only carried out for those with more severe illness, this under-represents the true

numbers of cases to date in Ireland. Using the numbers presenting to general practice with influenza like illness, the estimated total number of cases so far in Ireland is between 5,000 and 10,000.

For most people pandemic flu has caused mild to moderate illness, from which they recover at home without any specific treatment. However, there are many vulnerable people who may suffer a more severe illness, such as younger children, pregnant women and those with underlying diseases. Additionally, the virus can cause severe and fatal illness in young and healthy people, although the number of such cases is small. Studies have shown that between 20 per cent and 50 per cent of cases who have died have had no reported underlying illnesses. In spite of advanced medical technology using ventilators and other intensive care supports, it has not been possible to save all. Many deaths are due to development of organ failure. The latest number of deaths worldwide is 3,281 (figure published on the European Centre for Disease Prevention and Control website) with deaths occurring in countries with advanced medical facilities such as the US (n=593), Australia (n=160), Canada (n=72), and UK (n=70). In the Northern hemisphere these number of deaths have occurred out of the usual flu season and larger waves of infection are expected in the winter season.

The Pandemic vaccine is the best tool we have to prevent this illness. In previous influenza pandemics, millions of people have died worldwide. We have the opportunity to prevent this happening, once a safe effective vaccine is available. Clinical trials of pandemic H1N1 vaccines commenced in at least five countries in July 2009 and early results should be available in September. This vaccine is expected to begin arriving in Ireland from September/October 2009. It will be delivered in stages, so we will offer vaccine to high risk people first, along with healthcare staff and other essential workers.

SAFETY FIRST

As with every vaccine, vaccine safety is a major priority. Influenza vaccines have been used for more than 60 years and have an established record of safety in all

FLU PANDEMIC

age groups. Before being used, vaccines must pass many safety tests. These safety tests are conducted at each step in the vaccine development and to very high safety standards. The European Medicines Agency states that "decades of experience with seasonal influenza vaccines indicate that insertion of a new strain in a vaccine, should not substantially affect the safety or level of protection offered". People in Ireland will only be vaccinated after the vaccine has been licensed by the European Medicines Evaluation Agency (EMA).

Well-known side effects of influenza vaccines (as with other vaccines) are some redness or swelling around the vaccination site for a day or two. Some vaccinated individuals will experience fever, malaise, headache and aching muscles or joints. If these problems occur, they may last as long as 1-2 days. Serious adverse reactions, such as allergic reactions, are rare and it is important to remember that influenza vaccines cannot give someone influenza.

One potential side effect that some people worry about is Guillain-Barré Syndrome (GBS), because GBS was seen in some people who received the swine flu vaccine in 1976. GBS is an autoimmune disease, often preceded by a respiratory or gastrointestinal infection. It causes progressive muscle weakness and short-term paralysis. Most of the people who get GBS recover and are able to return to their normal lives and activities and in about 40 per cent of cases, no cause is found. Approximately 55-85 cases occur in Ireland each year, a rate of 1.5-2 cases per 100,000 population. Some studies have suggested that seasonal influenza vaccine



"It is important to remember that influenza vaccines cannot give someone influenza"

could be associated with an increased risk of GBS with one case occurring for every one million persons vaccinated. During the 1976 influenza campaign in the US about 10 cases developed GBS for every million persons who were vaccinated. A recent UK study has shown that getting influenza illness is in fact a greater risk factor for GBS, with a 16 times increased risk of getting GBS in the 30 days after a influenza like illness. In this study, seasonal flu vaccine protected against GBS. As people who have previously had GBS are more likely to get it again, anyone who developed GBS within six weeks of a previous influenza vaccine or has developed GBS within the past year should discuss the risks and benefits of vaccination with their doctor. For people who have never had GBS, the benefits of influenza vaccination greatly outweigh any risk of vaccine-associated GBS.

USE OF THIOMERALS

Another concern that has been raised in media reports lately is the use of thiomersal as a preservative in one of the vaccines procured by the HSE. Thiomersal is a mercury-containing compound that has been used since the 1930s to prevent contamination in some multi-dose vials of vaccines. Thiomersal is not the same as methyl mercury, which can accumulate in the body and become toxic. Thiomersal contains a different form of mercury (ethyl mercury) which does not accumulate and is metabolised and removed from the body

much faster than is methyl mercury. A European review of the available evidence concluded that there is no evidence of harm from thiomersal in vaccines other than hypersensitivity (allergic) reactions (EMA Public Statement on Thiomersal and Safety of Thiomersal-Containing Vaccines dated 24 March 2004). In addition, the World Health Organisation has concluded that there is no evidence of mercury toxicity in infants, children, or adults exposed to thiomersal in vaccines. CDC have recently released a statement to say that pregnant women can receive influenza vaccine with or without thiomersal. Because pregnant women are at increased risk of complications from this influenza strain, and because a substantial safety margin has been incorporated into the health guidance values for organic mercury exposure, the benefits of influenza vaccine with reduced or standard thiomersal content greatly outweigh the theoretical risk, if any, of thiomersal.

Anyone who has had a severe (life threatening) allergy to eggs or to any other substance in the vaccine should inform their immunisation providers and discuss which vaccine is appropriate.

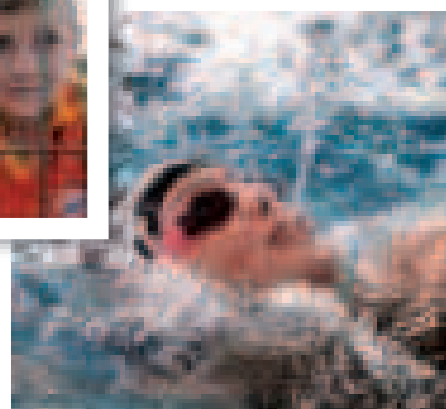
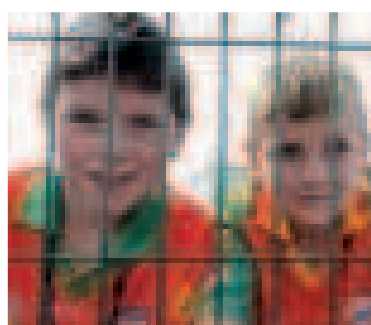
It has been shown that up to 25 per cent of healthcare workers can contract influenza in any one season. Infected health care workers, even if asymptomatic, can be a source of infection for their patients and families. A safe effective pandemic vaccine can save many lives, both from influenza and from the indirect effects of an overrun health service. In order to protect ourselves, our families, patients, co-workers and communities, it is very important that we get vaccinated as soon as the pandemic (H1N1) 2009 vaccination programme starts. In fact, it is our moral and ethical responsibility. Get vaccinated and stay healthy this winter.

Dr Kevin Kelleher is the Assistant National Director in the Population Health – Health Protection section of the HSE, and Dr Darina O’Flanagan is Director of the Health Protection Surveillance Centre.

Additional material from Dr S Cotter, Dr D Igoe, Dr I Kelly and Dr E O’Connell.

KEY POINTS

- People in Ireland will only be vaccinated after the vaccine has been licensed by the European Medicines Evaluation Agency (EMA).
- For people who have never had GBS, the benefits of influenza vaccination greatly outweigh any risk of vaccine-associated GBS.
- The Pandemic vaccine is the best tool we have to prevent this illness.



Building COMMUNITIES



After five years working as a health promotion officer for physical activity in Kilkenny, **MÉABH MCGUINNESS** took on the role of health promotion co-ordinator in the HSE Community Games.

I had very fond memories of the Community Games from taking part when I was younger so the HSE sponsorship of this organisation seemed like a perfect fit for me: their motto is “A healthy mind in a healthy body,” which is what my work in the HSE was all about too.

BACKGROUND

The aims of the partnership are simple: to support the 20,000 HSE Community Games volunteers in continuing to provide sport and cultural activities, to get more young people involved – especially those living in disadvantaged areas – and to create healthy environments at HSE Community Games events which will help

to reinforce all the health messages the HSE promotes. Some groups in our population suffer more ill-health than others, so it's important to focus our resources on these groups; it is where the biggest health impact can be made. With this in mind, 200 young people from disadvantaged areas are invited along to sports induction programmes at the national finals each year. We hope that the atmosphere of fun and excitement at these events will capture their imagination and foster a love of sport and cultural activities in these young people which will last a lifetime.

ACTIVE HEALTHY LIVES

Lifelong involvement is commonplace in

HSE Community Games. Many volunteers are past participants who want to give the next generation the same experiences they had. In the HSE we might call it ‘building social capital’; volunteers call it ‘giving something back’. While our health strategies talk about ‘target groups,’ volunteers talk about ‘kids who need this the most’. The two organisations have the same values; we just sometimes use different language when we talk about those values. Volunteers live, work and raise their families in their community and so have a clear vision of what their community needs in order to be healthy. The sponsorship from the HSE is helping local people to meet these needs using their own passion, knowledge, skills and talents.

We took an organisational approach to health promotion, involving all the HSE Community Games national committees in relevant pieces of work. Ideas came thick and fast. Many of the existing activities could be tweaked to maximise their impact in terms of health. The PR committee helped with spreading health messages in event programmes, on clothing, over public address systems at events and in press releases. The HSE Community Games mascot Oltan was used to reach young children. We focused on the ‘Active Healthy Lives’ message and tied in topical

HSE COMMUNITY GAMES

THOUSANDS ENJOY HSE COMMUNITY GAMES NATIONAL FINALS

ALMOST 9,000 CHILDREN and young people from all around the country took part in the 2009 National Finals of the HSE Community Games in Athlone Institute of Technology. Young people attended the National Finals on one weekend in May and two weekends in August.

President of HSE Community Games, Miceal Curley said: "The move to Athlone IT with larger facilities allows us to accommodate even more children and give them an opportunity to participate in friendly competition in a fun atmosphere."

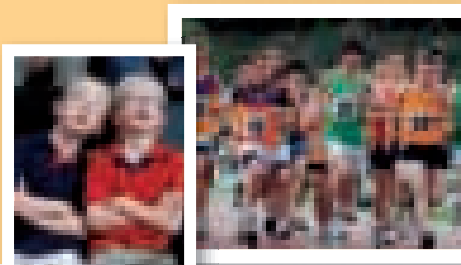
Over 500,000 children and young people from across Ireland take part in the HSE Community Games every year making it an essential part of the Irish summer.

The HSE and Community Games partnership highlights the importance of

healthy lifestyle choices for all the family. Health promotion staff from the HSE attended the National Finals in August to provide helpful tips for eating well and staying active. This year, a special healthy smoothie was created for the HSE Community Games for all the participants to enjoy. HSE smoking cessation officers were also available to talk to anyone wishing to stop smoking, or to get advice on deterring their children from picking up the habit.

"The HSE is very proud of our partnership with the Community Games", said Catherine Murphy, Assistant National Director of Population Health, HSE. "The motto of the Games is 'A healthy mind in a healthy body', a sentiment which reflects the health promotion aim of the HSE. By providing health promotion staff at the

HSE Community Games National Finals, we offered parents and children advice on eating well, keeping active and staying healthy. Through initiatives like 'Little Steps' and 'Get Ireland Active', we offered tips and advice for all the family to look after their health by making small changes such as choosing healthier options, and increasing activity levels. The HSE Community Games are a great way for children to stay healthy, while making new friends and enjoying themselves".



information such as urging people to use sunscreen during summer events. Messages from national health promotion campaigns such as Little Steps (focusing on making healthier food choices) were also reinforced.

PROMOTING HEALTH

The Development Committee ran a very successful and popular award night for volunteers – the HSE Community Games' answer to the Oscars – so we included a health promotion award in 2008. The National Finals are a showcase event for the HSE Community Games. The activities committee has the huge task of organising these events, which are spread out over three summer weekends and attended by almost 9,000 children and young people, supported by the managers, parents and friends.

This committee worked with us on implementing our healthy eating policy and our smoke-free sidelines policy. Changes like these take a lot of negotiation and consultation, give and take, but I think the replacement of the traditional chip van with a van selling smoothies, sandwiches and other healthy options signalled the end of an era. The 'substance use' policy was eagerly debated and discussed by the security committee, keen to ensure that

our approach to drug and alcohol incidents had the best interests of our participants at heart. Following the 2008 AGM of the HSE Community Games a national director was given responsibility for health promotion. This change reflects the value the organisation puts on this work: it is truly embedded in its structure and ethos.

IN PARTNERSHIP

Partnership is all about achieving more together than we can on our own. Working with over 20,000 volunteers means that the HSE broadens its reach into hundreds of communities nationwide. Recognition of the HSE as the title sponsor of the HSE Community Games is growing all the time.

I think this sponsorship shows the public that the HSE values people in our communities who are willing to give their free time and energy to improve the health of future generations. It also reflects a proactive, positive and progressive approach to delivering improved health outcomes by two organisations committed to people living 'active healthy lives'.

For more about the people, the partnership and their ongoing progress please visit: www.communitygames.ie or www.hse.ie.

"In the HSE we might call it 'building social capital'; volunteers call it 'giving something back'"

+ Pictures are from the 2009 National Finals of the HSE Community Games in Athlone Institute of Technology in August '09.

Below: Meabh McGuinness is pictured with the HSE's Maria Lordan Dunphy and Miceal Curley, President of the HSE Community Games, after receiving the Silver Health Award from the National Youth Council of Ireland in February 2009.





ON THE ROAD TO RECOVERY



Counselling is not an “easy option” for victims of abuse. It takes courage to commit to a weekly one-hour meeting with a stranger and be open to developing a therapeutic relationship of trust and to talk about things that are deeply personal and painful. However, having the courage to dare to take the journey with a counsellor can be extremely rewarding and liberating, writes **RACHEL MOONEY** of the HSE’s National Counselling Service.

One of our clients told us that the experience of counselling has “freed me up to be myself”. Another said that she “could never have imagined I would feel good about myself”. Some clients come along for a few sessions and decide that they cannot face the pain at this time and ask to finish counselling with the option of returning at another time.

The HSE National Counselling Service is a dedicated, professional counselling service available free of charge for adults who have

experienced abuse. Counselling is offered from over 60 locations nationwide. Set up at the same time as the Commission to inquire into Child Abuse, and in operation since September 2000, the HSE National Counselling Service provides professional counselling and psychotherapy services to help people to cope better with their life and relationships.

We use a person-centred approach, which means we take each individual who comes to our service as unique. We do not

run a treatment programme, and each client is facilitated in a way that respects them as a unique person. Our clinical staff work with our clients to support them in a therapeutic relationship that facilitates their personal growth and development. Some people need short-term counselling (maybe up to 20 one-hour sessions), others need longer term psychotherapy which can extend up to two years, and a small number of our clients have had psychotherapy for more than two years. Some of our clients who were in institutional care as children were deprived of educational opportunities and had to work from an early age within the institutions they lived in. They report that they have felt very disadvantaged throughout their whole lives because of having been deprived of their emotional, physical and educational needs. Some people have also told us about their experiences of sexual abuse as children in care.

The Commission to Inquire into Child Abuse was set up in 2000 to conduct an inquiry into abuse of children in institutions during the period from 1940 or earlier, to the present day. With the publication of the Commission’s report (the Ryan report) in May 2009, we had a surge in calls to our counselling service from people who had never contacted us before. Some people who had used our service in the past made contact again because they were very upset with all the reporting on television, radio and in newspapers. Lots of people felt overwhelmed and came to us looking for counselling to help them to regain composure again, and to get some understanding of what was going on for them. Some people called our service to talk about the impact of hearing about institutional abuse even though they themselves had not been in institutional care.

COUNSELLING FOR SURVIVORS

Sometimes a person can feel upset following a television or radio programme, or a film where scenes of abuse are shown or talked about. We try to have our freephone number available after these screenings so members of the public know that the HSE provides counselling for adult survivors of abuse. We encourage people to seek