STAFF STEPS TO HEALTH CHALLENGE

Initiative a great success

AskAboutAlcohol.ie launched

Drink Less Gain More

#HSEstepschallenge
Welcome to the latest edition of Health Matters

VALUES in Action continues to go from strength to strength as it moves from its beginnings in the Mid West pilot scheme to corporate HSE, spreading culture change from the bottom up.

Staff around the country who haven’t yet learned fully about Values in Action may wonder what it has to do with them but the reality is that it has a major positive role to play in all of our work lives.

We speak to the people involved to get their first-hand experiences – from the founder and sponsors to members of the project team and two of the champions themselves. Listening to their take on Values in Action, it is very hard not to be won over by the energy and enthusiasm they all show for the culture change ‘movement’ across the health service.

And also promoting positive change amongst us all is the Steps to Health challenge where workplaces all across the country took up the gauntlet to get out walking and counting their steps for five weeks, with the goal of reaching 10,000 steps each and every day - that’s the equivalent of eight kilometres or five miles.

Fair play to everyone who took on the pedometers and clocked up those miles over the five weeks.

Elsewhere in this edition, we chat to Janet Doyle, whose life was saved by the quick-thinking and calmness of her eight-year-old daughter Sophie. Sophie contacted the ambulance service after Janet collapsed at home with anaphylactic shock. The pair were reunited with the emergency call taker who presented Sophie with a well-earned certificate of bravery.

As always, a big thank you to all our contributors and we hope you enjoy reading this latest edition of Health Matters.

Joanne Weston

Joanne Weston, Editor

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FEEDBACK: Send your feedback to healthmatters@hse.ie

WELCOME TO THE LATEST EDITION OF HEALTH MATTERS
To shape our culture around these values, we need to ensure that our values are visible and evident in what we do every day. We serve, as part of our everyday actions, actively developing a culture that will make the health service a better place to work also.

Evidence has shown that staff who are happier at work also.

View from our Champions

One of our values is to "be kind and compassionate to all our patients, service users and colleagues." It’s about sharing stories where the behaviours are being seen and talking about our positive impact.

Cathleen admitted that it was "very powerful" and a "huge responsibility" being selected by colleagues as a champion.

"People are beginning to be more aware of their own values and their behaviours. They realise that we have the power to positively impact things and to influence other people," she said.

"We are taking that power and empowering ourselves. The whole Values in Action project is so empowering. Up until recently, at ground level people would be constantly focused on waiting times, etc but the management have shown that they are not just supporting the Values in Action but they are actually endorsing it.

"They are giving the staff permission to look after ourselves and in that way, the person on the waiting list or in the bed is not just a number, we can treat them holistically. And that is what I love about what the Values in Action is doing for staff in the health service.

"Both champions revealed that becoming a champion has changed the way they behave at work also.

"Since I became a champion, I have become very conscious of my behaviours and whether or not they properly reflect my values. I have also become very conscious of any negativity in the working environment and if I am contributing to that negativity or if I can do something to challenge it. I have become very good at self-reflection," said Ann.

"I now go out of my way to interact with my colleagues and check in on them. It is very important that we help each other and pull together as a team.

Cathleen added, "I try to lead as much as I can. There are people that show their behaviours very well and others that don't do it so well so I try to talk to those people and find out what they think about different things and have a chat about it. They do take everything on board.

As for the future of Values in Action, Cathleen stressed that it was vital that the momentum is kept up.

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view from our sponsors

TWO of the key drivers behind Values in Action in the Mid West have been Colette Cowan and Bernard Gloster.

The CEO of UL Hospital Group and Chief Officer HSE Mid West Community Healthcare threw their weight behind the roll-out of the ground-breaking concept because they believed in its power to change the culture among HSE staff.

“I think in the Mid West we haven’t just helped shape Values in Action, in our creation we have the template for it and broken the ground for staff right across the HSE by coming up with the nine behaviours that underpin our Values in Action,” said Bernard.

“There was a view that we could do a viral change approach and myself and Colette Cowan decided to take it on across the Mid West and not just to any one service entity – it was in the corporate end as well as the hospital groups and CHOs.

“We felt it was important to get involved as we trusted the concept of Values in Action. We wanted to take the good behaviours that people use every day in an invisible way and use a method to make it visible and that would influence positively the behaviour of others,” he said.

Colette Cowan underlined the importance of Values in Action in the health services in general.

“The Director General knows that it’s about the caring and compassionate nature of professionals. Staff had lost our way a bit in the tough years of the recession and a culture change was needed so I was delighted to get on board in such an early stage,” explained Colette.

view from our project team

“I DON’T think you can even call Values in Action a project. In reality, it’s a movement. There’s no end to it, it will continue to grow and expand.” Sheila Ryan, a Values in Action project team member, is determined to play her role in ensuring it is a success in the Mid West.

Sheila, a Primary Care Physiotherapy Manager on the front line at St Joseph’s Hospital, Ennis, Co Clare, was nominated by her line manager to join the project team. She admitted that she genuinely had no idea what to expect.

“I thought it was just going to be a project with a start, middle and end. But I’ve been amazed by the whole concept and by the enthusiasm shown by everyone who has gotten on board in such an early stage,” Sheila explained that as a co-ordinator for the Clare area, she has to be very active in promoting the behaviours associated with Values in Action.

“We regularly meet up with the champions to support them and work hard to increase the number of champions joining on,” she said. “I have been working proactively with the team on a number of events, starting with the two-day bootcamp back in October. In the last few weeks we held a champions’ café evening, where we invited the champions to Limerick to share their stories and experiences and find out what they need in terms of support. We are currently compiling a toolkit for champions and co-ordinators to increase the level of support available.”

Shelia admitted that there is some cynicism towards the Values in Action concept but is certain that the vast majority of people will be won over once they know exactly what it entails.

“Our main aim at the moment is to increase awareness of it to staff. For example, I have been invited to speak at a nursing unit in Clare to speak to staff there about Values in Action and explain how it works and how it benefits us all.”

DIAGNOSES of diabetes does not mean the end of the road for elite athletes. That’s according to Limerick’s Stephen Clancy, a member of the world’s first all-diabetes cycling team Novo Nordisk.

Stephen is also a diabetes ambassador and told his inspirational story to patients and clinicians on a recent visit to the Children’s Ark at University Hospital Limerick. "I was diagnosed with type 1 diabetes in 1998 at the age of 16. Dan Morrissey-Speedspokes. While at a team training camp, routine blood tests indicated abnormal blood sugar levels. After a follow-up test, Clancy was diagnosed with type 1 diabetes.

“My consultant told me that it was one of the most difficult conditions to manage and that I should limit myself to one mile per day. I didn’t do that. I wanted to be involved in everything and I quickly learned that I need to do things in moderation and that I should follow the advice of my consultant and the diabetes team.”

"I thought it was just going to be a project with a start, middle and end. But I’ve been amazed by the whole concept and by the enthusiasm shown by everyone who has gotten on board in such an early stage,” Sheila explained that as a co-ordinator for the Clare area, she has to be very active in promoting the behaviours associated with Values in Action."
Colleagues pay tribute

EILIS IS THE ‘EPITOME OF PATIENT CARE’

Irish woman wins top European compassion award for her role in Living Well with Dementia project

EILIS HAS BEEN ACCREDITED FOR HER Outstanding patient care in the European Kate Granger Awards 2017. Eilis was presented with her award by HIMSS Europe at their eHealth Week 2017 conference in Malta recently.

Eilis is the project lead on a three-year community-based pilot project, Living Well with Dementia, in Stiltorgan, Co Dublin to support people with dementia to continue to live at home and participate in their own community.

“I am a great admirer of Kate. In her darker days, while she was undergoing treatment for her illness, Kate still had the energy to try to change the way patients were being treated. She experienced that patients are not listened to and cared for as they deserve so she worked hard to transform that. I am very honoured to receive this important award,” Eilis said.

Dr Damien O’Shea, Consultant Geriatrician and Clinical Lead National Clinical Programme for Older People, was full of praise for Eilis.

“As an inspiring colleague, Eilis is one of the best, reminding all of us of what we do - the person, not the patient or the illness. In the midst of all she does she manages to find time to direct and drive all sorts of initiatives to find new ways of improving patient care at home and across our health care system.

“She has a unique skill set which combines her unfailing compassion and zeal for better care for the older persons with drive, enthusiasm and the ability to get people to work with each other united in a common goal - improved integrated care for people as they age. While there may be many people who would be worthy of this award, I can think of none better than Eilis.”

Deirdre Lang, Director of Nursing National Clinical Programme for Older People (NDOP) and Leadership Development Nursing Profession Older People, said Eilis immediately came to mind when the call for nominees came.

“I had never met Eilis but I had heard her name many times both professionally and personally. My own father has dementia and my family met her on one of the education programmes she supported. They described this kind caring and compassionate lady who always went the extra mile and who made them feel that there were people in the “system” who genuinely care,” she said.

Eilis Hession pictured with her award at the ceremony in Malta.

I also heard a young man on the Late Late show whose mother had been diagnosed with early onset dementia and whom Eilis had supported through his journey of loss. He described Eilis as his angel.

“When myself and Joan Fitzpatrick began to look to others for testimonials we heard so many amazing descriptions to support the nomination. I think she is best summed up in this articulate quote: ‘She is a motivational leader with all the human, fiscal and clinical skills required to lead a whole community in creating a changed environment, that is actively supporting and inclusive of people with dementia, enabling them to live their lives to the full in the community.’”

Eilis motivates what patient care is all about - the person, not the patient or the illness. As well as her work on the Living Well with Dementia project, she also directs and drives a range of initiatives aimed at finding new ways of improving patient care at home and across our health care system. Her hard work and compassion, along with her passion for better care for the older people in Ireland, make Eilis a deserving winner of this award.

In the words of Minister for Health Simon Harris: “If we could bottle Eilis we would have a very different type of health care.”

Eilis is pictured with her award at the ceremony in Malta.

HOSPICE NURSE FEATURED IN PRESTIGIOUS NURSING JOURNAL

A DONEGAL Hospice nurse has had the results of her study published by the British Journal of Nursing during its June issue.

Olivia Wilson-Kelly is a staff nurse in the Donegal Hospice, having started working there in 2008. Olivia completed her Master of Health Sciences (Nursing) two-year programme in National University of Ireland Galway between 2012 and 2014, receiving an award of First Class Honours.

As part of her Masters dissertation, Olivia carried out a study across numerous older person care settings in Donegal. This study examined the palliative care knowledge and attitudes of nurses working in care of the older person settings, including both HSE-run community hospitals and private nursing homes.

“Thoroughly enjoyed my course and completing the Masters has developed my confidence in my nursing practice. It has also emphasised the importance of keeping abreast of new and ever-changing research and developments in healthcare,” said Olivia.

A cross-sectional approach was adopted for this study. A convenience sample of 199 nurses employed at seven different units caring for older persons was selected. Questionnaires were administered to these units for nurses to complete and return.

The findings indicated that increasing years as a registered nurse improves palliative care knowledge and attitudes, while palliative care education had no significant effect on knowledge and attitudes.

There was a significant correlation found between level of knowledge and attitudes towards palliative care, highlighting that as participants’ level of palliative care knowledge increases, attitudes become more positive.


Olivia Wilson-Kelly

JOY PREPARES TO VOLUNTEER WITH ORPHANED CHILDREN

DONEGAL Hospice staff nurse Joy Carroll has been accepted to go abroad volunteering in Democratic Children’s Orphanage for seven weeks with the Missionaries of the Sacred Heart in the Drakensberg Mountains, South Africa which cares for the sick and vulnerable, especially orphaned children with HIV and AIDS.

Joy has been working in the Donegal Hospice for the past three years. This has been a passion of Joy’s since an early age. Her experience in palliative care and working with a child in the community with complex needs has inspired her to follow her dream and become involved in this project.

As a student nurse, she volunteered in South Africa which part of the Garden of Eden Community, which caters for the needs of sick and orphaned adults and children, suffering from HIV/AIDS. When visiting a hospice she said it really opened her eyes to the lack of facilities and support offered to those in less developed countries.

This experience made me change both personally and professionally. It gave me a greater appreciation for our own health care system but also as a student nurse, it showed me the importance and value of basic nursing care, especially in situations when little or no facilities or resources are available,” said Joy.

“It will be a challenging experience as I know it will be difficult to leave them after seven weeks, but palliative care has taught me that it’s the quality not the quantity that can make such a difference to people’s lives.

“These children need all the love and support they can get, and I will make sure I will give my all to them, for the short time I’m there,” she added.

Joy Carroll

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First-hand experience of care

**DOLORES HAS A ‘GLASS HALF-FULL’ ATTITUDE**

It’s easy to believe Dolores Craig when she says she’s always been a glass-half-full person. As she chats in her room in Our Lady’s Hospice & Care Services in Harold’s Cross, her conversation is punctuated with references to how lucky or how fortunate she’s been over the years.

She’s lucky to have had three mothers: the woman who gave birth to her, the mother who adopted her as a baby, and the mother who married her father after her ‘second’ mother died when Dolores was just five years old.

She was ‘lucky’ to have six grandparents who she ‘rented’ out to school friends by allowing them go with her (in exchange for a penny or a sweet) on visits to the grannies and granddads who were always happy to see her.

She’s had jobs that she’s loved, working in the Wixiok hotel in Dublin during its ‘old-world chic’ heyday, the Berni Inn, and later cleaning the church until she was 90. She has one of my aunts who is now 97 worked planning her funeral. The funeral mass is to be said by a priest who was a former neighbour from when she lived in Ballyfermot - she’s lived in the city centre for the past 30 years - and it’s to be in Rathmines where she went to school in St Louis’ when she lived nearby as a young child.

She made her First Communion in Rathmines Church and there’s a long family connection with it. “My grandmother and two aunts worked there for 130 years concurrently, cleaning Rathmines Church. One of my aunts who is now 97 worked, cleaning the church until she was 90. She has the equivalent of an OBE from the Pope.”

Another thing Dolores feels she’s ‘lucky’ about is that she hasn’t suffered much pain during her illness. Now she’s comfortable in her room in the hospice, chatting with visitors and watching political programmes on TV - and of course the food magazines. “I would certainly recommend the hospice,” she says. Read more about Our Lady’s Hospice and Care Services at www.ohl.ie.
You can join the

Ireland has more quitters than smokers

YVONNE O’Hagan was smoking since she was 17 years old and never thought she’d succeed at quitting.

“I was 17 years working in the laundry at St Brigid’s Complex in Ardee, Co. Louth. It has its moments but I do like it. There’s a nice little crew of four of us and we have good craic. It can be stressful and demanding at times, especially when we are short on staff then I have to cover the office and the floor,” said Yvonne.

“I started smoking when I was 17 years old. My parents didn’t smoke but we did except my younger brother. I was heading to be a heavy smoker and it was the heavy smoking that made me decide to quit. I had had enough of it. I left smoking for good.”

The HSE QUIT service provides personalised, free, proven support by phone, email, SMS and live chat. The new ad encourages smokers to free call 1800 201 203 to talk to the QUIT Team or to visit www.quit.ie to view personal stories from people who have gone on their journey to being free of cigarettes. Quitters can also get peer-to-peer support at the HSE Quit Facebook Page. www.facebook.com/HSEQUIT

‘EVERYONE HAS A REASON FOR QUITTING AND MINE WAS MY HEALTH’

QUIT Facebook Page. www.facebook.com/HSEQUIT

YVONNE’S TOP QUITTING TIPS

1. First and foremost you have to really want to quit. You have to be prepared to put the work in.

2. Think about why you want to quit. Most people want to quit smoking and everyone has a reason for quitting – what’s yours? Use your reason for quitting to stay strong.

3. Give it a go - you aren’t going to succeed if you don’t try.

One-to-one intensive support combined with drug treatments like NRT has the highest success rates. The HSE offer this service over the phone or face to face with trained smoking cessation practitioners for staff free of charge. Go to Quit.ie for contact details.

‘I WANT TO SING IT FROM THE ROOFTOPS!’

AMONGST those successful quitters is Renagh woman Amanda White, who features in the new QUIT campaign. She talks about how kicking the habit is the best thing she ever did. Amanda started smoking when she was a teenager because it was ‘cool’. She thought quitting would be a massive task and something she would never achieve.

“But, obviously, I am proof now that it can be done. I want to sing it from the rooftops I am a non-smoker,” she said.

Amanda believes that the help she got from the QUIT Team and if you smoke and want to quit, the HSE will help you to join them. The campaign aims to encourage smokers to make a quit attempt, to join the friends around them who have made the leap. It reminds them that when they make that decision to try to quit that there are people and supports available free of charge from the HSE to help them – support that will double their chances of success.

Speaking at the launch Martina Blake, National Tobacco Control Lead for the HSE, said, “Our new TV and radio adverts celebrate the growing, supportive community of quitters across the country, many of whom work hard to support each other as they face their next quit attempt.

“The campaign features a cast, including some real-life ex-smokers, who generously share their experiences of quitting to inspire others.”

‘LIKE REAL-LIFE QUITTERS, SOME PEOPLE IN THE AD WERE SHORT OF STAFF’

“Like real-life quitters, some people in the ad are in the moment of giving up. Others are in a moment of truth around the effect smoking has had on their life but all are defiant in the face of cigarettes and the harm they do.

“For this campaign, we have taken a new approach to telling these stories, using the words and music of Gloria Gaynor’s much loved song, ‘I Will Survive’, which we found mirror the feelings, and stages many quitters go through on their journey to being free of cigarettes. We also believe that using music in this campaign will mirror the uplift, pride and joy that we know people feel when they quit for good.”

Madeleine, who was brilliant she would talk to me and when she was 34, which made her look at life differently and when she turned 35, she set herself a five-year plan. ‘I didn’t want to be a smoker at 40, because, like losing weight, things get harder when you get older. I ended up taking me a year and three months and I thought it would take me five years. It’s the best thing I’ve ever done ever done.”

QUIT Facebook Page. www.facebook.com/HSEQUIT

FIVE-YEAR PLAN

AMANDA says that her father passed away when she was 24, which made her look at life differently and when she turned 35, she set herself a five-year plan. ‘I didn’t want to be a smoker at 40, because, like losing weight, things get harder when you get older. I ended up taking me a year and three months and I thought it would take me five years. It’s the best thing I’ve ever done ever done.”

‘YVONNE’S TOP QUITTING TIPS’

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QUIT Facebook Page. www.facebook.com/HSEQUIT

ADVICE

When asked what advice she would give smokers trying to give up, Amanda said, “I would just say take one day at a time and contact the Quit Team.”

Pictured at the launch are the cast of the new QUIT TV advert with Minister for Health Simon Harris and Minister of State at the Department of Health with Responsibility for Health Promotion Marcella Corcoran Kennedy and Martina Blake, HSE Lead for Tobacco Free Ireland Programme.

“You can help. You can join them and we can work wonders.”

Go to Quit.ie for contact details.
Seven-year-old a hero

SOPHIE’S BRAVERY SAVES MUM’S LIFE

UT for the quick-thinking and calm head of seven-year-old Sophie Doyle, her mum Janet would not have been around to recount this amazing story. Janet Doyle went into anaphylactic shock while home with her daughter in the tiny village of Emili, Do Láis. Janet has a long-term illness where she is at risk of anaphylaxis and had regularly spoken to Sophie about what to expect and what to do in an emergency. But she was not expecting her ‘baby’ seven-year-old to come to rescue in such a vital way.

“She has seen me in anaphylactic shock before and she knows how we usually react to death. She saved my life,” she said. “It wasn’t for her quick-thinking. I would be dead. She saved my life.”

Janet added that the whole incident was as if a light was switched off and she felt so much better. “She was able to see how everything worked and all the people that are at the end of the phone when you ring 999. “Aoife came in on her day off to meet Sophie and I think it was good for her too to see the little girl that she helped on the phone that day.”

Janet said she had been very panicked after the incident and had bad dreams for a while afterwards. But when she went up to Dublin to meet Aoife and to see the guys in Tallaght, it was as if a light was switched off and she felt so much better.”

Janet Doyle went into anaphylactic shock after having taken a shot. “She spoke to the dispatcher and was able to tell them exactly where we were and what was going on. She even gave them the number for her Aunt Eileen so they could contact her to come over,” said Janet.

The dispatcher Aoife was incredible. She managed to keep Sophie calm and notify Eileen to come over. “I am actually amazed at the service one person can get. The whole ambulance and dispatch team pulled together to get me safely to hospital. Every single piece of the operation worked perfectly. If one of the pieces doesn’t work, then the system doesn’t work.”

“My heart stopped six times in total and it was like a light was switched off,” she said. “I didn’t get that shot then, I wouldn’t have made it. It is as simple as that,” she explained. Janet had to spend a few days recovering in St James’ Hospital in Dublin but was well enough to accompany Sophie to the National Emergency Operations Centre in Tallaght on the invitation of the National Ambulance Service.

“I am actually amazed at the service one person can get. The whole ambulance and dispatch team pulled together to get me safely to hospital. Every single piece of the operation worked perfectly. If one of the pieces doesn’t work, then the system doesn’t work.”

Janet explained that the whole incident had been very panic-inducing. “I hadn’t got that shot then, I wouldn’t have made it. It is as simple as that,” she explained. “Janet had to spend a few days recovering in St James’ Hospital in Dublin but was well enough to accompany Sophie to the National Emergency Operations Centre in Tallaght on the invitation of the National Ambulance Service.”

Sophie rang 999 and was able to tell them that Janet was in anaphylactic shock and that she had taken a shot. “She spoke to the dispatcher and was able to tell them exactly where we were and what was going on. She even gave them the number for her Aunt Eileen so they could contact her to come over,” said Janet.

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Janet added that the whole incident highlighted the need for people in small country villages to know and use their eircodes. “We live in a tiny village so it can be hard for ambulance drivers to find houses because there are no numbers. Sophie had to try to explain exactly where we were, saying that our house was the one with the little girl standing in the window,” said Janet.

SOPHIE’S BRAVERY SAVES MUM’S LIFE

The heart attack happened in the area.

The father of three who had a heart attack while in the swimming pool at the University of Limerick has raised thousands of euro for defibrillators in garda patrol cars and CPR training for secondary school students in the area.

Barry Long was swimming in the deep end of the 50m pool when he had the heart attack and would have died but for the fast actions of the well-trained lifeguarding team and some bystanders with CPR.

“They were supported by the Garda - a trained first responder - and the Ambulance service and thanks is due to all involved that I am here to tell the tale. They allowed me to recover enough so the cardiac team in UHL could put three stents in my heart and I am now recovering very well. The Cardiac facilities in UHL are world class and one should be very proud of the staff and the facilities,” said Barry.

“Thank you to all the staff,” he said. “I am actually amazed at the service one person can get. The whole ambulance and dispatch team pulled together to get me safely to hospital. Every single piece of the operation worked perfectly. If one of the pieces doesn’t work, then the system doesn’t work.”

Janet added that the whole incident was as if a light was switched off and she felt so much better. “She was able to see how everything worked and all the people that are at the end of the phone when you ring 999. “Aoife came in on her day off to meet Sophie and I think it was good for her too to see the little girl that she helped on the phone that day.”

Janet added that the whole incident highlighted the need for people in small country villages to know and use their eircodes. “We live in a tiny village so it can be hard for ambulance drivers to find houses because there are no numbers. Sophie had to try to explain exactly where we were, saying that our house was the one with the little girl standing in the window,” said Janet. 
**Askaboutalcohol.ie**

**DRINK LESS AND GAIN MORE**

Askaboutalcohol.ie, a new website for the public, was launched by the Minister Corcoran Kennedy in the Dublin Dental Hospital recently. Askaboutalcohol.ie provides dedicated information about alcohol risk and offers support and guidance to anyone who wants to cut back on their drinking.

The website has been created to provide an authoritative information source on alcohol risk to enable everyone to manage their own health better. It is also designed to work in tandem with public health legislation and planned regulatory changes on alcohol labelling, availability and pricing.

Dr Stephanie O’Keeffe, HSE National Director for Health & Wellbeing said, “This is the first HSE website that provides dedicated information about alcohol risk and offers support and guidance to anyone who wants to cut back on their drinking. Comprehensive surveys show that harmful drinking patterns have become the norm for many people in Ireland, while awareness of the significant risk associated with these drinking patterns remains low. The HSE, in providing a wide range of health and related services, has insight into the impact of alcohol harm nationally. Whether it is through the well-known ED experience or right through inpatient and mental health services, our experts are well-placed to engage with the public to advise and support individuals in making clear and informed choices.”

Launching the new website, Minister Marcella Corcoran Kennedy said, “I am delighted that we now have a high-quality and engaging source of evidence-based information on alcohol, provided by the HSE in partnership with our wider health community. Giving people information on the risks associated with alcohol is of huge value, yet if we want to see positive changes in our drinking habits then we have to make healthier choices about consumption. The measures in the Public Health Alcohol Bill will help create a supportive environment for making healthier choices when it comes to alcohol. Ultimately, together, we want to reduce the enormous burden of alcohol related harm on Irish families.”

Dr Marie Laffoy, Assistant National Director, HSE National Cancer Control Programme, said, "Research shows that awareness of the link between alcohol and cancer is low. Drinking alcohol regularly increases the risk of seven different cancers: mouth, pharyngeal (throat), oesophageal (gullet), laryngeal (voicebox), breast, bowel and liver. Alcohol is responsible for 1 in 8 breast cancers in Ireland and 900 people are diagnosed with alcohol-related cancers each year. Askaboutalcohol.ie is an independent and engaging source of evidence-based information about the link between alcohol and cancer."

Alcohol misuse is a significant public health problem in Ireland. The Health Research Board estimates that there are three alcohol-related deaths every day, while alcohol is also responsible for a considerable burden for ill-health, such as liver disease, cancer and heart disease. The harm caused by alcohol misuse extends far beyond those individuals drinking in a harmful way to those around them, in their families and communities, and is contributing to serious problems in many areas of life in Ireland, including child welfare, road safety, and crime.

In addition to providing information on the physical and mental health effects of alcohol, askaboutalcohol.ie has useful tools to help you assess your drinking including a drinks calculator. The website also provides information for people who are worried about their own drinking or worried about someone close to them, and has a service finder to help connect people to support and services.

Prof Donal O’Shea, Consultant Endocrinologist and Chair Royal College of Physicians of Ireland Policy Group on Obesity, said: “Drinking within safe limits is important for lots of reasons, including maintaining a healthy weight. People often don’t consider the amount of calories in alcohol as part of their look-back at their daily intake. They will consider a gin and tonic (180 kcals) to be the same as an Americano (4 kcals). A night out having two pints (380 kcals each) before dinner and two glasses of wine (120 kcals each) totals around 600 liquid kcals - before they have any food. Before you know it, your total daily calorie allowance (1,600 kcal to 2,000 kcal) has been consumed in one sitting.”

Dr Mark Murphy, Irish College of General Practitioners, said, “Young men and women often present to their GP with a serious healthcare problem, caused by alcohol, unaware that their intake of alcohol was the reason for their complaint. Patients may present with mental health symptoms such as anxiety, low mood or poor sleep, which are directly related to excessive alcohol intake. Similarly many patients present to their GP with a physical complaint such as fatigue, a sexual health problems or trauma, relating to excessive consumption of alcohol, of which they may not be aware.”

The Ask About Alcohol communications campaign features supporting promotional materials, social media content, radio advertisements, and a digital marketing campaign.

**MORE INFORMATION**

www.askaboutalcohol.ie

Drinks calculator:
http://www.askaboutalcohol.ie/your-drinking/drinks-calculator/

Self-assessment tool:
http://www.askaboutalcohol.ie/your-drinking/self-assessment-tool/?#Start

HSE Alcohol and Drugs Helpline for information and support services:
Call 1800 459 459 from Monday to Friday 3pm to 10pm or email help@hse.ie

For a list of services and resources:
www.askaboutalcohol.ie/where-to-get-help

Information leaflets are available to order on www.healthpromotion.ie

HSE Alcohol Programme:
alcohol-programme@hse.ie
A NEW report will provide vital population-focused analysis of current and future demands on our health service to ensure the HSE is able to meet these needs. The Planning for Health report builds on previous publications in 2015 and 2016 to provide a comprehensive overview of the imminent demographic pressures which our Health Service, workforce and system are facing and the over the next five years up to 2022. Translation of health data, evidence and intelligence into a utility of knowledge is essential to enrich the planning process and ensure the delivery of services to the population at a time of reform in our health system is population focused. The report was planned and developed by Dr Brenda Smyth, Consultant in Public Health Medicine on behalf of Health and Wellbeing, who was lead author and editor, a Planning for Health Team, Dr Kevin Kelleher and other colleagues in Public Health and Health Intelligence.

All current and relevant population and health service datasets are examined, interrogated and translated. This was achieved by applying a standardised approach using consistent methodologies and population projections across all areas of service at a national level. This is essential for equity based Health Service planning and is a key resource in informing priority setting across key areas in the Health Service.

Background

• In Ireland we have successfully tackled certain diseases and improved health outcomes in the recent past, for example:
  • Our life expectancy at birth is 83.1 years for a female and 79 years for a male, which is greater than the EU average
  • Mortality from circulatory system diseases has reduced by over 30pc from 462.2/100,000 in 2005, to 316.5/100,000 in 2014
  • National stroke thrombolysis rate of 12pc is three percentage points above the National Stroke Programme target of 9pc
  • Early childhood immunisation uptake rates are reaching the target and WHO recommendation of 85pc
  • Our smoking rate has decreased from 28pc in 2003 to 18pc in 2015

Notwithstanding these achievements, our health system continues to face the challenges of lifestyle and age-related conditions, in conjunction with an increasing population. It is vital that our response anticipates the challenges of this growing need. Robust evidence-based epidemiological-oriented planning is the cornerstone of this process. This document outlines the health needs and demands of the Irish population, insofar as is possible, to support service planning 2017. It must be emphasised that all projections and underlying assumptions are based on demographic pressures only and do not take into account any changes in policy, models of care, medical inflation and/or eligibility.

HEALTH CHALLENGES

Aging Population

The number of people aged 65 years and over is growing by approximately 20,000 each year and will increase by over 110,000 people in the next five years. Is our health system adequately prepared for this challenge? Service use by older populations differs significantly from use by younger health service populations. A person aged 65 years and over attends on average 2.8pc of their health sector consultations 1pc of our total health care expenditure (CSO, 2016). This includes public and private spend on preventative care and is significantly less than our European counterparts. Prevention is the most cost-effective way to maintain the health of the population in a sustainable manner, and creating healthy populations benefits everyone.

Child Health

Although our birth rate is declining, in 2017 our child population aged 0-17 will represent 26.2pc of the population in a sustainable manner, and if our response anticipates the challenges of our growing population. This adjustment indicates an upward adjustment of 1.4pc to support service planning 2017. It must be emphasised that all projections and underlying assumptions are based on demographic pressures only and do not take into account any changes in policy, models of care, medical inflation and/or eligibility.

Prevention

The economic impact of chronic diseases, many of which are avoidable, amounts to billions of Euros per year. Nevertheless, European governments currently spend over 2.8pc of their health sector budget on prevention (WHO, 2014). The following are positive predictors of good health throughout life. Although our rate of smoking during pregnancy has decreased to under 20pc, low birth weight continues to affect approximately 1-in-27 births with a slight increase in prevalence from 2010 (5.3pc) to 2014 (5.8pc). Currently 26pc of our nine year old population are either overweight or obese (Growing up in Ireland, 2011). Investing in the early years of life is a comprehensive and cost-effective strategy in producing improved health, as evidenced by the First 1,000 Days Project (Black et al, 2013).

Chronic Disease

In 2017, 589,620 people will have at least one chronic disease. Three quarters of the 29,995 deaths in 2014 were due to four chronic diseases - cancer, cardiovascular, respiratory and diabetes (Dept Health, 2015). 17pc of all hospitalisations in 2015 occurred due to these four chronic conditions. The mounting burden of chronic disease is largely attributed to a well described set of modifiable risk factors. This is compounded by our ageing population, which places increased health needs. Although smoking rates have declined from 28pc in 2003 to 18pc in 2015, we have a long way to go to reach our target of less than 5pc smoking by 2025.

Adult obesity is rising at an alarming rate. By 2030, 57pc of women and 48pc are men are projected to be obese according to the WHO, leading to the increasing incidence of diabetes and accompanying complications. Meanwhile, the prevalence of age related diseases, such as dementia, is increasing rapidly. By 2017 it is projected that there will be as many as 3.25,000 living with this condition. (Pierce et al, 2014). Infant mortality is a fundamental indicator of any health system. Our infant mortality rate has been marginally increasing from 3.3/100,000 in 2009 to 3.7/100,000 in 2014 (Department of Health, 2015). A healthy pregnancy and birth weight is a positive predictor of good health throughout life. Although our rate of smoking during pregnancy has decreased to under 20pc, low birth weight continues to affect approximately 1-in-27 births with a slight increase in prevalence from 2010 (5.3pc) to 2014 (5.8pc). Currently 26pc of our nine year old population are either overweight or obese (Growing up in Ireland, 2011). Investing in the early years of life is a comprehensive and cost-effective strategy in producing improved health, as evidenced by the First 1,000 Days Project (Black et al, 2013).

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RARE GLIMPSE INTO PAST AT MERLIN PARK

NYONE who is familiar with the grounds of Merlin Park Hospital in Galway will know that it is quite different to many hospitals we are commonly accustomed to today. Although somewhat similar many ways to the Connolly Hospital in Blanchardstown, Dublin and St Stephen’s Hospital in Co. Cork, the construction of the Galway Regional Sanatorium was commissioned in 1846 by the former Minister for Health Dr Niall Browne, as part of Tuberculosis (Establishment of Sanatoria) Act, 1845. The sanatorium was designed by Norman White with a primary objective of treating the condition of tuberculosis in Ireland, which had approximately 7,000 reported annual cases in the 1950s. The design was inspired by the work of Finnish architect Alvar Aalto and his design of the Paimio Sanatorium in Paimio, Finland.

The display includes original drawings and artefacts from the Merlin Park site. To coincide with the exhibition’s arrival in Galway in the summer of 2016, a team of staff from Merlin Park came together to partner with the exhibition. The result was an impressive exhibition dedicated to the Galway Regional Sanatorium, located in Block B, Merlin Park Hospital.

The exhibition depicts the architectural marvels since the establishment of the Irish state including Ballykissangel, Galway Regional Sanatorium at Merlin Park. On display were original drawings and artefacts from the Merlin Park site. To coincide with the exhibition’s arrival in Galway in the summer of 2016, a team of staff from Merlin Park came together to partner with the exhibition. The result was an impressive exhibition dedicated to the Galway Regional Sanatorium, located in Block B, Merlin Park Hospital.

The exhibit is like a mini museum, with one account of the sanatorium and footage from the Department of Health archives. Overall, the exhibit is like a mini museum, with one area turned into a typical 1950s ward room. Due to the popularity of the exhibition, the staff had a further opening as part of Culture Night in September 2016. The night was an overwhelming success with many people attending including local public representatives and family members of Dr Noel Browne’s family.

Reports from the event even reached Áras an Uachtarain, where the exhibition committee from Merlin Park were invited to meet President Higgins and his wife, Sabina. The exhibition remains open and is open to the public during business hours from 9.30am to 5pm Monday to Friday and admission is free.

During the programme, SIMMED students learned the skills of:
• Vascular
• Cannulation
• Putting on sterile gloves and surgical scrubbing
• Setting up a drip
• Bandaging and splints
• Urinary catheterisation
• Plaster techniques
• Treatment of cuts/wounds and infections
• Diagnosing different facial injuries
• Diagnosis of common ear and eye complaints
• Suturing skills
• Surgical knot tying skills
• Medical Moulage skills
• How to evaluate your fitness levels and improve your diet

Similar to previous years, Dr Dara Byrne, Director of Simulation at the Irish Centre for Applied Patient Safety and Simulation (ICAPPS), is welcoming new students to the course which is delivered in an interactive, creative way that helps practical learning. A mixture of lecture workshops and workshops deliver the course content. Throughout the course there is an emphasis on team work, problem based learning and supportive participation.

The course ran over four days and students were immersed in the world of medicine, giving them a flavour of what life would be like as a doctor in a major teaching hospital. They had the opportunity to carry out medical and surgical skills and gain an insight into the workings of the human body. Professionals working throughout the hospital spoke with the students about their role and undergraduate medical students delivered part of the curriculum focusing on the importance of teamwork while providing an authentic glimpse into the life of a medical student.

To date over one hundred twiddle muffs have been provided by the Renmore ICA group to the patients of Galway University Hospital and to the patients of the Alzheimer’s Society day centre in Galway. The success of the twiddle muff project has now spread to the 26 other ICA groups in the Galway ICA Build. Drí Shíl, Occupational Therapist in GUH, advises that "Twiddle muffs are designed to keep hands warm and busy and reduce repetitive behaviour, making it a great sensory therapy tool. When people with dementia are restless, the hand muff provides stimulation and reduces anxiety. Twiddle muffs offer tactile and mental stimulation and comfort for dementia patients. Patients have something to hold and manipulate, something to ‘twiddle’ or fidget with and this has a calming effect on a person who has dementia. The textures, the gadgets, the warm coziness of the twiddle muff are all there for just that reason. The stimulation they provide adds to the individual’s quality of life."

One patient’s daughter reported, "My mum gets so much comfort from the muff it and is great for me to have some small thing to connect with her when I visit. The muffs are beautiful and so much attention and care has been put into making it for Mum. I’m really grateful and think it is a wonderful initiative."

The Galway University Hospital is very grateful to the ladies of Renmore ICA for their time, effort and skill in assisting with this project.

"Twiddle muffs have been in operation for years in the ladies of Renmore ICA. The success of this project has increased to the point where we are now making them on a larger scale and the ladies of Renmore ICA are delivering them to the ladies of Renmore ICA for their time, effort and skill in assisting with this project."

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BowelScreen — The National Bowel Screening Programme released its inaugural programme report providing screening statistics for the first screening round of the programme’s operation (2012 – 2013) to an excited crowd at a launch event held at the National Screening Service during Bowel Cancer Awareness Month, which ran throughout April.

The event was attended by Minister Marcella Corcoran Kennedy, Minister of State for Health Promotion, the National Director of the Health and Wellbeing Division, Dr Stephanie O’Keeffe, hospital staff, including clinicians and nurses, as well as partners, such as the Irish Cancer Society, and colleagues across the National Screening Service and wider HSE.

Participation

The report highlights that BowelScreen invited 488,628 eligible people to participate in the programme with a total of 196,238 people screened and 521 cancers detected. This resulted in a screening uptake rate of 40.2pc and a cancer detection rate of 2.65 per 1,000 people screened.

Success

Speaking at the launch, Charles O’Hanlon, Head of Screening at the National Screening Service, said: “During the first screening round, 521 cancers were detected, three out of four cases at an early stage with a corresponding high survival rate. Almost 13,000 adenomas were also removed during the first screening round. Adenomas are abnormal tissue growths that can become cancerous at a later stage. The removal of adenomas greatly reduces the possibility of subsequent cancer development, making BowelScreen a truly lifesaving programme.”

“While there have been challenges in establishing a new population screening programme, this report demonstrates that BowelScreen is detecting and treating bowel cancers and pre-cancerous changes at an early stage. There is more we can do to learn and improve uptake rates as we move forward; however it is important to acknowledge the successes of the programme to date.”

Despite BowelScreen’s success at detecting cancer at an early stage, the report reveals a low uptake of screening with just 40pc of eligible men and women participating in the programme. The uptake for women was higher than men (44.1pc compared to 38.4pc) yet the cancer detection rate among men was double that of women.

Minister Corcoran Kennedy said: “The first round of BowelScreen has clearly had a positive impact on the health of many of our people. At the same time, we must redouble our efforts to increase uptake rates for this free service, especially among males who have lower rates of participation but much higher rates of disease detection under BowelScreen. In that regard, I am delighted to see that the National Screening Service is working with a number of organisations to combat the lower uptake amongst men in particular.”

Moving Forward

Professor Diarmuid O’Donoghue, Clinical Director of BowelScreen, said: “Low uptake of screening is worrying given bowel cancer is the second biggest cancer killer in this country. We are particularly concerned about men, given that the cancer detection rate among males is twice as high as it is for females. It is so important that the men of Ireland take control of their health and do the test. It is a very quick, easy-to-use test that can be carried out in the privacy of your own home. It takes just minutes and most results are normal.”

Professor O’Donoghue continued: “Going forward, BowelScreen is committed to making continual improvements in the quality of the programme and in increasing uptake. Although, there remain a number of years before the programme is fully embedded and delivering to its maximum potential, it is clear from the results above that a strong foundation has been created, upon which to build further success.”

More Information

Health professionals can encourage staff and patients aged 60 to 69 to register for BowelScreen online at www.bowelscreen.ie or by calling the Freephone number 1800 45 45 55.

Get Embarrassed About Bowel Cancer and it Could Be Too Late

1,000 people die from disease in Ireland every year. But thanks to BowelScreen, Christopher Fennell from Clondalkin, won’t be one of them. The 65-year-old was invited to take part in the screening programme. After registering for the programme by calling the Freephone number 1800 45 45 55, he received a home screening test in the post last year.

“I did the at-home test and I went in to get a colonoscopy. I had to have it done twice as there were so many pre-cancers. If I hadn’t done the free test, who knows what might have happened. I’m telling all my family and friends now to take advantage of this free screening test. “The test is so simple to do and it’s lifesaving.”

BowelScreen Results from First Round

• BowelScreen invited 488,628 people for screening
• 196,238 people took up the invitation, resulting in a screening uptake rate of 40.2pc
• 521 cancers were detected, giving an overall cancer detection rate of 2.65 per 1,000 people screened
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• There were 365 colon cancers, 159 rectal cancers and seven cases of cancer where the site was unconfirmed
• Over 71pc of all cancers detected were stage I or II, meaning that disease was detected at an early stage and therefore, much easier to treat
• Approximately 13,000 pre-cancerous adenomas were removed

Reduce Your Risk

Reduce your risk of developing bowel cancer by:

• being more physically active
• eating a diet with plenty of dietary fibre such as fruit, vegetables and wholegrain bread, brown rice and cereals
• reducing intake of processed and red meat
• maintaining a healthy weight
• limiting alcohol consumption
• taking part in the BowelScreen programme when invited

Don’t get embarrassed - get screened

BowelScreen PUBLISHES REPORT

Minister of State for Health Promotion, Marcella Corcoran Kennedy at the launch speaking with National Director of Health and Wellbeing, Dr Stephanie O’Keeffe.

Above: (L-R): Deepa Jegadish Gandhi, CNS, Mater Hospital; Aisling Carolan, CNS, St James Hospital; Lisa Heffernan, Clinical Coordinator, BowelScreen; Jenny Nugent, Administrative Coordinator, BowelScreen; and Caroline Meade, Clinical Coordinator, BowelScreen. LEFT: (L-R): Charles O’Hanlon, Head, National Screening Service; Thomas O’Brien, BowelScreen Programme Manager; Minister Marcella Corcoran Kennedy, Minister of State for Health Promotion; Professor Diarmuid O’Donoghue, Clinical Director for BowelScreen, and Dr Stephanie O’Keeffe, National Director of Health and Wellbeing.
HEALTH TECHNOLOGY ASSESSMENT GROUP

THE PATH FORWARD IN HEALTH TECHNOLOGY

The Health Technology Assessment Group (HTAG) is a new development in the HSE and sits within the Knowledge Management Division of the Health and Wellbeing Division. It is a medical technology evaluation group created to provide assistance to stakeholders when considering various health technologies and innovation in the medical devices field. The work of the HTAG is concerned with a number of key areas when assessing and evaluating a new medical device such as patient and user safety, clinical effectiveness, cost-effectiveness and budget impact. The work of the unit involves integrating individual clinical expertise within the Irish healthcare system together with the best independent external clinical studies and evidence from other sources. The research unit works closely with the Health Technology Assessment Expert Group, made up of internal and external experts in the relevant areas. All data and information collected as part of the research process is evaluated and presented in a systematic, unbiased and transparent manner, which is intended to inform, support and clinical and business decisions relating to procurement of new patient care technologies.

The unit is currently developing a dedicated website, which will provide a platform through which the unit will engage with internal and external stakeholders concerning new and emerging medical technologies, publish its findings and provide information and access to its application process.

HEALTH CARE EXPENDITURES

The EU health sector represents 10pc of public expenditure and 8pc of the workforce, and has high potential for innovation and growth. The cost of health care is expected to double by 2050 if reforms are not undertaken. This is being driven by a number of factors including demographics, increased life expectancy and an ageing population which will result in rising healthcare costs. Innovative medical technologies are drivers of cost, and the HTA Unit will work to ensure fair access to innovation where improved patient outcomes are demonstrable.

STRONGER PARTNERSHIPS REQUIRED

Healthcare systems are complex and include a myriad of stakeholders who have conflicting goals such as access to services, high quality, cost containment, safety, convenience, patient-centredness and satisfaction. In order to overcome these challenges, building a better partnership between business, academia and regulatory authorities is essential. As a key economic and innovation-driven sector, health requires a predictable and fit-for-purpose regulatory environment conducive to growth and higher global standards.

MEDICAL TECHNOLOGY IN IRELAND

Ireland is Europe’s leading medtech cluster and has the highest per capita employment of medtech employees in Europe. 18 of the top 25 global companies are based here and employ over 29,000 employees. Ireland exports €12.6 billion annually (9pc all exports). The top 25 global companies are based here and employ over 29,000 employees. Ireland exports €12.6 billion annually (9pc all exports). The top 25 global companies are based here and employ over 29,000 employees. Ireland exports €12.6 billion annually (9pc all exports).

MEET THE TEAM

Dr. Anne Dee - Health Technology Assessment Lead and Specialist in Public Health Medicine

Dr. Anne Dee is lead by Dr. Anne Dee. Anne specialises in the area of Health Economics, and has experience of Markov modelling, cost of illness studies, budget impact analysis as well as acute hospital activity and costing projections. During her career she has worked in emergency medicine, general practice and volunteered in a leprosy hospital in Nepal. She has worked in Public Health Medicine since 2006, and ended her Specialist post in Limerick in 2010.

Marsha Tracey - Public Health Information Analyst

Marsha has a UCC postgraduate; she completed a BSc Public Health and Health promotion in 2012, a Masters in Public Health in 2013 and is due to complete her PhD later this year. Her PhD research focused on the public health burden of diabetes in Ireland. Marsha joined the unit in May and will play a key role in turning data into information to enhance public health intelligence, providing support on specific information projects and assist in the development of relevant data tools to appropriately reflect the needs of current initiatives and priorities that the unit is involved in.

Joe Heavey - Project Manager

Joe has considerable experience in sourcing and contracts in public procurement and has also worked on various capital projects and operations in the public and private healthcare sectors, both in Ireland and abroad. Working as part of a sourcing and contracting team in HSE Procurement, he has worked closely with a diverse range of internal HSE stakeholders across many clinical and business units in the sourcing of products and services when engaging with the Irish healthcare market as part of the HSC tender and contract obligations under EU Procurement rules including Irish public procurement legislation and Department of Finance guidelines.

QUALITY IMPROVEMENT PROJECT IS WELL WORTH SINGING ABOUT

An innovative project to promote good hand hygiene at the National Rehabilitation Hospital (NRH) has won a HSE Quality Improvement safe care competition.

The ‘5 moments of hand hygiene song’, written and performed by staff at NRH, beat off stiff competition from other facilities to win the competition which was the centre piece of the seventh annual safe care patient course run by the HSE Health Protection Surveillance Centre in conjunction with the Royal College of Surgeons in Ireland. Their entry generated a lot of laughter at NRH and was described by a staff member as an ‘earworm’ due to its catchiness, says the project lead Mary Feeney.

“It is the kind of song which is easy to remember and the lyrics and rhythm stay on your mind. The fact that staff members were involved in the video and choir generated a natural curiosity and, most importantly, the song achieved what it set out to do by raising awareness of the importance of hand hygiene. We carried out a survey and 88pc of staff said that they had a greater awareness of the five moments of hand hygiene after hearing the song. “We were looking for something new, a novel idea that would catch the attention of all NRH staff. One of our ward managers suggested that a song would be a good idea to renew enthusiasm about hand hygiene and help staff to remember the ‘5 moments of hand hygiene’. There is already a high level of awareness amongst the staff, driven by the infection prevention control department but it can be a challenge to maintain hand hygiene awareness throughout the 24-hour period, seven days a week for every staff member. “We would advise anyone with good ideas to improve their services to ‘go for it!’ and have fun improving your standards of care. Quality Improvement doesn’t have to be dull and boring. Utilise all resources and talent available to you in your health care facility. “ Visit YouTube and search NRH five moments to see the video.

HAND HYGIENE ON THE UP

The HSE’s Clinical lead in Healthcare Associated Infections, Dr. Rob Cunney, has congratulated staff in Irish hospitals for exceeding HSE targets in relation to hand hygiene.

Hand hygiene compliance rates are now at their highest ever levels as the latest data from national audits shows that nine out of 10 health professionals in Irish hospitals have clean hands which is a great achievement he said.

“Good hand hygiene is a fundamental part of quality patient care and hand hygiene compliance rates in Irish hospitals now stand at 90pc, above the HSE target of 90pc,” said Rob.

“The HSE had set a target of achieving rates of compliance of more than 90pc which has now been surpassed but work is on-going with healthcare facilities to improve even further by implementing action plans including education, training and re-audit programmes.

“Irish healthcare facilities throughout the country are continuing to sign up to the WHO Multimodal Hand Hygiene campaign and many are planning local hand hygiene activities,” added Rob.

“Hand hygiene is the single most effective measure that healthcare workers, patients and the public can undertake to prevent healthcare associated infection which affects hundreds of millions of patients around the world every year.

The latest hand hygiene compliance rates show an overall compliance rate of 90.8pc in late 2016, a significant improvement on the 74.7pc achieved in 2011 when hand hygiene audits were introduced. The progress to date is very welcome and improving it further is a priority for the HSE.

“Good hand hygiene compliance is also important for patients and visitors. For example, hand hygiene should be performed after coughing or sneezing, after going to the toilet and before mealtimes. As a patient or visitor, it is okay to speak up and ask healthcare staff if they have cleaned their hands. Staff welcome help and reminders in keeping patients safe from infection.”

Here are five key facts that we should all remember and keep fighting the good fight:• 80pc of all infectious diseases are transmitted by touch
• Fingernails and the surrounding areas harbor the most bugs
• Other than getting the flu vaccine, good hand hygiene is the single most important thing you can do to protect against the flu
• Hand hygiene with alcohol rub is more effective than using liquid soap in routine situations when prescribing care to patients. However, both healthcare workers and the public should remember to always use liquid soap after contact with a person with diarrhoea or if hands are physically dirty
• Blows do not offer full protection and you still need to perform hand hygiene with alcohol rub or soap and water after removing your gloves.

MORE INFORMATION

The HSE has a dedicated hand hygiene web-page – www.hse.ie/handhygiene along with lots of videos, posters and other useful resources for those looking to find out more.
THE Maternal & Newborn Clinical Management System (MN-CMS) recently went live in University Hospital Kerry. This ‘go live’ marks the introduction of an electronic health record (EHR) for all women and babies receiving maternity services in UHK.

The first newborns in UHK to have their own electronic health records were born on Sunday, March 12th at 1.31am weighing 8lbs to parents Nora and Tim Scanlon and Baby Cadán Moloney, born on Monday, March 13th at 1.33am weighing 8lbs to parents Marian and Donal Mooney.

Maternity services in UHK have become the second Irish hospital to ‘go live’ with the maternal and newborn Clinical Management System (MN-CMS) at the hospital. In practice, this means that every maternity hospital in one country will be using the same electronic chart with standardisation of the information flow and collection. This has very obvious advantages for the patient and the carers as well. This system includes every aspect of clinical care, so not only is it a national maternity and neonatal project, but it also incorporates a vast multidisciplinary clinical and non-clinical workforce, all of whom are essential to providing care. It is also a key point in the development of the ongoing pathfinder for the electronic patient record (MN-CMS) at the hospital.

The aim of the challenge was to get a snapshot in time from every Maternity Hospital/Unit in the country which will inform the planning of the next stages of implementation of MN-CMS. It was also about supporting each unit in the work they are currently doing to prepare for the implementation of the MN-CMS. MN-CMS is a new electronic health record for mothers and babies which promises automated recording and integrated care, meaning that all those involved in the care of mothers and babies in Irish Maternity Hospitals/Units have instant access to all current clinical details, records and results of medical investigations. It ensures that ongoing patient care is based on the most up to date, comprehensive, accurate information.

It is also a key point in the development of Electronic Health Records (one of the largest and most important ICT projects ever undertaken in Irish healthcare), and this was a fantastic opportunity to engage with the people who will be implementing it.

The Mn-CMS system will not only technically unite the whole maternity service nationwide but has the potential to do this at a cultural level also. Staff commented that this system will provide Ireland with a single maternity service, not just as an information system but as a cultural change to the way they work which will benefit mothers and their babies.

The issues raised in the challenge are being reviewed by the Mn-CMS project team and are being fed back into the development of the system at the earliest opportunity. We look forward to its implementation in every hospital in the country. For more information on the project visit www.ehealthireland.ie/Strategic-Programmes/MN-CMS/.

Later this year, the OoCiO is planning further enhancements to assist HSE staff access new ICT support services more easily. For example, the OoCiO intends to provide a self-service option whereby HSE staff can log service requests at the National Service Desk and track their own calls.
**Green Ribbon campaign**

**‘TALKING WITH DILUTE THE STIGMA’**

HSE May, thousands of conversations about mental health took place all over Ireland and 500,000 Green Ribbons were sent out to communities, workplaces, schools and colleges around the country.

Now in its fifth year, the Green Ribbon campaign has come to symbolise mental health awareness, helping to combat the stigma associated with mental health problems.

“We know that talking about mental health and the barriers people face in this area is a very important first step in addressing these challenges. ‘Talking will help to dilute the stigma of mental health. The green ribbon was already being used as a symbol for mental health awareness in America and we decided to use it at the event. We printed green ribbon stickers and developed a plan for a mental health marquee incorporating a wall of ideas,” explain Audrey and Ciarán.

At the same time ‘See Change’, the national partnership working to change minds about mental health problems in Ireland, were offering grants to support stigma reduction initiatives. Ciarán and his colleagues, together with a group of NGOs mental health services, secured a grant to support the launch of the Green Ribbon campaign at the Volvo Ocean Race.

Audrey remembers the event well: “It was incredible to see so many people in Galway wearing our green ribbon stickers. Everyone, including nurses and HSE managers were so supportive and I personally have never seen so many people willing to wear a shared symbol as they were at the Volvo event. We also had thousands of people visiting the marquee and posing ideas on the wall. This included the Taisseach, President, sports people and musicians. We also had vital support from the GAA and Galway Bay FM.”

From there the Green Ribbon campaign grew into a national campaign. In 2012 See Change took responsibility for the campaign and in 2016 the HSE Mental Health Division began funding it.

2017 CAMPAIGN

**TODAY**, the Green Ribbon campaign is led by See Change ambassadors, a group of 60 people with experience of mental health problems, who share their stories to spark a national conversation.

This year the campaign saw 500,000 green ribbons distributed across the country through partnerships with organisations like Irish Rail and Boots. Partner organisations are encouraged to distribute green ribbons to staff (these are free of charge) and to hold a Green Ribbon event to promote positive mental health.

**STILL WORK TO BE DONE**

The fact that almost four in ten people in Ireland would conceal they have a mental health difficulty from family, friends and colleagues shows that there is still work to be done in breaking down stigma.

The HSE’s National Director, Mental Health, Anne O’Connor explains: “People with mental health problems often identify stigma and discrimination as major barriers to recovery and many people will not seek support due to self-stigma. This is why it is so important for each one of us to challenge stigmatising behaviour and make conversation about mental health a normal part of everyday life.”

Liam Hennessy feels that, while there is increased understanding of mental health disorders such as depression, anxiety and obsessive compulsive disorder (OCD), there is still a lack of understanding about conditions such as psychosis, schizophrenia and bipolar disorder. He also suggests that the Green Ribbon campaign does not yet reach some populations such as the travelling community, migrants and people with combined mental health problems and intellectual disabilities, where significant stigma remains.

Ciarán speaks about self-stigma among service users as a major issue as well as the fact that the media can play a role in increasing stigma.

**STIGMA IN THE WORKPLACE**

Working in frontline mental health services, Ciarán still sees a lot of inequality for people with mental health problems. This is particularly the case when it comes to employment and Ciarán says that a big part of his role is getting people back to the workplace as quickly as possible.

The Kantar Millward Brown Research showed that 68pc of people surveyed said they would be willing to work with someone experiencing mental health difficulties. Those living in Dublin were significantly less willing to work with someone who has a mental health difficulty compared to people in the rest of Ireland. 58pc of people surveyed in Dublin said they would be willing to work with someone with a mental health difficulty in the future - 8pc lower than the average for the rest of Ireland.

**RECOVERY FOCUSED**

“I HAVE so much respect for the patients I work with,” says Ciarán, “they are so resilient. We mental health workers build a relationship with our patients, we are on a journey together, sometimes for many years, but our focus is always on recovery. People say you only live once. I tell my patients you live every day, you only die once. Things can improve and they will get better.”

Both Ciarán and Liam agree that we need to build resilience among young people so that people know that life is not perfect. Ups and downs are normal. “Peer-led services are key,” says Ciarán. “When the CEO is a service user then we will know that the situation has changed.” He concludes.

“This year it was great to see the strategic locations of the green ribbons, such as in railway stations, I think we need to make the conversation about mental health a permanent one, something that happens all year round, not just a conversation that takes place in May,” adds Liam.

Stigma reduction is an important part of our national strategy to reduce suicide. Connecting for Life, which is coordinated by the HSE’s National Office for Suicide Prevention (NOSP), NOSP’s Director, Barry Raleigh hopes that in the future there will be no need for us to wear a green ribbon because talking openly about mental health will be a normal part of everyday life.

**A PERSONAL JOURNEY**

At this year’s Green Ribbon launch, See Change Ambassador Barbara Brennan, who has personal experience of mental health difficulties, spoke about how she got involved in the campaign following what she described as a “traumatic, life-changing experience.”

“I wanted to share my experience and, more importantly, the tools I used to get me out of it, so that others wouldn’t have to go to the incredibly dark places that I have been,” she told a captive audience.

She continued: “Living most of my life in fear of my illness allowed it to control me completely. Like a bully at school, my illness tormenting me, beat me senseless, and left me struggling to breathe on a daily basis.

“I decided that killing myself was the best thing that I could do for myself, especially as I was on my own. I put up a life support machine after being found by my brother and sister. Today, I am healthy and I am well. I am very much alive.

“People can, and do recover from mental illness. It’s not talked about enough for people to realise the possibility of health and wellness after a serious bout of depression, anxiety, elation, eating disorder, or indeed any of the other labels from the long list under mental illness.”
LISTENING TO AND LEARNING FROM PATIENTS USING OUR PRIMARY CARE TEAM SERVICES

THE Primary Care Division is committed to improving the quality of care as set out in the vision: ‘A healthier Ireland with a high quality health services valued by all’. To achieve this vision we need to get patient views so that the planning of services reflects their needs and preferences. This is a requirement of the National Standards for Safer Better Health Care 2012 and the Primary Care National Service Plan 2016 (Goal 3) which seeks to:

- Increase the ratios of service user engagement and services measures in
- Commence patient experience surveys in primary care and community services
- Engage with patients on their experience of primary care through listening sessions conducted in partnership with the National Quality Improvement Division (QID)
- Measure primary care service users experience within Community Healthcare Organisations (CHOs) through the use of the primary care service user survey

In 2015, a networking and support group for the National Standards was established by the National Primary Care Division. As a result of this collaboration a number of key quality improvement initiatives were identified including the need to understand the experience of patients who use primary care teams (PCT) services.

In the latter part of 2015 the National Primary Care Experience Survey was developed in collaboration with the CHOs, QID and service users. The aim of the survey was to measure user’s experiences of PCT services.

Focus group discussions in relation to survey questions and layout were carried out with service users. A workshop was also held in March 2016 with relevant stakeholders to review and share the learning from surveys conducted early in the process. The survey was carried out across all of the nine Community Healthcare Organisations (CHOs) and in approximately 40 PCTs throughout 2016.

The overall process was managed by the CHOs in collaboration with the Quality & Safety Office, National Primary Care Division and the QID.

Between Q4 2015 and Q4 2016, there were over 3,000 surveys issued, and 1,662 completed surveys received, giving a 56.4pc average response rate. Overall, 79pc of respondents rated their experience of PCTs as positive and less than 1pc as poor. All CHO areas have Quality Improvement Plans (QIPs) in place based on the findings of the results of their surveys.

Listening to patients and improving our services is a continuous cycle and the 2017 questionnaire is being finalised based on feedback from our patients, staff and the National Adult Literacy Association (NALA).

We look forward to working with our colleagues in the CHOs to continue to listen and learn from the people who use our services.

A copy of the report is available on www.hse.ie/primarycare For further information on the survey please contact the Primary Care Quality and Patient Services gps.primarycare@hse.ie

Profile of Respondents:

- Majority of respondents were female (70.5pc/n=1127). Close to half (45pc/n=733) of the respondents were from 18-44yrs age group category.

- Almost 2 in 5 (38pc) think vulnerable adults are badly treated. One in three believes vulnerable adult abuse to be widespread.

- There is a lack of clarity over where to report vulnerable adult maltreatment, particularly among the young.

Adults who may be vulnerable are those who may be restricted in their capacity to guard themselves against harm or exploitation, possibly as a result of illness, dementia, mental health problems, physical disability or intellectual disability.

According to the NSC Chair, Patricia Rickard Clarke: “The members of the NSC have come together with one objective in mind. To ensure that adults who may be vulnerable are safeguarded and that there is a zero tolerance of abuse. These research findings indicate a very worrying prevalence of vulnerable adult abuse; uncertainty over what constitutes psychological and financial abuse, and a lack of knowledge of what to do when you become aware of the abuse of vulnerable adults.”

“The survey results provides a baseline against which progress in developing public awareness and changing attitudes and behaviour can be measured. We are planning a public awareness campaign on the issue of abuse of vulnerable adults, and we would urge the Government to introduce legislation which would provide for independent advocacy on behalf of vulnerable adults and a National Safeguarding Authority with a dedicated budget.”

The Minister of State at the Department of Social Protection, Justice & Equality and Health Finian McGrath said, “The research commissioned by the NSC suggests a startling prevalence of abuse of vulnerable adults, as well as a lack of clarity of how and where to report such abuse when it is witnessed. Society and Government have a duty of care towards all of its citizens, particularly those who are more vulnerable. Measures to tackle this issue are not the preserve of any one Government Department. This is a cross-departmental issue and I intend to work across departments to agree measures to protect our vulnerable adults from abuse.”

Any vulnerable adult can be subject to abuse. Recent cases of historical practices and institutional abuse in Ireland have led to significant public concern about safeguarding our most vulnerable citizens. Ms Rickard Clarke said, “In addition to strengthening the legislative framework for safeguarding, the NSC wants to see progress towards the establishment of the Decision Support Service within the Mental Health Commission. This will provide support to adults whose capacity for making decisions is in question. It must be given adequate resources.

“The Service is provided for in the Assisted Decision Making (Capacity) Act 2015 which we would like to see fully commenced as soon as possible. This legislation aims to prevent exploitation of this vulnerable group of adults and to ensure that their will and preferences are respected in areas such as health, personal welfare, property and financial matters.”

Full survey details and information about the Committee’s public awareness campaign on safeguarding can be found at www.safeguardingcommittee.ie

Attending the publication of the Red C survey results were: Eilidh Detetive Sergeant, Deirdre Moloney, An Garda Siochana & NSC member, Lkadine McCorrie, National Advocacy & NSC member, Minister Finian McGrath, Amanda Phelan LICD, Mary Cordell, SAIGE, Tom Hardy, HSE National Safeguarding Office & NSC member.

NEW UNIFORMS FOR HOME HELP

Kerry Community Services home help staff at Rochfort, Killarney, Co Kerry try out their new uniforms. They are pictured with Ted Kenny, SPFU; Monica Sheehan, Director of Public Health Nursing; Susanne O’ Sullivan Home Help Co-Ordinator; Helen Sweeney, Home Care Package Manager, and Sharon Rennie, Home Help Co-Ordinator.

EDENT new research, commissioned from Red C by the National Safeguarding Committee (NSC) shows widespread public concern that many vulnerable adults are open to and experience physical, emotional, psychological and financial abuse.

Among the research findings are:

- Physical abuse of vulnerable adults has been witnessed/suspected by 1 in 3 adults, very often in the home.
- Over 1 in 3 has experienced emotional abuse.
- Of those respondents who have experienced physical abuse, 55pc (n=733) found the abuse frequent. One in five respondents (20pc) thought that abuse had never occurred.
- Of those respondents who have experienced emotional abuse, 40pc (n=733) found the abuse frequent. One in five respondents (20pc) thought that abuse had never occurred.

Ahoe have a concern?

If you have a concern about abuse or neglect of a vulnerable person:

All vulnerable people have a right to be protected against abuse and to have any concerns regarding abuse experiences addressed. They have a right to be treated with respect and to feel safe, regardless of the setting in which they live. If anyone has a concern about abuse or neglect of a vulnerable person in the community or in a HSE or HSE funded residential facility, they should report it to a health care professional (e.g. public health nurse, physiotherapist, GP etc.) or the HSE’s Safeguarding and Protection Teams – www.hse.ie/safeguarding

In addition, the HSE has appointed a confidential recipient, Ma Leght Gath, who will receive and report concerns of abuse or neglect in confidence. Email: leigh.gath@ hfeihealth.ie or LoCai: 1800 100 14.

For details on safeguarding within the HSE, www.hse.ie/safeguarding

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For details on safeguarding within the HSE, www.hse.ie/safeguarding
THE Community Funded Schemes is a collective name for all of the many products, supports, supplies, appliances and aids that are provided through community services. There are a variety of products and services provided under the schemes. These products and services play a key role in assisting and supporting service users to maintain every day functioning, to remain living in their homes and local community. They also avoid the need for a hospital presentation or admission whilst also facilitating early discharge from hospital back into the community. The HSE currently spends in excess of €250m per annum on these products and services. Currently, many of these products and services are not provided on a standardised basis across the country and many do not yet have formal contracts in place governing their supply or price. This has resulted in an inequity of access to products and services for service users in some areas and does not allow the HSE to deliver best value for money in the provision of these products and services.

To address these issues and to improve the quality and sustainability of the products and services being provided in the community, a Service Improvement Programme was established to set out national standards and guidelines, to ensure that there is equitable access to service irrespective of where the service users resides.

Six work streams have been identified under the Service Improvement Programme and a National Multidisciplinary Working Group has been established for each work stream, chaired by a senior manager within the HSE. In order to oversee the coordination between these separate working groups a CFS Governance Group chaired by Brian Murphy, Head of Planning, Performance and Programme Management, Primary Care Division is established to drive this vast project forward.

The overall Programme is being led managed by Fiona MacNamara, CFS Programme Manager.

- **Aids & Appliances - Des O’Flynn, Head of Service, Primary Care, CHO9**
- **Respiratory Therapy Products - Frank Murphy, Head of Service, Primary Care, CHO2**
- **Orthotics, Prosthetics & Specialised Footware - Joe Ruane, Head of Service, Primary Care, CHO 8**
- **Incontinence Wear, Urinary, Ostomy & Bowel Care - Kate Duigan, Head of Service, Primary Care, CHO 3**
- **Nutrition – Anna Maria Larrigan, Head of Service Primary Care, CHO5**
- **Physical Disability Services - Anne Marie Donohoe, Head of Service, Primary Care, CHO 6**

In addition, the CFS Service Improvement Programme is also supported by Finance, Procurement, Communications, PCRS and the Medicine Management Programme. To ensure integration across divisions, there is an engagement with social care, health & wellbeing and acute divisions. Input from service users and patient advocacy groups takes place as required.

The scale of the programme is enormous given that many thousands of items are provided from community based services across the country. Every PHN, continence advisor, clinical nurse specialist, occupational therapist, physiotherapist, dietitian, speech and language therapist, podiatrist and orthotist, who prescribes an appliance, a lab feed, a prosthetic, oxygen or one of the many thousands of items used to support service users in the community has a role to play in this service improvement programme.

In addition, each of the work streams is participating in an ICT work stream to progress the development of the ICT capability to support the Community Funded Schemes. A finance sub-group has been established across the work streams to streamline the current approval and payments process for the CFS.

### AIDS AND APPLIANCES SERVICE STAFF BRIEFINGS

As part of the overall Community Funded Schemes Service Improvement Programme, the Aids and Appliances Working Group, chaired by Des O’Flynn, Head of Service Primary Care, CHO 9, has progressed a number of projects that it was tasked to undertake. Briefings and workshops on the work to date of this group were held in HSE venues around the country during February.

Presentations were made by a number of the Group members and attendees participated in a workshop to critically review the work completed to date on the draft approved List of Community Aids and Appliances.

Attendees provided written feedback through a structured questionnaire and an engaging feedback session was also held at each of the briefings.

236 people attended nationally including, Occupational Therapy, Speech and Language Therapy, Physiotherapy, Public Health Nursing, Medical Officers, Supplies, Logistics, Procurement, Management/ Administration, Finance, Clinical Nurse Specialists, Podiatry, Dietetics, Ophthalmology and Orthotics. Attendees were represented from all grades of service and included staff from the HSE, voluntary agencies and acute sector.

Presentations were made by Des O’Flynn; Fiona MacNamara, CFS SIP Programme Manager; Lynley Hartfield, Occupational Therapist, Aids and Appliances Task Group, CHO 4; Eamonn Lally, CFS SIP Procurement Lead; Liam Hackett, National Medical Equipment Adviser Community Services, National ECRi AiMS Business Manager; and by John Joyce and Annette Lalou, ICT support services.

Attendees were also updated on the work of the National Multidisciplinary Working Groups established to support the six CFS SIP work streams.

A detailed update was provided on the ongoing work of the Aids and Appliances Service Improvement Group which includes National Guidelines on Post Mastectomy Products and National Guidelines on Wigs and Hairpieces, Standard Operating Procedures for Aids and Appliances Budget Management, the Equipment Management Initiative (Recycling Programme); a Prioritisation Tool to support decision making; Prescriber Guidelines, a new National Loan Agreement Form, and the Draft National Approved List of Aids and Appliances.

Aids and Appliances Service Improvement Programme

Attendees then worked in eight workshop groups to critically review the eight headings identified within the Draft National Approved List of Community Aids and Appliances listed above. The work streams groups critically reviewed the headings and provided feedback.

Attendees highlighted the roadmap for health procurement and the aids and appliances procurement over 2017. They outlined how the use of both our HSE AIMS (Asset Information Management System) and our National ICT programmes will link all of the service improvements that are being developed, supporting the change process and providing an efficient cohesive client focused system for staff to use.

Feedback varied from general comments to specific questions and analyses and presenters and attendees engaged in discussion around the topics raised. The high level of positive engagement and interest demonstrated by all staff who attended the sessions was welcomed. If you would like more information on the work of the National Community Funded Schemes Service Improvement Programme please contact Fiona MacNamara, CFS SIP Programme Manager at fiona.macnamara@hse.ie.

### CASE STUDY - PROVISION OF INCONTINENCE WEAR

THE HSE provides a home delivery incontinence wear service to over 54,000 service users who reside in their own home or in residential care. In addition there are over 10,000 additional deliveries per annum, of these products, to acute hospitals and community nursing units. The annual spend by the HSE in this area is circa €24m.

The structure of the current contract for the provision of incontinence wear products to service users was no longer suitable to meet the requirements of the HSE both in terms of service model and value for money. The CFS multidisciplinary incontinence working group reviewed the current service model and agreed with the Governance Group the guiding principles for the delivery and improvement of services going forward. These principles include, the availability of a home delivery service for all service users, a dedicated Freephone hotline operated by a service user support centre, flexibility for service users in terms of delivery cycle and equity of access across the country, and the need for service users irrespective of where they reside.

Working with HSE Procurement a tender process has been completed in respect of the provision of Incontinence Wear products and a separate process is underway for the distribution aspect of this contract. At the same time, a clinical expert sub-group has been established and is currently working on the provision of national guidelines which will ensure equity of access for service users across the country.

The introduction of the new contract, together with national guidelines will improve access to products, improve the quality of services currently available to service users and offer best value for money to the HSE.
Green Healthcare Programme
PREVENTING WASTE, IMPROVING ENVIRONMENT AND SAVING MONEY

The Green Healthcare Programme, which is co-funded by the HSE’s National Health Sustainability Office and the Environmental Protection Agency, is helping Irish hospitals identify and implement savings in the areas of healthcare risk waste, food waste, recycling, and water efficiency. These measures aim to help Irish hospitals operate in a more sustainable way, while also saving money.

To date, the GHCP programme has provided more than 100 efficiency surveys in over 30 healthcare facilities, including Acute Hospitals and Community Health Organisation (CHO) facilities. The acute hospitals involved in the programme represent 50pc of the total acute bed capacity in Ireland.

The Programme undertook detailed surveys, assessing waste management, catering provision and utility efficiency in participating hospitals. Through these surveys, the GHCP has developed an in-depth knowledge of how best to reduce waste and save money in hospitals and has developed a range of best practise guidance documents including factsheets, and case studies, all of which are available on the NHS’s website (www.hse.ie/sustainability).

A Training and Awareness Programme was developed to share the knowledge obtained through these detailed surveys. During training in participating hospitals, a number of sessions are held including:

- Healthcare risk waste reduction & maximising recycling – aimed at clinical staff and support staff including portering
- Food waste reduction – aimed at catering and support staff
- Water conservation – aimed at maintenance and finance staff

These training sessions, which have been held in 23 acute hospitals to date, outline the findings from the Green Healthcare programme and also, using data from each hospital, estimate the potential savings and illustrate where each hospital are in terms of best practice benchmarks for water and waste.

The training session on risk waste involves an interactive board game where small groups work together to put individual waste streams into the correct bin – this has proven particularly popular and educational for staff with information on how to identify and implement savings in the healthcare risk waste bin.

A lunch time quiz is also held covering topics like what can be recycled in the hospital and what should and shouldn’t go in the healthcare risk waste bin.

Throughout 2017 the programme will focus on providing continued support for healthcare facilities which are proactive in sustainability measures.

And a new best practice guidance document for water efficiency in the Irish Healthcare Sector will be published shortly. For further details log onto www.hse.ie/sustainability, email nhs@hse.ie or visit the NHS website.

The Green Healthcare Campaign

- Health matters | summer 2017
- summer 2017 | Health matters
European-wide initiative developed

**TACKLING FRAILTY IN THE ELDERLY: A TOP PRIORITY**

Europe-wide initiative to develop a preventative approach to frailty in older people began in January this year. Known as ADVANCE, this joint action project will run for three years and is co-funded by the European Third Health Programme (2014-2020) with a budget of €3.5m. ADVANCE involves 22 member states and 40 organisations with Spain being appointed as lead co-ordinator. In addition to Spain, it involves 21 European countries; Austria, Belgium, Bulgaria, Croatia, Cyprus, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Lithuania, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovenia and United Kingdom.

ADVANCE will develop a ‘Prevention of Frailty Approach’ in health and social care services, by encouraging consensus and building a common understanding on frailty that can be used as a common management tool. A core focus of the group is to optimise the acute care of frail older people in Ireland to address their care during an urgent care episode. A particular focus will also be on the identification and dissemination of best practice, to influence policy, and develop appropriate services for older people’s care throughout the health care system.

### National Clinical Programme for Older People (NCPOP)

**FRAILTY SUB-GROUP**

The frailty sub-group operates as an advisory committee to the Clinical Advisory Group (CAG) of the NCPOP. The group is co-chaired by Dr Rónán D’Cairn and Dr Marie Therese Conneely liaising with Emergency Medicine and Acute Medicine physicians. A core focus of the group is to optimise the acute care of frail older people in Ireland to address their care during an urgent care episode. A particular focus will also be on the identification and dissemination of best practice, to influence policy, and develop appropriate services for older people’s care throughout the health care system.

### National Frailty Education Programme

POPULATION ageing is occurring rapidly and between 2015 and 2040 the number of people in Ireland aged 65 years and older is expected to double (CISD 2008). Frailty affects approximately 8-10pc of people over the age of 65, and 25-30pc of those aged 85 and over. Almost 23pc of all hospital ED attendees are over 65 years and this age group account for 40pc of all acute emergency medical admissions and 47pc of total hospital bed days (HSE, ED Task Force Report 2015 and NCPOP 2012).

One of the greatest challenges posed by an ageing population is the ability of healthcare professionals to understand, recognise and manage frailty. The NCPOP is partnering with The Irish Longitudinal Study on Aging (TILDA) and collaborating with the Office of the Nursing & Midwifery Services Director, the National Emergency Medicine Programme and the National Acute Medicine Programme in the roll out a National Frailty Education Programme. The programme aims to provide healthcare professionals with an enhanced understanding of frailty and frailty assessments, thereby ensuring early recognition of frailty, improved healthcare management and better health outcomes for frail older adults.

The programme will be piloted with the development of 100 nurse facilitators. However, it is proposed to use the findings of the initial programme to inform the development of an interdisciplinary frailty education programme and to explore the development of an e-learning blended platform.

The first wave commenced within the Saolta Healthcare Group and CHDs 1 and 2 and will be completed in two consecutive phases at each location (HI and CHO):

- **Phase 1:** nominated facilitators from HIs and CHDs attend TILDA to complete a one day Insights into Frailty programme
- **Phase 2:** nominated facilitators from HIs and CHDs provide a Fundamentals of Frailty education locally in their/their organisation.

This initial pilot will run between February and July this year, with wave one completed by the end of April. Wave two commenced in May within the Ireland East Hospital Group and CHDs areas 5, 8 and 9.

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**Acute care of frail older people in Ireland**

A core focus of the group is to optimise the acute care of frail older people in Ireland to address their care during an urgent care episode. A particular focus will also be on the identification and dissemination of best practice, to influence policy, and develop appropriate services for older people’s care throughout the health care system.

Dr Rónán D’Cairn, Consultant Geriatrician, Senior Lecturer in Geriatric Medicine, UHG/NUI and Co-chair of the National Clinical Programme for Older People Frailty Advisory Group is Ireland’s (HSE) representative on this project. Dr D’Cairn is co-ordinating one element: Knowing Frailty at Population Level in association with Dr Siobhan Kennedy, HSE National Clinical Advisory Group Lead for Social Care, and Michael Fitzgerald, HSE Head of Operations and Service Improvement Services for Older People.

In January this year, the Joint Action on the Prevention of Frailty held its kick-off meeting in Madrid. Rónán D’Cairn, Co-chair of the National Clinical Programme for Older People Frailty Advisory Group said, “While frailty is increasing, its true prevalence at population level in Europe is unclear and little is known about the incidence, transition states or the benefits and risks associated with screening, surveillance and monitoring for frailty. ADVANCE and Ireland as leaders for this task will help clarify these important questions.”

During the two days of the conference, the importance of demographic changes was discussed and the associated increasing demands for social and health care related to frailty. This joint work is key to tackling frailty at European level, which is the main condition associated to disability in older people.

Its main outcome will be a common European model to approach frailty, leading to the development of improved strategies for diagnosis, care and education for frailty, disability and multi-morbidity and will prevent the growing healthcare demands from the increasing burden of disability and chronic diseases. It will contribute to a more effective response to the needs of older people in care delivery including gender sensitive aspects, through better care planning and coordination, innovative organisational approaches and better collaboration between professional and informal care, including support for self-management.

Michael Fitzgerald said, “The work that started with this meeting is currently particularly relevant in Europe to address the demographic change and the associated increasing demands for social and health care related to the burden of chronic diseases, frailty, disability and old age, which are a central priority for the EU and its member states.”

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**TOP OF PAGE:** At the TILDA training day were: (L-R) Antoinette Larkin (PhD, Geraldine Deone [Ph], Clare McAlister [LMH], Lee Finlay [LMH], Mary O’Shea (TILDA), Carolyn Blackwelder [RHI], Carmel Anadolu [RHI], Carmel Hony (NCPOP), Marie Delaney CHW, Galway, Niamh Walsh, 1D Services Donegal.

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**More information**

Further information on the education programme from: 
- davidselang@nhi.ie
- NCPOP Director of Nursing
- carmela.bayley@hse.ie NCPOP Service Planner of Frailty/Mobility@hse.ie
- NCPOP Programme Manager
HE National Social Inclusion Office – part of the National Primary Care Division - has recently launched a new website www.hssocialinclusion.ie that contains information and support for staff who provide services to a wide range of vulnerable people. The remit of Social Inclusion includes:
• Addiction services
• Homelessness services
• Intercultural health (including asylum seekers, refugees and migrants)
• Irish Traveller and Roma services
• LGBT health
• HIV and AIDS in marginalised groups
• Domestic, sexual and gender based violence
• Community development

Poverty and social exclusion have a direct impact on the health and wellbeing of the population and it is important that staff across the HSE who support people with these needs can access up to date information, resources, translation supports, links to voluntary organisations etc. to assist service users. We also want service users to be able to use this website. Our new website is aimed at improving access to mainstream and targeted health services for people from disadvantaged groups and helping us to reduce inequalities in health.

We have developed a wide range of tools, support and information on our new website, including some easy to use supports:
• Emergency Multilingual Aid: A set of resources for staff to assist in communicating with patients in an acute setting prior to arrival of an Interpreter. http://www.hse.ie/eng/services/Publications/SocialInclusion/EMA.html
• Lost in Translation? A guide for HSE staff Planning, Managing and Assuring Quality Translations of Health Related Material and Other Languages. www.hse.ie/lost itranslation
• Health Services Intercultural Guide: Responding to the needs of diverse religious communities and cultures in healthcare settings www.hse.ie/interculturalguide
• Approaches to the delivery of Intercultural health www.hse.ie/mobileapps
• Links to www.drugs.ie with information on how to access drug and alcohol supports for any service users or family members.

1800 459 459

If you are working with vulnerable patients or service users we hope that you find the site useful to you when supporting your service users. We welcome feedback on the site, if you have any amendments/comments or if you would like to see additional information on www.hssocialinclusion.ie please e-mail us at socialinclusion@hse.ie.

National Social Inclusion Office
NEW SUPPORT SITE FOR VULNERABLE COUNTRIES

THE HSE has signed an agreement to renew the partnership between Irish Aid and the HSE to enhance Ireland’s overall contribution to Global Health and Development. We aim to build on collaboration between Irish Aid and the HSE that began over a decade ago, says Dr David Weakland, the HSE’s Global Health lead.

“ar agreement aims to support the Sustainable Development Goals and ensure better health in Ireland’s partner countries by using technical expertise available in the HSE to advance the objectives of Ireland’s development cooperation programme.

“Previous achievements under the collaboration include building a partnership between the HSE and the Ministry of Health in Mozambique to focus on improving the quality of hospital care throughout Mozambique; strengthening Ireland’s response to the Ebola crisis in West Africa; and supporting Ireland’s leadership in human resources for health.

The agreement was signed by HSE Director General Tony O’Brien, who commented on the mutual benefit of the partnership, which helps improve the quality of our own health services,” he said.

HSE Director General Tony O’Brien and Joe McHugh, Minister of State for the Diaspora and International Development.

HSE HAS KEY ROLE DEVELOPING HEALTH IN EMERGING COUNTRIES

“Through the exceptional commitment of our staff, the HSE contributes to improving health in low income countries. Initiatives such as the HSE collaboration in Mozambique directly assist the Irish Government’s aid programme. In turn, our staff gain new learning and skills, which we share directly with the people of Ireland who fund our aid work,” Dr O’Brien said.

Dr Paul Kavanagh, Director General of the Health Service Executive (HSE), speaking at the launch of the new website www.hssocialinclusion.ie, said the new resource is a major development in making social inclusion a central part of health service delivery.

Dr Kavanagh talked about how the HSE is developing new national clinical guidelines for smoking cessation and the treatment of tobacco dependence.

SMOKING CESSATION SUPPORTS AND TREATMENTS

We also know that smokers want to quit; stopping smoking is the most common change desired among smokers (48pc) and almost six out of every ten smokers in Ireland are thinking, planning or trying to quit according to the 2018 Healthy Ireland Survey. Most smokers are aware of health implications but many smokers but have severe difficulties in quitting. Nicotine use may lead to smoking cessation is strongly supported by healthcare workers and the HSE. In addition to behavioural support, there are several options for pharmacological intervention:
• NRT - nicotinic replacement therapy (nicotine gum, patch, lozenge, nasal spray, inhalator, and gum).
• Suppression, a norepinephrine and dopamine re-uptake inhibitor.

NRT is an over the counter product, and is readily available in many forms, e.g. patch, lozenge, nasal spray, inhalator, and gum.

Individual preference and tolerability determines whether one of other product will be used.

More information

If you would like to find out more about the work of the Clinical Guideline Development Group please contact Dr Paul Kavanagh via email: Paul.kavanagh@hse.ie

Notice

16 people die daily
GUIDELINES TO AD QUIT ATTEMPTS

Drs Keith Ian Quintyne and Paul Kavanagh talk about how the HSE is developing new national clinical guidelines for smoking cessation and the treatment of tobacco dependence.

There are now more quitters than smokers in Ireland

Ask any of our healthcare staff for help with quitting tobacco – we are ready to help you.
Making Ireland a Flagship Country for Integrated Care

International Conference Held

The HSE’s Clinical Strategy and Programmes Division (CSPD) co-hosted the 17th International Conference on Integrated Care (iCiC) with the International Foundation for Integrated Care (IFIC) recently. The conference, which is normally a European event, this year incorporated the World Congress on Integrated Care, extending to a worldwide audience of healthcare professionals, patients, carers and researchers.

The conference which is the largest conference in the world, focusing solely on coordinating care for people with chronic and long-term conditions, brought together over 1,000 delegates from around the world engaged in the design and delivery of integrated health and social care. Delegates shared experiences and the latest evidence under 5 distinctive themes:

- Theme 1 - Promoting the health and welfare of people, families and communities
- Theme 2 - Timely transitions: optimizing patient flow across care settings
- Theme 3 - Preventing and managing chronic disease: engaging and empowering people
- Theme 4 - Ageing health and wellbeing
- Theme 5 - Implementing integrated care

These themes were brought to life by various submissions and discussions on complicated health areas such as:
- Preventative measures
- Better integration of public health and social care for hospitals
- Integrating mental and physical care
- Mobilising key enablers such as policymaking and mobile and digital health solutions
- Investment in an integrated care workforce
- Clinical leadership and coproduction with individuals, careers, communities and populations.

The conference emphasised the HSE’s commitment to supporting and including patients in its activities by signing up to the Patients Included Charter. This charter enabled conference organisers to incorporate the experience of patients into their conferences and demonstrate in real terms that the patient is at the heart of its activities. Needless to say the event was a success and you will be hearing much more about iCiC17 in the next issue of Health Matters.

You can learn more and catch up on demand at http://live.integratedcarefoundation.org/

New Booklet for GPs Working with Transgender People

An information booklet for General Practitioners (GPs) working with transgender people in the South East has been launched by the HSE.

The 12-page guide, produced by the HSE’s Primary Care and Social Inclusion team for the South East, includes suggestions for working with transgender patients, an outline of treatment options and transgender specific assessment and care, a summary of services for children and adolescents, adults and families and other resources.

The publication issue to up to 300 GPs in counties Carlow, Kilkenny, South Tipperary, Waterford and Wexford that are part of the General Medical Services (GMS) scheme, in addition to other doctors, medical health professionals and primary care teams.

Launching the publication of the booklets, Diane Nurse, National Social Inclusion Lead, HSE, told the audience at the event in the Boardroom of the HSE’s Admin offices at Lacken, Kilkenny: “Transgender people are part of Irish society and it is essential that our services address their needs. To do this, the HSE is in the process of developing services and models of care which will involve building capacity at national and local levels. This will also require targeted investment. Delivering services to transgender people should be everyone’s business. The HSE are currently developing a standardised model of care for transgender people, including children and adolescents, and we have been to the fore in progressing things here in the South East.”

The publication is available on the HSE website: http://www.hse.ie/eng/primarycarereform/Gender.html

Sustainable Healthcare: The Curious Case of our Smallest Patients

Researchers at the University of Limerick are working with the Environmental Protection Agency on assessing the environmental impacts of infant feeding.

The research team, Dr Yvonne Ryan-Fogarty, Postdoctoral Researcher, and Dr Bernadette O’Regan, as Principal Investigator, are keen to pour their collective experience into the research.

“We need to start asking how policy at all levels can provide a more integrated approach in addressing environmental problems” says Dr O’Regan. “Backcorking is an incredibly useful tool in the fulfilment of this aim.”

The research team used key health and waste management policies to develop solutions. In particular the WHO Global Strategy on Infant and Young Child Feeding and HSE Infant Feeding Policy for Maternity and Neonatal Units are crucial to waste prevention.

“This analysis provided thought-provoking results. The problem orientation phase showed that €30pc of ready to use breastmilk substitutes purchased are unconsumed and end up as waste,” said Dr O’Regan.

“We developed 14 alternative solutions for prevention and management of this waste. Some of these solutions are already key health promotion goals, for example increasing breastfeeding rates, while others are innovative in terms of seeking new opportunities for waste prevention.”

Participation in the Baby Friendly Health Initiative (BFHI) is HSE policy for maternity units. The BFH aims to provide a protective environment for all babies and their mothers and this includes awareness and skills for parents and health workers if a baby is receiving human milk substitutes,” explained Dr Genevieve Becker, National Coordinator of the BFH in Ireland. “Therefore the research outcomes were strengthened by the inclusion of Baby Friendly Health Initiative criterion in the evaluation of potential solutions.

Preliminary data collection from University of Limerick Maternity Hospital and Cork University Maternity Hospital has begun. ULMH was recently presented with an award to acknowledge its continued commitment to the Baby Friendly Health Initiative.

Achieving Baby Friendly status is called for in Healthy Ireland, the National Maternity Strategy, HSE Infant Feeding Policy, HSE Breastfeeding Action Plan and the UN Convention on the Rights of the Children report on Ireland. Infant feeding methods directly impact on the lifelong health of the infant.

For further information log onto the project website: https://ecoinfantresearch.wordpress.com/ and Baby Friendly Health Initiative in Ireland: http://www.babyfriendly.ie

This research is supported by the Irish Environmental Protection Agency Research Programme 2014–2020.
A guide on how to develop workforce plans for groups of medical health professionals has been developed by National Doctors Training and Planning (NDTP), part of the HSE’s HR Division. The guide is available at www.ndtp.ie/ doctors. It was developed by NDTP on foot of international best practice reviews and consultation with experts in workforce planning both in Ireland and in international health care jurisdictions.

Medical Workforce Planning Ireland:
A Stapelwise Approach outlines a simple methodology which guides the user through a series of phases to develop a strategic workforce plan for a specific or multiple groups of medical health professionals within the Irish healthcare system. Completed plans will typically include recommendations to support the development of the workforce over a ten-year period.

People Strategy
A key objective of the HSE’s People Strategy 2015-2018 includes developing comprehensive workforce planning for the health service in order to respond to changing needs in healthcare. To view the People Strategy, visit HSE.ie and Type People Strategy in the Search Box.

In recent years, NDTP has been engaged in the development and publication of medical specialty workforce related plans which identify the future demand for specialists (consultants) across the Irish health service, both public and private. HSE NDTP incorporates Medical Education and Training, Medical Workforce Planning and the Consultant Post Approval Process, under the guidance of National Programme Director, Professor Ellis McDowell.

The unit published a workforce plan for General Practice in 2015 which looked at various scenarios reflecting the potential delivery of GP care projected over a 10-year period and reflected the outcome of the deliberations of an expert panel combined with extensive background research. In addition to in-depth specialty specific workforce planning reports, NDTP is currently developing more high-level reference reports on Ireland’s medical workforce today. These reports will also consider how the workforce compares to recommendations related to the future workforce demand provided by key stakeholders in the Irish health service as well as those for similar international jurisdictions. These medical workforce reports will be an important reference for policy makers and as such will be a key part of the configuration of the medical workforce in Ireland today and into the future.

Seminar
Earlier this year, NDTP hosted a seminar showcasing models of medical and health workforce planning from the Netherlands and the UK, as well as similar models and relevant work being carried out in Ireland.

Representatives from the medical professions, health service management and the Department of Health attended.

The event was an important opportunity to engage with colleagues throughout the HSE, Clinical Programmes and training bodies as well as international experts to further develop understanding of what an effective medical workforce planning system should entail, and how we can continue to build on work already completed.

MORE INFORMATION
For more information on Medical Workforce Planning in NDTP and to access related NDTP publications go to www.hse.ie/doctors

HEALTH SERVICE MEETS CHALLENGES
PLANNING WORKFORCE OF THE FUTURE

HSE BUILDING FORMED PART OF 1916 COMMEMORATIVE CELEBRATIONS

The HSE Estate Team at Benburb Street, Dublin were recently presented with a framed moment from the 1916 Merridoo Garrison Relaxes for helping to facilitate approvals to erect a commemorative banner at Ushers Island as part of the 1916 Celebrations. The purpose was to recognise the central importance of garrison sites in Dublin during Easter Week 1916 and remember the men and women who were in the named garrison and its outposts.

On Easter Monday 1916, Captain Sohan Hauston and D’Company of the 1st Battalion of the Irish Volunteers were ordered to occupy the Merridoo Institute, an institution for the homeless of Dublin city. Located half a mile west of the Four Courts, this large stone building situated on Ushers Quay along the River Liffey serves today as a HSE Mental Health Day Service.

The Volunteers held of the British troops here for three days when it was initially expected to be only a few hours. Volunteer casualties numbered three wounded and one killed in action. The British suffered over one hundred casualties. The building was recognised during the Easter 2016 celebrations with a wreath laying ceremony and the unveiling of a Roll of Honour plaque.

L-R: John Stephenson, Merridoo Garrison Relaxes; Tracy Kielty; Gerry Hughes; Peter Coggins; Willie Roban and Derek Gilmartin.

SOMPLE PROJECT WITH A BIG IMPACT

D celebrate Poetry Day Ireland recently, a Menu of Poems called ‘You. Just You’ was distributed throughout Irish hospital wards, waiting rooms and other healthcare settings for patients, visitors and staff to enjoy. The poetry was selected by poet Yrsa Daley-Ward. Daley-Ward, was in Ireland for the Cuan International Festival of Literature, where she read and launched the Poems for Patience Series at University Hospital Galway.

Menu of Poems takes the form of a short anthology of poetry which is distributed annually to healthcare users in a range of healthcare settings. Produced by Galway University Hospitals Arts Trust in collaboration with Arts and Health Co-ordinators Ireland, Poetry Ireland and HSE Health Promotion and Improvement, over 10,000 people in healthcare settings received the 2017 Menu. The anthology included poems by Naomi Shihab Nye, Alice Walker and Derek Walcott. The Menu was also available to anyone working in a healthcare facility to print and distribute in their own locations. Since its conception in 2009, Menu of Poems has been a positive development in the lives of both patients and those who work in healthcare services across Ireland. The poetry is circulated on meal trays in hospitals and participating healthcare providers organised readings and workshops for Poetry Day Ireland.

Margaret Flannery, Arts Director at Galway University Hospitals Arts Trust, said “Menu of Poems is a simple project with a big impact. Each year we have the opportunity to coordinate a project for patients in our hospitals where we all get to discover and experience poetry. The project continues to grow annually; we plan to work with our partners to ensure all patients in hospital on Poetry Day 2018 will receive a Menu.”

The Menu was well received throughout the country with a patient from Portuincula University Hospital commenting: “The Kindness Poem really resonates for its truth as what you give is what you receive but tenfold and within this hospital you find it the quite word or moment taken to reaers.”

A consultant doctor on ward-round in University Hospital Galway said, after reading Love After Love by Derek Walcott, “It seemed to touch on the idea of identity which most of us are forced to grapple with when we become a patient, both to realise not only who we have become but even who we were before an illness, but may not have had the opportunity to have it so sharply focused before.”

Another staff member in Tallaght hospital commented she was having a particularly bad day and sat at her desk and read the poems. Much to her surprise, after reading the menu her mood lifted and her biggest problem was now which side of the Menu she should have facing her! Other participating hospitals and health centres commented that the Menu lives long after Poetry Day with Menus on display throughout the year.

For more information on the Menu of Poems project and how hospitals in healthcare settings could participate please visit www.menedico.ie and guhartstrust@hse.ie

ABOVE: aviator Slenter, CEO ACMMP; Netherlands; Rosín Morris, HSE National Doctors Training and Planning; Gabrielle Jacob, Department of Health; Ellis McDowell, HSE National Doctors Training and Planning; Jasmina Behan, Department of Public Expenditure and Reform; Sam Gallagher, Skills for Health, UK. TOP OF PAGE: Victor Slenter, CEO ACMMP, Netherlands; Rosín Morris, HSE National Doctors Training and Planning; Jasmina Behan, Department of Health; Eilis McGovern, HSE national Doctors Training and Planning; Gabrielle Jacob, Department of Health; Roisin Morris, HSE national Doctors Training and Planning; Victor Slenter, CEO ACMMP, Netherlands; Roisin Morris, HSE national Doctors Training and Planning; Gabrielle Jacob, Department of Health; Margaret Flannery, Arts Director at Galway University Hospitals Arts Trust; said “Menu of Poems is a simple project with a big impact. Each year we have the opportunity to coordinate a project for patients in our hospitals where we all get to discover and experience poetry. The project continues to grow annually; we plan to work with our partners to ensure all patients in hospital on Poetry Day 2018 will receive a Menu.”

The following hospitals and centres participated in Menu of Poems 2017: Arts for Health Partnership Programme, West Cork; Arts in Health at Cork University Hospital; Arts Initiative in Mental Health Siglo Latirum; Department of Health, Roscommon; Portuincula University Hospital, Roscommon; University Hospital, Limerick; University Hospital Galway; Mayo University Hospital, Mayo University Hospital, Portuincula University Hospital, Roscommon University Hospital, Sligo University Hospital and Letterkenny University Hospital; Kildare County Council Arts and Health Programme; Naas General Hospital; Arts Co-ordinator National Centre for Arts and Health, Tallaght; South Tipperary General Hospital; South Tipperary Mental Health Services; St. Luke’s General Hospital, Kilkerney; University Limerick Hospital Group incorporating University Hospital Limerick, Limerick, Mater Military Hospital, Ennis Hospital, Naenagh Hospital and Drogham Hospital; Waterford Healing Arts Trust; West Cork Mental Health Services Arts and Health Programme and Wexford General Hospital.

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Building a Better Health Service
LL of us working in the health service make decisions on a daily basis which can affect people’s lives. We have a responsibility to ensure that such decisions are based on the best available evidence, taking into account both patients’ needs and available resources. This approach was first known as ‘evidence based medicine’. It evolved to become ‘evidence informed healthcare’ and more recently evidence informed healthcare.

The National Health Library & Knowledge Service (NHL & KS) is a consolidation of all HSE libraries and library staff which are now part of the knowledge management function of the Health and Wellbeing division. As an integrated national service our libraries better positioned to deliver an equitable evidence informed service to all.

A new campaign to highlight the role of librarians and librarians in enabling evidence informed practice was launched at the HSE Leadership Masterclass in April this year. The campaign slogan is ‘you’ve been framed (evidenceinformedhealthcare). We’re asking doctors, nurses, managers, health and social care professionals to support the campaign, to ‘get in the frame’ and tell us how librarians and libraries enable evidence informed healthcare.

WHAT IS THIS CAMPAIGN ABOUT?

The purpose of the campaign:
• to raise awareness about the skills and resources available to all HSE staff that enable evidence informed healthcare
• to demonstrate the importance of evidence informed healthcare in the wider patient safety agenda

WHEN WAS IT LAUNCHED?

IT was launched at the HSE Leadership Masterclass in April, 2017. The campaign will run for six months.

WHY A CAMPAIGN?

EVIDEY HSE staff make decisions which affect people’s lives. Evidence informed healthcare can help save lives, improve patient care and empower people to make better decisions.

WHO IS LEADING THE CAMPAIGN?

This campaign is being led by the NHL & KS. A campaign team is made up of representatives from the Health Libraries section of the Library Association of Ireland, the National Patient Safety Office, the National Cancer Control Programme, nurses, doctors, health and social care professionals.

WHO IS THE NATIONAL HEALTH LIBRARY & KNOWLEDGE SERVICE?

The National Health Library & Knowledge Service is part of Knowledge Management, under the Health and Wellbeing division. It is made up of 33 libraries and 45 library staff.

WHAT SERVICES DOES THE NATIONAL HEALTH LIBRARY & KNOWLEDGE SERVICE PROVIDE?

SERVICES Include:
• Expert searches
• Research advice and support
• Dissemination of publications via Lenus
• Supply of journal articles
• Information skills training
• Access to a full suite of journals, ebooks, reference needs and more is available 24/7 via hslibrarian.ie

HOW CAN I GET INVOLVED?

• Follow us @hselibrarian on Twitter
• Use the #EvidenceinformedHealthcare
• Drop into your nearest HSE library & get framed – ask a member of library staff to explain!
• Send us a tweet & tell us how we can enable evidence informed healthcare

HOW CAN I MAKE A DIFFERENCE?

YOU can help make a difference by taking these simple steps:
• Talk to a colleague about what they understand by evidence informed healthcare
• Discuss evidence informed healthcare at your next journal club/CPD event
• Ask whether decisions are made using an evidence informed approach

MORE INFORMATION

For more information please see:
http://hslibrarian.ie/hslibrary/EvidenceInformedHealthcare/ Or contact aoife.lawton@hse.ie

NEW FOUNDATION PROGRAMME FOR RECOVERY ROOM CARE

The NCPA carried out a gap analysis based on the results of a survey conducted on the education and competencies of nurses/midwives in anaesthesia/recovery room care. This highlighted the requirement for a national standardised education pathway for nurses working in this area, leading to the new Level 8 Education Programme in Anaesthesia Recovery Room Care for Nurses/Midwives. This foundation programme is the first step in this pathway. The foundation module in Anaesthesia/Recovery Room Care for Nurses and Midwives developed by NCPA in collaboration with ONMSD commenced in September 2016. It is being delivered collaboratively by School of Nursing and Midwifery, Trinity College Dublin and The College of Anaesthetists of Ireland.

This module reflects a move to standardisation of the knowledge and skills for nurses/midwives working in this area with core competency achievement. The simulation and workshop training will provide the students with the opportunity to develop their clinical skills.

Award: The award is 10 ECTS at NFQ Level 8 and is approved as a Supplemental Award by the Nursing and Midwifery Board of Ireland (NMBI). It is 12 weeks in duration.

The module will be delivered three times per academic year by Trinity College, Dublin in collaboration with The College of Anaesthetists of Ireland. The intakes are in September, January and April with a maximum of 50 students per intake. Compulsory attendance is required at two study days, one day in the classroom and one day of simulation/workshop based training. Both of these days take place in The College of Anaesthetists Merrion Square Dublin 2. Additional lectures are provided online.

Features for students from HSE/HSE funded Hospitals are provided for by the Office of Nursing & Midwifery Services Directorate (ONMSD). Priority is given to HSE employees.

Getting children ready for school

EVENT GIVES PARENTS SUPPORT THEY NEED

HE Early Intervention Team (EIT) in Dublin West CHD? launched a parent information session to help support parents in preparing their child for the transition to primary school. This transition is an anxious time for parents and even more so for parents of children with additional needs such as an Autism Spectrum Disorder, Intellectual Disability, or other complex needs. It was within this context that the team organised this event. Research has shown that when information is shared and everyone works together that the transition to school is more successful.

This event was developed by a number of multidisciplinary team members including psychology, speech and language therapy, occupational therapy, physiotherapy, and supported from colleagues in the Department of Education specifically the Special Needs Office (NSO) and the National Centre of Special Education (NCSE). It also had the support of our Administrative Assistant and Team Co-ordinator. Our collective areas of expertise were pooled together and a series of practical presentations were prepared. The purpose of the event was to:
• Provide information to parents on the allocation of supports for children with special educational needs
• Share practical tips on getting their child ready for school
• Provide a forum for parents’ questions and group discussion

All parents whose children were attending the EITs within CHD? were invited. 53 parents attended the event that was held in Cherry Orchard Hospital in March. Maggie Stapleton and Mary Nolan, SENOS, opened the session outlining the supports available for children with special educational needs. This included up to date information on the new allocation of resources to schools (e.g. resource hours) and criteria for accessing Special Needs Assistants.

This was followed by a presentation by Louise Hoggins, Senior Clinical Psychologist and Emer McHugh, Senior Speech and Language Therapist on practical strategies for parents to get their child ready for school e.g. sharing information with the school, educating their teacher about their child, using visual supports, establishing routines in advance, and setting up communication systems. This was followed by a presentation by Khan Syfuzzaman, Senior Occupational Therapist and Marieann Marmame, Senior Physiotherapist who focused on ways to support their child’s gross motor and fine motor skills (specifically those required for school), the importance of physical activity, choosing a school bag and promoting good posture. Time was allocated for questions and staff made themselves available for individual queries. A range of practical resources and booklets were provided to parents.

Feedback forms were completed and were overwhelmingly positive. Some recommendations were made for further information from SENOS, more time for questions, and to have this run earlier in the year. These will be taken into consideration for future events.

The day was an overall success due to the high uptake from parents and their positive feedback, the combined input of the team, and the collaboration of our colleagues from the Department of Education. The service plans to run this as a yearly event.

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COMPLACENCY in relation to vaccines could cause deaths in Ireland as large measles outbreaks and related deaths take place in Europe, says the head of the HSE National Immunisation Office, Dr Brenda Corcoran.

Many European countries are reporting measles outbreaks - over 4000 cases and 18 measles-related deaths have been reported in Romania in the past six months, she said.

“Other countries with recent measles outbreaks include Italy, France, Germany, Poland and Belgium. An outbreak involving 40 cases occurred in Ireland as recently as 2018. ‘Measles is one of the most infectious diseases known to man. It is spread by coughing and sneezing, and by close contact with an infected individual. With today’s travel patterns, no person or country is beyond the reach of the measles virus. We are also now heading into the summer when people are much more likely to travel and take holidays,’’ she said.

“The only protection against measles is the MMR vaccine. Two doses of MMR vaccine (at 12 months and 4-5 years of age) are required to be fully vaccinated.

“While uptake in Ireland has remained steady at around 90%, we need to increase uptake rates to the target of 95% to make sure that measles does not circulate here. ‘This is important for everybody but is particularly vital to protect young babies as they cannot receive the MMR vaccine until they are 12 months old so they are vulnerable to complications, including death if they are exposed to measles infection.

“MMR vaccine along with all other vaccines saves lives and protects against serious illness. Due to good vaccine uptake, we have thankfully not seen outbreaks of other infectious diseases in Ireland that we witnessed in the past but we must not let complacency creep in.

“We have seen a recent fall in the uptake of HPV vaccine because of unsubstantiated safety concerns. This serves as a reminder that on-going efforts are required to reach and maintain high vaccine uptake levels.

“The theme for the recent European Immunisation week was “Vaccines Work” and we must continue to remind ourselves that vaccines are a simple, effective and safe way to save lives and prevent serious illness,” said Brenda.

“SUMMER IS HERE – TIME TO PROTECT AGAINST LIME DISEASE”

NOW that summer is here, people who take part in outdoor pursuits need to protect themselves against Lyme disease, which is spread by tick bites, says Dr Paul McKeown, a specialist in Public Health Medicine at the HSE Health Protection Surveillance Centre (HPSC).

Although the great majority of cases of Lyme disease are very mild (in fact, some people may not even know they have been infected), in a minority of cases, the infection can be more severe, leading to serious joint and nervous system disease he says.

“As people are more likely to engage in outdoor pursuits in the spring and summer months, ramblers, campers, mountain bikers, and others who work and walk in forested or grassy areas should protect themselves against tick bites.

“Ticks are tiny spider-like creatures that feed on the blood of mammals and birds and will use feed on humans. Ticks are more numerous and more active in the summer months and protecting against tick bites protects against Lyme disease.

“Tick bites can be prevented by:

• Wearing long trousers, long sleeved shirt and shoes
• Wear a hat and tuck in hair
• Using an insect repellent (preferably containing DEET)
• Checking skin, hair and warm skin folds (especially the neck and scalp of children) for ticks, after a day out
• Removing any ticks and consulting with a GP if symptoms develop.

Search for Lyme disease at www.hpsc.ie.

The HPSC website provides important information on protecting yourself and your loved ones.

KARE, a provider of services for people with an intellectual disability in Killarney, is the proud winner of the 2016 All Ireland Excellence Award. This prestigious award is organised by the Centre for Competitiveness (www.cfc.org) and is based on the internationally renowned European Foundation for Quality Management (EFQM) Excellence Model which recognises organisations that have demonstrated excellence in their overall performance.

Christy Lynch, CEO, KARE said, “I am delighted that the good work and dedication of all staff has been independently validated by the EFQM team of assessors. The assessors continually stressed how impressed they were with the teamwork that operates across the organisation, the commitment of the staff and the openness to new ideas, flexible responses and creativity”.

KARE first began using the EFQM Business Excellence model in 2003. The decision to use EFQM as the quality framework for the organisation, in preference to any of the other quality management systems available at the time, was based on a number of factors including that the model:

• addresses all aspects of an organisation’s business e.g. leadership, services, human resources, finance, partnerships, technology etc
• has a strong focus on achieving results for stakeholders e.g. people who use the service, staff, funders etc.
• supports understanding of the cause and effective relationship between what the organisation does and what it achieves e.g. policies and procedures and results
• understand how things link together thus supporting ‘joined up thinking’

Christy Lynch concluded, “Thirteen years on, we continue to reap the benefits of using the EFQM Business Excellence model, with consistently high satisfaction levels from surveys conducted with people who use the service, family members and staff. Our high level of compliance in inspections of our Residential Services by HDSA is further confirmation of the value the model has brought to us.”

“Liz McDonald, Paudiar Mc Cormack, Christy Lynch, Brendan Burke and Louise Mahon pictured with the award.

“ELECTRONIC HEALTH RECORD - PERSONAS AND SCENARIOS”

AS part of the National Electronic Health Record (EHR) Programme, eHealth Ireland has been working with stakeholders from across the health service to develop a set of Personas and Scenarios. A Persona is an outline view of a fictional person. It presents a snapshot of their demographic details, their background, their underlying health status and their goals and frustrations. A Scenario describes the fictional person’s journey in relation to a particular interaction with the health service.

The Personas and Scenarios help make the National EHR real, by outlining how interactions will look and feel in the future. This will be important as part of the ongoing engagement with clinicians, health service professionals, patients and the public.

The Personas and Scenarios can also be used as part of managing engagement with potential suppliers. They provide a consistent set of use cases through which suppliers can show what their solutions will do and demonstrate how they can address some of our existing challenges.

Over the past few months, approximately 170 Personas and Scenarios describing anticipated use of the National EHR, have been created by health service professionals, members of the public and patient advocacy groups. They have been gathered from various submissions, engagements and large-scale workshops, including events attended by over 500 care providers and members of the public.

Over the past few months, the project team are currently working to consolidate the inputs into a finalised set of Personas and Scenarios that identify how the EHR will support care.

For further information please go to www.ehealthireland.ie/personas or check out #ehrpersonas on Twitter.
PRAISE FOR CONNECTING FOR LIFE

The campaign saw the distribution of 45,000 condoms, lubricant and easy-to-follow advice to students. The event trended on Ireland’s twitter platform for over 9 hours and hit the number one spot at 1pm on launch day.

JOHNNY AND FIRST DAES STAR LINK UP WITH USI FOR SAFE SEX MESSAGE

Johannes is one of the most common STIs in Ireland with 6,797 diagnoses in 2015. Six of Chlamydia diagnoses were among young people aged 20 to 29 years. Provisional data from the HSE Health Protection Surveillance Centre shows a 1.5pc increase in Chlamydia diagnoses in 2016 with 6,901 diagnoses. Nice Mary from First Datas Ireland, helped launch SHAG 2017. The campaign saw the distribution of 45,000 condoms, lubricant and easy-to-follow advice to students. The event trended on Ireland’s twitter platform for over nine hours and hit the number one spot at 1pm on launch day.

The HSE Sexual Health and Crisis Pregnancy Programme (SHCPP) joined forces with the Union of Students in Ireland (USI) to launch the 2017 Sexual Health Awareness and Guidance (SHAG) campaign in February this year. This event encouraged young people who are sexually active to get tested for sexually transmitted infections, to think ahead and practice safer consensual sex.

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Helen Deely, Head of the HSE Sexual Health and Crisis Pregnancy Programme, said, “We actively encourage people who are thinking of having sex or are sexually active, to think ahead and practice safer sex. Using a condom will help limit the risk of contracting a sexually transmitted infection and an unplanned pregnancy.”

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HSE SERVICES COMMENDED FOR COMMUNICATING CLEARLY

THREE HSE services were highly commended for their efforts in using plain language with clients and patients at the annual National Adult Literacy Agency’s (NALA) awards.

Community speech and language therapy services in South Tipperary received an award for their speech and language therapy assessment information leaflets.

Fiona Hegarty, Senior Speech and Language Therapist, and Catrina Heraghty, Speech and Language Therapist, explained: “The leaflet that attracted interest in this awards scheme was one we developed to explain what happens at initial assessment by the speech and language therapist. We concentrated on short sentences in response to such questions as: What does a speech and language therapist do? What will happen on the day? How long will this take? What happens next? The answers explained that we work with people’s speech, language and communication needs – as well as eating and drinking difficulties. We show families how to help their child. We develop treatment programmes to meet children’s needs. We aim to maximise every child’s communication potential.”

Welcoming the award, Mary Lynch, Speech and Language Therapy Services Manager said: “The South Tipperary Speech and Language Therapy team are very committed to reviewing our written communication protocols with our service users, including ensuring that they are compliant with plain English standards. We are conscious that NALA is an Irish charity committed to making sure people with literacy difficulties can fully take part in society. Clear communication benefits everyone.”

Meanwhile, speech and language colleagues in Dublin South East were also rewarded for their efforts. Senior Speech and Language Therapist Elis Digan explained that their department “uses plain English in written reports to complement their approach to make therapy sessions as useful as possible to their clients’.

“This approach referred to as a solutions based approach asks clients to elicit information from clients about their strengths and resources. The questions get information about times they communicate successfully despite their communication difficulties. Asking solution focused questions and actively listening to the answers helps to foster genuine conversations with our clients and patients. We ask questions like:

• What are your best hopes from coming to this session today?
• How do you think this service can support you?
• What changes are you pleased to see in your child’s communication since the referral to our service was made?
• What have you been doing that has helped those changes to happen?
• How was this session useful to you?

“The document submitted to the awards was an example of written information sent to parents after they bring their child for a first appointment. It summarises the questions that we ask during that first appointment and how the parents respond. We avoid jargon and use the parent’s own words if we can. We write it in the first person and we try to ensure that the parents are clear about what happens next for their child.”

As reported in the last issue of Health Matters, the underthewaith.ie site also got an award for its information leaflet for patients with common illnesses such as colds, flu, sore throats and ear infections. Over 50 organisations entered the competition, which were judged by an independent panel of experts.

The HSE has a project team working on communicating clearly and applying the principles of plain English to our work with patients and clients.

Visit www.hse.ie/communicatingclearly to learn more and download resources for your workplace.

NALA AWARDS FOR PLAIN ENGLISH

NEW GRAFT TECHNIQUE IS ‘ANOTHER FORWARD STEP’

THE Department of Cardiothoracic Surgery, University Hospital Galway have introduced a new technique for harvesting veins for use in coronary artery bypass graft (CABG).

Dr Alan Soo, Consultant Cardiothoracic Surgeon and his team performed the first ever endoscopic vein harvest (EVH) for Coronary artery bypass graft (CABG) recently at University Hospital Galway. UHG is the first public hospital in the Republic of Ireland to offer this type of surgery.

CABG is a common surgery for patients suffering from heart disease. For this operation, surgeons will have to harvest veins from the leg for use as a conduit to bypass stenoses/blockages in the coronary arteries (blood vessels supplying blood to the heart).

Depending on the number of bypasses, surgeons in the past would have to make a lengthy incision along the inner leg and thigh to harvest the veins; this is called the open technique. With recent advancement in technique and technology, surgeons are now able to harvest these veins through a keyhole technique with 2-3 small stab incision measuring around 3cm using a video camera and specialised instrument. This technique is known as Endoscopic Vein Harvesting (EVH).

The benefit of this procedure is that it will reduce patient discomfort; reduce wound infection rate and have better cosmetic effect. The Department of Cardiothoracic Surgery, University Hospital Galway, started performing EVH in February 2017 when the first patient, Thomas Hanney from Ballinacluie, underwent CABG surgery with vein harvested endoscopically. The surgery was a success and since then, a number of patients have undergone the procedure successfully.

Dr Alan Soo, Consultant Cardiothoracic Surgeon, UHG said, “EVH represents another forward step in surgeons making cardiac surgery less invasive for the patients and hence faster recovery. This procedure has been proven by multiple randomised trials to be cost effective and beneficial to the patients in terms of patient discomfort and wound infection rate. We, in Galway, are proud to be the first public hospital to be able to implement this new service that will bring significant benefit to the patients.”

GUH INTERVENTIONAL RADIOLOGY BROADCASTS LIVE PROCEDURES

GALWAY University Hospitals (GUH), a leader in interventional radiology once again recently showcased the expertise of the Interventional Radiology Department when they hosted “live cases” for the LINC international interventional radiology conference which took place in Germany recently.

Interventional Radiology is an independent medical speciality providing minimally invasive image-guided diagnosis and treatment of diseases in every organ system. More than 80 cases were performed from 13 international centres worldwide and transmitted real-time online to a wide medical audience who had the opportunity to ask questions as the operations occurred.

GUH continues to be the only hospital in Ireland or the UK to be involved in this project, which is one of the biggest meetings of its kind in the world. This is Galway’s fourth year to take part in this Interventional course. University Hospital Galway is one of the leading centres in Europe for acute deep venous thrombosis work and through this broadcast the hospital was able to share their expertise and experience with a large group of international colleagues.

Commenting, Dr Gerry O’Sullivan, Consultant Interventional Radiologist at Galway University Hospitals said, “It is an honour and a privilege to showcase the skill, expertise and team work which the Interventional Radiology unit display daily to a wider worldwide audience. We perform more acute, single session deep vein thrombosis treatment than all but a handful of centres worldwide. Recently we performed three such interventions. The long-awaited ATTRACT trial will be published shortly and we believe this will confirm the value of the procedures we perform.”

For further information on the ATTRACT study visit http://attract.wustl.edu/
Dignity grants scheme which transforms foundation (IHF) and the HSE’s Design & Dignity Grants Scheme has been granted funding to refurbish their Rose Room as part of the Irish Hospice (UMHL) has been granted funding to refurbish their rose room as part of the Irish Hospice (UMHL) and the Department at University Hospital Limerick is a winner of the Irish Hospice (UMHL) and the Department at University Hospital Limerick is a winner. When a doctor or ultrasonographer identifies a fetal anomaly, there are women who experience fetal loss or fetal abnormalities.

"Our Rose Room is a quiet room for compassionate care where parents can receive difficult news in privacy. It is situated adjoining one of the main ultrasound rooms with an interconnecting door. When a doctor or ultrasonographer identifies a fetal anomaly on the ultrasound scan or when a woman/couple have been asked to return to the hospital for the results of diagnostic tests, there needs to be a private dignified comfortable space where they can be met and cared for. For the remainder of their antenatal care the women need to have this space available for them if they wish," said Marie. Refurbishing the room will include painting the door and walls, changing of flooring, installing soft lighting, removing the wall cupboards, installing soft furniture and adding an art feature. Clinical staff have been involved in drawing up the plans from the beginning, and many of the ideas have come from midwives, doctors and ultrasonographers working at the front line.

"The newly refurbished Rose Room will represent our commitment to providing sensitive and compassionate care to women and their families when receiving bad news while providing a private and dignified space for them to receive their care," added Marie. The Design & Dignity scheme previously funded a mortuary refurbishment in University Hospital Limerick as well as family rooms in St. John’s Hospital and Nenagh Hospital and a bereavement suite in Ennis Hospital. Mary Lovegrove, Design & Dignity Project Manager with the IHF, said: "The Design & Dignity programme has been running since 2010 and has funded 33 hospital projects across Ireland to date. Four important projects have already benefited from the Ul Hospital Group. We hope that this new ‘Rose Room’ will offer parents a dignified private space to be together at an intensely emotional time."

Pictured recently are staff at University Maternity Hospital Limerick including Neenwen Marie, Eileen Roman, Eileen Quinlan, Jean Reilly, Mary Gibbons, Rita O’Brien and Marie Hunt. UMHL has been granted funding to refurbish their Rose Room as part of The Irish Hospice Foundation and HSE’s Design & Dignity Grants Scheme.

A NEW Community Inclusion Hub in Letterkenny was opened recently, part of HSE Donegal Community Inclusion Training Services. The service has transitioned from a Community Workshop model to a person centred approach to day service provision for people with disabilities.

"Some of my personal goals are health and fitness related. I have so far taken part in a 5k, the North West 10k and a Mud Run. I organised a Mad Hatters Tea Party fundraising event with the support of my friends in the CI Hub. I am also trying new activities, classes and experiences and trying to increase my independence," said Brendan Hone, HSE Donegal Training Services Manager.

Linda McDevitt, Modernise Service Manager, Seamus McGahee, Vidi McGill and Terry McDermott show the facilities to Minister for Disabilities Finian McGrath at the official opening of Community Inclusion Hub Kilmacrennan Rd., Letterkenny by Minister for Disabilities Finian McGrath. The Hub is part of the HSE Donegal Community Inclusion Training Services. The service has transitioned from a Community Workshop model to a person centred approach to day service provision for people with disabilities.

"This is an exciting time for Community Inclusion Training Services in Donegal. The Hub is more than a refurbished building. It is a gateway to the community. It is a modern service that can respond to diverse individual needs. We do this through our person centred training programmes, individually tailored support plans and events to raise awareness in the local community. We are extremely proud of the changes we have made to date, which would not have been possible without the support of our dedicated team of staff, our service users and their families."
MEDICAL CARD DCA SCHEME UNVEILED

THE HSE announced PARENTS who benefit from Domiciliary Care Allowance (DCA) in relation to a child with a health condition or disability can now register their child for Medical Card eligibility. From 1 June 2017 more than 9,500 additional children get Medical Card eligibility.

Children that already have Medical Card eligibility or GP Visit Card eligibility are automatically registered under the Medical Card - DCA scheme and get a new Medical Card for a period of six years or, until the child’s reaches their 16th birthday (whichever is earlier).

Anne Marie Hoey, Assistant National Director, HSE Primary Care Reimbursement & Eligibility said, “The majority of children whose parents or guardians are in receipt of a DCA already have either Medical Card or GP Visit Card eligibility.

“The Health (Amendment) Act 2017 now enables the grant of eligibility to more than 9,500 children who do not have full eligibility currently.

“I would encourage the parents or guardians of any child affected by a significant disease or disability and who is in receipt of a DCA to complete the easy-to-use online registration process at www.medicalcard.ie or, alternatively register their child on this scheme using the relevant paper Registration Form (MC-DCA May 2107),” she added.

NEW DERMATOLOGY CLINIC OPENS AT ENNIS HOSPITAL

A NEW dermatology clinic in Ennis Hospital has spared Clare patients the time and expense of regular trips to University Hospital Limerick.

The clinic is run once a month by locum consultant dermatologist Dr Maeve Lynch and Sheila Ryan, advanced nurse practitioner in dermatology. It can accommodate up to 20 outpatients per clinic.

“It is a general dermatology clinic, seeing all the common skin conditions such as eczema, psoriasis and acne and skin cancer patients. We see patients of every age from birth up to the elderly,” said Dr Lynch.

“The clinic started in September 2016 and we are running it once a month. The aim is to improve access for patients in Clare to home as possible. Some patients were travelling for over an hour to get to Limerick so we know already that this new clinic in Ennis has got a very positive response from patients in the area. Parking is also easier to find and for those patients who use public transport, the bus journey is a lot easier too.”

Further information is available at www.medicalcard.ie or by calling 1890 252 919 (Mon-Fri, 9am to 5pm). Welcoming the new DCA Medical Card are John Hennessy, HSE National Director Primary Care and Ann Marie Hoey, Assistant National Director, Primary Care Reimbursement & Eligibility. If you are supporting a service user or patient who would qualify for the extended Medical Card – DCA scheme then please make them fully aware of the registration process.

IPAD DONATION BRINGS A SMILE TO FACES OF PATIENTS AT THE ARK

BRAND new iPads were just what the doctor ordered for young patients at the Children’s Ark, UHL, as the paediatric department gratefully accepted a donation from the UL Medical Society.

“There was great excitement on the Caterpillar Day Ward as the medical students dispensed the type of tablet kids were least likely to refuse. Staff at the day ward expressed their gratitude that the donation would help break up the day for young patients attending for services.

The Medsoc is a society for medical students at UL and organises a range of fundraising activities every year.

“We were able to make this donation through the generous support of everybody who attended or contributed to one of the many fundraising events we held over the last year,” said Patrick Moynagh, President, UL Medsoc.

“Many of us are training here in the hospital and we have learned a lot more from the patients here, including on the Children’s Ark, than they could ever possibly hope to learn from us. So this donation is just a small token of our appreciation for all the children here in the Ark,” said Mr Moynagh.

“If you are supporting a service user or patient who would qualify for the extended Medical Card – DCA scheme then please make them fully aware of the registration process.”

It is also humbling to see our UL GEMS medical students give so freely of their time, energy and finances - all of which are limited - to the benefit of these child patients. The programme gifts was wonderful. It is always humbling to see these children attend hospitals so frequently, commonly for painful or long procedures, and that they usually associate with admissions, painful procedures and frequently bad news.

“It is also humbling to see our UL GEMS medical students give so freely of their time, energy and finances - all of which are limited - to the benefit of these child patients. They are unsalaried but they are true professionals. They are all postgraduate students and therefore have all been students for at least four years before they start studying medicine at UL. But their spare energy and money is spent raising funds, which they chose to spend on those children. These will be doctors who Limerick and UL GEMS will be proud to call our graduates!”

ABOVE: Jayden Conway from Killaloe, County Clare, is presented with an iPad by Staff Nurse Claudine Herbert, Caterpillar Day Ward, Children’s Ark, UHL. TOP OF PAGE: Standing left to right are, Jordan Hartlum, Laura Finneghan and Ahmed Lulti, all UL Medical Society; Darren Moloney, Dr Michael Mahony, Consultant Paediatrician, UHL; and Madina Weiler and Patrick Moynagh, both UL Medical Society; and seated, left to right, Dr Elizabeth O’Mahony, Paediatric Neurology Consultant; Kyle Moloney, Claudine Herbert, Staff Nurse, Caterpillar Day Ward; Children’s Ark, Jayden Conway and Prof Colmig O’Gorman, Consultant Paediatrician.
A PRESENTATION of a cheque to the value of $20,000 was recently made to the Patient Social Fund Ballaghderg Pre-School Letterkenny. The donation was made by Billy Higgins, Southill Childrens’ Fund Boston. This is the second such donation following previous donations in July 2016 by the Southill Childrens’ Fund Boston and Cllr. Kieran Brogan, Donegal County Council. The funds were raised at a function held in Boston. The HSE preschool at Ballaghderg provides services for preschool aged children with moderate to severe intellectual disabilities and complex care needs. The preschool provides a holistic service in a safe and therapeutic environment in partnership with families. Each child learns to develop and grow through play with programmes tailored to their level of disability.

The donation will go towards the completion of a multi-sensory room at Ballaghderg and other projects to benefit children attending the pre-school. The multi-sensory space has enormous therapeutic benefits for the children in relaxation, sensory awareness, facilitating communication and managing their environment.

Mr Higgins also made a special presentation to the Nibs Family in memory of their late son Oran, who recently passed away and in whose memory the fundraising was held. Eugene Mc Elroy, HSE Business Manager for Donegal Disability Services, stated, “On behalf of the HSE, staff of the pre-school and parents we would like to thank Billy Higgins, The Southill Childrens’ Fund and Cllr Brogan for their continued support and very generous donations. All funds donated will enhance the quality of care being delivered and will be used exclusively for the benefit of children attending Ballaghderg Pre-School.”

A NEW Support Coordination Service for older people in the Dublin North City and County area has been launched. ALONE, the charity that supports older people to age at home, has partnered with the HSE to expand its support services to all older people living in these communities.

The ALONE Support Coordination Service aims to respond to and address any issues facing older people, which are impacting on their ability to remain living independently in their own home. The charity’s Support Coordinators assist older people who live in a range of accommodation types; privately owned, private rented or social housing homes.

Seán Moylan, CEO of ALONE, said, “Repeated studies have demonstrated that ageing at home is the first choice of older people and their families. Our Support Coordination Service addresses issues faced by older people living in their own homes and works with statutory bodies, community organisation and other service providers to ensure that the older people get what they deserve. This can include anything from access to clothing allowances to addressing unsafe living environments, coordinating home adoptions or linking older people in with befriending services in their area.”

Mary Walsh, Head of Social Care HSE, commented, “Support coordination services in the community are vitally important to empower and help older people to age well at home. It is important that older people feel supported in receiving the care they need and to live in a place of their own choosing. This new partnership between ALONE and the HSE will enhance the support services offered to older people in the community and ensure that all older people in the area have access to these services.”

For those who have concerns about their own wellbeing or the wellbeing of a vulnerable older person in their community, ALONE can be contacted on 01-679 1032 or visit www.alone.ie

**US DONATION A MAJOR BOOST FOR LETTERKENNY PRE-SCHOOL**

**SUPPORT SERVICES FOR OLDER PEOPLE EXPANDED IN NORTH DUBLIN**

**A CAREER IN PHYSIOTHERAPY** OUTLINED FOR TY STUDENTS

A NEW Support Coordination Service for older people in the Dublin North City and County area has been launched. ALONE, the charity that supports older people to age at home, has partnered with the HSE to expand its support services to all older people living in these communities. The ALONE Support Coordination Service aims to respond to and address any issues facing older people, which are impacting on their ability to remain living independently in their own home. The charity’s Support Coordinators assist older people who live in a range of accommodation types; privately owned, private rented or social housing homes. Seán Moylan, CEO of ALONE, said, “Repeated studies have demonstrated that ageing at home is the first choice of older people and their families. Our Support Coordination Service addresses issues faced by older people living in their own homes and works with statutory bodies, community organisation and other service providers to ensure that the older people get what they deserve. This can include anything from access to clothing allowances to addressing unsafe living environments, coordinating home adoptions or linking older people in with befriending services in their area.” Mary Walsh, Head of Social Care HSE, commented, “Support coordination services in the community are vitally important to empower and help older people to age well at home. It is important that older people feel supported in receiving the care they need and to live in a place of their own choosing. This new partnership between ALONE and the HSE will enhance the support services offered to older people in the community and ensure that all older people in the area have access to these services.” For those who have concerns about their own wellbeing or the wellbeing of a vulnerable older person in their community, ALONE can be contacted on 01-679 1032 or visit www.alone.ie

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**A NEW Support Coordination Service for older people in the Dublin North City and County area has been launched. ALONE, the charity that supports older people to age at home, has partnered with the HSE to expand its support services to all older people living in these communities. The ALONE Support Coordination Service aims to respond to and address any issues facing older people, which are impacting on their ability to remain living independently in their own home. The charity’s Support Coordinators assist older people who live in a range of accommodation types; privately owned, private rented or social housing homes. Seán Moylan, CEO of ALONE, said, “Repeated studies have demonstrated that ageing at home is the first choice of older people and their families. Our Support Coordination Service addresses issues faced by older people living in their own homes and works with statutory bodies, community organisation and other service providers to ensure that the older people get what they deserve. This can include anything from access to clothing allowances to addressing unsafe living environments, coordinating home adoptions or linking older people in with befriending services in their area.” Mary Walsh, Head of Social Care HSE, commented, “Support coordination services in the community are vitally important to empower and help older people to age well at home. It is important that older people feel supported in receiving the care they need and to live in a place of their own choosing. This new partnership between ALONE and the HSE will enhance the support services offered to older people in the community and ensure that all older people in the area have access to these services.” For those who have concerns about their own wellbeing or the wellbeing of a vulnerable older person in their community, ALONE can be contacted on 01-679 1032 or visit www.alone.ie

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The second phase of a drug information campaign aimed at students was recently launched by the HSE in partnership with the Union of Students of Ireland (USI) and Drugs.ie. The campaign focuses on harm reduction messaging and is aimed at young adults and students who use new psychoactive substances (NPS).

This is the second step of an ongoing campaign to provide harm reduction information about NPS for students. Two posters have been designed along with Facebook ads and a social media campaign to give harm reduction advice and information on accessing support.

This phase of the campaign focuses on synthetic cannabinoids and mephedrone. Synthetic cannabinoids are chemicals that mimic the effects of cannabis - but they can be up to 100 times stronger. Mephedrone is one of a range of cathinone drugs and previously these were sold as ‘bath salts’ during the headshop era in Ireland. They are deemed to have similar physical effects to other stimulant drugs, in particular, ecstasy and cocaine. The use of psychoactive drugs in Ireland among the 15-24 year age group is the highest in Europe (22% lifetime use). Data suggests that the purity or potency of most illicit substances is increasing and that the market for substances is becoming more varied and accessible.

Dr Eamon Keenan, HSE National Clinical Lead for Addiction services added: ‘We are very pleased to be working in conjunction with Facebook and are confident that this important harm reduction message to students. A key component of this message is to look after yourself and look out for your friends. These drugs have no form of regulation or quality control and the purity, strength and effects vary widely from batch-to-batch. Mental health problems can be caused or worsened by these drugs and if you decide to use them then do not mix with alcohol or other drugs and do not take them alone. If a friend is suffering an adverse reaction seek help and contact the emergency services immediately.’

Copies of the new posters are available on www.drugs.ie, along with information videos from Dr Keenan.

It is important to remember that if you have physical or mental health problems such as epilepsy, heart problems, asthma, depression, panic or anxiety attacks drug use is more risky. You are advised not to use. It’s always safer not to use illegal drugs, for more information or support please visit www.drugs.ie, or contact the HSE Drugs/Alcohol Helpline. Freephone: 1800 459 459 9:30 - 5:30 Monday - Friday or email support: helpline@hse.ie

INFORMATION LEAFLET OPENS DOOR TO WATERFORD PRIMARY CARE SERVICES

A Patient Information Leaflet for use by Primary Care Teams in the Waterford area has been launched.

Minister of State for Health Promotion Marcella Corcoran Kennedy joined with the HSE’s Waterford Community Services management, those involved in Healthy Waterford, local GPs and other health professionals working with them in the 13 Primary Care Teams centre on various parts of the city and county to launch the information leaflets that detail the range of services offered in their primary care and how to access them.

“This is what Healthy Ireland is all about - empowering and supporting communities and individuals to make healthier lifestyle choices. Encouraging health literacy and providing accessible information are significant components in helping people to look after their health,” said Minister Corcoran. Kennedy. Each double sided A4 leaflet contains contact details for Waterford’s Primary Care Team, out of hours GP service and other useful contacts. Each Primary Care Team (PCT) includes GPs, nurses, a physiotherapist, a speech and language therapist and an occupational therapist. PCTs also provide social work, home support and administrative staff. PCTs also support a network of personnel who support the team, including psychologists/counsellors, audiologists, podiatrists, area medical officers, dentists, dieticians and ophthalmologists. The team’s aims are to provide accessible, integrated, quality primary care services that meet the needs of the local population. Any member of the Primary Care Team can refer a patient to the other services on offer.

Susan McCarthy, the HSE’s Primary Care Lead in Waterford, and Kate Moloney, Healthy Waterford Co-Ordinator, have been working together for the past year to collect the data and present it in an easy to read format.

Welcoming the Minister’s launch of the leaflets, Susan Murphy said: “These leaflets summarise services for the reader and equip them with the requisite phone numbers, as regards GP and Caredoc care, public health nurses, occupational therapy, physiotherapy, speech and language therapy, home help services, social work, counselling, self-harm prevention/intervention, psychology clinics, dietitian services and contacts for a range of other supports such as audiometry, podiatry, the Area Medical Officer (school doctors etc.), dental services, ophthalmology, environmental health and the civil registration office.” Kate Moloney of Healthy Waterford – which is supported by the HSE and works with a range of stakeholders including City and County Councils, the Area Partnership, the childcare committee, the Sports Partnership, Waterford Institute of Technology and Public Participation Network - was also delighted to welcome Minister Corcoran Kennedy’s launch of the leaflets.

‘As a community initiative, Healthy Waterford aims to improve health and to reduce health inequality by promoting healthy living and providing supportive environments. The Primary Care Patient Information leaflet was developed as part of Healthy Waterford’s work around health literacy. It was produced as a joint initiative between HSE Primary Care in Waterford and ourselves and has been ‘Plain English’ edited by the National Adult Literacy Agency,” she said.

UL GROUP DONATES CHRISTMAS FAIR FUNDS TO RESPITE CENTRE

UL Hospitals Group has donated over €7,500 to St Gabriel’s School and Centre, Droichead.

The monies, the proceeds of the annual UL Christmas Fair, will go towards the five-bedroom Children’s Hospice Centre St Gabriel’s is developing in Mungret for children with disabilities and significant medical needs.

The €3.25 million project has received €1.2 million from the JP Mc Manus Invitation ProAm 2010 and St Gabriel’s is looking to raise over €1 million more in addition.

“Our neighbours in St Gabriel’s provide wonderful care and education to children and young people with disabilities. The respite centre will allow for short-term stays for children and will be an enormous addition to the services St Gabriel’s provide for these children and their families,” said Collette Cowan, CEO, UL Hospitals Group.

“The Christmas Fair is something we hold at UL every year and as well as bringing some seasonal spirit into the hospital for our patients and visitors, it allows us to partner with local organisations making a real difference in our community. We couldn’t think of a more deserving cause than St Gabriel’s and I would like to thank all the hospital staff who baked, ran stalls, organised chairs and musicians or did anything else to make the fair such a success.”
A WORKSHOP has been hosted by Community Healthcare Organisation Area 1 (Cavan, Donegal, Leitrim, Monaghan and Sligo) in conjunction with the National Clinical Care Programme for Diabetes. The integrated care workshop was attended by Health professionals across the CHO 1 area, Saolta University Hospital (Cavan and Monaghan Hospitals), Diabetes Ireland representatives also attended and conveyed the importance of the patient voice. The workshop consisted of presentations and facilitated group sessions. It also provided participants with an opportunity to view a series of posters displaying research and clinical project work undertaken in the area of Diabetes.

Professor Sean Dinneen, the Clinical lead on the National Clinical Care Programme for Diabetes gave an update on the National Clinical Care Programme. He spoke about his vision for diabetes integrated care and how communication between the community and acute sectors is essential in order to overcome the barriers to delivering patient care.

There were presentations given by the three diabetes teams that cover Donegal, Sligo/Litrim and Cavan/Monaghan. Dr Aumped Khamsi, Consultant Physician, Endocrinologist at Letterkenny University Hospital, Dr Catherine McHugh, Consultant Endocrinologist at Sligo University Hospital and Daridre Moyna, Diabetes Nurse Specialist, Cavan and Monaghan Hospital Group. spoke on behalf of the teams.

The workshop ended with a panel discussion from endocrinologists, patient representatives, nurses and health care professionals.

**FOUNDER MEMBERS RETURN TO CELEBRATE DAY CENTRE ANNIVERSARY**

SKEEREEEN Day Centre recently celebrated the 20th anniversary of its opening and some of the original founder members returned for the birthday celebrations.

Clients and staff were joined today by some of the original founder members, volunteers and Friends of the centre for a celebration of the last two decades.

The centre opened in 1997 as a joint venture between the local Lions Club and the HSE and has gone from strength to strength in the last two decades. While much has changed in the intervening time, the benefits of having a space where older people can avail of a range of supportive services in a stimulating and companionable environment remain constant.

The centre runs a busy programme offering health, well-being, and other primary care services. Morning refreshments and a healthy four course lunch are served daily.

Each afternoon sees a range of activities, including drama, bingo, card playing, creative arts.

Over the years, participants have written short stories, produced books, learned some waiters and quick steps.

They’ve also learned about new technologies including sending emails and skyping grandchildren abroad.

Staff at the centre champion a stimulating and vibrant atmosphere where older people are valued and empowered and where inter-generational connectivity and sharing is encouraged. This is evident from the eclectic list of activities and productions which clients patrons and staff have lead on.

Achievements by the day centre residents over the last two decades are many, and include:

- The recording a song composed and performed by clients in 1999.
- The publication of two books – “There is a Time” and “Labour of Love”.
- Launching a book, inspired and compiled by clients and staff.
- An art exhibition at the West Cork Art Centre in 2003.
- Creating the “Cloak of Memories” which was displayed at St Finbars Cathedral in 2004.

Physical health and mental wellbeing is also looked after, with yoga, dance, daily exercise sessions, and crafts such as knitting and mending.

This range of activities is a means of capturing the rich and rewarding lives of older people and to foster links with other voluntary, educational and social groups in the wider local community.

**IMPORTANT OF PATIENT’S VOICE CONVEYED AT WORKSHOP**

**ST VINCENT’S UNIVERSITY HOSPITAL HOSTS SPECIAL STAFF OVLYMPIC EV EN WITH OLYMPIC SILVER MEDALLIST ROWER PAUL O’DONOVAN**

A SPECIAL staff engagement event was held in the Education and Research Centre (ERC) in St Vincent’s University Hospital (SVUH), with Olympic Silver Medallist Rowing Champion Paul O’Donovan who had just successfully completed his final Physiotherapy UCD College placement in SVUH.

Catherine McLaughlin, Physiotherapy Manager in SVUH was the host for the event (asking him questions about his experience of his physiotherapy placement in SVUH) and Professor John Ryan, Consultant in Emergency Medicine at SVUH directed a very engaging sport related Q&A.

Over 100 staff members attended the event. Attendees were shown some clips of the final Olympic race in Rio which set the scene nicely for the event.

The event was a great success and Paul also had the opportunity to meet the Minister for Health Simon Harris, TD during the Minister’s visit to the hospital along with some staff members. Over 100 staff members attended the event.

**DRUGS MANAGEMENT SCHEME IMPLEMENTED FOR MS PATIENTS**

THE HSE National Drugs Management Programme (NDMP) and Neurology Programme have introduced a national reimbursement scheme which will facilitate access for patients with multiple sclerosis (MS) to approved high cost treatments. Instead of individual acute hospitals funding these approved high costs drugs from their hospital budgets, they will now be reimbursed through a centralised process.

The drugs covered are Natalizumab (Tysabri®) and Alemtuzumab (Lemtrada®). The objective for the NDMP is to provide equitable access for patients with MS to these drugs regardless of their geographical location. It also seeks to support hospitals in meeting the financial burden of providing these drugs to patients. Similar schemes are available for high cost Oncology and Hepatitis C medicines.

The NDMP was established to promote cost effective use of drugs, and provide equitable access to drug therapies on the basis of clinical need in Ireland.

Welcoming the introduction of this initiative Dr Tiern Lynch, Clinical Lead National Neurology Programmes said: “The National Clinical Programme for Neurology is delighted to see the implementation of the new system in acute hospitals.

The realisation of this project brings neurology services in Ireland a step closer to achieving their quality markers for patients with Multiple Sclerosis in Ireland.

“The success in securing this additional budget for MS patients is a significant achievement for The Neurology Programme, but most importantly for people with MS across the country.”

He added: “While many neurological medications are high-cost, there is evidence supporting the cost effectiveness long-term with respect to reduced burden of care, reduced number of hospital admissions, improving quality of life and reducing disability.

“This means that these two high-cost drugs will be paid for centrally and not by individual hospitals. This will see an end to the inequity in terms of access based on geographical location that currently exists.”
A NEW building, which forms part of the campus at Our Lady of Lourdes Hospital, Drogheda, Co Louth, was recently nominated for a special commendation by the Royal Institute of Architects (RIAI). The Department of Psychiatry building was nominated in the healthcare buildings category in the RIAI 2016 annual awards.

The purpose-built acute unit provides modern high-quality accommodation for 45 patients, all in single rooms. The six-week course ran in Glanmire and Clonakilty, bringing the total number of people who have attended one of many courses held in association with various GAA clubs and other organisations.

The purpose-built acute unit provides modern high-quality accommodation.

The Department of Psychiatry building was nominated in the healthcare buildings category in the RIAI 2016 annual awards. The purpose-built acute unit provides modern high-quality accommodation for 45 patients, all in single rooms. The department serves 600 patients per year.

The integrated Blood Sciences Department is a major collaborative project between the Pathology Departments at Sligo University Hospital and Letterkenny University Hospital. The Integrated Blood Sciences Department is an initiative of the HIF to ensure that end-of-life, palliative and bereavement care is central to the everyday business of hospitals, and the best possible care is available to people at end-of-life and their loved ones at this critical time.

The Hospital Friendly Hospitals Programme has been adopted by 48 hospitals nationwide since it was established in 2007 to improve the standard of end-of-life care in Irish hospitals. The new joint oversight group is formed to further support the embedding of the Hospice Friendly Hospital Programme within HSE structures. The programme advocates for investment in palliative, end-of-life and bereavement care services at the hospital, hospital group and national level. It develops and promotes the use of ceremonial resources such as the end of life symbol, family handover bags, drapes and ward art. It also develops promotional and educational supports for all hospital staff.

The new integrated Blood Sciences Department was officially opened by Dr Ciarán Broin, HSE Acute Hospital Division said: “We are very pleased to continue and extend our close working relationship with the Irish Hospice Foundation on the Hospice Friendly Hospital Programme.”

At the launch of the HSE/GAA Cork Beaks Stress course were, from left, Tom Lynne, vice-chairman Carbery Board; Cionnor Buckley, Health and Wellbeing Officer, Castlehaven; Paulie Palmer, Broadcaster/Journalist; Tonymingang, manager Clonakilty GAA Complex; Riana Vermaak, Clinical Psychologist HSE Primary Care Psychology; Corry; and Noel O’Callaghan, Children’s Officer Cork County Board.

Margaret McKeehan, Chairperson, HFI Acute Hospital Network with Marie Lynch, Head of Health Care Programmes, Irish Hospice Foundation, and Dr Ciaran Broinn, National Lead, HSE Acute Hospital Division, pictured at the announcement of new Joint Oversight Group of the Hospice Friendly Hospitals Programme.
NEW WEBSITE LAUNCHED TO MARK WORLD KIDNEY DAY

MIDLAND Regional Hospital Tullamore recently celebrated World Kidney Day with a special information day for staff and members of the public at the hospital. The theme of World Kidney Day 2017 was Kidney Disease and Obesity – Healthy Lifestyle for Healthy Kidneys. Throughout the day, the renal team spoke to members of the public and colleagues about the importance of a healthy diet and lifestyle in maintaining healthy kidneys. Theresa Remnik is a Senior Kidney (Renal) Dietitian at Midland Regional Hospital Tullamore and was part of the team behind the information day at the hospital.
She said: “I’m delighted that this year’s World Kidney Day focused on educating people about the harmful consequences of obesity, and its link with kidney disease. We know that obesity is a leading factor in the development of kidney disease, but the good news is that obesity, as well as kidney disease, is largely preventable. By making small diet and lifestyle choices today, people can significantly reduce their risk of developing chronic health conditions, including kidney disease, in the future.”

Being overweight or obese has a major effect on general health and wellbeing and is linked to a number of serious health conditions, not least the development of kidney disease. According to a recent Healthy Ireland Survey, six out of 10 Irish adults are either overweight or obese. Obesity increases the risk of developing the major risk factors of Chronic Kidney Disease (CKD) like diabetes and hypertension, and it has a direct impact on the development of CKD and End Stage Renal Disease (ESRD).

“it is estimated that up to 280,000 people in Ireland and more than 70 million people worldwide have Chronic Kidney Disease (CKD),” explains Theresa. “Diet is a critical part of treatment for patients with CKD and there are a number of dietary changes these patients will need to make – this can be a difficult time for those newly diagnosed.”

Irish patients because of differences in teaching methods, renal diet allowances used and availability of food items in recipes.”

“When the patient goes home, they can struggle to find new ideas and new recipes,” says Theresa. “and this is where irishkidneydiet.ie comes in. This Irish resource uses readily available ingredients and Irish weights and measurements to make it easier for patients and their carers to find what they need. The website also gives lots of practical advice for salt, fluid and phosphate restriction – all components of the kidney diet for Irish patients.”

Irishkidneydiet.ie helps those interested in understanding the kidney diet better to explore new avenues with regard to cooking on a kidney diet and to improve the variety of food choices available to them. The website contains over 40 tasty recipes, a selection of daily meal plans, shopping lists, useful videos and lots of FAQs to help patients on their journey. For more information, see www.irishkidneydiet.ie.

RECIPE IDEA

THIS is an example of one of the delicious recipes featured on the website. Like many of the recipes featured, this would be suitable for the whole family and not just those with CKD.

For more inspiration please see www.irishkidneydiet.ie

CHICKEN BURGERS - SERVES 4

Ingredients

- 250 g ground chicken meat, your butcher can assist you with this
- 100 g fine breadcrumbs
- 1 medium onion, finely diced
- 1 teaspoon dried mixed herbs
- 1 teaspoon of fresh thyme, finely chopped
- 1 tablespoon of olive oil
- 1 level teaspoon of ground black pepper
- 4 burger buns

To Garnish (per burger)

- 1 onion slice
- 1 slice of tomato
- 1 lettuce leaf
- 1 tablespoon of Mayonnaise
- 1 teaspoon of wholegrain mustard

Method

1. In a large bowl combine the chicken, onion, breadcrumbs, mixed herbs, thyme and black pepper.
2. Season the mixture with freshly ground black pepper.
3. Shape into 4 equal sized patties.
4. Cover and place in the fridge.
5. Fry in a small amount of olive oil over a medium heat until brown on both sides.
6. Transfer to a preheated oven 180C / Gas mark 4 for 15 - 20 minutes.
7. Ensure burgers are cooked thoroughly prior to serving.
8. Slice and lightly toast the burger buns, and put the patties in the bread.
9. Ensure all lettuce leaves etc. are thoroughly washed prior to use.
10. Garnish burgers as above.

Per Portion: This dish provides 2 portion of vegetables, and 3 protein exchanges.

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<th>Protein</th>
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PRAISE FROM MINISTER

HOSPITALS MEET WAITING LIST DATA QUALITY STANDARDS

MINISTER for Health Simon Harris has congratulated staff at St John’s, Ennis, Nenagh and Croom Orthopaedic Hospitals in meeting exacting standards on data quality for their day case and inpatient waiting lists. The minister was speaking at the National Treatment Purchase Fund (NTPF) Conference in Dublin Castle, where he congratulated teams from 22 hospitals across the country – including four at UL Hospitals Group – in meeting all 23 standards measured under the NTPF Data Quality Project.

“The Data Quality Project has delivered tangible and sustainable improvements in data completeness, classification and waiting list management processes,” said Minister Harris.

“I would like to congratulate the teams at these hospitals for their effort and commitment to improving how waiting lists are managed. I would encourage you all to redouble your efforts and ensure waiting lists are of the highest standard. Among the standards met by the hospitals who earned NTPF Data Quality Awards were ensuring correct procedure codes were attached to patients’ names and ‘no-shows’ were accurately tracked; that duplication was minimised and that waiting times were accurate.”

John Doyle, Day Case and Inpatient Waiting List Manager, UL Hospitals, commented: “Significant work has been done at UL Hospitals to ensure our day case and inpatient waiting lists are accurate so that best use can be made of our resources and so that patients can come in for their procedure as soon as possible. A steering group was formed at UL Hospitals to examine the quality of our data and this NTPF award for our staff in Ennis, Nenagh, Croom and St John’s is recognition for all their hard work.”

In 2018, UL Hospitals was the only hospital group in the country to meet all inpatient and day case waiting list targets as set out in the HSE national service plan.

HSE SIGNS ON AS SUPPORTER OF EDUCATION & LIFELONG LEARNING

THE HSE has been recognised as a formal partner in the Cork Learning Cities partnership. UNESCO and HSE representatives attended a ceremony at City Hall where a memorandum of understanding was signed to recognise the HSE’s support and to make the HSE an official partner. The HSE has always promoted education and lifelong learning as a key factor in influencing an individual’s health and wellbeing and has a strong track record of supporting community wellbeing and lifelong learning initiatives.

In December 2013 the UNESCO Institute for Lifelong Learning presented Cork with a Learning City Award, making it at the time one of only three cities in Europe and 12 worldwide to achieve this special honour.

Work began on achieving UNESCO Learning City designation for Cork city since 2002, and the HSE has been a partner in this work since 2004. In acknowledgement of the HSE’s ongoing contribution to this area in Cork, the HSE was invited to become a formal partner in the Learning City Initiative. Recognition of this was given at an at the recent Learning City event at City Hall, where the HSE signed an Memorandum Of Understanding that applies to all formal partners in this initiative. The HSE is one of the few agencies who have been acknowledged in this way and to be invited to do so during a visit to the city by a UNESCO delegation was a particular honour.

Cork city has been chosen by UNESCO to host its International Conference on Learning Cities in September 2017 - the first time that this conference has been held in Europe. The HSE will host a major part of this conference at its site at St Mary’s Gurranabraher. The HSE was a key supporter of the interagency bid to host the International Conference, particularly because of the focus on Learning Cities as a contributor to community wellbeing on the agenda of the Conference.

This four-day conference will see up to 700 delegates in Cork from over 95 countries. These will include ministers, mayors, representatives of national governments and cities, as well as other key international decision-makers and influencers who will each participate in sharing their knowledge and experience in building inclusive healthy and sustainable learning cities.
HE WobblyWobblyWalkers, Not Fast Just Furious and Occupational Transformation are just some of the 400 teams who are taking part in the staff Steps to Health challenge. The staff are getting out daily walking and counting their steps for five weeks, with the goal of reaching 10,000 steps each and every day. That’s the equivalent of eight kilometres or five miles.

Medical experts worldwide agree that taking the magical 10,000 steps each day will give you health benefits such as reducing your risk of heart disease by 50pc, lowering your risk of strokes and some cancers, particularly colon and breast cancer. Notwithstanding the fact that you will burn about 500 calories.

Most of us take between 3,000 to 5,000 steps daily, so the challenge is to make up the extra steps during your day at work and at home to increase your fitness and energy levels. Though it may seem like a high amount of steps, it’s very doable. With a little focus and determination, you can bump your number up to 10,000.

The trick is to record your steps on your pedometer and to break it up throughout the day, rather than trying to cram in the day, rather than trying to cram in the steps on a treadmill or a monotonous stroll. Remember to encourage your team mates. you can even compete against other workplace teams - if there is an appetite for the competition! If you are not taking part in the current challenge you can still challenge yourself or set up your own workplace team. Here are some tips to help you reach 10,000 steps every day:

- No more looking for the closest parking space! Park further away and walk to your destination.
- Walk to a colleague’s office instead of calling or emailing.
- Use a bathroom on a different floor or further away from your office.
- Use the stairs instead of the lift.
- Walk on your lunch break.
- Take your conference calls on the go.
- If you have a few errands to run, park in a central location and walk to each one.
- Get off the bus/train one stop beyond where you live and walk home.
- Walk kids to school or to the bus stop.
- Mow the lawn, do the hoovering or hit the shopping centre – it all counts!
- Take extra trips when unloading the car or carrying laundry to the bedroom.
- Meet a friend for a walk instead of a coffee, or walk the dog every evening.
- Go for a walk instead of watching TV or scrolling through your Facebook timeline.
- Don’t fast-forward the ads - stand up and march in place!
- A lot of work went into co-ordinating this momentous movement of HSE staff so lyra off to Coddagh Armaghtage, Edm Casey, Willie Conlon, Coline Cnockian, Norma Deasy, Yvonne Buisman, Emma Lynam, Sarah O’Brien and Murissa Ryan for their tireless efforts and to Judy Cronin for sharing her experience.

If you have a few errands to run, park in a central location and walk to each one.

**Steps to Health Five-week challenge**

**MOVE MORE TO IMPROVE HEALTH AND HAVE FUN**

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- A lot of work went into co-ordinating this momentous movement of HSE staff so lyra off to Coddagh Armaghtage, Edm Casey, Willie Conlon, Coline Cnockian, Norma Deasy, Yvonne Buisman, Emma Lynam, Sarah O’Brien and Murissa Ryan for their tireless efforts and to Judy Cronin for sharing her experience.

If you have a few errands to run, park in a central location and walk to each one.

**Steps to Health Five-week challenge**

**MOVE MORE TO IMPROVE HEALTH AND HAVE FUN**

HE WobblyWobblyWalkers, Not Fast Just Furious and Occupational Transformation are just some of the 400 teams who are taking part in the staff Steps to Health challenge. The staff are getting out daily walking and counting their steps for five weeks, with the goal of reaching 10,000 steps each and every day. That’s the equivalent of eight kilometres or five miles.

Medical experts worldwide agree that taking the magical 10,000 steps each day will give you health benefits such as reducing your risk of heart disease by 50pc, lowering your risk of strokes and some cancers, particularly colon and breast cancer. Notwithstanding the fact that you will burn about 500 calories.

Most of us take between 3,000 to 5,000 steps daily, so the challenge is to make up the extra steps during your day at work and at home to increase your fitness and energy levels. Though it may seem like a high amount of steps, it’s very doable. With a little focus and determination, you can bump your number up to 10,000.

The trick is to record your steps on your pedometer and to break it up throughout the day, rather than trying to cram in the steps on a treadmill or a monotonous stroll. Remember to encourage your team mates. you can even compete against other workplace teams - if there is an appetite for the competition! If you are not taking part in the current challenge you can still challenge yourself or set up your own workplace team. Here are some tips to help you reach 10,000 steps every day:

- No more looking for the closest parking space! Park further away and walk to your destination.
- Walk to a colleague’s office instead of calling or emailing.
- Use a bathroom on a different floor or further away from your office.
- Use the stairs instead of the lift.
- Walk on your lunch break.
- Take your conference calls on the go.
- If you have a few errands to run, park in a central location and walk to each one.
- Get off the bus/train one stop beyond where you live and walk home.
- Walk kids to school or to the bus stop.
- Mow the lawn, do the hoovering or hit the shopping centre – it all counts!
- Take extra trips when unloading the car or carrying laundry to the bedroom.
- Meet a friend for a walk instead of a coffee, or walk the dog every evening.
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If you have a few errands to run, park in a central location and walk to each one.
Kanturk captured

PHOTO EXHIBITION WOWS PATIENTS

[Image 35x53 to 379x248]

(W) The funding from Cork County Arts Grants, Mallow Camera Club recently completed a project with Mallow General Hospital which the members enjoyed very much and made a big difference to the décor of the hospital in Mallow. The camera club was established in 1986 and has a large number of members from the Kanturk area. For their project, they approached Kanturk Community Hospital to see if they would like to collaborate to decorate the hospital with a permanent exhibition of the work from members of the Camera Club. It was to be finished to coincide with Kanturk Arts Festival 2017.

“The idea was well received by the Matron and staff and so we made a plan to first collect a portfolio of images from each club member. These were then taken to the Matron and staff to select one piece initially from each portfolio and then have a reserve list of images they liked so we could fill 40 frames,” explained a spokesperson for the camera club.

“The club applied for Arts grant funding from Cork County Arts Grants and received a grant, as this was not going to be sufficient to cover all we wanted to do in the hospital, members of the club went to local businesses and asked for sponsorship, which was forthcoming.”

The next phase of the project was to choose three feature pieces for the hospital. Two of them were to triptych pieces for the day room and one was to be a feature piece for the chapel.

“We decided to run the feature pieces element of the collection as a competition for club members to be voted on by the residents, staff and visitors of the hospital,” he explained. The Camera Club members set about making triptych pieces. They had 18 entries from the competition printed out and set up in the chapel where the residents, staff and visitors voted for their favourite pieces.

When the top two were selected, they were sent away to be printed on large canvases. The piece for the chapel was the top-scoring image in an internal club competition themed ‘religion’. We had over 100 entries from the members. This image was sent to be printed at a large size on HD metal. The image ‘The Rosary’ had also recently won a national TV3 competition. “The images selected for the main exhibition were distributed to members for printing. We then had a club night where we mounted and framed all the images and delivered them to the hospital,” said the camera club spokesperson.

“The hospital maintenance then put up the exhibition of 40 framed images which looked amazing, but we were still short some for the main wards so we decided to donate another 22 images to add to the collection.”

The launch of the exhibition was held in the hospital at the start of the Kanturk Arts Festival 2017 and was a great night with lots of visitors from the Camera Club, local sponsors, Cork County Arts Officer Ian McDonagh and TD Michael McGrath, who officially launched the Kanturk Community Hospital Collection. The catering staff of the hospital put on a wonderful spread of food and those in attendance were entertained by Noel Walsh, a classical guitar player.

“We have really enjoyed working with Kanturk Community Hospital and hope that our images give pleasure to the staff, residents and visitors for many years to come,” he added.

Come and Try Day

ENTHUSIASM THE ORDER OF THE DAY

N the spirit of promoting the benefits of Sport for people with disabilities, a ‘come and try’ day was hosted recently at the Knocknarea Arena IT Sligo. This event was organised by the inter agency partnership of the HSE Physical and Sensory Disabilities Service, Sligo Sports and Recreation Partnership, The Irish Wheelchair Association and Leitrim Sports Partnership.

The event was attended by approximately 30 participants with children attending in the morning and adults in the afternoon. Thanks to Sligo IT, the Knocknarea Arena provided the perfect environment to facilitate all the sports available on the day including Archery, Table Tennis, Wheelchair Hurling and basketball, Boccia and hand cycling. It was both a very enjoyable and inspiring day for the enthusiastic participants that attended.

The feedback from the participants was hugely positive, with one participant commenting, “I didn’t know there was so many adapted sports available in Sligo” and another revealing, “I haven’t enjoyed sport since my injury until today.”

Jerome McGirr, Case Co-Ordinator, HSE Physical and Sensory Disabilities, Sligo/ Leitrim, said they were delighted with the attendance and inspired by how the children’s siblings also engaged.

“We anticipate seeing a greater number of budding athletes in 2017. The exhibitors got a lot of satisfaction from exploring how they can make their sport or club more accessible,” he said.

If you have a Physical or Sensory Disability and would like to sample any of the sporting opportunities outlined above, please don’t hesitate to contact one of the following contacts:

- Sligo Sport and Recreation Partnership
  - Shane Hayes 071-9161511, info@siligosportandrecreation.ie

- Leitrim Sports Partnership - Declan Boyle
  - 071-9650498, DBoyle@leitrirmcoco.ie

- HSE Physical and Sensory - Jerome McGirr
  - 071-9135001, Jerome.McGirr@hse.ie

- IWA Leitrim - Jeanette Beirne
  - 071-9620569, Jeanette.beirne@iwa.ie

Some of the participants of the try it and see event in Sligo
Tackling epidemic

CHILDHOOD OBESITY

DUDN girls are more likely to be obese, according to a new study published by the HSE in conjunction with the National Nutrition Surveillance Centre in Ireland. The Childhood Obesity Surveillance Initiative (COSI) in the Republic of Ireland shows that levels of while excess weight in children are stabilising, they also indicate that:

• at least one in five children are overweight or obese.
• more girls than boys are overweight or obese across all ages.
• those attending DEIS schools tend to have higher levels of overweight and obesity and the gap becomes wider as children get older.

Launching the report Minister Corcoran-Kennedy, Minister of State for Health Promotion commented: “I’d like to acknowledge and thank the children and their parents who consented to participate and provide growth measurements as well as the individual schools and Department of Education who facilitate the researchers in collecting the data. Their support and involvement in research initiatives such as this is so important and valuable.” The Childhood Obesity Surveillance Initiative is a core tool to help us monitor our progress towards achieving the targets set out in The Healthy Weight for Ireland Obesity Policy and Action Plan 2016-2025.

“The plan sets a short-term target for a sustained downward trend in levels of excess weight in children and a reduction in the gap in obesity levels between the highest and lowest socio-economic groups by 20% in 2014. The unfortunate truth is that we are on course to become the most obese nation in Europe, unless we take action now. Tackling childhood obesity is a key priority for me as Minister.”

The National Nutrition Surveillance Centre presented the findings at the Association for the Study of Obesity on the Island Ireland (ASOI) annual conference. “We now have over seventeen thousand examinations from children over four rounds, carried out in the same schools,” said Professor Colette Kelleher, Director of the National Nutrition Surveillance Centre. She added, “These findings highlight the need to address the gap between better off and less advantaged children and to focus on interventions that appeal to both girls and boys.”

SLIGO UNIVERSITY HOSPITAL LAUNCHES CALORIE POSTING POLICY

SLUH Hospital (SLH) have officially launched their Calorie Posting Policy to promote awareness and increase consumption of healthier food and drink choices among HSE staff and the public using and visiting HSE healthcare facilities. As part of the HSE’s Healthy Ireland Policy, SLUH Hospital was one of 111 to implement a Phase 1 Plan to complete this process for all hot and cold food items and beverages in the staff canteen and coffee dock. By December 2015 phase 1 was implemented which outlined the calorie content for all breakfast items displayed on the end of 2016 all phases of the project were implemented.

The development and implementation of a Calorie Posting Policy is an important initiative supporting two key policy priority programmes – Healthy Eating and Active Living, and Staff Health and Wellbeing. The purpose of this policy is to promote awareness and increase consumption of healthier food and drink choices by highlighting the calorie content of food and drinks provided in HSE facilities.

Commencing on the success and eagerness of the staff at Sligo University Hospital in implementing the HSE policy on calorie posting, Grainne McClaren, General Manager, said “Calorie Posting is a key component of the HSE’s Healthy Ireland Policy. Research suggests that when menus display calories, people eat 6pc less calories each day. Calorie posting focuses on displaying calories at the point of choice on food and beverages. It recognises that putting calories on menus makes the healthier choice the easier choice. This policy will make our staff and visitors more aware of the calories in the food they eat and provide information regarding healthy eating options which in turn leads to healthier lifestyles.”

KEY FINDINGS

4,909 children across 138 schools participated in the 2015 survey. Since the first survey was conducted in 2008, it has been repeated three times giving researchers access to 17,145 examinations to analyse and monitor trends in healthy weight, overweight and obesity in primary school aged children in Ireland.

Over the four rounds of the surveillance (2008-2015) some key trends have emerged including:

• the levels of overweight and obesity in 1st class children (aged 6-7 years) and those aged 8-12 years appear to be stabilising though not in those children attending DEIS schools; and there is a marked difference across genders with more girls tending to be overweight and obese than boys.

• International evidence points to a higher level of overweight and obesity in children from lower socio-economic backgrounds. The trends emerging from the surveillance in Ireland reveal a similar pattern. When data from children attending DEIS schools is compared with that of children attending other schools, those attending DEIS schools tend to have higher levels of overweight and obesity and the gap becomes wider as children get older.

• measured in 1st class (aged 6-7) as 16.9pc, with the prevalence in girls at 24.8pc in 4th class and 22.9pc in 6th class.

• measured in 4th class (aged 9-10) as 20.8pc, with a prevalence in girls at 24.8pc and boys at 16.5pc.

• measured in 6th class (aged 11-12) as 20.8pc, with a prevalence in girls at 22.9pc and boys at 18.8pc.

The results show that according to the International Taskforce on Obesity standards the current combined prevalence of overweight and obesity in Irish children:

• measured in 1st class (aged 6-7) as 16.9pc, with a prevalence in girls at 20.4pc and boys at 13.2pc.

• measured in 4th class (aged 9-10) as 20.8pc, with a prevalence in girls at 24.8pc and boys at 16.5pc.

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HEALTHY FOOD FOR LIFE

IT won’t come as a shock to HSE staff to hear that excess consumption of saturated fats, sugars and salt (especially from foods and drinks on the top shelf of the food pyramid) and low consumption of fruit and vegetables are major problems in the Irish diet. Alarmingly, in 2016, the Healthy Ireland Survey found that 42% of the population were eating six or more portions daily of ‘top shelf’ products, including biscuits, cakes, confectionary, crisps and sweetened drinks.

National and international reviews of the current scientific evidence identify that a healthy dietary pattern is: higher in vegetables, fruits, whole grains, moderate in low fat milk, cheese and yogurt, fish, peas, beans and lentils; lower in processed meats. It should contain very small amounts of unrefined fats and oils and a low intake of sugar-sweetened foods and drinks with added sugars (not every day).

Consumers are confused about nutrition. This is hardly surprising, given the near daily myriad of nutrition messages delivered via traditional marketing media, social media and food packaging. We have thousands of foods to choose from and hundreds of willing “experts” to tell us what we need to consume.

Our new national nutrition guidelines have three main messages to limit this confusion:
1. Limit high-fat, sugar, salt foods (HFSS) and drinks from the top shelf of the food pyramid.
2. Eat more vegetables, salads and fruit – up to seven servings a day.
3. Size matters – use the food pyramid as a guide for serving sizes.

To help people translate the information on the food pyramid into ‘real life’, sample daily meal plans for a range of age groups have been prepared.

The meal plan shown here is for Michael, a 52-year-old office worker who is currently overweight. The meal plan outlines the type of food Michael could eat to meet the recommendations of the food pyramid, but also to aid his weight loss. Many people are surprised at the volume of food shown in the meal plans, but it’s important to remember that these recommendations do not include foods from the top shelf. If Michael decides to have a “top shelf” food like crisps with his lunch or if he chooses extra butter or mayonnaise with his dinner – he won’t lose weight. If he includes a takeaway once or twice per week, some beers, or biscuits with his tea – he won’t lose weight following this meal plan.

Michael’s lunch and dinner are fairly traditional but they do need to be planned in advance. The sandwich for lunch would be likely to contain significantly extra calories (larger slices of bread, more mayonnaise or butter) if he buys this in a deli rather than make it himself. Michael’s dinner contains a lot of vegetables; they cover half of his plate which is a good start.

Attaining the recommended five to seven portions of fruit and vegetables per day would be difficult without Michael including them at each meal and snack.

We live in an environment where tasty, convenient, cheap and calorie loaded food is just five minutes or a phone call away. 24/7. Prioritising the planning, shopping and cooking of meals requires significantly more commitment and focus than it did years ago.

There are seven sample daily meal plans for a range of age groups available to download at www.hse.ie/healthyeating.

Edel McNamara, Senior Community Dietitian, HSE

STAFF IN GALWAY EAST PRIMARY CARE CENTRE LAUNCH NEW FOOD PYRAMID

TO celebrate Ireland’s Nutrition and Hydration Week, Senior HSE Dietitian Valarie O’Connor and her colleagues working in the Galway East Primary Care Centre in Doughiska, Galway, unveiled the new food pyramid model which will be on display in the health centre for viewing by patients, visitors and staff to the health centre.

A new food pyramid display was launched there as part of Ireland’s Nutrition and Hydration week which was running in hospitals and health centres all over Ireland.

This is a global initiative and is run nationally by registered HSE dietitians all around the country to promote healthy nutrition and hydration for all the age groups.

The mission of Nutrition and Hydration Week is to create a global movement that will reinforce the focus, energy, activity and engagement on nutrition and hydration as a fundamental element of maintaining the health and well-being for all (www.nutritionandhydrationweek.co.uk).

In December, the Department of Health launched the updated and revised food pyramid guide for health eating for members of the public.

Staff in Doughiska Primary Care centre felt that a visual representation of the food pyramid including the various food models would be of interest to the public and would remind people of the food pyramid’s guide to healthy eating and the importance of healthy eating for health and well being at each stage of our life cycle.

The roll out of Nutrition and Hydration Week nationally was seen as an opportunity time to launch this initiative.

“I would like to thank all my colleagues for their support and in particular, Maria O’Toole based in St Francis Primary Care Centre for her wonderful assistance in making this project happen and also to the talented maintenance staff in Shantalla Health Centre,” she said.
Dodge those undercooked burgers

STAY SAFE WHEN YOU BBQ THIS SUMMER

HE HSE Environmental Health Service, the Food Safety Authority of Ireland (FSAI) and Safefood are joining forces this summer to highlight the risks of eating undercooked burgers. Whether it is a burger that you are cooking on your BBQ or one that you are cooking or ordering in a restaurant or at a festival, there is something that you should know: eating undercooked burgers can cause serious illness with long term health consequences.

RARE STEAK V RARE BURGERS

Many people cannot understand the difference between a 'pink' steak and a 'pink' burger but it is quite simple. When you cook the exposed surface of a steak you are effectively killing any bacteria or microbial contamination present. The internal muscule of the steak is largely sterile but when meat is minced all the micro-organisms that were on the surface are now mixed the whole way through. This is why minced meat burgers have to be cooked thoroughly while beef steaks can be served rare once the surfaces are cooked.

THOROUGH COOKING

By cooking thoroughly we mean cooked to a core temperature of 75°C and ideally you should use a probe thermometer to check the temperature as the colour of the inside of the burger alone is not a reliable indicator. The reason why this is so important is because of the type of bacteria associated with minced meat. A study carried out in Ireland in 2013 showed that raw minced beef burgers and minced beef samples from retail and catering premises were contaminated with VTEC and Salmonella.

In small bedrooms, storage is all important. Fitted wardrobes provide floor-ceiling storage and are most useful if built in what might otherwise be wasted space, such as the alcoves next to a chimney breast. Fitted wardrobes aren’t expensive if you make them out of MDF (or get a carpenter to), and can be customised for your storage needs. A bed with built-in storage may also be a good investment.

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To make a small bathroom work well, think about re-jigging the layout - would there be more space with a corner toilet, shower cubicle or basin, for example? also consider the depth of the toilet - some are a lot shorter than others, giving you more usable space when you come to sell, but may be worth it if it improves the bathroom for you. if you want to keep the bath, there may be a better solution for small rooms, these radiators are the perfect combination of period elegance and contemporary style, and a nice feature in their own right.

For small rooms

The size of your home, especially the number of bathrooms or shower rooms you have, and how much heating and hot water your household will use, will largely determine what type of system boiler you choose to operate your central heating and hot water. Regular boilers need a cylinder (to store hot water) and tanks. System boilers also need a hot-water cylinder, which allows them to feed several outlets, such as taps and shower, at the same time, but they don’t need tanks.

Combi boilers are a popular choice, as you only have to find room for the boiler itself - there are no tanks or cylinder, although some combis have a built-in tank, which gives the highest flow rate needed in a bigger property. Combi’s heat water on demand, so you only pay for the heat you deliver, in other words, the most efficient - the system is, but don’t overlook the pipework, as the central heating system is gravity fed and you’re switching to a pressurised system, the pipework will be under pressure for the first time and may leak, or may be leaking, without you knowing, so leaving it in place can be a false economy. Most plumbers now use plastic pipework where it can be seen, such as rad pipes, and close to the boiler, where it’s too hot for plastic.

If your boiler has a hot-water cylinder, you may want to get rid of it by fitting a combi, or relocating the cylinder, as new combis are a popular choice, as you only have to find room for the boiler itself - there are no tanks or cylinder, although some combis have a built-in tank, which gives the highest flow rate needed in a bigger property. Combi’s heat water on demand, so you only pay for the heat you deliver, in other words, the most efficient - the system is, but don’t overlook the pipework, as the central heating system is gravity fed and you’re switching to a pressurised system, the pipework will be under pressure for the first time and may leak, or may be leaking, without you knowing, so leaving it in place can be a false economy. Most plumbers now use plastic pipework where it can be seen, such as rad pipes, and close to the boiler, where it’s too hot for plastic.

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If you have more bathrooms than that, a combi probably isn’t suitable.

If you’re renewing a property that hasn’t been updated in decades, it may be necessary to change the whole central heating system, especially if you’re going to an eco-friendly system. A boiler with a high B.E.R. rating may be a better option. It may be more expensive at the time, but may be worth it if it improves the bathroom for you. If you want to keep the bath, there may be a better speedy shower that’s a little bit more efficient, but it may be a small bathroom, storage is all important. Fitted wardrobes provide floor-ceiling storage and are most useful if built in what might otherwise be wasted space, such as the alcoves next to a chimney breast. Fitted wardrobes aren’t expensive if you make them out of MDF (or get a carpenter to), and can be customised for your storage needs. A bed with built-in storage may also be a good investment.

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NISSAN MICRA 2017

FACTS AT A GLANCE

NISSAN MICRA N-CONNECTA
ENGINE: 0.9-litre turbocharged petrol
TRANSMISSION: Five-speed manual
PERFORMANCE: 0-60mph in 11.9 seconds, 109mph top speed
ECONOMY: 64.2mpg
EMISSIONS: 104g/km (98g/km with stop-start)

WHAT’S NEW?
LET’S face it, the last Nissan Micra wasn’t exactly a big hit. It was a bit too quirky compared with previous generations and what had been the first-car staple of so many young drivers became the reserve of the older generation.

NISSAN has breathed a new lease of life into the latest Micra, though, bringing it into line with the rest of its product range and offering segment firsts on the safety and technology fronts. It’s been repositioned from the ground up to offer far better driving performance, plus the combination of standard safety options, improved driving aids and tech developments make it a very appealing option.

It is also available with must-have extras such as Apple CarPlay integration and high-quality Bose headrest speakers, which make it an attractive alternative to rivals.

LOOKS AND IMAGE

WHEN it comes to looks, the fifth-generation Micra has certainly improved and is likely to win favour - as many Nissans have before - with those looking for a stylish, but practical alternative to the traditional cars on the market. It’s been given that instantly recognisable Nissan chrome ‘V’ around the badge and an overall much sleeker look. It’s clear that the target market for Micra is younger drivers, and Nissan is hoping to capture the attention of this audience with its new customisation options. There are three levels for this, covering the exterior and interior, meaning buyers have 125 options to choose from and can ensure their car stands out on the road.

SPACE AND PRACTICALITY

THIS new Micra has a longer wheelbase than ever, and it means more leg room for all occupants. It is another way that Nissan has challenged rivals, as it’s moving away from a cramped supermini to a small hatchback. With five doors and a reasonable rear spoiler, so it looks great from the outside, but there’s more headroom than you’d expect. The doors open nice and wide too, as you’d expect from a Nissan, which makes this a great option for getting in and out – especially if you’re trying to get a child in the back. However, the door openings themselves aren’t that big and you’ll have to bend over quite considerably.

Behind the wheel

THE Nissan Micra is available with two engine options at launch – a 0.9-litre naturally aspirated engine, producing 74bhp, but details are limited. Currently, it’s only available with a five-speed manual gearbox.

According to Nissan, the 0.9-litre petrol engine will achieve 64.2mpg and produce 74g/km of CO2, while the diesel counterpart will do 88mpg, while producing 89g/km of CO2. It will achieve 0-60mph in 11.9 seconds with the petrol engine, continuing to 109mph, while the diesel will go marginally faster to 60mph in 11.7 seconds, reaching 111mph.

Although the Micra is bigger, it’s also become slightly wider. Once you’re behind the wheel it doesn’t feel like a large car but its new stylish and flared design does mean you may want to keep an eye on the car’s extremities.

Fortunately, the Micra is now available with Nissan’s 360-degree manoeuvring camera, which makes parking easy.

Y’VALUE FOR MONEY

HOWEVER, all of this extra kit and extra space does mean the price has increased on the Micra. That’s not to say there isn’t value in the Nissan range any more, and those looking for a low-priced, practical, but small car are better off opting for the Note.

The Micra does offer plenty of options depending on your budget though ranging from the entry-level Visia to the top spec Tekna. The entry-level car is priced at €11,795, which will give you a fairly basic array of goodies, including 15-inch steel wheels, LED daytime running lights, electric door mirrors and front windows, hill start assist and emergency braking and the two-tone dashboard.

WHO WOULD BUY ONE?

THIS car will have huge appeal for young drivers focused on the tech the car can offer them, but who are also looking for something practical and cheap to run. Its stylish looks and flared design will definitely appeal to those looking to stand out against the traditional B-segment cars.

The new Nissan Micra is finally a great alternative to the staples of the small hatchback market. It’s got the looks, the drive and the economy to become a serious rival worth considering.

 snagged an interview with the lifestyle and fashion director of the Radisson Blu Hotel & Spa, Sligo, Elaine Egan, to find out what they have planned for their Christmas festivities.

"It is going to be a very special Christmas at the Radisson Blu Hotel & Spa, Sligo," Elain...
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