



Older Person Services
HSE Midlands

Report on the Consultation Process

May – July 2012

Executive Summary

This is the summary of the engagement with residents and next of kin as well as interested parties and the public in the consultation process for Older Person Services for the Midlands. In particular the potential closure of two community nursing units, Abbeyleix Community Nursing Unit and St Brigids Hospital Shaen.

In October and November 2011, the HSE announced the closure of St. Brigids Hospital Shaen and Abbeyleix Community Nursing Unit, Abbeyleix. During the course of a judicial review, the HSE set aside its decision regarding Shaen and Abbeyleix. Instead the HSE gave a commitment to undertake a consultation exercise, in particular with the residents and next of kin with the public and other interested parties regarding the future of the two units.

In May 2012, the HSE published the Older Persons Services HSE Midlands Information and Consultation Document. This was the first document that was undertaken to comply with the HSE national policy titled HSE Protocol Consultation Policy Document in Relation to the Potential Closure of Public Long Stay Units. The information policy document and the consultation policy document are attached in the appendix section.

The consultation period began on the 24th of May 2012 with the formal closing date for written submissions being the 20th July 2012. This report presents the list of key contributors to the consultation process. The contributors engaged with the process by attending a formal meeting or via email, post and written submissions. A dedicated e-mail address was set up to facilitate submissions from interested parties. Broadly the main categories who submitted communications regarding the consultation process were;

- a. Residents and Next of Kin
- b. Interested Parties such as Action Groups

- c. Public Representatives
- d. Unions and Staff Representatives

As part of the Consultation Process **96 written submissions** were received to the dedicated email or by post. **8 meetings**, in addition to those 55 meetings which took place with the residents and next of kin were facilitated. **1,939** petitions in favour of maintaining services at Abbeyleix Community Nursing Unit were also received.

Further information to support the submissions from the groups is in the Appendix. It should also be noted that the entirety and all of the information received during the consultation process will be provided to the Designated Officer.

All of the information and submissions received will be presented to the Designated Officer on the 16th August 2012 and thereafter a decision and recommendation in relation to the future of both units will be made.

In the interest of ensuring Data Protection Act Compliance individual submissions will not be published.

All parties welcomed the opportunity to give their views regarding the future of St Brigids Hospital Shaen and Abbeyleix Community Nursing Unit and welcomed the Information and Consultation Document provided as context to how services within the Midlands are being provided.

a. Residents and Next of Kin

St. Brigid's Hospital, Shaen

Meetings were conducted at St Brigid's Hospital, Shaen, with Residents and Family members as part of the Consultation Process Older Persons Services HSE Midlands between Thursday 7th June, 2012 and Monday 2nd July, 2012. In all 25 meetings took place with those residents and Next of Kin.

- The meetings were conducted in accordance with the Information and Consultation Document.
- Residents/Family members were provided with a copy of the questions to be asked beforehand.
- All residents/family members were allocated specific dates and times and flexibility was afforded when required.
- Two residents/family members did not attend.
- As the majority of the residents were not in a position to attend it was family member/next of kin who attended on their behalf.
- The interviews carried out followed a pre-determined approach in that the questions were preset as set out in the Information and Consultation document (National Policy Appendix 5)
- Meetings lasted from approx 40 mins to 2 hours.

- All members were afforded the maximum opportunity to convey their views and opinions.
- Present at meetings were;
 - HSE Representative
 - Notetaker
 - Nursing Representative
- All who attended were advised that they had the opportunity until 20th July 2012 to provide any further submissions which they would like to be included.
- At the commencement of the meeting all in attendance were advised that their views and opinions may be included in a published report but no personal data would be included in the report which would enable them to be identified.
- Copies of the completed questionnaires were forwarded to residents/family members to check accuracy of recording of their responses on the day.
- The completed questionnaires have been submitted to the Designated Officer.

Abbeyleix Community Nursing Unit

Meetings were conducted at Abbeyleix Community Nursing Unit with Residents and Family members as part of the Consultation Process Older Persons Services HSE Midlands over a period from 5th June 2012 to 18th June 2012 inclusive.

- In advance of the meeting the Residents were provided with a copy of the questions to be addressed.
- The Interviews were conducted in line with the Questionnaire (National Policy Appendix 5). All attending were also invited to submit further submissions up to 20th July, 2012 if they so wished.
- All residents/family members were allocated specific dates and times and flexibility was afforded when required.
- The majority of residents/next of kin was accompanied by Hospital Action Group Representative and they were also afforded full opportunity to state their views.
- 31 Residents/Respite patients were invited to attend and 30 did so. The completed questionnaires and comments have been submitted to the Designated Officer for consideration.
- Present at all meetings were:
 - Community Services Manager HSE (Interviewer)
 - Assistant Staff Officer (Recorder)
 - Representative of Nursing Staff

b. Interested Parties such as Action Groups

(Includes submissions received via Midland Consultation e-mail)

It should be noted that all action groups or interest groups who specifically requested a meeting were facilitated and these are outlined below. All interest groups were given the opportunity to make a formal written submission for absolute clarity. The written submissions from the actions groups are included in the appendix section.

Riada House Support Group

Meeting Date: 11th July 2012

St Brigid's Hospital Shean Action Committee

Meeting Date: 9th July 2012

Abbeylax & District Hospital Action Committee

Meeting Date: 13th July 2012

The time and detail taken by these interest groups in preparing these reports is duly acknowledged.

c. Public Representatives

All public representatives who requested an individual meeting or collective meeting or who contacted the Area Manager's Office to arrange a meeting were facilitated.

These included;

Charlie Flanagan T.D. Fine Gael

Meeting date: 25th June 2012

Sean Fleming T.D. Fianna Fail

Meeting date: 25th July 2012

Written submissions were received by:

Marcella Corcoran Kennedy T.D. Fine Gael

Brian Stanley T.D. Sinn Fein

Jerry Lodge, T.C. M.C.C. Fianna Fail

John Joe Fennelly M.C.C., P.C. Fianna Fail
Brendan Phelan Fianna Fail
Laois County Council

The Area Manager also attended collective meetings with the following councils;

Longford Town Council
Meeting date: 18th July
Portlaoise Town Council
Meeting date: 23rd July 2012
Mountmellick Town Council
Meeting date: 31st July

The meetings provided an opportunity for clarification regarding the contents of the information and consultation document published. All written submissions from political parties or groups are included in the Appendix.

d. Union and Staff Representatives

All unions and staff involved in St Brigid's Hospital Shaen and Abbeyleix Community Nursing Unit were invited to meet with management. Correspondence received from Mr. Denis Rohan on behalf of the unions is included in the Appendix. It should be noted that all unions decided not to formally engage in the process given that the HSE protocol consultation policy document in relation to the potential closure of Public Long Stay Units had not been agreed by their national bodies. It should be noted that a number of staff (n=69) submitted their views and comments and these have been submitted for consideration by the Designated Officer.

Conclusion

In conclusion I would like to acknowledge the engagement by so many individuals and interested parties, the most important being the residents and next of kin of St. Brigids Hospital Shaen and Abbeyleix Community Nursing Unit. The consultation process is the first in its kind for Older Person Services in the Midlands and the submissions received will form part of the decision process.

Separately a local Management response to the various themes that have been raised during the course of the discussions is prepared and has been provided to the designated officer.

Finally, The HSE would like to thank all those who contributed to this process.

Appendix Index

- 1. Submissions by Interested Parties**
- 2. Correspondence from Local Representatives**
- 3. Correspondence from Unions**
- 4. Consultation and Information Document and HSE National Policy**

ABBEYLEIX & DISTRICT HOSPITAL ACTION COMMITTEE

Mr Joseph Ruane
Area Manager – Midland Area
Dublin Mid Leinster
Health Centre
Mullingar
Co Westmeath

20th July 2012

**Re: Consultation Process on the Abbeyleix Community Nursing Unit
(Formerly known as Abbeyleix District Hospital)**

Dear Sir,

Attached please find copy of Abbeyleix & District Hospital Action Committee submission to the Consultation Process following up on our presentation to your colleagues Gerry Raleigh and Dorrie Mangan in Tullamore on 13th July 2012. A hard copy of this submission is being delivered to your offices at Tullamore also along with letters and petitions from members of the community.

Yours faithfully



BRIAN MAHER
Chairperson

c.c. Dr James Reilly Minister for Health
Ms Kathleen Lynch Minister of State for Older People

**ABBEYLEIX & DISTRICT HOSPITAL ACTION
COMMITTEE**

Submission to Consultation Process

July 2012

Introduction

This document is the Abbeyleix & District Hospital Action Committee submission to a Consultation Process run by the Health Service Executive (HSE) to consider making a decision recommending to the Minister for Health that Abbeyleix District Hospital should or should not be closed.

The HSE were forced through legal action taken by 3 elderly residents of Abbeyleix Hospital in the High Court in December 2011 to set aside a decision to close Abbeyleix District Hospital.

As a result of this action the HSE were obliged to consult with the residents and their next of kin along with staff and union representatives, elected public representatives, the management of the unit and local and interested groups as well as the community of Abbeyleix and the surrounding district of south and central Laois prior to making any decision affecting the future of Abbeyleix District Hospital.

The community of Abbeyleix and south Laois have been extremely supportive of the actions of this committee in seeking the retention of the wonderful centre of excellence in elderly care at Abbeyleix District Hospital. It is true to say that the level of support that has been shown by the community, businesses, press and media for the retention of the unit and the continuing care of our elderly residents has been extraordinary. The resolute and unified cross political party support for the retention of the unit is heartening and points to a better future for us all.

We, the Abbeyleix & District Hospital Action Committee are unwavering in our single aim to see that the facility is not just retained but enhanced to realise its full potential in serving the people of Laois. We hope in this document to illustrate the opportunity that Abbeyleix District Hospital not only assures its own retention but will act as a pilot for similar institutions across the state. We are convinced by the support we have been shown by the many medical and other professionals that we have consulted with that our community in collaboration with the HSE and the Department of Health can deliver a new model of care at Abbeyleix.

This new model of care not only seeks to maintain the Community Nursing Unit, but to build a service offer beyond the excellent elderly care provision that augments this with a comprehensive package of additional services for the people of the district. Section 2 of this report sets out in detail how this service can be provided at Abbeyleix District Hospital.

We have a long standing tradition of fundraising for Abbeyleix Hospital through the tireless work of the Friends of Abbeyleix Hospital Committee. For example between 2009 and 2011 a total of €89,657.70 was donated and spent by the HSE on Abbeyleix CNU. Further monies have been raised on a weekly basis and will be released once the future of Abbeyleix is secured. We commit to maintaining this tradition into the future with a focus on providing the community contribution towards the upgrading works to comply with HIQA National Quality Standards for Residential Care Settings for Older People in Ireland 2008 in order to retain the Community Nursing Unit at Abbeyleix as part of a comprehensive

remodelling of the overall healthcare provision within Abbeyleix District Hospital.

An opportunity exists to deliver value for money by increasing capacity at Abbeyleix to secure its future. An extension to the CNU component will deliver this capacity for a reasonable number of elderly beds within the context of a more comprehensive service offer to include a Rehabilitation Centre. This combination of service offered for adults in the district will seek to take pressure off the Midland Regional Hospital at Portlaoise as well as securing the future of the Community Nursing Unit.

We, the community of Abbeyleix and Laois have a duty of care to the legacy of a hospital having served us since the early 1840's when a Fever Hospital was constructed adjacent to the Union Workhouse. We also have a duty to future generations that a hospital is retained on the site to service our future health requirements within the community setting.

Alan Mee recently wrote in Architecture Ireland about healthcare in relation to location and made a very valid point when he stated;

"The Health Atlas on the HSE website indicates the suburban nature of nursing home provision in this country, so we can see immediately how likely it is that most of usare likely to grow old in a field, or rather, a single storey state sponsored bungalow on a green field site far from amenities like shops, a pub, or a library."

We have an opportunity here to collaborate to do the right thing and not only leave our excellent facility in its community setting where it belongs but also to increase its potential contribution to healthcare for the population of County Laois.

Abbeyleix & District Hospital Action Committee
July 2012

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Section 1

Context

Abbeyleix Community Nursing Unit or Abbeyleix District Hospital as it is known locally is a vital part of our community infrastructure. The relationship between the community and the hospital runs back through the generations. Most members of our community have had family members who have been born in, worked on the building of, worked in or in many instances died in Abbeyleix District Hospital. To say that the connections between the community and the hospital run deep would be an understatement. That is why the Community have been drawn even closer together to show that we are not only resolute in our campaign for keeping Abbeyleix District Hospital safe from closure now but that we are also insistent on its retention for future generations.

Abbeyleix was the head of the Queen's County Union of Workhouses and was originally constructed in 1844 for 500 souls. The original Fever Hospital was constructed on an adjacent site to the west and opened in the early 1840's. The current hospital was constructed in 1937 on the site of the Union Workhouse. The hospital was run by the Vincentian Sisters until 1960 when Laois County Council took over the day to day running of the hospital. In 1971 the Midlands Health Board on its inception took over the running of Abbeyleix District Hospital. The Health Service Executive (HSE) took control of Abbeyleix Hospital 7 years ago on January 1st 2005 on its inception. The hospital has therefore only been under the control of the HSE for some 7½ years of its 168 year history.

While the service provision was originally that of a general hospital up to the 1970's the Abbeyleix District Hospital became a geriatric hospital and remained so until recent years when it was downgraded by the HSE to a Community Nursing Unit.

Significant expenditure has been invested in Abbeyleix in recent years including the extension of the Day Care Unit as well as upgrading of sanitary and services. The roof was recovered in recent years and fire safety works were only recently completed. The building is of traditional brick external finish and requires minimal external maintenance. The general condition of the building is very good both internally and externally and the evident on-going planned maintenance has resulted in an environment that is of a very high quality.

Census 2011 – The Community Nursing Bed Requirement in County Laois

The population of County Laois has increased by an unprecedented 20% from 2006 to 2011. The 65+ age group have increased by over 14% in this time came to a total of 8,100. The internationally accepted norm for calculating a requirement for Nursing Home care is that 5% of this population should be planned for and not 4% as indicated in the Consultation Document. In a Ministerial Briefing 18th November 2011 in respect of both Abbeyleix and

Shaen it is stated that no more than 4½% of the over 65 population in long time residential care.

However if we assume the recognised standard of 5% then this shows a total of 405 beds required within County Laois of which there is a capacity of 202 beds available in public nursing homes at Mountmellick, Shaen and Abbeyleix and 204 beds in private nursing homes at Stradbally, Kilminchy, Ballard and Oakdale. Were Abbeyleix & Shaen hospitals to close only 136 public beds would remain leaving a shortfall of 65 beds in County Laois.

On the other hand County Offaly may indeed have a surplus of both public and private nursing unit beds based on population but the distances are too great to be practical for residents of South Laois in particular. The map included in Appendix 2 illustrates clearly the remote location from central and south Laois of the existing Community Nursing Units in County Offaly. We are convinced that the retention of Abbeyleix is essential to service the local need.

Given that these facts illustrates that we are merely providing adequate provision for the maintenance of the status quo we need to be considering an incremental growth in our elderly population in order to provide a context for making a decision in respect of a reduction in capacity at this time. With a growing aging population it is essential that the increased potential demand is taken into consideration in calculating the public elderly care service requirement. To close beds against this backdrop is intolerable in particular due to there being no expansion of private nursing home provision in the foreseeable future due to the economic collapse.

Total Population 65+	5%	Public Beds	Private Beds
8,100	405	202	204

Laois – Offaly Public Community Nursing Units

There are a total of 6 Public Community Nursing Units within Laois & Offaly of which 3 are in County Laois, Mountmellick, Shaen and Abbeyleix. There is a detailed comparison of these units in the appendix to this document which gives context to the total provision.

The selection of Abbeyleix in particular is interesting within the existing facilities. The true picture is that a far wider number of these units should have also been included along with Shaen for scrutiny. Abbeyleix and Shaen are, and this was recently confirmed by email by the HSE to Sean Fleming TD, selected for closure based on the numbers of beds and required works to physical environment;

Dear Deputy Fleming

The reason for consulting on St Brigids Shaen and Abbeyleix Community Nursing Unit is that the registered approved bed numbers (HIQA) in both Units is the **lowest** in the Midland area. This is set out in the table attached. Also the physical limitations of both buildings is such that **capital investment** would be required to bring the units up to viable accommodation levels and meet necessary standards.

Bed occupancy levels at present are below registered capacity arising from a non-admissions policy to both units pending the completion of the Consultation process.

The Consultation Process commenced on the 24th May and will be complete within 12 weeks.

Yours sincerely,

Andrew Sugrue
On Behalf of
Joseph Ruane
Area Manager
HSE Midlands Area

We welcome the opportunity to address these points here and will deal with each separately below;

Size of Unit and number of HIQA approved bed spaces

The table in Appendix 4 sets out the Public Community Nursing Units and the HIQA approved capacity for each unit. It is clear that all of these units are being run below capacity for staffing and other reasons.

Abbeyleix CNU is certified by HIQA for a total of 33 beds of which a total 22 long stay beds and 3.5 respite beds, i.e. a total of 26 beds are currently occupied. Therefore the inclusion of units based on the criteria of bed numbers should also include some of the other CNU's also for consideration for closure. In the interest of fairness, openness and transparency a level playing field ought to consider those units that are close in size to Abbeyleix. This is particularly true in the context of the following points;

- Mountmellick has several 5, 6, 7 & 8 bedroom rooms that will all require remodelling to maximum 2 bedroom rooms with ensuite bathrooms along with other upgrades, a considerable cost and reduction in bed numbers to be completed by 2015. A costed report on the required HIQA compliance upgrades should be made available in order to determine the long term viability of the unit.
- Ofalia House has several multi-occupancy rooms which have to be modified and assisted bathrooms to be installed. A requested report has not been done according to the latest HIQA report. The 47 HIQA approved beds will reduce significantly as a consequence of these alterations and monies have to be found to implement these changes.
- Riada House – some bedrooms are below HIQA standards. Given that Riada House has a total of 42 approved beds it is likely as a result of works that the available HIQA standard compliant beds will be reduced.
- Birr has 15 X 4 bed rooms which all have to be modified in order to comply and a reduction in beds will result.

The true assessment of long-term viability is the actual cost of the remedial works to achieve HIQA standard compliance and the resultant reduction in bed numbers which needs to be ascertained in order to make a meaningful value-for-money assessment of all the public CNU's. To ascertain a comprehensive assessment of the true cost and resultant outcome is in our view not just desirable but essential in assessing the viability of the entire community nursing bed provision.

Within the context of our current financial situation value for money to the public exchequer is of utmost concern. Making a narrowly focussed assessment of potential cost savings based on the smallest units within this context is both folly and indefensible from a public accountability perspective.

Section 2

Proposed New Model for Care at Abbeyleigh – Dr John Madden

I would like to propose a strategy for the development of Abbeyleigh CNU. Ideally the Hospital should be developed as a 50 bedded unit as and when funds become available. This is large enough to allow flexibility of use but small enough to ensure a caring and family-type atmosphere for its users. It is proposed to divide the use of the Hospital into 3 main sections:

- *Community Nursing Unit* providing longstay care for older people
- *An Intermediate Care Unit for Adults (see below)*
- *Emergency Community / Primary care admissions (see below)*

The title of Community Nursing Unit will no longer exist and the hospital will be renamed to reflect the levels and remit of services provided.

Community Nursing Unit

A percentage of the total number of available beds should be allocated towards longstay care for patients whose needs are unable to be met by private facilities. The actual number of beds should reflect local need and could be adjusted upwards or downwards as required. The admissions to this unit should be protocol driven and weighted towards significant dependency and locality.

Intermediate Care

Intermediate Care can be described as those services that do not require the resources of a general hospital but are beyond the scope of the traditional primary care team. It is a service provided on a **SHORT TERM** basis at home or in a residential setting for people who need some degree of rehabilitation and recuperation. Its aims are to prevent unnecessary admission to hospital, facilitate early hospital discharge and prevent premature admission to longstay residential care.

With regard to the residential component of intermediate care it is estimated that a population of 80,000 would require 20-25 beds. These beds are divided into

- 1 Rehabilitation or “fast stream” beds (the majority)
- 2 Reablement or “slow stream” beds

REHABILITATION BEDS: These intermediate care beds should be located in a defined unit where patients are admitted for a period of 4 weeks maximum for high intensity rehabilitation. It would be envisaged that as many as possible of these patients would go home at weekends allowing weekend respite care for families in need or for crisis interventions from within the community.

REABLEMENT BEDS: These intermediate care beds would be for "slow stream rehabilitation" i.e. for a maximum period of 10 weeks for patients with more complex needs. Patients progressing in this stream would also be expected to begin visits to their home environment within the second half of their hospital stay.

Emergency / Community Care “Rapid Response” Beds

A small percentage of the total number of available beds would be available for Emergency Admissions e.g. a main carer who is suffering an acute self-limiting illness and is temporarily unable to provide their previous level of support / Palliative Care / Step down care / Clearing House requests / patients transitioning to longterm care facilities while awaiting Fair Deal allocation etc. The 3 sections of the Hospital as envisaged in this plan would be independent with their own admission and discharge policies designed with multidisciplinary input and under the overall management of the Director of Nursing. Significant therapy services will be required for the Intermediate Care admissions as all will require rehabilitation and reablement. Clinical governance issues will need to be identified and consideration should be given to Consultant input.

Critical to this plan is a co-ordination of Hospital and Community Rehabilitation Services with close cooperation between the two. The local Acute Hospitals (Portlaoise and Tullamore) would be involved in a Hospital Admissions/Discharges Committee to help with clinical decision making with regard to the balance of Home Care Packages/ Community Rehabilitation and Support / Longterm Nursing Home Care.

Direct admissions from home for crisis intervention or Palliative Care would be overseen by General Medical Practitioners assigned to the Unit.

National Drivers

National Rehabilitation Strategy

From the Report of the National Advisory Committee on Medical Rehabilitation in 1997 to the Social Partnership Agreement "Towards 2016" announced in 2006 the HSE and the Department of Health have consistently identified the need to develop community-based rehabilitation services in a planned manner. This policy has been reiterated by Dr James Reilly Minister for Health in his recent announcement of funding for an Intermediate Care Package.

National Clinical Programmes

Clinical Care Programme for Care of the Elderly (2012) has as its aim that every older person has access to the right care and support. One of its key objectives is increased independence in the home and a reduction in inappropriate admissions to nursing homes.

The National Stroke Programme prioritises the need to identify and align existing community resources to support the development of Early Supported Discharge of Stroke Patients.

The Irish Heart Foundation Stroke Manifesto further advises that Stroke Patients should receive a coordinated service that ensures

- rehabilitation is planned from the day of first hospital admission
- full needs assessment supporting discharge home
- access to stroke rehabilitation in the Community
- aftercare and longterm support for people suffering lasting disability.

Abbeyleix District Hospital is perfectly located to play a key role in the development of HSE policies. The dedicated and highly valued staff aspires to

sustain the Hospital's proud history as a focus for the delivery of health services to its patients. In its new and expanded role the Hospital will become a hub for a Community Care model which could be used as a template for a National Service Plan.

Notes on Intermediate Care

The purpose of intermediate care is to enable people to achieve maximum independent living and to live in their own homes and for as long as possible ie a rehabilitation-focused provision of health and social care support. The service is directed at all adult patients over 18 years and not just to care of the elderly.

The service model reflects a tiered approach where people can move between the services provided as their condition improves or if a need for greater support is identified.

REHABILITATION AT HOME <> DAY REHABILITATION <> RESIDENTIAL REHABILITATION

Rehabilitation at home: This service is designed to provide rapid assessments for individuals referred by GPs, Public Health Nurses, Social Services or through self-referral to avoid an unnecessary admission into hospital or to enable early discharge from acute services. The service provides a short-term period of nursing and/or therapeutic support in an individual's usual place of residence.

Day Rehabilitation (or Day Hospital Care): A short-term programme of therapeutic services provided in a dedicated facility. Used in conjunction with home care support and community equipment which allows the patient to return home each evening and practice their skills in the setting where they will be used long-term.

Residential Rehabilitation: A short-term programme of therapy and enablement provided in a residential setting. This is targeted to individuals who are medically stable but need short-term rehabilitation to enable them to maintain or regain sufficient independence and confidence to return to their usual place of residence.

Under this model of care the patients will have access to:

- Consultant/GP
- Nurses
- Occupational Therapists
- Physiotherapists
- Speech therapists
- Mental health nurses
- Podiatrist
- Social worker
- Dietician
- Psychologist / counseling service
- Home care supports including community equipment.

The above proposals involve a reconfiguration of services which are largely in place already. The policy suggested is based on current needs, demographic trends and current healthcare policy. The level of investment required given the potential returns and cost savings hugely favour the consideration and roll-out of the proposed landmark changes in rehabilitation care in the Midlands.

Section 3

Proposed Alterations to Abbeyleix District Hospital

There are a number of changes to the physical environment to reflect the changes proposed in the previous section. In essence the health care provision will be divided into 2 main areas of Abbeyleix Hospital. The continuing provision of elderly care in the CNU is proposed to be on the Women's northern wing of the unit. It is proposed that the Day Hospital Care and Rehabilitation component will be delivered in the Men's Southern wing of the unit. The proposed layout in Appendix 1 illustrates a schematic proposal showing a proposed new arrangement.

Community Nursing Unit

The layout will need to be altered over time to comply with the HIQA National Quality Standards for Residential Care Settings for Older People in Ireland 2008 for the physical environment. The existing bedrooms will be altered to include en-suite bathrooms and be arranged in twins to provide a total of 10 beds. A further change would be the widening of the corridor adjacent to facilitate both the Building Regulations Part M requirement for a refuge for 2 wheelchairs to pass and to allow for transferring beds from wards.

A separate dining room with seating capacity for 24 will be provided in the area off the corridor close to the entrance and the kitchen facility and a wash-up room immediately adjacent. There is also a Nurses Station, a Treatment Room as well as a re-configuration of the service area and an assisted bathroom area. A family room will also be provided within the accommodation.

Community Nursing Unit Extension

An extension could be added to provide a further 13 single bedrooms as well as a family bedroom for patients relatives to overnight if required. This extension will be accessed by the extension of a corridor through the northern wing of the block adjacent to the Day Care Centre. This will give a total of 23 elderly Community Nursing Unit beds all in compliance with the HIQA standard.

Day Hospital Care / Rehabilitation Centre

The accommodation on the Men's wing south from the main entrance will require the following alterations;

- Reconfiguration of the Director of Nursing's office as a 2 bed ward.
- New Nurses Station and adjacent Treatment Room.
- Creation of a Palliative Care single room with en-suite.
- Reconfiguration of sanitary accommodation and addition of assisted bathroom.

The HIQA National Quality Standards for Residential Care Settings for Older People do not apply to this part of the accommodation as the intention is that the these beds will be utilised between short stay and between 4 and 10 weeks in Intermediate Care beds for Rehabilitation and Reablement as set out in Section 2 of this document.

Future Expansion

The potential exist for the further expansion of Abbeyleix District Hospital. The overall site comprises approximately 2.2 Hectares (5.4 acres). The existing hospital building and mortuary occupy approximately 9% of the total site area which demonstrates a huge potential for expansion within the site. The site plan at Appendix 3 shows the extension outlined in blue and cross-hatched. The addition of the extension shows that the total building footprint is occupying less than 11% of the total site area. This indicates that there is huge potential for expandability within the existing site area. This will aid in providing for the opportunity to develop the service provision within the Abbeyleix District Hospital site without the need to acquire additional lands.

SECTION 4

Implementation

The implementation of the proposed remodelling of Abbeyleix District Hospital will involve a structured implementation plan. The Abbeyleix & District Hospital Action Committee recommend that an Implementation Task Group is set up to implement the recommended changes to the governance and the physical environment required. The actual physical construction works required can then be phased to suit an occupied and live working hospital. Fortunately the plan of the existing building will facilitate this being done on a wing by wing basis.

Community Nursing Unit

The CNU component which is proposed to occupy the women's side will require the changes to accord with the HIQA standards to be completed by 2015. These works can be done on a phased basis and comprises 4 main areas;

1. The north wing alongside the corridor to the Day Care Unit.
2. The north-east wing including the Nurse's Station and Treatment Room.
3. The works to create a dining room and wash-up area to corridor.
4. The CNU extension to the north-east block.

Extension

The CNU extension can be undertaken with minimal impact to the running of the unit as it can be accessed independently from the unit. These works can be done either ahead of or simultaneously to achieve cost efficiency.

Day Hospital Care / Rehabilitation Centre

The existing men's side of the hospital will require a relatively minor number of alterations including;

1. Alterations to convert Director of Nursing office to 2 bed ward and relocation of General Office and Oratory as general office.
2. Creation of Nurse's Station and Treatment Room.
3. Additional assisted bathroom and alterations to sanitary accommodation.
4. Strip-out / fit-out of Palliative Care bedroom with ensuite.
5. Easing doorways to achieve Part M compliance and facilitate bed movements.

Section 5

SWOT Analysis

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Strong connection to local community and facilities	Existing capacity is limited by size of existing unit	Expand capacity and increase efficiencies while providing a broader range of services	Sustained national and international economic difficulties
High quality physical environment and sense of place	Physical constraints of existing building	Unique opportunity for HSE to engage with community to find a sustainable solution and tangible benefits	Lack of vision and ability to embrace new service model opportunity
Established as a centre of excellence in elderly care	Non-conformity of existing CNU to HIQA physical environment standard	Model helps take pressure off Midland Regional Hospital at Portlaoise	While this model is utilised in UK and elsewhere it has not yet in Ireland
Rich staff skill base	Elderly residential service provision only until now	Real time cost saving test ground	Silo-approach to service provision
Strategic location to serve a large and growing population	More complex governance model – uncharted ground	Facilitates support to policy of keeping patients in own home for longest time	Lack of transparency
Strong community support	Strained public finances	Unique opportunity to create a pilot for application in other locations in Leinster and countrywide	Management challenge in new working model.
Site has enormous expansion capacity	Policy restrictions	Servicing wider population	

Section 6

Budget

There are a number of budget issues to be considered in moving to the proposed model for change at Abbeyleix district Hospital. The principle considerations are those changes required to accommodate the 2 separate areas of the hospital.

Community Nursing Unit

The eventual size of the CNU component at Abbeyleix Hospital will depend on the future demand for long stay residential accommodation at Abbeyleix.

While the continuation of provision is envisaged in both offering long term security for those patients that will remain at Abbeyleix and providing for the on-going demand within the catchment district area of County Laois.

The ultimate number of beds required will depend on the success of the Intermediate Care service offer in the rest of the accommodation at Abbeyleix. For the sake of the study and as reflected in the indicative proposed layout at Appendix 1 it is assumed that there are a total of 49 beds of which a maximum total of 24 will cater for the on-going Community Nursing Unit requirement.

Currently the Women's side of Abbeyleix can accommodate approximately 21 beds. With the required alterations to achieve compliance with the HIQA standards document 2008 the maximum number of beds achievable is 10/12 in 2 bed rooms along with a Nurses Station and Treatment Room as well as services and accommodation changes. The Hospital Action Committee and The Friends of Abbeyleix Hospital have given a commitment to engage in fundraising specifically to pay for undertaking these upgrading works before the HIQA deadline.

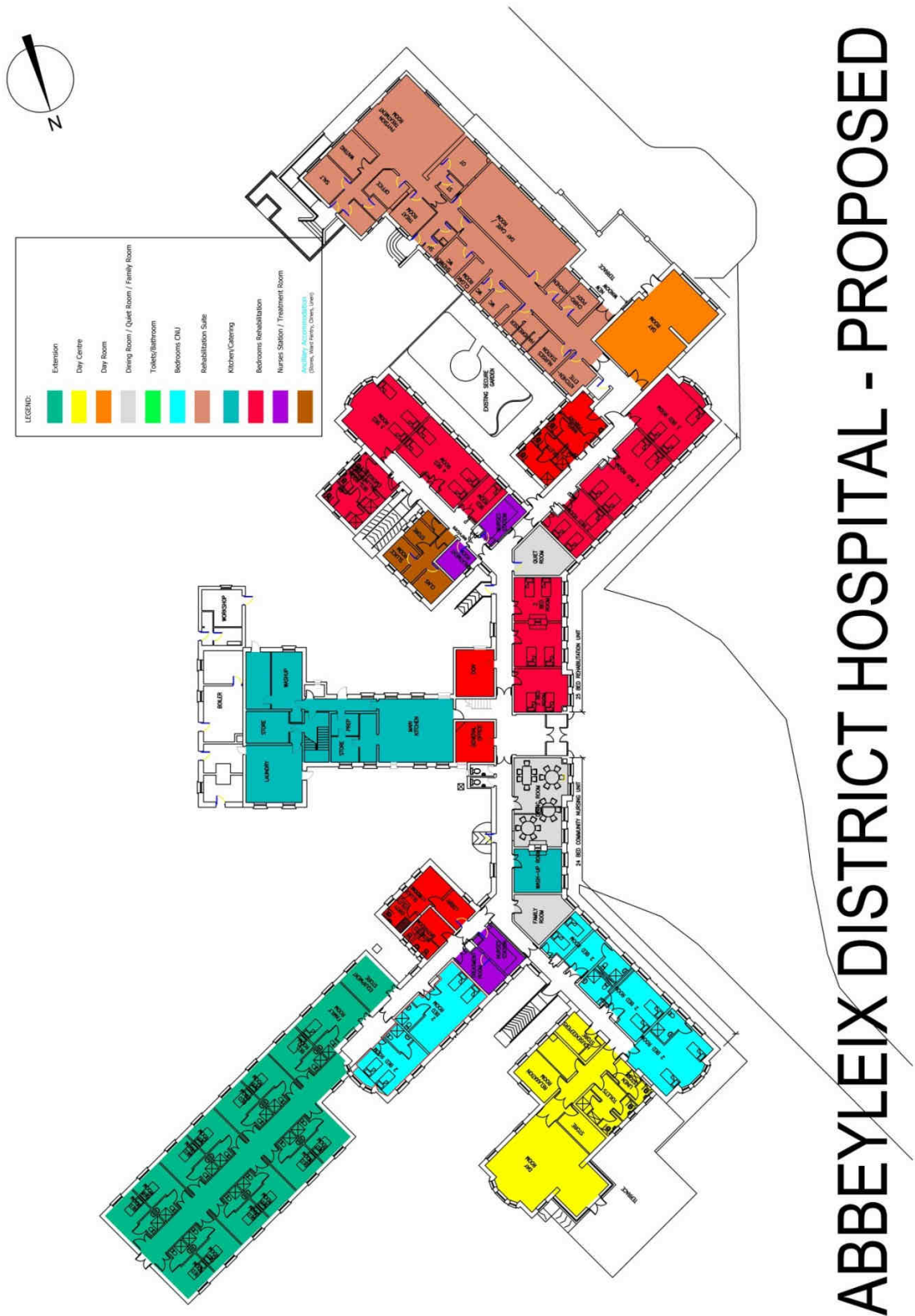
Community Nursing Unit Extension

The extension provides a potential additional 14 single bed rooms including one family room for patients families use, all with en-suites. This brings the total number of beds in the Community Nursing Unit up to a possible total of 24.

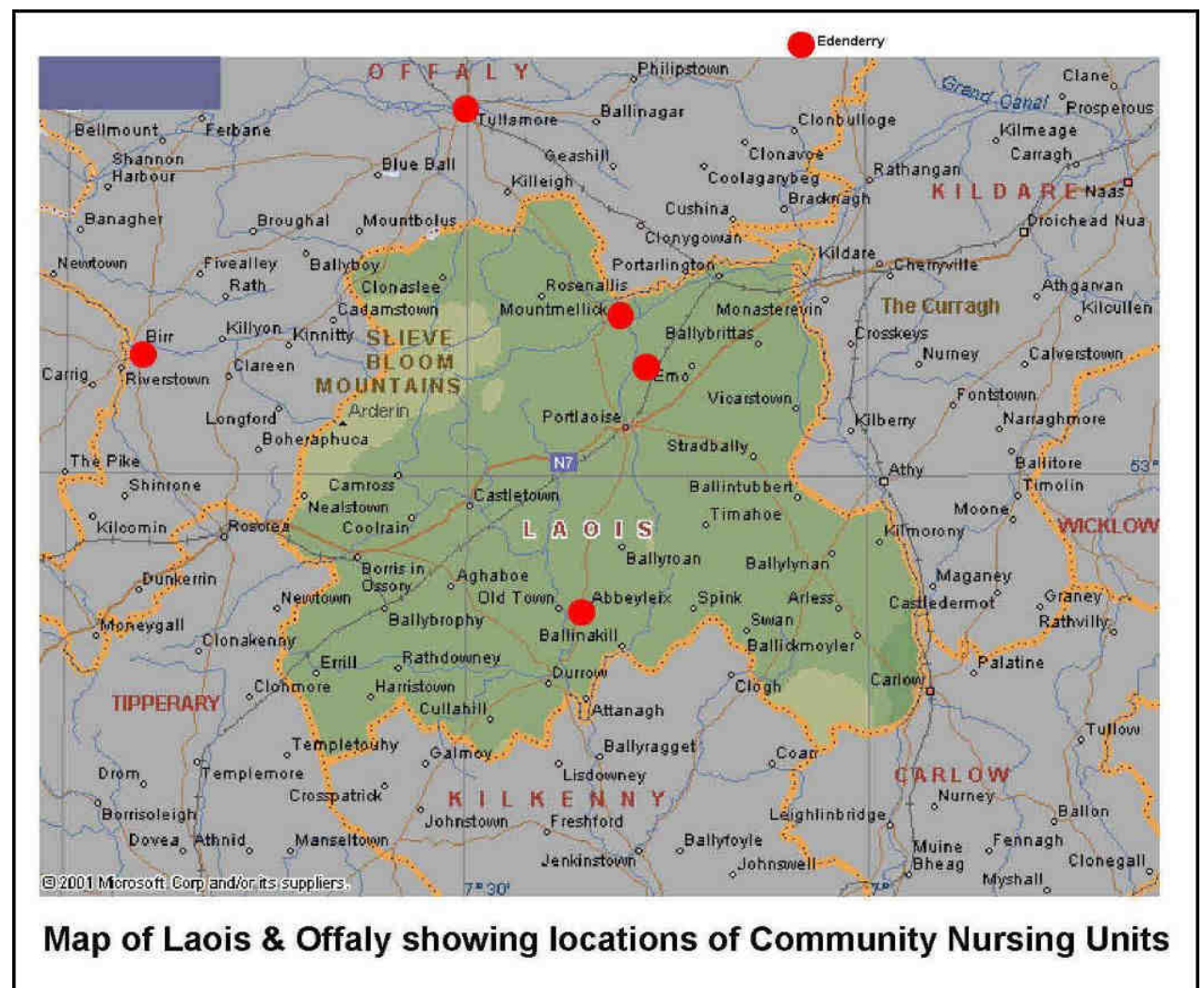
Rehabilitation Centre / Intermediate Care Suite

The works to the existing Men's side to accommodate the change to the new Rehabilitation / Intermediate Care suite would require some relatively minor alterations including additional sanitary and assisted bathroom areas as well as provision of a Nurses Station, Treatment Room & a Palliative Care bedroom.

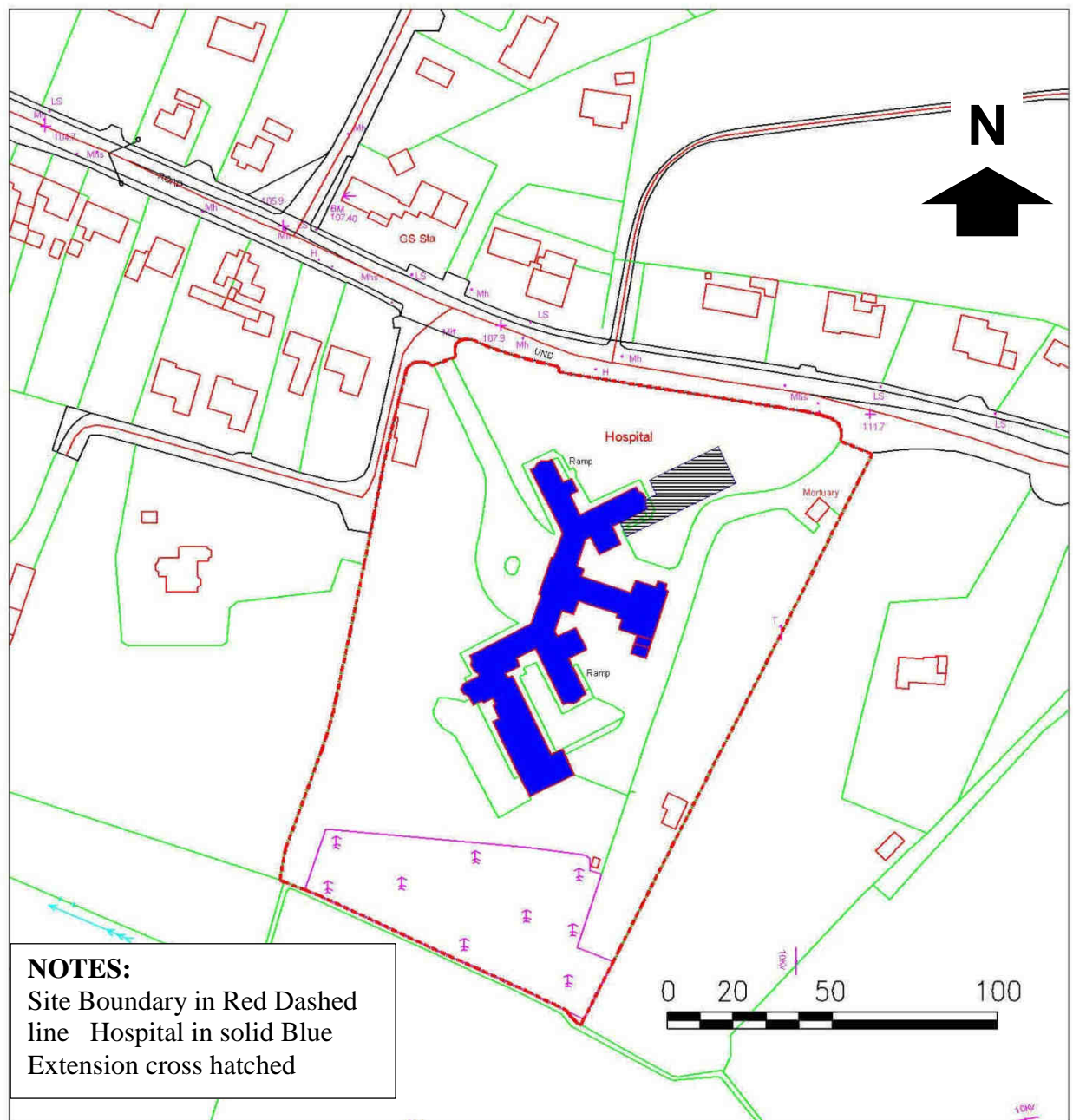
Schematic Proposal for Abbeyleigh District Hospital



Location of Abbeyleix Community Nursing Units in Laois & Offaly



APPENDIX 3



ABBEYLEIX HOSPITAL SITE PLAN

(Not to Scale)

Approximate Site Area = 2.2 hectares / 5.43 Acres

Appendix 4 – Overview of Public Community Nursing Units

Name of CNU	HIQA Report Date	Beds occupied (HIQA)	Potential beds (HIQA)	Beds occupied (FOI 17/11/11)	Potential beds (FOI 17/11/11)	Physical Environment, Standard 25 of Health Act 2007 (HIQA recommendations/observations on date of inspection)***
Blir Community Nursing Unit, Co. Offaly	26/05/2011	81		90	79	The 15 four-bedded rooms will not meet the requirements of the standards by 2015 and they will address them within the timeframe.
Purpose Built 2004			3 Units each consisting:			(Refer to HIQA Report: Page 19 & 24)
€1263 (Per week- 2010)			4 x 1 bed			http://www.hiqa.ie/inspection-reports/community-nursing-unit-blir-522-inspection-report-24-26-may-2011
			3 x 2 bed			
			5 x 4 bed			
			All ensuite + shower			
Ofalia House CNU (Edenderry), Co. Offaly	25/11/2010	47		59	35	Significant improvements were required to the structure of the premises in order to comply with the Regulations and the Standards. There were several multi-occupancy bedrooms and there were insufficient numbers of assisted toilets and bathrooms. In response to the previous report, the provider had committed to developing a five year plan to address deficiencies in the physical environment - this had not been done.
Established in 1978			19 x 1 bed			(Refer to HIQA Report: Page 7, 19 & 20)
€1146 (Per week- 2010)			6 x 3 bed			http://www.hiqa.ie/inspection-reports/community-nursing-unit-edenderry-525-inspection-report-24-november-2010
			4 x 4 bed (ensuite + shower)			
Abbeyleix CNU, Co. Laois	16/2/2011	42		50	32	The centre had eight bedrooms with four or more residents in each of the rooms. These occupancy levels do not meet the guidelines set out in the Standards.
Established in 1960			9 x 1 bed			(Refer to HIQA Report: Page 19 & 34)
€1161 (Per week- 2010)			4 x 2 bed			http://www.hiqa.ie/inspection-reports/community-nursing-unit-abbeyleix-527-inspection-report-15-16-february-2011
			7 x 4 bed			
			1 x 5 bed			
Riada House CNU, Tullamore, Co. Offaly	15/11/2011	34		42	36	Some of the bedroom sizes did not meet with the requirements of the Standards.
Building has recently undergone major refurbishment.			(+12 more beds when another part of building is refurbished = 54)			(Refer to HIQA Report: Page 12)
€1363 (Per week- 2010)						http://www.hiqa.ie/inspection-reports/riada-house-community-nursing-unit-529-inspection-report-15-november-2011
			18 x 1 bed (some ensuite)			
			8 x 2 bed			
			2 x 4 bed (ensuite)			

26

Dave Walsh/SLAINTE
16/11/2011 18:01

To "Ruane, Joseph" <joseph.ruane@hse.ie>
cc:
bcc:
Subject Re: Abbeylax CNU and St Brigid's Laois

Joe,

I would be grateful if you could arrange for me to get some information on total capacity-long stay for Laois/Offaly both public and private.

In addition would you have estimated over 65 population for the region too,

Thanks

Dave

28

Dave Walsh/SLAINTE
17/11/2011 17:10

To "Ruane, Joseph" <joseph.ruane@hse.ie>
cc
bcc
Subject Re: Abbeyleix CNU and St Brigid's Laois

Joe

Thanks for the call earlier-cleared my mind

heres a quick table i worked up on foot of discussion-can you take a look and we can discuss when convenient. I think meeting is at 3pm on Wednesday but I will confirm with you and Gerry O'Neill later.

I'm putting a brief together for Minister-I'll e-mail you it when I have it drafted in advance of meeting.

Dave



Laois-Offaly.xls
Dave Walsh
Services for Older People
Department of Health
phone 6354518

Laois/Offaly			
Name	Total Beds Occupied	Potential	LTC Beds - 95%
Public			
Birr Community Nursing Unit	79	90	74
Ofalla House Community Nursing Unit	35	35	53
Abbeyleix District Hospital	32	0	N/A
Riada House Community Unit	36	62	36
St Vincent's Hospital	118	136	143
St. Brigid's Hospital, Shaen	30	0	N/A
Total Public	330	323	306
Private			
Figures per HIQA Reports			
	LTC Beds - 100%	LTC Beds - 100%	LTC Beds - 95%
Ballard Nursing Home	24	24	23
Kilminchy Lodge Nursing Home	52	52	49
Oakdale Nursing Home	58	58	55
Droimin Nursing Home	70	70	67
Carthages Nursing Home	67	67	64
Cloverlodge Nursing Home	56	56	53
Elmgrove Nursing Home	24	24	23
Gallen Priory Nursing Home	51	51	48
Eliza Nursing Home	50	50	48
Our Lady of Consolation	25	25	24
Total Private	477	477	453
Total Beds	807	800	759

Laundry

- 25.37** The existing residential care setting has a laundry ventilated to the external air that adequately caters for the size of the residential care setting. At a minimum it contains:
- » a sink with double drainer, serviced with an instant supply of hot and cold water
 - » a wash-hand basin
 - » suitable and sufficient worktops and racking for sorting, drying and storage of laundry
 - » space to separate clean and dirty laundry
 - » an adequate number of washing machines of industrial standard (with appropriate disinfection temperatures for washing soiled laundry) and dryers
 - » an ironing facility
 - » All new/replacement sinks are of stainless steel.

Office(s)

- 25.38** The existing residential care setting has a dedicated office(s) appropriate to the size of the residential care setting. It contains suitable and safe storage for medical files and records, and seating and desk(s). It is ventilated to the external air and equipped to facilitate management and staff in the performance of their duties.

Bedrooms

- 25.39** The existing residential care setting provides a minimum of 9.3 m² usable floor space (excluding en-suite facilities) in all single rooms. Where the residential care setting provides less than 9.3 m² usable floor space, it must be provided within six years* of the implementation of these Standards.
- 25.40** Existing bedrooms which are currently shared have at least 7.4 m² per resident. Within six years* of implementation of these Standards, there are no more than two residents per room except in a high dependency room where up to six highly dependent residents, in need of 24-hour high support nursing care, or who are in transition from hospital to nursing home care, can be accommodated together.

** "Where written, explicit costed plans with timescales are agreed with the Chief Inspector, at the discretion of the Chief Inspector, the period for meeting the criteria at 25.39 and 25.40 may be extended on a case by case basis. The Chief Inspector may impose appropriate conditions of registration, in respect of any such setting, relating to the agreed plans."*

Appendix 1 - Issue 3 - Published Cost of Care for Public Homes 2010

Name of Public Unit	Address 1	Address 2	Address 3	Average Weekly Cost €
Our Lady's Hospice	Harold's Cross	Dublin 6W		2,518
Heatherside Hospital	Buttevant	Co. Cork		2,139
Meath Community Hospital	Meath Community Unit	1-9 Heytesbury Street	Dublin 8	2,077
Bru Chaoimhin	Cork Street	Dublin 8		2,067
St. James' Hospital	James's Street	Dublin 8		1,963
Dublin South East HSE Units - Clonskeagh Hospital (Amalgamated return for Sir Patrick Dunn's, St. Broc's & Clonskeagh)	Vergemount	Clonskeagh	Dublin 6	1,936
Peamount Hospital	Newcastle	Co Dublin		1,776
St. Finbarr's Hospital	Douglas Road	Cork	Co. Cork	1,775
Lusk Community Unit	Station Road	Lusk	Co Dublin	1,769
Hospital of the Assumption	Thurles	Co. Tipperary		1,745
St. Mary's Hospital	Phoenix Park	Chapelizod	Dublin 20	1,719
St. Joseph's Hospital	Ardee	Co. Louth		1,695
Drogheda Memorial Hospital	Curragh	Co. Kildare		1,687
Aras Ronan	Inishmore	Aran Islands	Co. Galway	1,663
St. Brigid's Home	Crooksling	Brittas	West Co. Dublin	1,651
Cherry Orchard Hospital	Ballyfermot Road	Ballyfermot	Dublin 10	1,643
St. Brigid's Hospital, Shaen	Shaen	Portlaoise	Co. Laois	1,633
Donegal Town Community Hospital	Donegal Town	Co. Donegal		1,585
Baltinglass District Hospital	Baltinglass	Co. Wicklow		1,584
Leopardstown Park Hospital	Leopardstown Park	Foxrock	Dublin 18	1,520
Maynooth Community Unit	Leinster Street	Maynooth	Co. Kildare	1,520
Dr. Jack Sullivan Memorial Home	Cathedral Road	Cavan	Co. Cavan	1,491
Dalkey Community Unit	Kilbegnet Close	Dalkey	Dublin	1,487
Falcarragh Community Hospital	Falcarragh	Co. Donegal		1,475
Schull Community Hospital (St. Gabriel's)	Schull	Co. Cork		1,471
St. Vincent's Hospital	Athy	Co. Kildare		1,455
Bandon Community Hospital	Bandon	Co. Cork	Co. Cork	1,432
James Connolly Memorial Hospital	Blanchardstown	Dublin 15		1,416
St. Joseph's Community Hospital	Lifford	Ennis	Co. Clare	1,376
St Patrick's Community Hospital	Summerhill	Carrick on Shannon	Co. Leitrim	1,374
Riada House Community Unit	Care Centre for the Elderly	Arden Road	Tullamore	1,363
Carndonagh Community Hospital	Caradonagh	Co. Donegal		1,355
St Brendan's Home	Loughrea	Co. Galway		1,355
Midleton Community Hospital and Long Stay Unit (Our Lady of Lourdes)	Midleton Community Unit	Midleton	Co. Cork	1,351
St. Fionnan's Community Nursing Unit	Achill Sound	Achill Island	Co. Mayo	1,307
Rockfield Unit, Beaumont Hospital				1,296
Ashgrove House Nursing Home				1,296
Kenmare Community Hospital				1,296
St Vincent's Hospital	Mountmellick	Co. Laois		1,294
Raheen Community Nursing Unit	Raheen	Tuamgraney	Scariff	1,287
St John's Community Hospital	Ballyrivan	Sligo	Co. Sligo	1,286
Shiel Community Hospital	Ballyshannon	Co. Donegal		1,285
Buncrana Community Nursing Unit	Maginn Avenue	Buncrana	Co. Donegal	1,282
Birr Community Nursing Unit	Birr	Co. Offaly		1,263
St. Patrick's Community Hospital	Fermoy	Co. Cork		1,262
The Royal Hospital	Morehampton Road	Donnybrook	Dublin 4	1,255
Ennistymon Community Nursing Unit	Ennistymon	Co. Clare		1,251
St. Joseph's Care Centre	Dublin Road	Longford	Co. Longford	1,246
Dunamanway Community Hospital (St. Anthony's)	Dunmanway	Co. Cork		1,244
St. Joseph's Community Hospital	Stranorlar	Co. Donegal		1,242
St. John's Hospital & St. John's Ward Ely Hosp.	Enniscorthy	Co. Wexford		1,235
Aras Mhuire Community Nursing Unit	Dublin Road	Tuam	Co. Galway	1,234
Wicklow District Hospital	Ball Alley	Wicklow		1,227
Kanturk Community Hospital	Kanturk	Co. Cork		1,204
St. Mary's Hospital	Care Centre	Mullingar	Co. Westmeath	1,201
St Joseph's Hospital	Dungarvan	Waterford	Co. Waterford	1,200
Belvilla Community Unit for Older Persons	129 South Circular Road	Dublin 8		1,199
Boyne View House	Dublin Road	Drogheda	Co. Louth	1,192
Cottage Hospital	Scarlet Street	Drogheda	Co. Louth	1,192
St. Mary's Hospital	Dublin Road	Drogheda	Co. Louth	1,192
Dungloe Community Hospital	Dungloe	Co. Donegal		1,167
St. Columbanus Home	St Margaret's Road	Killarney	Co. Kerry	1,166
Macroon Community Hospital	Macroon	Co. Cork		1,163
Abbeyleix District Hospital	Abbeyleix	Co. Laois		1,161
Cuan Ros Community Unit	Navan Road	Dublin 7		1,160
Ramelton Community Nursing Unit	Ramelton	Co. Donegal		1,153
Ofalia House Community Nursing Unit	Ofalia House	Edenderry	Co. Offaly	1,146

Appendix 1 - Issue 3 - Published Cost of Care for Public Homes 2010

Clarehaven Nursing Home	St. Canice's Road	Ballygall	Dublin 11	1,141
Seanchara Community Unit	St. Canice's Road	Glasnevin	Dublin 11	1,141
St. Clare's Home	Griffith Avenue Extension	Glasnevin	Dublin 9	1,141
St. Ita's Community Hospital	Newcastle West	Co. Limerick		1,141
Kinsale Community Hospital	Kinsale	Co. Cork	Co. Cork	1,139
St Anne's Community Nursing Home	Westport Road	Clifden	Co. Galway	1,138
Youghal Community Hospital	Cork Hill	Youghal	Co. Cork	1,129
Aras Mac Dara	Community Nursing Unit	Carraroe	Co. Galway	1,125
Castletownbere Community Hospital (St. Joseph's)	Castletownbere	Co. Cork		1,120
Rock Community Nursing Unit	Ballyshannon	Co. Donegal		1,115
St. Camillus' Community Hospital	Shelbourne Road	Limerick		1,113
St Patrick's Hospital	John's Hill	Waterford		1,111
St. Joseph's Community Hospital	Millstreet	Co. Cork		1,104
Clonakilty Community Hospital and Long Stay Unit (Mount Carmel Home and Hospital)	Clonakilty	Co. Cork		1,097
Killybegs Community Hospital	Killybegs	Co. Donegal		1,096
St. Oliver Plunkett Hospital	Dublin Road	Drogheda	Co. Louth	1,093
Loughloe House	Abbey Road	Athlone	Co. Westmeath	1,089
St Vincent's Care Centre	Northgate Street	Athlone	Co. Westmeath	1,089
Sacred Heart Hospital	Old Dublin Road	Carlow	Co. Carlow	1,088
Lisdarn Unit for the Elderly	Lisdarn	Cavan	Co. Cavan	1,084
Skibbereen Community Hospital (St. Anne's)	Skibbereen	Co. Cork		1,079
St. Columba's Hospital	Thomastown	Co. Kilkenny		1,075
Dean Maxwell Community Nursing Unit	Roscrea	Co. Tipperary		1,073
St. Colman's Hospital	Rathdrum	Co. Wicklow		1,073
St Francis Community Nursing Unit	Newcastle	Galway	Co. Galway	1,072
Lifford Community Hospital	Lifford	Co. Donegal		1,071
Belmullet District Hospital (including Aras Deirbhile)	Belmullet	Co. Mayo		1,071
Regina House Community Nursing Unit	Kilrush	Co. Clare		1,061
St. Joseph's Hospital	Trim	Co. Meath		1,061
Ballyconnel Community Services	Breffni Care Unit	Ballyconnel	Co. Cavan	1,059
Virginia Community Services	Dublin Road	Virginia	Co. Cavan	1,056
St Patrick's Hospital	Cashel	Co. Tipperary		1,052
Caherciveen Community Hospital	Caherciveen	Co. Kerry		1,051
Sacred Heart Hospital	Golf Links Road	Roscommon	Co. Roscommon	1,049
Listowel Community Hospital	St Joseph's Unit	Listowel	Co. Kerry	1,031
Sacred Heart Hospital	Castlebar	Co. Mayo		1,028
Bantry General Hospital	St Joseph's Ward	Bantry	Co. Cork	1,019
St. Conlon's Community Nursing Unit	Nenagh	Co. Tipperary		1,011
Dingle Community Hospital (St. Elizabeths)	Dingle Community Hospital	Dingle	Co. Kerry	998
St. Augustine's Community Nursing Unit	Ballina	Co. Mayo		991
Gorey District Hospital	Gorey	Co. Wexford		990
Aras Carolan	Mohill	Co. Leitrim		989
St. Mary's Hospital	Castleblaney	Co. Monaghan		978
Dalton Community Nursing Unit	Claremorris	Co. Mayo		973
Castlecomer District Hospital	Castlecomer	Co. Kilkenny		965
Dungarvan District Hospital (St. Vincent's)	Dungarvan	Co. Waterford		946
Units 5 and 6 - Merlin Park Hospital	Merlin Park Hospital	Dublin Road	Galway	933
Loher/Dinis Wards - Kerry General Hospital	Kerry General Hospital	Tralee	Co. Kerry	926
McBride Community Unit	Westport	Co. Mayo		913
New Houghton Hospital	New Ross	Co. Wexford		886
Oriel House	Rooskey	Co. Monaghan		839
Cluainn Arainn Welfare Home	Tipperary	Co. Tipperary		823
Plunkett Community Nursing Unit	Boyle	Co. Roscommon		791
Aras Breffni	Manorhamilton	Co. Leitrim		785
Aras Mathair Poi Community Nursing Unit	Home for the Aged	Castlerea	Co. Roscommon	778
Cois Abhainn	Greencloyne	Youghal	Co. Cork	657
Dunabbey House	St Joseph's Hospital	Dungarvan	Co. Waterford	430

ST BRIGIDS HOSPITAL SHAEN ACTION COMMITTEE

20th July 2012

FAO Joe Ruane – HSE Midlands

Dear Joe,

Attached please find the proposal regarding St Brigids Hospital (Shaen), on behalf of the Action Committee. We are opposed to the closure of St. Brigids Hospital Shaen for the following reasons:

- 1.** Shaen is currently fully compliant with HIQA requirements.
- 2.** Shaen has consistently received excellent reports from HIQA audits regarding the care of its patients.
- 3.** It is neither morally nor legally correct to close Shaen based on changes to HIQA standards which may, or may not, be introduced in 2015 – a full year after the deciding authority (ie HSE) will have been abolished.
- 4.** The costings for beds associated with Shaen in the consultation document have been distorted by the fact that the HSE have curbed admissions and left 7 beds idle.
- 5.** Shaen is caring for patients with high to maximum dependency levels, unlike the other 8 units in the area.
- 6.** Shaen has assembled one of the strongest teams in the country in the provision of care for patients with dementia and alzheimers.
- 7.** Shaen has the 2nd lowest heating and lighting costs of the 9 units according to the HSE consultation document.
- 8.** Shaen has the 4th lowest maintenance costs of the 9 units according to the HSE consultation document.
- 9.** The location of Shaen is ideal for patients, and their families, who desire privacy and dignity.
- 10.** Shaen neither looks nor feels like an institution, making it a desirable location for patients and their families.
- 11.** Shaen has the potential to become the jewel in the crown for the HSE in the provision of care for patients with dementia and alzheimers.
- 12.** Closing Shaen is an attack on the weakest and most vulnerable of our patients – it is an attack on those who cannot defend themselves.

We appreciate that savings need to be made in the running of Shaen, and therefore, we have put together a proposal which will assist the HSE in developing an advanced,

robust plan for caring for dementia and alzheimers patients. Our plan brings together several organisations:- HSE, The Alzheimers Society of Ireland, Laois Partnership Company and the Community, to fund and drive forward the services. It introduces several future interesting possibilities for the HSE, it introduces new funding streams and it keeps together one of the strongest teams in the country for caring for dementia and alzheimers patients. The ground work has been started and the concept of the proposal has been accepted and agreed at an initial level with The Alzheimers Society of Ireland, Laois Partnership Company and the Community.

This plan, if implemented initially for a trial period of 18 months, would see Shaen become the 3rd lowest cost per bed within the 9 units, while at the same time providing 100% high to maximum dependency care. It would see patients being able to stay at home for longer and over time our plan will provide tremendous savings for the exchequer.

We strongly urge you to give serious consideration to our proposal and we would welcome the opportunity to meet with both yourself and the deciding officer to discuss further how our proposal will work for the benefit of all concerned.

Our proposal offers you the ability to make savings within the system while providing a first class specialised service to a greater number of patients.

Yours sincerely,

SUZANNE CONROY & PADDY BUGGY

On behalf of the Shaen Hospital Action Committee

If this plan is implemented and executed as proposed, it will allow the HSE to provide a Centre of Excellence in the provision of 100% Maximum Dependency Care for Dementia and Alzheimers patients in a unit which will operate with the 3rd lowest bed cost out of the 9 units within the HSE consultation document.

REQUIREMENTS FROM HSE FOR THIS PROPOSAL TO WORK:

- Agreement to trial the proposal for 18 months
- Agreement to work in tandem with The Alzheimers Association of Ireland
- An open minded ‘can do’ approach at senior level

BENEFITS / EXPECTED RESULTS FOR THE HSE FROM THIS PROPOSAL

- **Reduce** costs in St. Brigids Hospital Shaen by **€781** per bed per week

(24) **Current Cost per bed per week** - based on current occupancy

€2472

Cost per bed per week at full occupancy (31)

€1913

**Cost per bed per week at full occupancy where 7 beds are respite
at €140 per day**

€1691

=

€781 reduction in costs per bed per week

PROPOSAL BY THE SHAEN HOSPITAL ACTION COMMITTEE TO MAINTAIN THE SERVICES IN ST. BRIGIDS HOSPITAL SHAEN FOR THE CARE OF PATIENTS WITH DEMENTIA AND ALZHEIMERS

19/07/2012

This proposal is from the Shaen Hospital Action Committee and is based on the principal of a Public/Private/Community Partnership working together to maintain the services in St Brigids Hospital Shaen. The Shaen Hospital Action Committee was formed at a public meeting held in the Killeshin Hotel Portlaoise in November 2011 after the HSE announced their proposal to close St. Brigid's Hospital in Shaen Portlaoise. This committee comprises of local people, family members of current and past patients and local public representatives.

St. Brigids Hospital

Traditionally there were two public nursing homes in Laois, Abbeyleix and Mountmellick . St Brigids Hospital Shaen started out as a Sanatorium caring for people with TB, but in 1970 it was an out hospital of St. Fintan's and cared for patients with varying levels of mental illness. St. Brigids has always been under the remit of a Consultant Psychiatrist and this is still the case with the current Consultant Psychiatrist - Henry O'Connell. Through the foresight and hard work of matrons and staff over the years Shaen has developed into a centre of excellence for the care of patients with dementia and Alzheimers, and their families, although it is not formally designated as such within the HSE.

When dealing with Shaen one must take on board that it is not a Nursing Home like the other facilities but, in fact, deals almost exclusively with mental illness (i.e. Dementia and Alzheimers).

Patients

There are currently 24 patients living in St Brigids Hospital even though there are 31 beds and an idle ward which historically housed 15 patients. According to the last HIQA report 80% of patients are between maximum and high dependency. The majority of patients suffer from either dementia or alzheimers.

Staff

- There are 54 whole time equivalents employed in St Brigids.
- There is a Clinical nurse specialist in therapeutic activities which are exclusive to Shaen.
- Health care assistants (HCA) & support staff have undertaken Fetac level 5 courses.
- HCAs and support staff have attended a dementia training programme in Tullamore.
- Since the initial announcement to close Shaen six staff attended a dementia information day at St. James Hospital.
- Two nurses are attending Trinity College and studying for a Masters in Dementia.
- A member of staff is currently researching the area of dementia care in conjunction with Trinity College.
- One staff member has qualifications in behaviours that challenge.

The skills acquired by the staff over the years are best utilised when the full team are working together like they do in St. Brigids Hospital. It is true to say that if a staff member moves to another location that they bring their own skill set with them but the reality is that it is a combination of all the skills and the culture of St. Brigids Hospital which, when combined, produces the excellent levels of care referred to in every HIQA report. Taking a staff member out of Shaen and putting them in a new location or in a general hospital environment would be akin to taking Henry Shefflin

from the Kilkenny hurling team and putting him on the Co. Louth hurling team and expecting Louth to win an All Ireland. It simply would not work and over time the service would wither. One requires a combination of skill, culture and team work to make it work and this is what is present in St. Brigids Hospital. The staff in Shaen specialise in caring for patients with dementia and alzheimers. This puts them in the unique position of being the most suitable team for delivering on the new HSE strategy of providing respite and palative care for patients with dementia and alzheimers.

Location

St. Brigids Hospital is located in a picturesque rural setting. The building itself is majestic in many ways and welcoming to both patients and families alike. It is situated just off the M7 motorway and only 50 minutes from New Lands Cross Dublin, which is the same time it takes to drive from Birr Co. Offaly. The location is ideal when one considers it is centrally located to facilitate the needs of this Dublin Mid Leinster HSE region. The facility neither looks nor feels like an institution and this makes it unique and very appealing for families of patients. There is still a stigma attached to mental illness and having Shaen, in the location it is in, is ideal for allowing families and patients the privacy they require.

County Laois has had a 20% growth in population, twice the national percentage growth in population according to the Central Statistics Office. The Greater Dublin area along with Kildare has had large population growth also.

According to research carried out by the Alzheimers Society of Ireland:

- Over 44,000 people in Ireland currently suffer from dementia
- It affects the lives of approx 50,000 carers
- The number of people with dementia is expected to increase to 104,000 by 2036
- In the 2006 census it was reported that 577 people in Laois alone were diagnosed with dementia. These numbers are likely to have increased in the last six years.

Based on the population growth in this Dublin Mid Leinster region statistically there will be a corresponding increase in those developing dementia and Alzhiemers and hence will require the services of St. Brigids Hospital Shaen.,

Currently the Alzheimers Society of Ireland do not have a Day Care centre in Co. Laois nor do they have the ability to organise respite care due to lack of suitable facilities.

Shaen currently has the 2nd lowest heating and lighting costs of the 9 units as per the figures supplied within the HSE consultation document. This document also shows that Shaen has the 4th lowest maintenance costs of the 9 units. This is a clear indication that this is an efficient building which is obviously suitable for its purpose.

Alzheimers Society of Ireland

The Alzheimers Society of Ireland are supportive of the proposal outlined below and are willing to work with the HSE and local committees to provide day care service and to co-ordinate a respite service for those with dementia and Alzheimers at St Brigids.

Having the Alzheimers Society of Ireland involved in Shaen opens up many options for the HSE moving forward i.e.

- It provides an opportunity for the first day care centre in Laois

- It reduces the need for admin staff by the HSE for administration of the respite service as the Alzheimers Society of Ireland would look after this.
- It provides opportunity for the potential expansion of involvement and assistance of the Alzheimers Society of Ireland with the HSE in the future.

Private Nursing Homes

Private Nursing Homes are in existence to provide a service and make a profit from doing so. They are very selective of who they accept into their care and historically do not accept patients who suffer from dementia or alzheimers as they do not have the expertise to care for them. The fact that these patients are high to max dependency means that the cost of care is too high and hence they will loose money.

Private Nursing Homes can say that for a price anything is possible. However, if they are to maintain a level of profit then their main area of care is designed to assist patients with mobility problems or who do not want to live on their own, rather than maximum / high dependency dementia & alzheimers patients. For the specialised care that these patients require, the facility in Shaen or the Alzheimers Society of Ireland are the only ones that can accommodate their needs.

The Horror story

When families can no longer cope with a loved one suffering with severe dementia and alzheimers, when carers own lives are in danger due to exhaustion, the only light at the end of the tunnel is St. Brigid's Hospital Shaen. The following accounts of denentia and alzheimers from the carers experiences show how essential specialist care units like St. Brigids in Shaen really are.

How apt are the words "the long goodbye" to describe Alzheimers and Dementia diseases. These diseases are robbers and from their inception are cunning and insidious with windows of time where normality occurs, where all seems normal, but as time progresses these windows become shorter and less frequent until they are gone for all time. Yet anyone who has studied and understands these diseases knows that the memory is basically intact but cannot be accessed due to the nature of the illness.

There was a case in the UK where a daughter who was an unmarried nurse cared for her mother who suffered from alzheimers. Whilst working during the day and caring for her mother by night year in year out she eventually died herself from complete physical and mental exhaustion. Her mother lived for many years oblivious to the death of her only child. There are many natures to these diseases as there are sufferers and no two ill persons are the same due to them not being the same before the disease in the first place.

I have seen and gone through hell with a loved one who suffered from this wretched alzheimers disease and would not wish it on my worst enemy. The nature of the illness will cause many symptoms such as lack of self esteem, anger, violence, loneliness, want, shouting, aggression, greed, selfishness, loss of thought, loss of recognition, loss of inhibitions, loss of communication, loss of co-ordination, loss of mobility, incontinence, loss of self feeding, danger to self and others. Of these emotions some will affect the carer as well as the patient to the point where one will think that they too are suffering from this disease and they are driven to complete distraction particularly dealing with a loved one. Unlike other conditions of the

human body where normally the condition is treated, with alzheimers it is the person who is treated rather than just the condition

Where can one get help ?.

Unfortunately there are very few places a family can turn to when the care of a loved one brings them to breaking point except where the Alzheimers Society of Ireland are able to provide dementia specific home and day care services. The private nursing homes do not want these patients and it is extremely difficult to get them into a care facility like St. Brigids Hospital due to the admissions policies of the HSE. In many cases families pretend that their loved one has had a heart attack, bring them to A&E and refuse to take them home. This results in these patients being put into beds in wards and effectively become “bed blockers” causing problems for the regional hospitals.

Can these patients stay at home longer before they require full time care?.

There are those who say that it is possible for these patients to stay out of full time care for longer through the use of respite care and day care centres. However the private nursing homes are not willing to accept these patient therefore it behoves the State to provide this respite care.

To ensure the successful role out of the new HSE strategy it is vital that the best possible personnel are available to implement it and they are the staff in Shaen.

Cost of care

Currently it is costing €2,472.00 per week to care for a patient in St Brigids Hospital. This is due to the fact that there are only 24 patients there with 7 beds idle and another ward which formally housed 15 patients also idle. No fair minded person could justify this cost of care per patient, however this service is desperately needed not only for the current patients, but for the people who desperately want to gain access to this service today, next week, next month and over the coming years as the incidents of these two diseases increase. Therefore we must look at alternative ways of making it more cost effective. This will require savings to be made from within the HSE, but, as we are not part of the HSE, we will confine our suggestions to how extra revenue can be generated in St Brigids Hospital to make it more cost effective to maintain this desperately needed service and protect the maximum number of jobs in the area. If all 31 beds were occupied, then the cost per bed would be €1913 per week, which puts Shaen very much in the mid tier of costs. On top of this Shaen is a maximum to high dependency care unit and when this is taken into account it makes it much more efficient than the 8 other units to which it is being compared as it is providing a different type of care. **Shaen provides a unique service which the other units do not, and therefore, cannot be fairly compared to them.**

Our proposal requires an open mind from everyone involved and a willingness to make it work. This proposal combines several organisations working together in St Brigids Hospital. These organisations are the HSE, Alzheimers Society of Ireland, Laois Partnership Company and Local committees.

Also, as the specialised staff in Shaen would now be in a position to assess the day care and respite patients they could also review on a regular basis the level of medication administered and required. By fine tuning where necessary it will ensure that the carers can look after patients for longer at home and reduce the cost of medication where possible.

Proposal

- The Alzheimers Society of Ireland would establish a Day Care centre in the currently unoccupied 15 bed ward with assisted funding from the HSE.
- The Alzheimers Society of Ireland would ensure this centre was staffed and operated by their dementia specific trained personnel.
- Seven beds, which are currently in existence but unoccupied, would be designated for respite care.
- These beds would be allocated to clients of the Alzheimers Society of Ireland.
- The Alzheimers Society of Ireland would take responsibility for ensuring a co-ordinated bed occupancy plan with the aim of ensuring each bed was utilised 365 days of the year to provide respite for Alzheimers patients.
- The current staff of St. Brigids Hospital would provide the care to these respite patients as this is their area of expertise.
- The HSE would bill the families of these respite patients a daily rate for this service.
- This effectively makes the seven respite beds private beds similar to a private bed in Portlaoise or Tullamore Regional hospitals, the only difference being that the HSE staff will deal with a mental illness rather than a physical illness.
- This would leave 24 public beds, as is the case now, for long term patient care.
- The Action Committee would undertake fund raising activities to fund the development of the walled in garden to make it a sensory garden for all the patients.
- Laois Partnership Company have promised to supply free of charge personnel to draw up the plans for the walled in garden.

Advantages of this proposal

- The idle beds in St Brigids would generate an income for the HSE which could be used to offset running costs and fund future developments.
- It maximises the usage of the facility.
- It is a way for the HSE to keep intact this team of specialised staff to care for the growing number of people who are currently, and those who will in the future, suffer from dementia and Alzheimers.
- Clients who use the Day Care centre would become familiar with the surroundings before they would need to move in for respite care.
- The Respite beds will provide a service which the Private Nursing Homes are unable and unwilling to supply to families of people suffering from dementia and Alzheimers.
- The Respite beds will allow people to remain in their homes for a longer period of time before needing full time care.
- Having the Respite beds will free up beds in the regional hospitals currently occupied by patients who need the specialised care of St. Brigids but who cannot gain access to it.
- It brings together several revenue streams hence ensuring this essential service is maintained.
- This model can be replicated all over the country.

What is needed from the HSE senior management team

- We ask that the senior management team to fully embrace this concept and agree to trial it for 18 months at which stage it would be reviewed.
- The HSE to work with the Alzheimers Society of Ireland in allowing them the use of the idle ward for a day care centre and assist them in funding same and allow them co-ordinate the occupancy of the respite beds.
- HSE to change policy and allow for contracts of care to be drawn up for the care of patients with dementia and alzheimers and to charge for this service.
- The HSE to bill Health Insurance Companies and Private individuals for the respite service just the same way Portlaoise Regional Hospital would bill for an operation. By doing this it helps to normalise mental illness.
- To work with the Action committee to develop the sensory garden ie input to the planners by the Director of Nursing, access to the garden by the planners and the committee in the development of the garden.
- To designate St. Brigids Hospital as an official centre of excellence for the care of patients with dementia and Alzheimers and develop it accordingly.
- To set realistic daily rates which are affordable for the patient's families. This would negate the need for families to seek subvention from the HSE.

How much would the Respite Beds generate for the HSE.

The income generated by the respite beds in year 1 very much depends on the daily rate charged by the HSE. The undertaking of the Alzheimers Society of Ireland is to have these seven beds fully occupied all year round whether that is for clients availing of a couple of days or a couple of weeks respite care.

	Year 1(7 beds)	Year 2 (15 beds)
Based on €100.00 per day it would generate	€255,50000 p.a.	
	€547,500.00 p.a.	
Based on €120.00 per day it would generate	€306,60000 p.a.	
	€657,000.00 p.a.	
Based on €140.00 per day it would generate	€357,70000 p.a.	
	€766,500.00 p.a.	
Based on €168.00 per day it would generate	€430,70000 p.a.	
	€919,800.00 p.a.	

The fact that the client would be requiring maximum care at this stage in the progression of the disease and also the fact that no Private Nursing home would be willing to accept such a client has got to be taken into account when setting the daily rate. But parallel to this the HSE must take into account that setting too high a rate would be a false economy as the families would be forced to apply for subvention from the HSE.

After the initial eighteen months the situation would be reviewed and if all parties are satisfied that this concept is working to an agreed acceptance criteria then together all concerned parties could review the possibilities of further development and enhancements which would result in an increase of private beds to 15. As can be seen from the above table these extra private beds would greatly subsidise the 24 long stay beds.

After the trial period / Additional services

After the initial trial period of 18 months, and on the basis that the plan proves to be a practical and cost efficient solution, we would also like to develop the outbuildings to provide a training centre. This training centre would provide education and the required skill set for families and carers of patients in the early / mid stages of alzheimers and dementia. By helping to upskill the carers and family members we can assist in ensuring that patients are able to stay in their own homes for the maximum period before requiring long term care from Shaen. Effectively, this develops and expands Shaen into a fully fledged centre of excellence for the care of alzheimers and dementia, providing day care, respite, long term care, assessment and training for families, carers and patients affected by dementia and alzheimers.

Our vision for St Brigids Hospital Shaen

We see an expansion of the services at St Brigids from what is there now. We want to build this facility into a fully recognised centre of excellence with Day care services, Respite services, fully developed walled in sensory garden and at least 24 long stay beds for patients who need full time care. We want to maintain the excellent team at St Brigids to deal with the increase of dementia and Alzheimers which is projected over the coming years. We want to secure it's future by moving to a new model of funding for these vital services by tapping into private and health insurance funding for the respite services. If the experts are right over time the Respite service will reduce the burden on the state for long term beds. Through local community funding we will develop a sensory garden for all patients in the current derelict walled in garden. Some of the out buildings will be converted for Day Care services. We see the HSE, Alzheimers Society of Ireland and local community working in co-operation to provide this essential service for the people of the Dublin Mid Leinster region.

In a nutshell

If seven beds are open for respite for one week each, this will provide a service for approx 28 people and their families each month. This will provide a much needed break for the families which will empower and strengthen them in their role as carer and to keep their loved one at home for much longer. It will utilise the expertise of the staff in St. Brigids which is NOT available in Private nursing homes and it will generate much needed funds to subsidise the care of the long term patients. It ensures the survival and expansion of this much needed service to cope with the growing numbers of those suffering from dementia and Alzheimers.

We, the members of the Shaen Hospital Action Group would welcome and appreciate the opportunity to meet with the Deciding Officer to discuss this proposal and answer any further questions that may arise.

END OF DOCUMENT

Riada House Support Group

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18th July 2012.

Mr. Joseph Ruane,
Area Manager, DML – Midland Area
HSE Area Office
Arden Road
Tullamore
Co. Offaly.



**Re: Older Persons Services – HSE Midlands
Information & Consultation Document – May 2012**

Dear Mr. Ruane,

Thank you for meeting with us on Wednesday, July 11th, and for the record of the meeting, prepared by your office and received by us on July 17th.

We met with the full Riada House Support Group on Tuesday, July 17th to discuss the outcome of our meeting with you and provide them with a copy of your responses to our letter dated 13th June. The Group felt that you had answered all our questions in a satisfactory manner.

However, we would like to put on record that we are still anxious and concerned about the future of Riada House Day Care and Respite services, and would be against any decision to privatise these services.

The service and support received from the HSE through the provision of day care and respite is essential to us (the families of the clients accessing these services) in enabling us to keep our family member in the home for as long as possible. We would find it very difficult to do so without this support, and surely this method proves more cost effective to the HSE in the long run. Families are saving the State billions each year by looking after their relative in the home. A big worry expressed by members of our Group is the cost factor involved were the services to be privatised. Many members fear that because of social welfare cuts, cuts in wages etc., they might not be able to afford to keep their family member in day care/respite were high costs to be placed on these services as a result of privatisation.

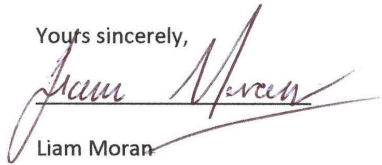
On a more positive note, we understand that Riada House currently has the best performance rate of the nine units in the Laois/Offaly area, and has the least number of absenteeism. The service being provided is absolutely top class, and we cannot praise the dedicated staff highly enough. The level of empathy, care, respect and understanding provided by them could not be equalled anywhere else, in our opinion. We have no hesitation leaving our family members into day care/respite because we know they will be safe and well cared for, and they themselves look forward to their day and feel the staff and other service users have become almost like another

family to them. We are all extremely appreciative off this level of care, and we would not like to see it change.

Once again, thank you for meeting with us, and we would appreciate if you would keep us informed regarding the ongoing consultation process and advise us when a decision has been made regarding Riada House.

Please include this letter as part of our submission.

Yours sincerely,



Liam Moran
Chairperson



Rose Dunne
Secretary

Riada House Support Group

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13th June, 2012.

Mr. Joseph Ruane,
Area Manager HSE Midlands
HSE Midlands
Arden Road
Tullamore
Co. Offaly.



**Re: Older Persons Services – HSE Midlands
Information & Consultation Document – May 2012**

Dear Mr. Ruane,

Riada House Support Group is a group of concerned relatives of clients currently attending Riada House Day Care Centre and Riada House Respite Service. The Group has been formed in response to the proposals contained in the Information & Consultation Document to tender out respite and day care services to non-HSE providers.

We are more than happy with the current services, which are professional, efficient, dignified and caring, and we hereby register our opposition and concerns to any proposed changes.

We understand that the Information & Consultation Document primarily centres on the closure of Abbeyleix and Shaen. Therefore, we would ask, is it also your intention to send a letter to Respite and Day Care Centre (DCC) clients, setting out your proposals for these services, and when will this happen ?

We would like to address and seek clarification on the following points in the document:

- a) Under the heading "The Challenges Ahead" (page 20) it states:
"The age of the buildings will continue to give rise to increasing demands in relation to upkeep and running costs. The heat and insulation efficiency is less than satisfactory in these older buildings which results in increasing running costs"

The Riada House DCC is only three years old in July 2012 and, in fact, has not even yet been officially opened. It is in part self sufficient due to fundraising events

organised by the DCC Manager. The client's families (and any clients who are able) get involved and support these fundraising events, i.e. knitting, baking, crafts etc. for their Christmas Sale, selling tickets for & attending concerts/shows, bucket collections, in house raffles etc.

Can you tell us what the DCC associated running costs are?

- b) Under the same heading it states:

"funding will be focused on maintaining the delivery of homecare services, particularly home care packages. This re-focusing involves home help services to prioritise personal care.."

How does this equate to the statement in the HSE Dublin Mid-Leinster Regional Service Plan 2012 *"There will be a national reduction of home help hours by 4.5%"* ?

- c) *"beds could be secured in the private sector for approximately €800 per bed per week as opposed to the cost of a public bed which is currently averaging €1,900 per bed per week"*

Why is there such a difference in the cost of a public bed ?

Is this because the same standard of care is not provided?

Would private nursing homes not have similar running costs?

- d) Regarding the proposal to consolidate the four units in Laois/Offaly (Riada House, Mountmellick, Birr, Offalia House Edenderry) – What implications will this have for Tullamore ? Could this mean that clients from Tullamore may be referred to one of the other CNU's.

- e) On page 31 of the document, where the tendering out of day services is addressed, it states *"a number of private nursing homes have indicated an interest in providing such day services"*

Does this mean the process has already started ?

Has the HSE already approached these private nursing homes and put proposals to them ?

- f) *"There would be an increase in the number of locations from which they are provided"*

Does this mean that Tullamore residents may have to travel outside the town ?

- g) *"The timeline period for consultation The total consultation and decision making process will run from 24 May 2012 – 14 August 2012"*

The DCC closes for the first three weeks in August – Can you give a guarantee that it will reopen following this three week closure ?

If a firm proposal is made to tender out Riada House DCC, the following questions arise:

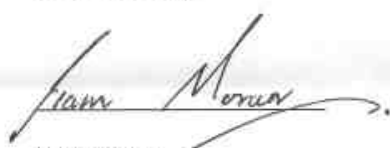
1. Would the Riada House DCC be leased/rented to the private nursing home ?
2. Will there be a Service Level Agreement with these private companies and what services would be expected/set out in the Agreement ?
3. Outline the implications for Day Care Clients (DCC) who do not meet a "social care" criteria for admission to DCC. Bearing in mind existing waiting lists/access lists and wait times already being experienced due to increasing demand for DCC services ?
4. Can you give an assessment tool to be used to determine admission by the private health care company?
5. Who will run the actual day to day operations of this social model for day care, can you give us a breakdown of the skill mix and qualifications that will be required to operate this DCC?
6. How will the private healthcare company ensure user satisfaction, will audits be carried out and frequency of same?
7. Who will audit the private healthcare company, will it be management from the HSE ?
8. If a client/family has a complaint/concern, who do they go to ?
9. Will there be regulations by the private health company – if yes by which body – if no why not – existing service follow the standards as laid out by HIQA. Riada House DCC will reach all the HIQA standards even though **HIQA is the regulatory body for residential units**. To date Riada House DCC follows the same standards in practice since HIQA inception. Indeed DCC Manager is a trained HIQA local peer reviewer.
10. Can you give the commitment that all the existing DCC clients needs will be met by the private healthcare company to an equal standard?
11. Can you show the fiscal savings to be made by using a private health care company in a cost comparison against Riada House DCC management costs per person accessing DCC service?
12. Can you assure the DCC clients that their individual nursing care needs will be met with a predominantly "social care" model outsourced to a private healthcare company. Some of the DCC clients are in need of nursing assessment and timely intervention, i.e. link and liaison with GP, outpatients appointments, blood sampling, topical wound care and tissue viability, nutritional monitoring, pharmacy liaison, PHN and Physio/SALT/OT through the primary care team - all of which is co-ordinated by the Manager in the DCC.
13. Existing DCC Manager carries out all of the above, including transport ordering, respite arrangements when DCC service planned closures occur. Meals on wheels are organised at the DCC in conjunction with ALL the other nurse duties.
14. Will the private health care company carry out all these duties?
15. Will the private manager have this level of access and input into Riada House?
16. Will the transport needs of the existing DCC clients be met as effectively and as safely as the existing system that is in operation by the HSE ?

17. As DCC clients dependencies increase what contingency plan does the HSE have in mind for the DCC clients who may no longer meet a social model of care criteria for admission/utilisation of DCC – will they be discharged from the DCC to sit at home?
18. What pressures will be placed on community services and their nurses?
19. Currently occupational activities are organised and completed on site daily and special consideration is given to all DCC clients for special occasions, e.g.
Birthdays, significant anniversaries etc. Will private health care company do the same? Will the cost be borne by the company or by the DCC client?
20. How much will DCC clients dinners be?
21. How much will transport cost the DCC client?
22. Where will meals be prepared and cooked?
23. 250 meals go out of Riada House daily for 'Meals on Wheels' – will this practice continue ?
24. How will prospective clients be referred from the community? - outline the referral process.
25. What timeframe will be put on this plan and when will DCC clients be consulted regarding agreement or not to this proposal ?

The uncertainty surrounding the future of Riada House DCC and Respite is having a detrimental affect on the health of the clients and their families, due to anxiety and stress. We would, therefore, request you respond in writing to the various questions posed and concerns raised in this letter in a concise and timely manner. Please also give us a date for a delegation from the Group to meet with you at your earliest convenience.

We would appreciate if you would treat this letter with the utmost urgency.

Yours sincerely,



Liam Moran
Chairperson



Rose Dunne
Secretary

**CHARLIE FLANAGAN TD**

Laois/Offaly Constituency

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6 June 2012

Mr Joseph Ruane
HSE
Midland Area Health Centre
Co Westmeath



Re: Consultation in respect of Abbeylax and Shaen

Dear Mr Ruane,

I have read with interest the documentation in relation to the consultation process and I trust that matters will proceed in accordance with same.

I am concerned however at costs of beds in Public Residential Care Institutions with particular reference to Shaen and Abbeylax. It was stated that the cost of a bed in Abbeylax is €1,900 per week. The Minister for Health at the meeting in November expressed surprise at this cost which the HSE said was accurate. I would be grateful if you would indicate how this sum is broken down and how this figure has been computed. I refer to a letter of 3rd February, 2011 from the HSE to a resident in Abbeylax wherein it was stated that the HSE contribution towards the cost of care was assessed at €999.32 per week. This figure was broken down by way of explanation. Therefore perhaps you could assist in letting me have a detailed breakdown on the €1,900.

I am surprised to read in the document that provision is being made for the closure of Respite Care Beds in Abbeylax together with the proposed closure of Day Care in Abbeylax. My understanding all along was to the effect that if the Long Stay Residential Care was closed, that Respite and Day Care would be enhanced and further developed. In this regard I would be grateful if you would clarify the policy of the HSE.

I look forward to hearing from you at your earliest convenience.

Yours sincerely,

CHARLIE FLANAGAN TD

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Joe Ruane
Area Manager
HSE Midlands
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Tullamore
Co. Offaly



18th July 2012

Dear Joe,

I wish to make a submission as part of the consultation process on Older Person Services HSE Midlands.

Abbeylax Community Hospital provides an excellent service and no decision by the HSE should be taken to close this hospital.

Abbeylax Community Hospital has very high standards for a long number of years and has met all current HIQA requirements. The HSE has deliberately run down the number of patients in Abbeylax so as to make it look in-efficient. If they maintain the number at a proper level it would be much better.

For a modest investment, which will be supported by the local community, it is possible to bring Abbeylax up to a first class 50 bed facility. This is what the HSE should be seeking to achieve.

I support the submission made by the Abbeylax Hospital Action Committee and I oppose any plans to close Abbeylax Community Hospital.

Yours sincerely,

John Joe.

John Joe Fennelly, M.C.C.

John Joe Fennelly M.C.C. P.C.



7 July 2012



Brian Stanley
Teachta Dála

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Sinn Féin Submission as part of the Consultation Process regarding the proposed closures of Abbeyleix and Shaen Nursing Homes.

A Chara,

We wish to make a submission to the HSE outlining what we feel are the main reasons for supporting the retention, and expansion, of services in both Abbeyleix and Shaen Nursing Homes in County Laois. Please take this submission into account when finalising your decision with regard to the future of these facilities. In the interest of clarity we have listed each Nursing Home separately.

1. Abbeyleix Nursing Home:

- i. Population: The population of Laois has grown by 20% since 2006 with a resultant future increase in demand for Nursing Home services.
- ii. Location: The Nursing Home is strategically located to service the Mid and South Laois areas.
- iii. Demographics: We are an aging population with a longer life expectancy and demands for Nursing Home places are constantly increasing.
- iv. Buildings: Abbeyleix Nursing Home is all ground floor accommodation and in good condition throughout. There is adequate space on site to extend the building if necessary. The HIQA Report from Feb. 2011 states that ***"The centre was well maintained both internally and externally. The inspectors found it to be clean, fresh, comfortable, well decorated and welcoming."*** (Page 18).
- v. To comply with HIQA standards, en-suite bathrooms can easily be provided with dual access from rooms on either side.

- vi. Cost: Abbeyleix, with its high dependency patients, can be made cost effective by increasing the capacity of the facility.
- vii. Private Nursing Homes are generally unwilling to take high dependency patients and their staff do not have the required training and expertise to treat such patients. They are more expensive to care for and the HSE subvention to private nursing homes will not cover this.
- viii. Abbeyleix Nursing Home has specialist staff who are fully trained, and have experience, in the treatment of high dependency patients.
- ix. We have knowledge of many instances where patients in Regional Hospitals such as Portlaoise become “bed blockers” as there are no beds in Abbeyleix or Shaen Nursing Homes to transfer them to when their treatment is finished in the hospital.
- x. There are long established local support groups and fundraising groups such as Friends of the Hospital in the county who can be relied on to continue to raise funds for the Nursing Home.
- xi. Plans should be prepared for extension and refurbishment works and put out to tender while building costs are at an all time low. These works could create local jobs for contractors and some welcome business for local suppliers.

2. Shaen Nursing Home:

- i. Population: The population of Laois has grown by 20% since 2006 with a resultant future increase in demand for Nursing Home services.
- ii. Location: The Nursing Home is strategically located to service the HSE Dublin/Midlands region. There is easy access from Dublin and other regions via the motorway and new roads infrastructure.
- iii. Demographics: We are an aging population with demands for Nursing Home places constantly increasing for patients with Dementia and Alzheimers. In the 2006 Census Laois had 577 people with Dementia and this would have increased over the past 6 years.

- iv. According to HIQA 80% of the patients in Shaen are high to maximum dependency. Private Nursing Homes are generally unwilling and unable to take high dependency patients with Dementia or Alzheimers and their staff do not have the required training and expertise to treat such patients. They are more expensive to care for and the HSE subvention to private nursing homes will not cover this. Shaen Nursing Home staff are trained in dealing with dementia patients and have the necessary expertise and experience in this area.
- v. The Alzheimers Society of Ireland supports a proposal to provide day care services and to co-ordinate a respite service in Shaen for those with dementia and Alzheimers. The HSE would bill families a daily rate for respite care services to offset costs. Currently the Alzheimers Society do not have a Day Care centre in Laois.
- vi. There is a fully developed walled-in sensory garden in the facility from which the residents derive greatly benefit.
- vii. Local funding will be provided to assist in running and developing the facilities and services.
- viii. Shaen could easily be developed into a centre of excellence providing Day Care Services, Respite Services and at least 24 long stay beds for patients needing full time care.
- ix. Plans should be prepared for upgrade and refurbishment works and put out to tender while building costs are at an all time low. These works could create local jobs for contractors and some welcome business for local suppliers.

As can be seen from the above non-exhaustive lists both of these facilities are providing excellent care of the highest standards to high and maximum dependency patients in the region. It would make no social, medical or economic sense to remove these vital services and Sinn Féin strongly believes that it is imperative that both facilities are retained and developed.

Yours sincerely,



Brian Stanley TD

Comhairle Baile Phort Laoise

Áras an Chontae,
Port Laoise,
Contae Laoise.

Tel.: (057) 8664132



Portlaoise Town Council

Áras an Chontae,
Portlaoise,
Co. Laois.

17th of July 2012.

Mr. Joseph Ruane,
Area Manager,
HSE Midlands,
Arden Road,
Tullamore,
Co. Offaly.




Re: Potential Closure of St. Brigid's Hospital, Shaen, Co. Laois.

Dear Mr. Ruane,

Further to my correspondence dated 12th of July 2012, as part of a written submission, Portlaoise Town Council wish to strongly support the enclosed proposal by the Shaen Hospital Action Committee and again urgently request a consultation meeting with you. I look forward to hearing from you at your earliest convenience.

Mise le meas,


Susan Rooney
Town Clerk.

Enc.: "Proposal by the Shaen Hospital Action Committee to maintain the services in St. Brigid's Hospital, Shaen for the care of patients with Dementia and Alzheimers".

Councillors: Ms. Catherine Fitzgerald, Ms. Kathleen O'Brien, Messrs. William Aird, Matthew Keegan, Rotimi Adebari,
Thomas Jacob, Jerry Lodge, Alan Hand, Caroline Dwane.

Town Clerk: Susan Rooney
Address all correspondence to the Town Clerk

PROPOSAL BY THE SHAEN HOSPITAL ACTION COMMITTEE TO MAINTAIN THE SERVICES IN ST. BRIGIDS HOSPITAL SHAEN FOR THE CARE OF PATIENTS WITH DEMENTIA AND ALZHEIMERS

14/04/12

This proposal is from the Shaen Hospital Action Committee and is based on the principal of a Public/Private/Community Partnership working together to maintain the services in St Brigid's Hospital Shaen. The Shaen Hospital Action Committee was formed at a public meeting held in the Killeslin Hotel Portlaoise in November 2011 after the HSE announced their decision to close St. Brigid's Hospital in Shaen Portlaoise. This committee comprises of local people, family members of current and past patients and local public representatives.

St. Brigid's Hospital

Traditionally there were two public nursing homes in Laois, Abbeyleix and Mountmellick. St Brigid's Hospital Shaen started out as a Sanatorium caring for people with TB but in 1970 it was an out hospital of St. Fintan's and cared for patients with varying levels of mental illness. St. Brigid's has always been under the remit of a Consultant Psychiatrist and this is still the case with the current Consultant Psychiatrist Henry O'Connell. Through the foresight and hard work of matrons and staff over the years Shaen has developed into a centre of excellence for the care of patients with dementia and Alzheimers and their families, although it is not formally designated as such within the HSE.

Patients

There are currently 24 patients living in St Brigid's Hospital even though there are 31 beds and an idle ward which historically housed 15 patients. According to the last HIQA report 80% of patients are between maximum and high dependency. The majority of patients suffer from either dementia or Alzheimers.

Staff

- There are 54 whole time equivalents employed in St Brigid's.
- There is a Clinical nurse specialist in therapeutic activities which are exclusive to Shaen.
- Health care assistants (HCA) & support staff have undertaken Fetac level 5 courses.
- HCAs and support staff have attended a dementia training programme in Tullamore.
- Since the initial announcement to close Shaen six staff attended a dementia information day at St. James Hospital.
- Two nurses are attending Trinity College and studying for a Masters in Dementia.
- A member of staff is currently researching the area of dementia care in conjunction with Trinity College.
- One staff member has qualifications in behaviours that challenge.

The skills acquired by the staff over the years are best utilised when the full team are working together like they do in St. Brigid's Hospital. It is true to say that if a staff member moves to another location that they bring their own skill set with them but the reality is that it is a combination of all the skills and the culture of St. Brigid's Hospital which when combined produces the excellent levels of care referred to in every HIQA report. Taking a staff member out of Shaen and putting them in a new location would be akin to taking Henry Shefflin from the Kilkenny hurling team and putting him on the Co. Louth hurling team and expecting them to win an All Ireland. It simply would not work and over time the service would wither. One requires a combination of skill, culture and team work to make it work and this is what is present in St. Brigid's Hospital.

Location

St. Brigid's Hospital is located in a picturesque rural setting. The building itself is majestic in many ways and welcoming to both patients and families alike. It is situated just off the M7 motorway and only 50 minutes from New Lands Cross Dublin, which is the same time it takes to drive from Birr Co. Offaly. The location is ideal when one considers it is centrally located to facilitate the needs of this Dublin Mid Leinster HSE region.

County Laois has had a 20% growth in population, twice the national percentage growth in population according to the Central Statistics Office. The Greater Dublin area along with Kildare has had large population growth also.

According to research carried out by the Alzheimers Society of Ireland:

- Over 44,000 people in Ireland currently suffer from dementia
- It affects the lives of approx 50,000 carers
- The number of people with dementia is expected to increase to 104,000 by 2036
- In the 2006 census it was reported that 577 people in Laois alone were diagnosed with dementia. These numbers are likely to have increased in the last six years.

Based on the population growth in this Dublin Mid Leinster region statistically there will be a corresponding increase in those developing dementia and Alzheimers and hence will require the services of St. Brigid's Hospital Shaen.,

Currently the Alzheimers Society of Ireland do not have a Day Care centre in Co. Laois nor do they have the ability to organise respite care due to lack of suitable facilities.

Alzheimers Society of Ireland

The Alzheimers Society of Ireland are supportive of the proposal outlined below and are willing to work with the HSE and local committees to provide day care service and to co-ordinate a respite services for those with dementia and Alzheimers at St Brigid's.

Private Nursing Homes

Private Nursing Homes are in existence to provide a service and make a profit from doing so. They are very selective of who they accept into their care and historically do not accept patients who suffer from dementia or Alzheimers as they do not have the expertise to care for them. The fact that these patients are high to max dependency means that the cost of care is too high and hence they will lose money.

The Horror story

When families can no longer cope with a loved one suffering with severe dementia and alzheimers, when carers own lives are in danger due to exhaustion, the only light at the end of the tunnel is St. Brigid's Hospital Shaen. The following accounts of dementia and alzheimers from the carers experiences show how essential specialist care units like St. Brigid's in Shaen really are.

How apt are the words "the long goodbye" to describe Alzheimers and Dementia diseases. These diseases are robbers and from their inception are cunning and insidious with windows of time where normality occurs, where all seems normal, but as time progresses these windows become shorter and less frequent until they are gone for all time. Yet anyone who has studied and understands these diseases knows that the memory is basically intact but cannot be accessed due to the nature of the illness.

There was a case in the UK where a daughter who was an unmarried nurse cared for her mother who suffered from alzheimers. Whilst working during the day and caring for her mother by night year in year out she eventually died herself from complete physical and mental exhaustion. Her mother lived for many years oblivious to the death of her only child. There are many natures to these diseases as there are sufferers and no two ill persons are the same due to them not being the same before the disease in the first place.

I have seen and gone through hell with a loved one who suffered from this wretched alzheimers disease and would not wish it on my worst enemy. The nature of the illness will cause many symptoms such as lack of self esteem, anger, violence, loneliness, want, shouting, aggression, greed, selfishness, loss of thought, loss of recognition, loss of inhibitions, loss of communication, loss of co-ordination, loss of mobility, incontinence, loss of self feeding, danger to self and others. Of these emotions some will affect the carer as well as the patient to the point where one will think that they too are suffering from this disease and they are driven to complete distraction particularly dealing with a loved one. Unlike other conditions of the human body where normally the condition is treated, with alzheimers it is the person who is treated rather than just the condition.

Where can one get help ?.

Unfortunately there are very few places a family can turn to when the care of a loved one brings them to breaking point except where the Alzheimers Society of Ireland are able to provide dementia specific home and day care services. The private nursing homes do not want these patients and it is extremely difficult to get them into a care facility like St. Brigids Hospital due to the admissions policies of the HSE. In many cases families pretend that their loved one has had a heart attack, bring them to A&E and refuse to take them home. This results in these patients being put into beds in wards and effectively become "bed blockers" causing problems for the regional hospitals.

Can these patients stay at home longer before they require full time care?.

There are those who say that it is possible for these patients to stay out of full time care for longer through the use of respite care and day care centres. However the private nursing homes are not willing to accept these patient therefore it behoves the State to provide this respite care.

Cost of care

Currently it is costing €2,524.00 per week to care for a patient in St Brigids Hospital. This is due to the fact that there are only 24 patients there with 7 beds idle and another ward which formally housed 15 patients also idle. No fair minded person could justify this cost of care per patient however this service is desperately needed not only for the current patients, but the people who desperately want to gain access to this service today, next week, next month and over the coming years as the incidents of these two diseases increases. Therefore we must look at alternative ways of making it more cost effective. This will require savings to be made from within the HSE but as we are not part of the HSE we will confine our suggestions to how extra revenue can be generated in St Brigids Hospital to make it more cost effective to maintain this desperately needed service and protect the maximum number of jobs in the area.

Our proposal requires an open mind from everyone involved and a willingness to make it work. This proposal combines several organisations working together in St Brigids Hospital. These organisations are the HSE, Alzheimers Society of Ireland, Laois Partnership Company and Local committees.

Proposal

- The Alzheimers Society of Ireland would establish a Day Care centre in the currently unoccupied 15 bed ward with assisted funding from the HSE.
- The Alzheimers Society of Ireland would ensure this centre was staffed and operated by their dementia specific trained personnel.
- Seven beds, which are currently unoccupied, would be designated for respite care.
- These beds would be allocated to clients of the Alzheimers Society of Ireland.
- The Alzheimers Society of Ireland would take responsibility for ensuring a co-ordinated bed occupancy plan with the aim of ensuring each bed was utilised 365 days of the year to provide respite for Alzheimers patients.
- The current staff of St. Brigids Hospital would provide the care to these respite patients as this is their area of expertise.
- The HSE would bill the families of these respite patients a daily rate for this service.
- This effectively makes the seven respite beds private beds similar to a private bed in Portlaoise or Tullamore Regional hospitals, only difference being that the HSE staff will deal with a mental illness rather than a physical illness.
- This would leave 24 public beds as is the case now for long term patient care.
- The Action Committee would undertake fund raising activities to fund the development of the walled in garden to make it a sensory garden for all the patients.
- Laois Partnership Company have promised to supply free of charge personnel to draw up the plans for the walled in garden.
- NOTE: Mr. Diarmuid Gavin has confirmed that he will visit St Brigids Hospital Shaen on the 27th June to review what can be done to transform the walled in garden into a sensory garden.

Advantages of this proposal

- The idle beds in St Brigids would generate an income for the HSE which could be used to offset running costs and fund future developments.
- It maximises the usage of the facility.
- It is a way for the HSE to keep intact this team of specialised staff to care for the growing number of people who are currently and who will in the future suffer from dementia and Alzheimers.
- Clients who use the Day Care centre would become familiar with the surroundings before they would need to move in for respite care.
- The Respite beds will provide a service which the Private Nursing Homes are unable and unwilling to supply to families of people suffering from dementia and Alzheimers.
- The Respite beds will allow people to remain in their homes for a longer period of time before needing full time care.

- Having the Respite beds will free up beds in the regional hospitals currently occupied by patients who need the specialised care of St. Brigids but who cannot gain access to it.
- It brings together several revenue streams hence ensuring this essential service is maintained.
- This model can be replicated all over the country.

What is needed from the HSE senior management team

- We ask that the senior management team to fully embrace this concept and agree to trial it for 12 months at which stage it would be reviewed.
- The HSE to work with the Alzheimers Society of Ireland in allowing them the use of the idle ward for a day care centre and assist them in funding same and allow them co-ordinate the occupancy of the respite beds.
- The HSE to bill Health Insurance Companies and Private Individuals for the respite service just the same way Portlaoise Regional Hospital would bill for an operation. By doing this it normalises mental illness.
- To work with the Action committee to develop the sensory garden ie input to the planners by the Director of Nursing, access to the garden by the planners and the committee in the development of the garden.
- To designate St. Brigids Hospital as an official centre of excellence for the care of patients with dementia and Alzheimers and develop it accordingly.
- To set realistic daily rates which are affordable for the patient's families. This would negate the need for families to seek subvention from the HSE.

How much would the Respite Beds generate for the HSE.

The income generated by the respite beds in year 1 very much depends on the daily rate charged by the HSE. The undertaking of the Alzheimers Society of Ireland is to have these seven beds fully occupied all year round whether that is for clients availing of a couple of days or a couple of weeks respite care.

	Year 1(7 beds)	Year 2 (15 beds)
Based on €100.00 per day it would generate	€255,500.00 p.a.	€547,500.00 p.a.
Based on €120.00 per day it would generate	€306,600.00 p.a.	€657,000.00 p.a.
Based on €140.00 per day it would generate	€357,700.00 p.a.	€766,500.00 p.a.
Based on €168.00 per day it would generate	€430,700.00 p.a.	€919,800.00 p.a.

The fact that the client would be requiring maximum care at this stage in the progression of the disease and also the fact that no Private Nursing home would be willing to accept such a client has got to be taken into account when setting the daily rate. But parallel to this the HSE must take into account that setting too high a rate would be a false economy as the families would be forced to apply for subvention from the HSE.

After the initial twelve months the situation would be reviewed and if all parties are satisfied that this concept is working to an agreed acceptance criteria then together all concerned parties could review the possibilities of further development and enhancements which would result in an increase of private beds to 15. As can be seen from the above table these extra private beds would greatly subsidise the 24 long stay beds.

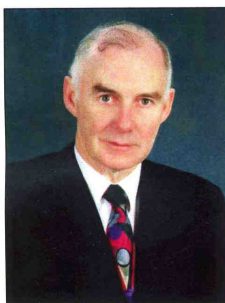
Our vision for St Brigids Hospital Shaen

We see an expansion of the services at St Brigids from what is there now. We want to build this facility into a fully recognised centre of excellence with Day care services, Respite services, fully developed walled in sensory garden and at least 24 long stay beds for patients who need full time care. We want to maintain the excellent team at St Brigids to deal with the increase of dementia and Alzheimers which is projected over the coming years. We want to secure it's future by moving to a new model of funding for these vital services by tapping into private and health insurance funding for the respite services. If the experts are right over time the Respite service will reduce the burden on the state for long term beds. Through local community funding we will develop a sensory garden for all patients in the current derelict walled in garden. Some of the out buildings will be converted for Day Care services. We see the HSE, Alzheimers Society of Ireland and local community working in co-operation to provide this essential service for the people of the Dublin Mid Leinster region.

In a nutshell

If seven beds are open for respite for one week each, this will provide a service for approx 28 people and their families each month. This will provide a much needed break for the families which will empower and strengthen them in their role as carer and to keep their loved one at home for much longer. It will utilise the expertise of the staff in St. Brigids which is NOT available in Private nursing homes and it will generate much needed funds to subsidise the care of the long term patients. It ensures the survival and expansion of this much needed service to cope with the growing numbers of those suffering from dementia and Alzheimers.

END OF DOCUMENT



Jerry Lodge, T.C., M.C.C.

Ridge Road, Portlaoise, Co. Laois

Tel.: 057 - 8621328

Mobile: 086 - 2430670

Email: lodgejerry@yahoo.co.uk



Mr. Joe Ruane,
HSE,
Tullamore.

Re : Shaen Hospital



Dear Mr. Ruane,

I wish to support without reservation the proposal of the Shaen Hospital Action Committee in relation to maintaining facilities there. There is no doubt in my mind that the community in Co. Laois would wish to see the facility remain but would also like to play a part in making it cost effective from a HSE point of view.

I would like to suggest that a stay of 18 months be allowed before any decision is taken on the future of this Hospital to enable all interested parties have their input into ensuring that a sustainability plan can be put together for the continued existence of this extremely important facility. The people of Laois and surrounding areas will not be found wanting.

At the end of the day we have to ask ourselves if Shaen is closed, who will provide the equivalent level of care and what will be the cost to the state and the individual? If we don't know, then we should not rush into a premature decision relating to the future of this Hospital.

Yours truly,


Jerry Lodge

19/7/2012

Sean Fleming T.D.

Castletown, Portlaoise, Co. Laois

Tel: 057-8732692 Fax: 01-6184178

Email: sean.fleming@oireachtas.ie

Spokesperson for Public Expenditure & Reform.
Member of the Dáil Public Accounts Committee.



Joe Ruane
HSE Midlands
Arden Road
Tullamore
Co. Offaly



18th July 2012

Dear Joe,

I wish to make a formal submission to you in connection with Older Person Services HSE Midlands, Information & Consultation Process May 2012.

As part of this process the HSE has written to residents in Abbeyleix Community Nursing Unit and St. Brigid's Hospital, Shaen saying that the HSE is contemplating making a decision to recommend to the Minister for Health that the units be closed and to arrange for their transfer to suitable alternative locations.

You will be aware overall that there are excellent facilities provided in both of these units and there is no reason why these units should be considered for closure.

The HSE is wrong to select these for closure because they have the lowest approved bed numbers in the midland area. It is not HSE policy to close all units with less than 33 beds. If it is, show me this policy. You are out of order and in conflict with the HSE and the Minister for Health if you go down this route.

It is clear from page 17 of your consultation document that all 9 community nursing units in the midland region have a bed capacity below that of the HIQA approved capacity as of the 31st March 2012. You are contemplating closing Abbeyleix and Shaen in line with 2015 HIQA requirements. It is utterly wrong for the HSE to contemplate closing Abbeyleix and Shaen based on a HIQA standard that may or may not be in place in 2015.

Dáil Éireann
Leinster House
Kildare Street
Dublin 2

Dáil Éireann
Teach Laighean
Sráid Chill Dara
Baile Átha Cliath 2

The HSE itself will not exist in 2015. Therefore how can you make a decision based on possible HIQA standards in 2015.

In relation to the financial aspects of these facilities the onus is on the HSE to run its affairs in an efficient manner to ensure that you get the maximum value for the tax payers' money while providing quality service to people in these nursing units.

It has been made clear at several meetings that for a modest cost the HIQA approved capacity for Abbeyleix could be brought up to approximately 50 which would continue to provide an excellent services and tremendous value for money for the Irish tax payer and this is the road you should be going down.

The Shaen Committee have submitted a proposal to the HSE saying Shaen should be a centre of excellence with day care service, respite services, at least 24 long stay beds with increased services for dementia and alzheimers including 7 respite beds which would service at least 28 people each month.

In particular I want to highlight the attached schedule to you which shows the cost per patient per week for each of the 9 Community Nursing Units in the midland region. The 2010 information was provided to the Public Accounts Committee by the HSE in March of this year and the 2011 information is from your own consultation document. It is clear from this that there has been a substantial increase in cost per patient per week in each of the 9 units between 2010 and 2011. In a number of the areas the costs have increased by in excess of 80% a and the overall costs for the region have gone up by 53%.

There is one simple lesson. The management system in the HSE that has facilitated the cost per patient going up across the region by 53% in a 1 year period needs to be examined in detail. I would suggest that this is out of line with the HSE national costing structures.

There needs to be an investigation as to how management in the region over saw this. It is clear one of the ways you are doing this is by running down patient numbers below the HIQA approved standard capacity and thereby putting up the cost per patient per week.

Any responsible management would have maintained or increased numbers so that the cost per patient per week was decreasing in line with the overall HSE budget and not this 53% increase for the region.

I am requesting that you abandon your proposals of contemplating the closing of Abbeylax and Shaen and you should concentrate your efforts on bringing the cost per patient per week in line with other nursing units both in the public and private sector throughout the country. The increases have been allowed to occur in the midland region are alarming.

I also wish to state that I specifically brought these figures to the attention of the HSE at a meeting of the Public Accounts Committee in Dáil Eireann on 28th June 2012. The transcript of the discussion on this is available on the Oireachtas website.

I have asked for these figures to be examined because in light of the overall reduction of approximately 5% in the HSE budget there requires to be a thorough examination of how these costs in the midland region rose so much between 2010 and 2011.

Please be assured that when a response is received in relation to the management of this issue in the region we will be analysing in detail the full responses received to deal with this issue.

Finally, abandon the proposals to close Abbeylax and Shaen. Please introduce a proper management system for the region which will ensure with modest investment that improved and enhanced services can be provided at a reduced cost per patient per week and thereby also improving the value for the Irish tax payer.

I support the submissions made by the Abbeylax Hospital Action Committee and the Shaen Hospital Action Committee.

Yours sincerely,


Sean Fleming T.D.

Encl.

MIDLAND REGION, COMMUNITY NURSING UNITS

COST PER PATIENT PER WEEK

	2010	2011	%
<i>Shaen</i>	1,633	2,472	51%
<i>Tullamore</i>	1,363	1,482	9%
<i>Mountmellick</i>	1,294	1,766	36%
<i>Birr</i>	1,263	1,441	14%
<i>Longford</i>	1,246	2,448	96%
<i>Mullingar</i>	1,201	2,172	81%
<i>Abbeyleix</i>	1,161	1,916	64%
<i>Edenderry</i>	1,146	1,777	55%
<i>Athlone</i>	1,089	2,009	84%
	€11,396	€17,483	53%

2010 Information provided by HSE to Public Accounts Committee on 9th March 2012.

2011 Information is in Older Persons Services HSE Midlands, Information & Consultation Document May 2012.

From: Margaret Cordial [mailto:mgtcordial@yahoo.com]
Sent: 20 July 2012 13:38
To: Midland Consultation
Subject: SUBMISSION IN SUPPORT OF ABBEYLEIX HOSPITAL

RE: LETTER IN SUPPORT OF ABBEYLEIX COMMUNITY AND NURSING UNIT

I WELCOME THE OPPORTUNITY TO MAKE A WRITTEN SUBMISSION SUPPORTING COMMUNITY AND NURSING UNIT IN ABBEYLEIX.

THE COMMUNITY AND NURSING UNIT HAS PROVIDED EXCELLENT NURSING CARE FOR PEOPLE FROM ACROSS THE COUNTY OF LAOIS OVER THE PAST YEARS AND DECADES, PARTICULARLY ELDERLY MEMBERS OF OUR COMMUNITY WHO CAN NO LONGER LIVE IN THEIR OWN HOMES OR THOSE IN NEED OF 24-HOUR NURSING CARE. MEMBERS OF OUR ELDERLY COMMUNITY RECEIVED EXCELLENT PROFESSIONAL CARE IN THIS FACILITY. IT WOULD BE A TERRIBLE LOSS TO THE PEOPLE OF LAOIS IF THIS NURSING FACILITY IS CLOSED DOWN.

FURTHER, THE CLOSURE CANNOT BE JUSTIFIED ON FINANCIAL OR ANY OTHER GROUNDS.

I HEREBY CALL ON THE HSE TO KEEP THIS NURSING FACILITY OPEN.

COUNCILLOR BRENDAN PHELAN

GLEBE HOUSE

DONAGHMORE

COUNTY LAOIS

TEL: 087 2750175



**MARCELLA
CORCORAN KENNEDY TD**
Laois Offaly Constituency

Constituency Office:
5 The Courtyard, Emmett St.,
Birr, Co. Offaly.
Tel: 057 9125825
E Mail: marcella.corcorankennedy@oir.ie

Mr Joseph Ruane,
Area Manager HSE DML
Midlands Area
Health Service Executive
Health Centre
Mullingar
Co Westmeath

18 July 2012

Re: Shaen Hospital & Abbeyleix Community Nursing Unit

Dear Mr. Ruane,

I am writing to you in respect of Shaen Hospital, County Laois and Abbeyleix Community Nursing Unit, Co. Laois.

As a TD representing the people of Laois and Offaly I have received many representations from Constituents as well as the Shaen Hospital Action Committee and Abbeyleix Action Committee in respect of these hospitals.

I have met on many occasions with HSE officials to discuss these hospitals and I have also discussed this matter with the Minister for Health, Mr James Reilly T.D. and officials in his Department.

I have read in detail the HIQA report in relation to Shaen hospital which was released in late 2011. The report stated that an "ethos of respect and dignity" of patients was clearly evident during HIQA's inspection and that the inspector was satisfied that the residents' well being and welfare was maintained by a high standard of evidence based nursing care and appropriate medical and allied healthcare.

In light of the report in relation to Shaen Hospital and also the support that both of these hospitals provide in their local communities in caring for their elderly I would fully support the campaign to have these hospitals remain open.

Yours sincerely,

Marcella Corcoran Kennedy, T.D.



Dáil Éireann, Leinster House,
Kildare Street, Dublin 2.
Dáil Tel: 01 6184075
Dáil Fax: 01 6184582

From: Sean Dillon [mailto:Sean.Dillon@olderandbolder.ie]
Sent: 18 July 2012 10:51
To: Midland Consultation
Subject: Submission re Abbeyleix Community Nursing Unit

To Whom it may concern,

We would like to add our support to the Abbeyleix & District Hospital Action Committee campaign to halt the potential closure of the Abbeyleix Community Nursing Unit .

Whilst welcoming an open debate on challenging the current model around service provision of care to older persons and whole heartedly agreeing with an increased focus on allowing older persons to stay in their homes for as long as is safe & sensible to do so nevertheless this cannot be initiated by the closure of a key community nursing home unit as a preliminary step.

At a time when the HSE is considering further cuts to vital supports such as home help hours, home care packages and grants to voluntary providers of older persons services the evidence suggest that the closure of Abbeyleix is nothing more than a cost cutting exercise. For example , has the planned budgets for Home Help, Home care packages increased in line with the HSE proposal plan around a more responsive care model?

Older and Bolder is currently conducting a nationwide campaign around the whole concept of ‘Making Home Work’ – a policy that would radically shift the emphasis from residential to home. Notwithstanding the fact that for some people staying at home may one day be no longer possible without high levels of support the vast majority of people would favour a home or local community setting as the optimal setting to grow old. Implementing policy and redirecting service provision towards the achievable goal of ageing well at home makes sense ;

- It benefits whole communities, individuals, our future selves and under resourced-families
- It relieves pressure on our overstretched health system
- It is better value for the state given the high cost of the alternatives.

However , any move towards such a shift must come as part of planned, strategic and focused overhaul of the service delivery model for older persons – closing Abbeyleix Nursing Home in isolation of any fundamental evidence of a greater shift on emphasis to home or community care makes it the wrong decision – hence our support for the Abbeyleix & District Hospital Action Committee campaign to halt the potential closure of the Abbeyleix Community Nursing Unit.

Note – More detail on Older and Bolder’s [“Make Home Work”](#) campaign is available [here](#).

regards

Seán Dillon
Public Affairs Manager

Older and Bolder
Jervis House
Jervis St
Dublin 1

www.olderandbolder.ie

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Fax: 00353-1-8783624
Mob: 086-0403651



Charity No: CHY 18969
Registered in Ireland, No: 480 403



ABBEYLEIX SOCIAL SERVICES
NEW ROW
ABBEYLEIX

19TH JULY 2012

Consultation HSE Midlands
Area Office
Arden Road
Tullamore

By post & E-mail: midland.consultation@hse.ie

Dear Sir / Madam,

We write in regard to the proposed closure of Abbeyleix District Hospital.

Abbeyleix Social Services is a voluntary organisation which provides meals to the aged and infirm in our community. Since our establishment 40 years ago, we have provided approximately 94,000 meals in this way. That we have been able to do this is largely due to Abbeyleix District Hospital which has throughout supplied all of these meals to us at an affordable rate.

Since learning of the possible closure of the hospital we have sought to identify alternative suppliers for our meals. However, the quotations which we have received from these alternative suppliers leave us greatly concerned that we will not be able to afford to continue to provide meals to the community should the hospital close.

In arriving at your decision in regard to the future of the hospital, we therefore ask you to bear in mind that closure of the hospital's kitchen would put at serious risk our ability to continue to provide meals to the aged and infirm in our community.

Furthermore, through our regular contact with the aged and infirm, we are in a position to observe the peace-of-mind which they derive from knowing that the hospital is there for them and will allow them to remain in their own community to the end. While this benefit cannot be measured in any financial sense, we are convinced of its importance to quality-of-life and ask that it also be included in your considerations.

Yours sincerely,


Paul Bergin
Chairman
Abbeyleix Social Services



Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann
Working Together

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General Secretary
Liam Doran

Mr. Noel Mulvihill
Assistant National Director for Older Persons
HSE
Unit 7
Swords Business Campus
Balheary Road
Swords
Co Dublin

28th May 2012

Re: Older Person Services Information and Consultation Document (May 2012)

Dear Mr. Mulvihill,

I write to you in regards to the recent publication of the Older Person Services Information and Consultation Document for the Midlands (May 2012).

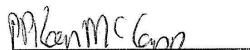
In such document it states that '*a nurse from the Unit should be the note taker and record the comments made and views of the resident*'. Please be advised that it is not part of a nurse's role to act as minute taker or secretary and as such the INMO, on behalf of our members, would strongly object to this provision in said document.

In that regard, we seek that any such reference is removed from this document immediately.

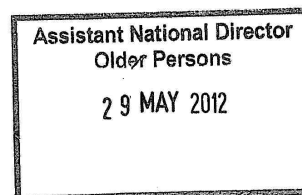
Please confirm your agreement to the above by return.

Thank you and I look forward to your response.

Yours sincerely,


Lorraine Monaghan
Industrial Relations Officer

Cc: Mr. Joseph Ruane, Area Manager
INMO Reps Abbeylax & St. Brigids Shaen



THE VOICE OF NURSES AND MIDWIVES



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Mr. Gerry Raleigh
General Manager
Laois/Offaly Primary, Community & Continuing Care
HSE Health Centre
Arden Road
Tullamore
Co. Offaly

26th June 2012

Dear Mr. Raleigh

On behalf of the group of unions representing staff at Abbeyleix Community Nursing Unit and St. Brigid's Hospital, Shaen, we welcome the opportunity to take part in a process of consultation designed to improve the provision of care services to older people in this region.

The move toward the provision of care for older people in their own communities, own homes and in a way that allows older people to live more independently, is genuinely progressive. If properly resourced and delivered, this model of community-based care could greatly enhance the quality of life for older people. The approach also has obvious potential to make better use of available resources, the requirement for which the unions take seriously.

However, the consultation process is itself, we believe, geared towards establishing a case to close the aforementioned facilities, despite evidence that these publicly provided, high dependency units will remain in demand in the region. The downgrades of assessment of these facilities by HIQA have more to do with the problems of older premises in a state of decline than any reflection on the care provided.

The need for high dependency units will remain, and this process should be able to address itself to the option of upgrading the facilities as necessary, and include an exploration for the potential to provide respite care through local public provision, rather than relying on outsourced provision of respite to provide facilities, as happened in Longford/Westmeath.

In this instance, the consultation process relies on a national policy framework that has neither been agreed with worker representatives nor indeed adequately established. Furthermore, it would appear that the consultation process could be used as a way to set a precedent for the closure of other facilities nationally.

The group of unions believe that the attempt to set a precedent in this region is flawed, and risks the establishment of a 'domino-effect', where more public regional facilities are closed, and where local resources for health and care provision are redirected to private suppliers.

The HSE's proposals appear to rely disproportionately on outsourcing, specifically home help services and respite care, through private suppliers. Home help services can be provided directly. One bed closure could be translated into three directly provided home help posts.

HSE reliance on agency staff nationally has already proved to be a disproportionate drain on health budgets. Other clinical grades in regional hospitals are not supplied through the private sector, so the outsource element proposed is not 'like for like' in redirecting resources to community based services.

Therefore, the plan outlined by HSE Midlands leans heavily on what has already been proved to be a more expensive option. The legacy of agency fees, VAT, the additional administration and monitoring necessitated by private outsourcing, is that the service will end up costing more, not less. This is not a responsible use of state resources, and does not represent the best long term outcomes for older people relying on these services.

The question then must be asked, why outsource? Or more particularly, why rely disproportionately on an outsourcing model, and have alternatives been properly considered?

For example, the cost of home help in 2011 was over €12.2m. That's 617,700 hours of care delivered to 2,539 clients. However, these figures are a combination of both public and privately provided hours of care. There has been no comparative analysis of direct provision over private outsourcing, as required under the terms of the Public Service (Croke Park) agreement 2010-2014.

Similarly, the opportunity exists to make a comparative analysis on the cost and delivery of respite care, as Longford/Westmeath has already outsourced its respite services 100% to private suppliers. This without the knowledge or agreement of unions.

We can only conclude, therefore, that the outsourcing proposal contained within the consultation document is flawed, erring as it does on the side of solving resource and service challenges by redirecting funds to private providers, without the appropriate cost/benefit analysis.

We know from experience that private care facilities are disinclined to provide care to high dependency patients, leaving those patients in the public system. Private suppliers do this because it is less costly, and more profitable, to provide care to patients with a lower level of dependency. That means that the public facilities are required to provide the care that private suppliers will not. The policy that fails to acknowledge this is flawed.

By its nature, this type of care can only be provided in a residential facility with the appropriate skills mix to provide the appropriate care. While we would acknowledge that this involves issues on the cost per bed, unions representing staff have stated consistently that we are more than willing to enter into discussions to address those issues.

Taking all of these factors into consideration, it is necessary that any consultation process is established on properly agreed terms of reference. Any outcome from this process is most likely irreversible, particularly if it results in the closure of a premises.

The unions, in partnership with the communities and families served by these facilities, want to ensure that the whatever decisions are finally cast are correct and in the best interests of those stakeholders. Given the urgency that exists in order to address these current challenges, the unions stand ready to engage in discussions on developing agreed terms of reference for an appropriate consultation process leading to an agreeable outcome for all involved. Such discussions should commence at the earliest opportunity.

Yours sincerely



Denis Rohan
On Behalf of SIPTU, INMO, PNA & IMPACT