

Annual Report 1999

Health and Personal Social Services



BÓRD SLÁINTE
AN MHEÁN-IARTHAIR

*for the health and social well-being
of the community*

WEBSITE: www.mwhb.ie

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Introduction

Statement of Chairman

Chief Executive Officer's Overview

Board Membership

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Statement of Chairman

As Chairman of the Mid-Western Health Board, I am pleased to introduce the Annual Report for 1999.

It gives me particular pleasure to welcome to the Board those new members who joined us last July. I gratefully acknowledge the valued contribution of those whom they replaced. In this regard, I wish to thank all of the members of the Board and of its committees for their work during 1999.

The Board is charged with the delivery of statutory health and personal social services for the people of the Mid-West Region. This is a significant task which it undertakes on a direct provision basis for the greater part but increasingly on a collaborative basis with the Voluntary Sector. This Report provides a general

performance review of our 1999 Service Plan. It demonstrates progress on all aspects of our services. The demand for a more comprehensive range of quality policies for all of our care groups is a constant challenge for the Board. We acknowledge the high level of commitment and capability offered by our own staff and associated provider agencies. We are jointly committed to the pursuit of excellence in all of our endeavours.

I sympathise with former and existing members of the Board and of staff who were bereaved during 1999.

I look forward with particular optimism to a future of continuing service improvement in providing for the health and social well-being of our Mid-West community.



Jack Bourke,
Chairman

May, 2000

Chief Executive Officer's Overview

The emergence of performance management in the public health sector is timely and essential to our purpose. It focuses attention on the various inputs, processes and results of the endeavours of many. We are all accountable, not only for our individual but also for our contribution to the overall performance of the Board's services to the community.

The Annual Report, Annual Financial Statement and Service Plan are required by Statute. They are the necessary instruments which provide review and direction in the context of our Corporate and Service Strategies.

This Report is designed to reflect the various elements in the 1999 Service Plan and our performance against targets for each Care Group.

Part I provides an outline population and public health profile for the region. Much of the population increase has been in Limerick County. Current indications project an increasing child and elderly population. In socio-economic terms, over one third of the population belong to social classes 5, 6 or 7. In Limerick City this is closer to 45%. Our health status indicators are 41% mortality by diseases of the circulatory system and 23% by cancers.

Part II deals with Care Group performance during 1999. The significant achievements and issues are summarised as follows:

Section 1:

The Child Care and Family Support Services encompass community development and family welfare, child and family protection and treatment, and alternative care services.

Over 900 reports of child care concerns were received. A significant portion occurred in Tipperary (N.R.) due to once off factors. There was an increase in the volume and complexity of legal activity. There was no significant change in the number of children in care. Pre-school inspections decreased due to staff unavailability.

The significant achievements include the commencement of two Springboard Family Support Projects and the expansion of services dealing with violence against

women. A teenage pregnancy prevention programme was initiated and support services for single parents were expanded.

A comprehensive submission was made to the Department of Health and Children on Child and Adolescent Psychiatric Services. A second Consultant was appointed and a Neuro developmental clinic was established. Agreement was reached with the Department to provide 20 high support places and 5 special care places. A number of research projects were completed. Current issues include staff retention in child protection and the need to provide specialised residential care facilities.

Mental Health activity indicates a reduction in acute in-patient admissions and an increase in day hospital attendances. The significant developments include the alternative services programme in Clare, and the increase in the number of day centres in the region. Crisis intervention teams were piloted in Limerick and Clare. Current issues include the development of forensic psychiatry and alternative services for residents of long-stay institutions.

Intellectual Disabilities are provided by four major external agencies. Targeted activity was achieved. Significant achievements include the commencement of the Lisnagry Project, which will enable the transfer of 36 patients from St. Joseph's Hospital, Limerick. Approval was received to develop a regional facility for young persons with challenging behaviour and agreement was reached with Rehab Care to provide a respite facility for persons with Autism. A pilot early intervention service was also initiated. The Vocational Training Centres achieved Centre of Excellence status. Current issues include the need to develop an integrated early assessment and intervention service and to develop specialist responses for specific functional disabilities e.g. ADHD and Asperger's Syndrome.

Physical and Sensory Services were under target due to difficulty in recruiting paramedical personnel. Significant achievements include the publication of a comprehensive Directory of Services and the completion of a needs assessment for persons with visual impairment. Extra residential respite facilities were provided and Health Board waiting lists for aids and appliances were cleared. Current issues include staff recruitment and services for Young Chronic Sick persons.

Section 2: Acute Care

The **Regional Hospitals** in-patient elective activity was 3% above target. Emergency activity was 7% below target. Day case activity was considerably above target and is attributed in the main to surgical procedures. Out-patient attendances were above target and new A&E attendances remained stable. The number of births increased by 1.2%.

The in-patient waiting list reduced by 26%.

The capital development project enabled the commissioning of the Departments of Radiology, Pathology, Physical Medicine, A&E, Medical Records, CSS, Pharmacy, Concourse and Kitchen. The Trauma Theatre opened which now facilitates the joint management of trauma and elective work.

A number of key appointments were made in the development of Cancer services and a Breast Clinic was established.

Current issues include surgical bed capacity, deficits in certain specialities which give rise to referrals outside of the Board's area, diagnostic services capacity, demographic shift and clinically driven costs.

In-patient activity in **Ennis General Hospital** was generally on target. Day case and out-patient activity was below target.

Palliative Care nursing and facilities for nursing mothers were improved. The development control plan was finalised.

Current issues include high occupancy, the need to upgrade accommodation and the need for improved medical and para-medical cover.

In-patient activity in **Nenagh General Hospital** was above target. Surgical day cases and out-patient attendances were below target.

An additional Consultant Physician commenced duty. Improvements in Palliative Care nursing were effected.

Current issues include cost drivers associated with services connected with the Cancer Strategy and Cardiology, professional staff cover and medical equipment.

The **Orthodontic Service** completed treatment for 653 persons, and had a further 2,029 persons on active treatment. 554 persons commenced treatment during the year.

The **STD / GUM Service** was attended by 5,156 persons, an increase of 53% over 1998. There were 1,102 1st time attenders. The increase in attendances is consistent with international trends.

Section 3:

Services for Older People are described. Activity in Acute Care demonstrates the high utilisation of these services by older persons, e.g. bed days for persons 65 years + at the Regional Hospital accounted for 42% of bed days as against 64% in Ennis and 65% in Nenagh General Hospitals.

The admissions for Respite Care to the four Community Hospitals account for 37% of their overall admissions. The age group 75-84 accounts for 51% of their residents.

Day Hospital attendances increased by 9%, and admissions to the other Community Hospitals and Nursing Units increased by 27%. This reflects their provision of short-stay and respite care. There was 45 approved Nursing Homes with 1480 beds. Subventions were granted to 782 people of whom 61% were categorised as maximum dependency.

New Day Centres in Cappamore and Clarecastle opened with Board support. A design team was appointed for the replacement Hospital of the Assumption. A Consultant in Palliative Care was appointed. Service developments in each area progressed e.g. Old Age Psychiatry, Clare, the new Rehabilitation Centre, Limerick and the EMI Unit Plan, Newcastle West.

Extra funding was provided for the Home Help Service. Current issues include, acute admissions of the elderly, public health nursing provision and professional service cover and other supports for the elderly in the community and residential care, waiting times for housing aid and the cost of long stay care in private nursing homes.

Child Health Services focus on health monitoring, treatment referrals and health education. Immunisation activity was on target apart from Polio 2:1 boosters – due to a national vaccine shortage.

School vision testing is now being carried out less frequently, in line with national recommendations. Pre-school service activity is on or above target except for visits to children (1-5 yrs). Mother and Child service activity is on target.

A Breast Feeding Strategy was adopted by the Board and a Project Leader appointed for the Parent-held Child

Health Record. The national guidelines for the surveillance and control of Meningitis/Septicaemia were in implementation. To achieve the uptake of Primary Childhood Immunisation improved structural arrangements were introduced. A review of policy for metabolic screening was undertaken. Current issues include the primary immunisation uptake rate and the implications of the Strategy on Child Health.

Primary Care Services indicate an increase in GMS G.P.s. Preliminary work on the organisation of GP co-operatives commenced, drugs and therapeutic committees were established and a common drug/medicine list and prescription form was introduced with the Drugs Payment Scheme (July 1999).

The Board was represented in discussions which led to the introduction of an updated national information and monitoring system for the DTSS and in the extension of the scheme to the 35-64 years group. A dental screening programme commenced in the Limerick area for three-year-old children and for primary school children in most areas. The new Community Ophthalmic Scheme became operational on 1st July, 1999. The Women's Health Plan was published and related information days and research studies initiated. Current issues include the strengthening of GP practices, improved liaison between primary care and other service systems, the appointment of a Community Pharmacist and increased uptake of GP training for prescribing of methadone.

Environmental Health Services focus on three agencies, the FSAI on food matters, the Board on non-food functions and Local Authorities. Due to the changing nature of inspections under the FSAI contract, activity is under target. An ongoing programme was implemented to increase awareness among proprietors of food premises and to encourage compliance with the HACCP.

Inspections under the Tobacco Regulations continued. Initial discussions were held with Local Authorities to develop joint pilot projects e.g. monitoring of water supplies. Current issues include the need for greater specialisation, investigative and preventative work in connection with food poisoning and compliance with contractual obligations with the FSAI.

Community Welfare Services promote social inclusion through a range of income maintenance schemes and a comprehensive information and referral service. A total of 29,000 (approx.) claims were dealt with during 1999 (48% supplements, 40% basic and 12% exceptional needs).

Specific targets included services for the homeless, information dissemination, money advice service and consistency in decision making. Improved arrangements with Local Authorities on housing issues were initiated. Booklets on entitlements were developed in association with the Limerick Community Information Centre and a cookery book was published by MABS. 10 districts achieved ISO 9002 status – a first for a welfare service in Ireland. Current issues include the implications of the Social Welfare Bill, the availability of accommodation in the private rental sector, the provision of suitable hostel accommodation for homeless persons and the dispersal of asylum seekers.

Ambulance Service activity increased during 1999 mainly due to emergency and urgent calls. Four ambulances were purchased and a mobile control vehicle developed and equipped for use at major incidents. Two-person crewing was completed at the Limerick City Ambulance Station. The development of a Neonatal Transport Service continued. Various initiatives to improve service effectiveness were introduced. Current issues include funding for fleet replacement and the extension of two person crewing, the introduction of a computerised command control system, training and the implementation of the Cardiac Strategy and the 1993 Review Group Report.

Part III

Health Promotion:

During 1999 a wide range of health promotion activities took place. These have included a cook-book for the low income, an exercise plan prescribed by a number of GPs, programmes with secondary schools on underage drinking and drugs and a Smoking Action Group with particular focus on smoking cessation.

Finance:

The gross income of the Board was £238.4m and with expenditure at £239.1m yielded a deficit of £0.7m less £0.1m (B/F from 1998). This deficit of £0.6m is due to be funded by the DOHC in respect of over-runs on demand-led schemes and Y2K costs.

Pay for all services is 55% of all expenditure. This varies between Care Groups i.e. Child/Family 32%, Mental Health 81%, Disability 3% (internal), Acute Service 70%, Elderly Care 81%, Community Services 33% and Central Services 53%.

The major non-pay spends are now associated with grants to Voluntary Agencies, Clinical costs, Community Drugs Schemes and Capitation Payments.

Human Resources: A significant management change occurred with HR devolution to line management. Preparation continued for the introduction of a comprehensive Personnel Information System. Arrangements for an improved occupational health service were initiated. Recruitment activity increased with the creation of additional approved posts for service development. Expenditure on staff training and development amounted to £2.5m i.e. 2.16% of pay budget. The Board's Psychiatric Nurse Training School re-opened.

Freedom of Information provided legal entitlements on access to official records. The tracking and monitoring of FOI activities are undertaken by Eolas, the Customer Services Unit. During 1999, 318 requests were processed. Since the introduction of the Act (21.10.'98) 210 requests have been granted.

Appeals Office: This service relates to the Nursing Home Subvention and Supplementary Welfare Allowance Schemes. It is being extended to include Medical Cards and miscellaneous Community Care entitlements. During 1999, 31% of SWA and 36% of Nursing Home Subvention Appeals were allowed.

The Board launched its website (www.mwhb.ie) during the year. I am glad to note the positive response from users and its recognised value in accessing current information on the Board and its services.

I am very grateful to the Board, our collaborating agencies and to all our staff and service providers for their contribution at each level of endeavour. Co-ownership and accountability are key to the effective delivery of quality services to our community. I look forward to seeing evidence of continuing improvement in health and personal social services in this region.



Stiofán de Búrca
Príomh Oifigeach Feidhmeacháin

May, 2000

Board Membership



Seated from left:

Cllr. M. Hourigan
Cllr. R. Butler
Dr. M. Donovan
Cllr. S. Marsh
Dr. M. Gray,
Cllr. J. Bourke
(Chairman)

Mr. S. de Búrca (CEO)
Deputy J. O'Sullivan
Ms. A. Kenny-Ryan
Cllr. M. Mannion
Cllr. J. Hennessy

Standing from left:

Sen. J. Cregan
Cllr. N. Coonan
Cllr. J. Clifford
Cllr. T. O'Malley
Cllr. K. Sheahan
Cllr. P. Bugler

Mr. L. MacNamara
Dr. R. O'Flaherty
Cllr. J. Egan
Cllr. S. Hillery
Cllr. J. Casey
Cllr. P. Daly



Mr. P. Burke



Dr. T. Casey



Cllr. B. Chambers
(Vice-Chairman)



Dr. D. Clinch



Dr. J. Lemasney



Mr. D. McAvinchey

Board Committees

STANDING COMMITTEE OF BOARD ON CHILDREN, DISABILITY AND MENTAL HEALTH SERVICES

Cllr. T. O'Malley, (Chairperson), Registered Pharmacist,
Cllr. J. Bourke, Member of Limerick City Council and Chairman of MWHB.,
Cllr. B. Chambers, Member of Clare County Council and Vice-Chairman of MWHB.,
Cllr. R. Butler, Member of Limerick County Council,
Cllr. P. Daly, Member of Clare County Council,
Cllr. J. Egan, Member of Tipperary (NR) County Council,
Dr. M. Gray, Registered Medical Practitioner,
Cllr. S. Hillery, Member of Clare County Council,
Mr. L. MacNamara, Registered Psychiatric Nurse,
Cllr. K. Sheahan, Member of Limerick County Council.

STANDING COMMITTEE OF BOARD ON ELDERLY AND PRIMARY/COMMUNITY SERVICES

Cllr. J. Casey, (Chairperson), Member of Tipperary (NR) County Council,
Cllr. J. Bourke, Member of Limerick City Council and Chairman of MWHB.,
Cllr. B. Chambers, Member of Clare County Council and Vice-Chairman of MWHB.,
Sen. J. Cregan, Member of Limerick County Council,
Dr. M. Donovan, Registered Medical Practitioner,
Cllr. J. Hennessy, Member of Tipperary (NR) County Council,
Cllr. M. Hourigan, Member of Limerick City Council,
Cllr. M. Mannion, Ministerial Nominee to Board,
Cllr. S. Marsh, Member of Limerick County Council,
Dr. R. O'Flaherty, Ministerial Nominee to Board.

STANDING COMMITTEE OF BOARD ON EPISODIC-ACUTE CARE SERVICES

Deputy J. O'Sullivan, (Chairperson), Member of Limerick City Council,
Cllr. J. Bourke, Member of Limerick City Council and Chairman of MWHB.,
Cllr. B. Chambers, Member of Clare County Council and Vice-Chairman of MWHB.,
Cllr. P. Bugler, Member of Clare County Council,
Mr. P. Burke, Registered Medical Practitioner,
Dr. T. Casey, Ministerial Nominee to Board,
Cllr. J. Clifford, Ministerial Nominee to Board,

Dr. D. Clinch, Registered General Practitioner,
Cllr. N. Coonan, Member of Tipperary (NR) County Council,

Ms. A. Kenny-Ryan, Registered General Nurse,
Dr. J. Lemasney, Registered Dental Practitioner,
Mr. D. McAviney, Ministerial Nominee to Board.

CHILD CARE ADVISORY COMMITTEE

MEMBERS NOMINATED BY THE BOARD

Cllr. K. Sheahan
Ms. A. Kenny-Ryan
Cllr. T. O'Malley.

MEMBERS NOMINATED BY THE CHIEF EXECUTIVE OFFICER

Dr. M. O'Mahony-Tuohy
Ms. M. Molloy
Mr. G. Gordan.

MEMBERS REPRESENTING SERVICE AREAS

Fr. G. Nash	Adoption and Fostering
Mr. B. Gloster	Residential Care Services
Ms. A. Kearney	Services for Pre-School Children
Ms. P. Mitchell	Educational Services
Sr. J. McAleer	Services for Homeless Children
Dr. N. Adamson	Child and Adolescent Psychiatric Services
Mr. T. Ryan	Support Services for Children and their Families
Ms. A. Rennison	Support Services for Children and their Families
Ms. M. Rodgers	Support Services for Children and their Families

NOMINATED BY THE PROBATION AND WELFARE SERVICE

Mr. S. Moriarty

NOMINATED BY AN GARDÁ SIOCHANA

Insp. J. Murphy

Board Management



Stiofán de Búrca
Príomh Oifigeach
Feidhmeacháin



Ger Crowley
Asst. CEO Child Care &
Family Support Services,
Mental Health, Disabilities



BÓRD SLÁINTE
AN MHEÁN-IARTHAIR



John O'Brien
Asst. CEO
Acute Services



Tommy Hourigan
A/Asst. CEO Older
People, Primary Care,
Community Services



Martin Duffy
Director of
Corporate Strategy



Kevin Kelleher
Director of Public
Health



John Byrne
Personnel Officer



Gerry McNamara
Technical Services
Officer



Mike Truelove
Director of
Finance



Richard McMahon
A/Management
Services Officer



Mary Halpin
Customer Services
& Communications
Manager



John Hennessy
General Manager
Limerick Acute
Services



Seamus McNulty
General Manager
Clare Catchment
Area



Gus Sheehan
General Manager
Tipperary
Catchment Area



Denis McMonicle
General Manager
Limerick Non-
Acute Services



James O'Grady
Director of Services
for Persons with
Disabilities



Ita O'Brien
Director of Child
Care and Family
Support Services

Part I Regional Profiles

Section 1

Demographic Profile

Section 2

Socio-Economic Profile

Section 3

Public Health Profile



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AN MHEÁN-IARTHAIR

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Demographic Profile

1. General Population Trends:

The Mid-Western Health Board Region includes Limerick City and the Counties of Limerick, Clare and Tipperary (North Riding). The Board provides health and personal social services for a population of 317,069 (1996). The population of the Mid-West Region fell steadily from the turn of the century until the early 1970s. Since 1971 there has been an increase in the population of over 17.5%. There was a temporary drop in population indicated in 1991.

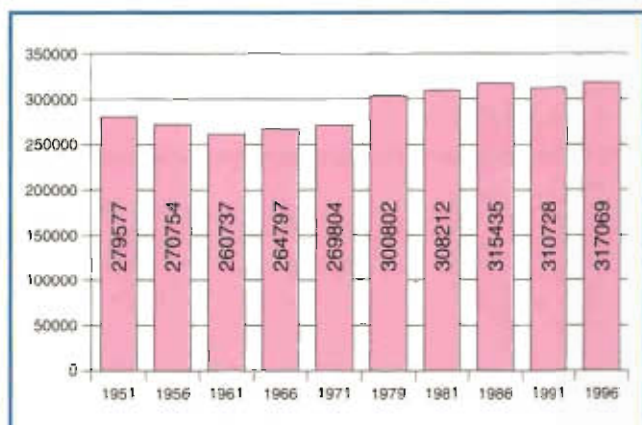


Fig 1: Population Trends 1951-1996.

(Source: Central Statistics Office).

Figure 2 shows the population trends between 1951 and 1996 in Limerick City, Limerick County, County Clare and Tipperary (North Riding).

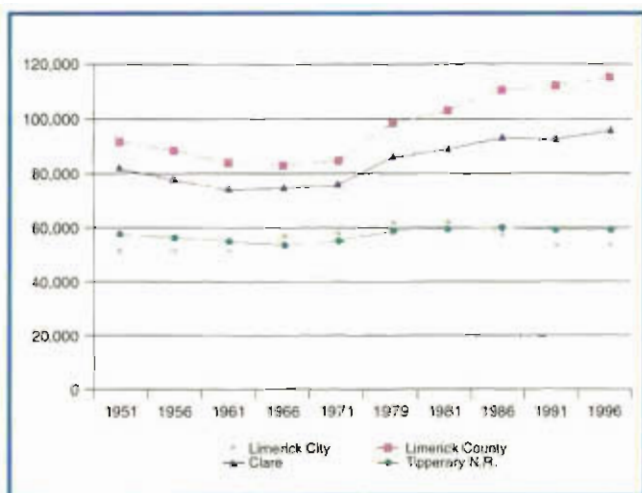


Fig.2: Population Trends in Limerick City, Limerick County, County Clare and Tipperary (North Riding) 1951-1996.

(Source: Central Statistics Office).

Much of the increase in the population of the Mid-West Region has been in Limerick County and to a lesser extent in County Clare. From Figure 2 it can be seen that between 1981 and 1996 Limerick County has grown at the fastest rate with a 12% increase in population in that 15 year period. There has been a 3% growth in population between 1991 and 1996. In Clare there has been a 7% increase in population between 1981 and 1996. The population of Tipperary North Riding has remained virtually static with a 1.5% drop in the last 15 years but Limerick City has shown a 15% fall in population during the same period.

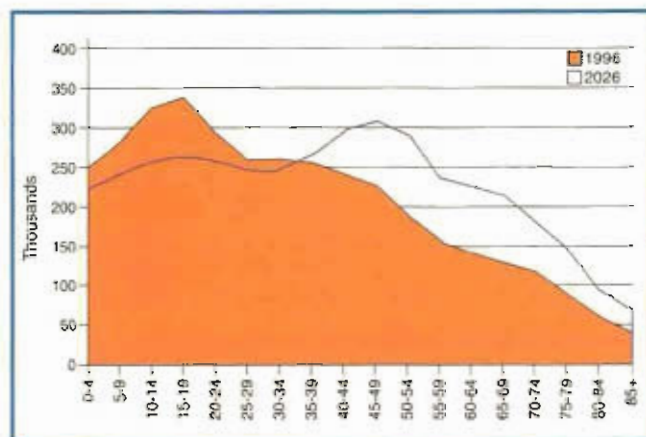


Fig. 3: Actual and Projected National Population 1996-2026.

(Source: Central Statistics Office).

Figure 3 shows the projected rise in the Irish population over the 30 years from 1996 to 2026. It is estimated that the population will rise by about 12% over that period. The most noticeable feature is the increase in the number of older people and the relative fall in the number of children.

2. Population Trends in Older People:

Figure 4 (overleaf) shows the trends in the population aged 65 years and over. In common with other parts of the developed world, the population in this age group continues to increase. In 1996, 11.8% of the population were aged 65 years and over, which is close to the national figure of 11.4%.

3. Summary of Demographic Trends:

The population of the Mid-West region in common with the rest of the country is rising. Current indications suggest that, given our increasing birth rate, the numbers of children aged 0-14 in the immediate future is likely to rise.

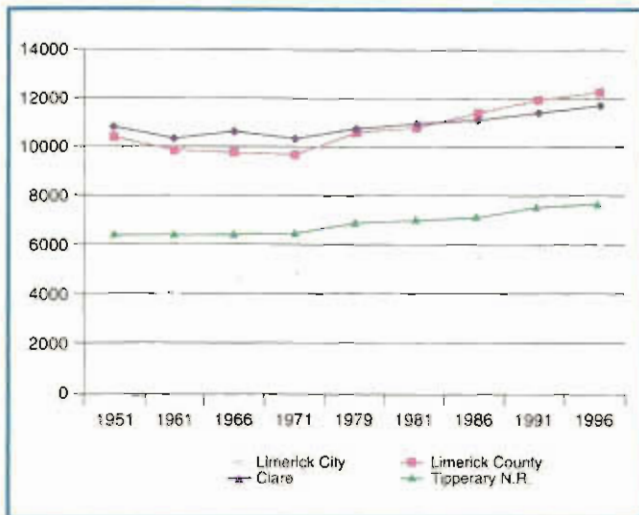


Fig. 4: Growth in the Elderly Population in the Mid-West Region.
(Source: Central Statistics Office).

Our elderly population is continuing to grow with the fastest growth rate taking place in the eighty plus age category. Projections suggest this upward trend will continue. This will have significant implications for the provision of services for older people, particularly the very old.

The exact nature of the rise in the population of the Mid-West Region is difficult to predict because of variable trends in births and migration.

Socio-Economic Profile

1. Introduction:

Health and wealth are closely associated and poverty and ill-health have been shown to be indisputably linked (DHSS, 1980, Townsend, *et al.*, 1985). There is now considerable evidence to show that, in many countries, poor middle-aged men have up to 50% higher chronic disease rates than their better off counterparts (Whitehead, 1992). Research in the UK has shown that the health of certain groups in the poorest sections of society is worse now than thirty years ago (The Nation's Health, 1988).

Figure 5 gives the social class distribution in each county and the Mid-West Region.

Limerick County has the highest percentages for social classes 1, 2, 3, closely followed by Clare. Limerick City has the highest proportions of population in the social classes 5 and 7. Over one-third of the population belong to social classes 5, 6 or 7 and in Limerick City this figure is closer to 45%.

2. Unemployment Rates:

Figure 6 shows the estimated trends in self-declared unemployment rates in the Mid-West Region compared with national trends between September 1997 and November 1999. The unemployment rate is the number

of unemployed expressed as a percentage of the total labour force. In 1996 the national rate was 11.9% while the Mid-West Region's rate was 9%. In November 1999, the rate in the Mid-West Region had fallen to 5.1%, but this rate was the third highest rate of any regional authority area.

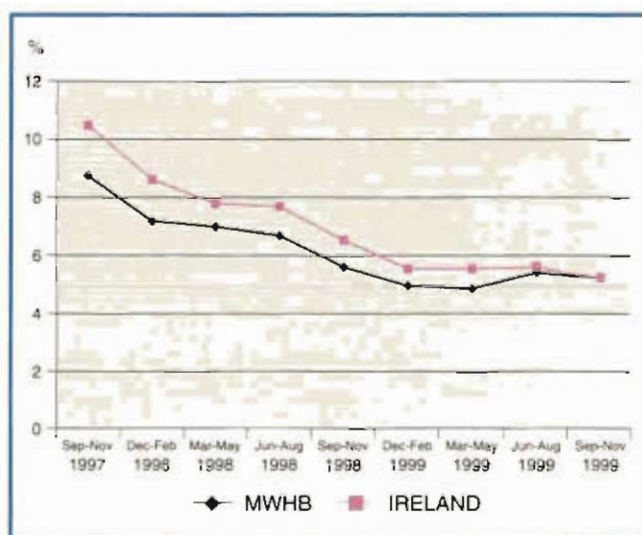


Fig. 6: Trends in Mid-West Regional and National Unemployment Rates.

(Source: Quarterly National Household Survey; Fourth Quarter 1999, CSO)

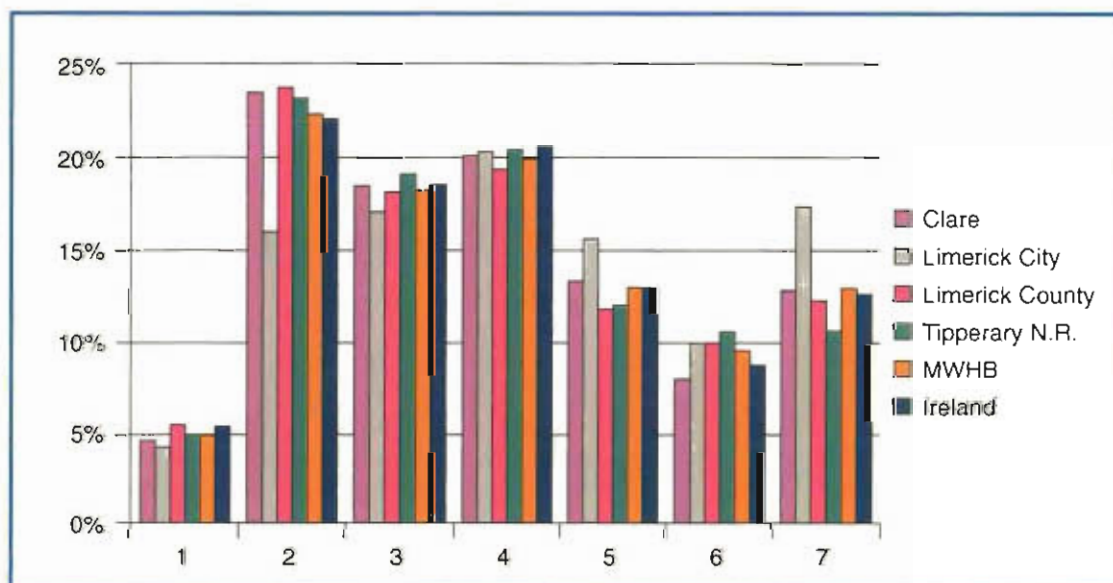


Fig. 5: Percentage of Population in Each Social Class.

(Source: Central Statistics Office).

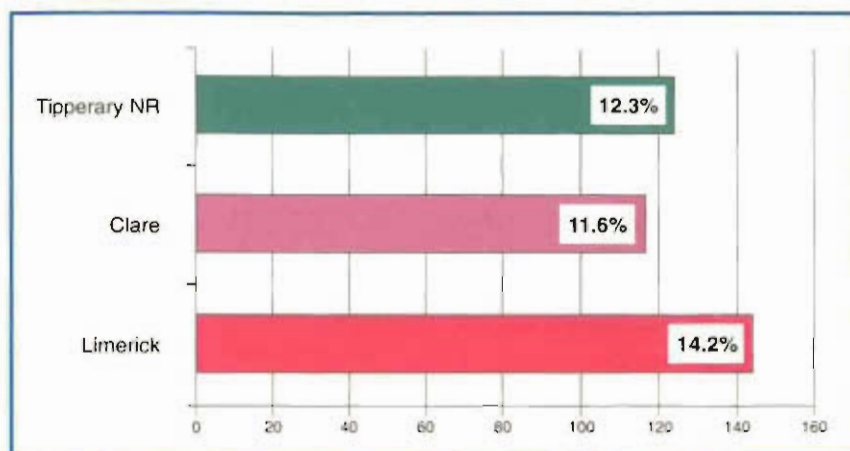


Fig.7: Self-Declared Unemployment Rates, Census 1996.

(Source: Central Statistics Office).

Figure 7 shows the proportion of those unemployed (unemployed plus first time job seekers in each of the county areas in the Mid-West Region). The regional self-declared unemployment rate (Census 1996) was 13.1%. The highest level occurred in Limerick with a rate of 14.2%. North Tipperary had a rate of 12.3% and Clare was lowest at 11.6%.

3. Summary of Socio-Economic Indicators:

Monitoring deprivation is an important part of the work of the Department of Public Health because health and social class are closely related. Unemployment and lower social class are more concentrated in Limerick City than elsewhere in the Region

Public Health Profile

The following indicators give a brief overview of the 'health' of the Mid-West Region.

1. Birth Data:

There were 4695 births in the Mid-West Region representing 9% of total births in Ireland in 1998. The Crude Birth Rate for the Mid-West Region in 1997 was 14.5 live births per thousand population.

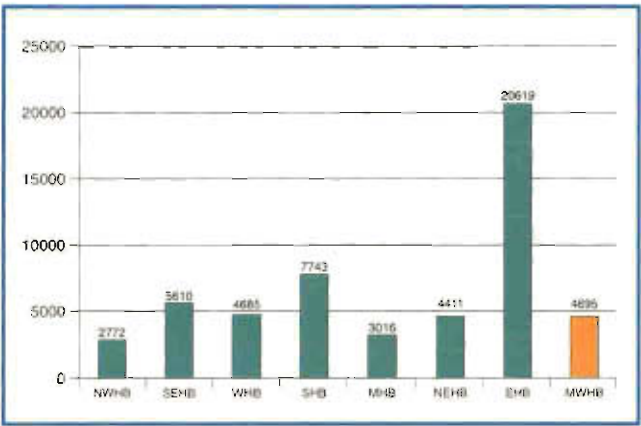


Fig. 8: Total Births in Each Health Board, 1998. (Source: Central Statistics Office).

2. Tuberculosis Data:

Tuberculosis notifications, mirroring the national trends, continue to fall in the Mid-West Region. Improvements in contact tracing and better compliance with therapy

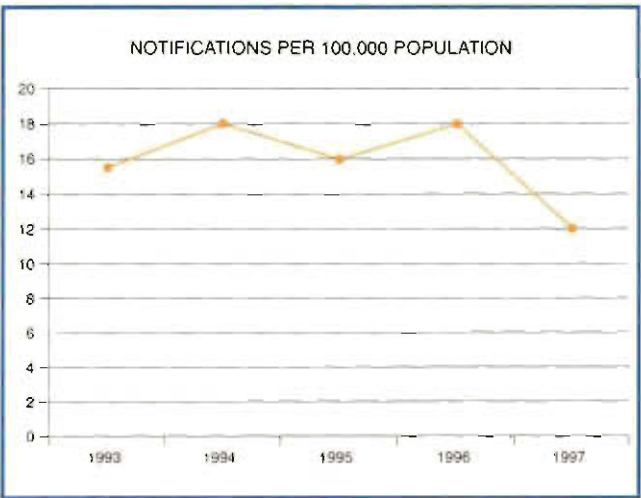


Fig. 9: Trends in Tuberculosis Notifications in the Mid-West Region, 1993-1997. (Source: Department of Health and Children)

combined with improvements in social circumstances for most people are the main explanatory factors for this fall. Figure 9 shows trends in notification rates in the Mid-West Region between 1993 and 1997. The current Mid-West Region level of 12.2 notifications /100,000 population (1997) is only slightly above the national figure of 11.8/100,000 population.

3. Trends in Mortality:

There has been little change in the main causes of death in this country over the past 20 years. The main causes of death in the Mid-West Region in 1997 are shown in Figure 10. Diseases of the circulatory system (including heart disease and strokes) accounted for nearly half of all deaths (41%). Cancers caused 23% of all deaths.

Overall, the main causes of death in men and women were similar. However, injuries and poisonings caused a higher proportion of deaths in males (6%) than in females (2%).

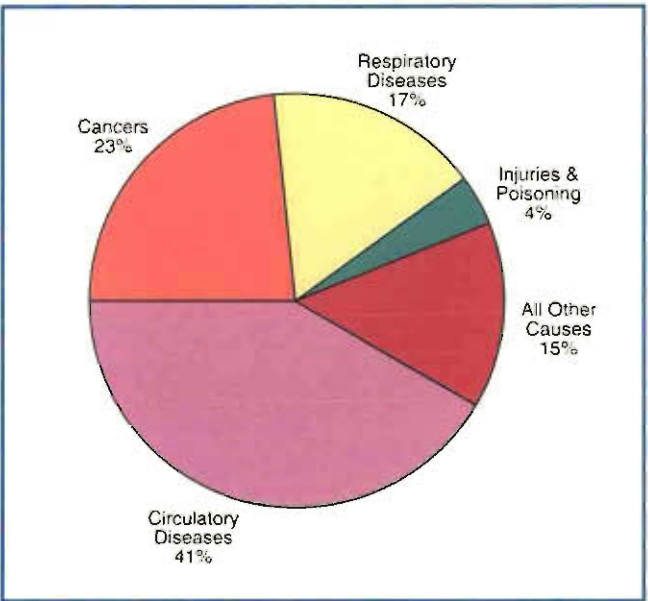


Fig. 10: Main Causes of Death of Mid-West Region Residents of All Ages in 1997. (Source: Public Health Information System, Version 3).

4. Premature Mortality from Circulatory Diseases:

The Standardised Death Rates (SDR) (Fig 11) from circulatory diseases of persons under 65 years has decreased over the years, 1983-1997. The Mid-West

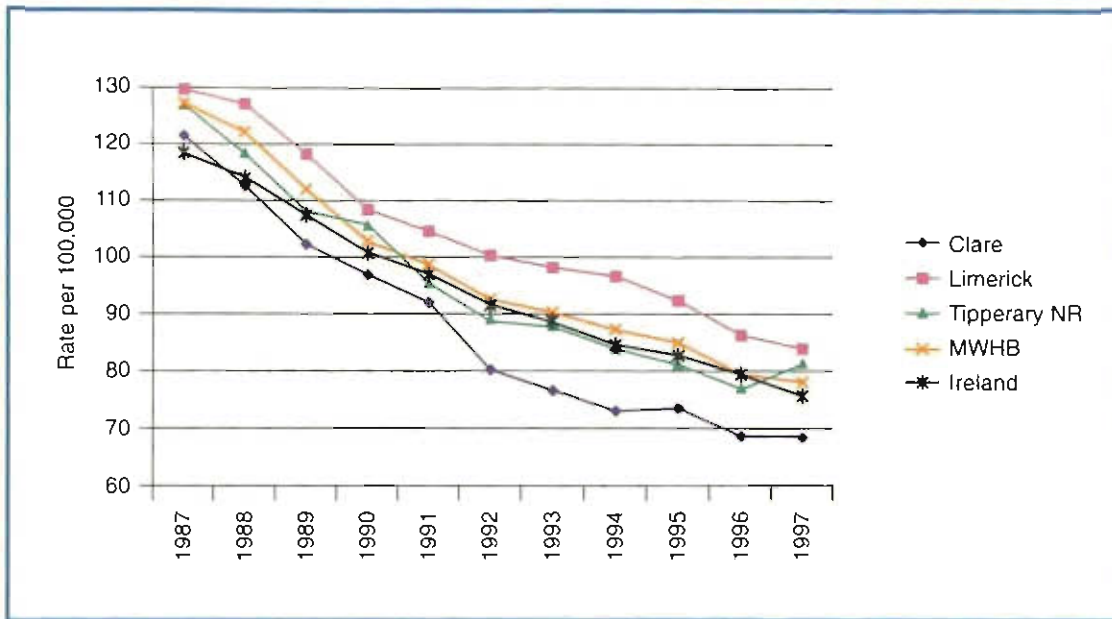


Fig. 11: Age-standardised Death Rates per 100,000
Population for Ages 0-64 years -
5 Year Moving Averages: 1983-1997.
(Source: Public Health Information System, Version 3)

Region had one of the worst figures nationally in the early part of this period but has since dropped to close to the national rate.

5. General

The health of the Mid-West Region has improved over the last 10 years as has that of Ireland as a whole. However, certain problems are very much with us in disease terms: these are heart disease and cancers along with the key risk factor of smoking tobacco. Looking at it another way, Tipperary (NR) and Limerick have health experiences worse than Clare and need a more focused approach.

Part II: Care Groups

Section 1

Child Care & Family Support Services

Mental Health Services

Disability Services

Intellectual Disabilities

Physical/Sensory Disabilities

**Child Care & Family
Support Services/
Mental Health/
Disabilities Care Groups**



BÓRD SLÁINTE
AN MHEÁN-IARTHAIR

*for the health and social well-being
of the community*

Child Care and Family Support Services

Statement of Purpose, Strategy and Objectives

Purpose

The purpose of the service is to provide a quality, integrated balanced child care and family support service to vulnerable families and children in the Mid Western Health Board region.

Strategy

The service aims to ensure that every child grows up in a safe nurturing environment which enables him/her to realise their full potential. The service aims to ensure that personal social services are available to individuals and families experiencing difficulties in their personal lives and relationships. This is done in partnership with families, communities and other voluntary and statutory agencies, with an emphasis on positive discrimination in favour of children who are not receiving adequate care and protection.

Objectives

The primary objectives of the Child Care and Family Support Services are to:

- Support and empower families and communities in caring for children. This is achieved by the provision of **Community Development and Family Welfare Services**, which assist communities to identify and plan responses to their own needs.
- Identify and respond to children receiving inadequate care and protection. This is achieved by the provision of **Child and Family Protection and Treatment Services**.
- Provide a range of alternative care services for children. This is achieved by the **Alternative Care Services**.

Organisational Structure of Services

Child Care and Family Support Services are led in service planning, evaluation and assurance by the Child Care and Family Support Services Director and support staff. The services are managed by three Child Care Managers, one in each community care area. Services are provided locally by social work teams, child psychiatric and psychology services.

The Health Board in partnership with a number of voluntary groups provide a range of community development and family support services, protection and

treatment services and alternative care services. Residential care and youth homeless services are provided in partnership with the Mercy and Good Shepherd Sisters.

Service Plan, 1999

(a) Service Activities:

Table 1.
Number of Children Admitted to Care, 1999.

	Limerick	Clare	Tipperary	Total
Admissions	73	47	58	178

Table 2.
Number of Children in Care on 31/12/99.

Category	Limerick	Clare	Tipperary	Total
Foster Care	175	67	109	351
Pre-adoptive Placement	8	1	1	10
Residential Care	12	5	10	27
At Home Under Supervision Orders	11	1	4	16
Other	0	2	1	3
Total	206	76	125	407

Table 3. Number of Child Abuse Cases Referred to the Mid Western Health Board, 1999.

Area	Limerick	Clare	Tipperary	Total
Number of Cases Referred	348	214	438	1000

Table 4. Child Care Legal Activity, 1999.

Type of Order	Limerick	Clare	Tipperary	Total
Emergency Care Orders	3	3	5	11
Supervision Orders	8	20	6	34
Other Care Orders	44	49	24	118

Table 5. Pre-School Inspections, 1999.

Notifications	48
Total Number of Visits	223

Table 6. Psychology Services, 1999.

Category	Limerick	Clare	Tipperary	Total
Referrals	78	85	407	648
Numbers Seen	672	482	1563	3871
Contacts	703	1296	548	2547

Table 7.
Child and Adolescent Psychiatry Services, 1999.

Category	Total
New Referrals	310
Number of Domiciliary Visits	282
Number of Ward Consultations	620
Number of Appointments	3,010
Number on Waiting List (31/12/99)	81

The total number of children admitted to care decreased from 287 in 1998 to 178 in 1999, however a significant proportion of this is accounted for by changed national definitions of admission to care. The aim of the child care and family support service is to continue a trend of real reductions in admission rates. There was no significant change in the number of children in care; 408 children in 1998 and 407 children in 1999. The number of child protection reports increased by 16% from 1998. There was a substantial increase (46%) in the number of care orders issued, however even more significant was the increased level and complexity of legal activity during 1999.

The pre-schools inspections service had decreased levels of activity during 1999. Difficulties in recruiting and retaining staff were the primary reasons for decreased activity. The inspection teams concentrated their inspections on full time service providers.

(b) Specific Targets and Outcomes:

Community Development and Family Welfare Services

- Target:

The Springboard Pilot Family Support Project in association with Barnardos.
- Outcome:

Projects commenced in both Thurles and Limerick City. A national evaluation process was commissioned.

- Target:

Practice guidelines and protocols regarding violence against women.
- Outcome:

The process commenced and a co-ordinator position was developed.
- Target:

Pregnancy counselling and family planning services.
- Outcome:

A pregnancy prevention co-ordinator was appointed.
- Target:

Services in the area of combating violence against women.
- Outcome:

Existing services were enhanced and a new service in partnership with Roscrea 2000 was launched. Adapt House, with the assistance of sponsorship from the Mid-Western Health Board, held a national conference entitled, "There Is No Excuse For Abuse", to commemorate that service's twenty fifth year in operation. An art exhibition, "Once is Too Much", was held to mark the occasion.

Child and Family Protection and Treatment Services

- Target:

A pilot inter-agency training project on child protection in the Tipperary Community Care Area.
- Outcome:

The project was piloted, and evaluated. A report will be published in 2000.
- Target:

Evaluation of the Psychology Assistant Scheme in the Tipperary Community Care Area.
- Outcome:

The evaluation was completed and a seminar on the outcome was held.
- Target:

The working group's report on the Child Psychiatric Service.
- Outcome:

An interim working document was completed and a submission was made to the Department of Health and Children.
- Target:

A planning brief for an acute in-patient facility.
- Outcome:

A planning brief was submitted to the Department of Health and Children.
- Target:

Expansion of the multi-disciplinary Child and Adolescent Psychiatric service.
- Outcome:

A second child psychiatrist was appointed which facilitated the creation of two multi disciplinary teams. A neuro-developmental clinic was established.
- Target:

Models of good practice in relation to early intervention and prevention services for children.
- Outcome:

Preparatory work was undertaken in 1999 and will commence in 2000.

Alternative Care Services

Target: New service options for adolescents with challenging behaviour.

Outcome: Widespread consultation was undertaken regarding the appropriate models of care. Agreement was reached with the Department of Health and Children to provide twenty high support places and five special care places by end December 2001.

Target: The development of a partnership arrangement between the residential service providers to evaluate issues of concern.

Outcome: A process was established and an evaluation report was completed.

Target: Review of the Board's Regional Adoption Service.

Outcome: The review was completed.

Target: A permanent facility for the adolescent boys' service.

Outcome: Two premises were identified but, on both occasions, difficulty in the procurement process was experienced.

Target: A new model of assessment and support for relative carers.

Outcome: The model was initiated in 1999 and will be completed in 2000.

Target: Review of Foster Care allowances.

Outcome: The foster care allowances were increased.

Target: Review of the Pre-school Inspectorate service.

Outcome: A review of the Pre-school Inspection Service was completed and published. The administrative support to the Inspectorate was enhanced.

Target: Services for children coming before the courts.

Outcome: A submission was prepared for the Department of Health and Children in the context of the Children's Bill.

(c) General Developments:

Community Development and Family Welfare Services

The community work service was expanded and a professional management post was created. An extensive training programme was undertaken and a number of major conferences were held.

Child and Family Protection and Treatment Services

Management structures were strengthened with the appointment of three extra team leaders. Two research projects were completed, "Keeping Children Safe?, Child Abuse and Child Protection in Ireland". (Ferguson H. and O'Reilly M.) and "Children in Care Project (Gilligan R.). Substantial work was commenced in the development of a computerised database in relation to children in care.

Alternative Care Services

Two high support units were planned and developments commenced in partnership with the Sisters of Mercy. Additional funding was provided to enhance Youth Homeless Services. A quality assurance project regarding children in care was completed and was piloted in Clare. A research project on relative care commenced. Clinical and access facilities were improved.

Significant Issues

- The directives of the High Court influenced the targeting of resources towards the provision of appropriate residential care places.
- The increasing complexity of legal activity has resulted in significant service challenges and escalated costs.
- The need for special residential care services has been highlighted.
- The complex and harrowing nature of child protection work has resulted in difficulties in recruiting and retaining staff.

Mental Health Services

Statement of Purpose, Strategy and Objectives

Purpose

The purpose of the mental health service is to sustain and develop an equitable, high quality, community and hospital based mental health service engaged both in the promotion of health and in the prevention and treatment of illness. The service aims to be sensitive and responsive to the needs of those availing of it; the staff entrusted with its delivery, and the community it serves

Strategy

A Statement of Strategy on Mental Health Service, adopted by the Board in 1998, advocated the implementation of a more advanced model of care, entitled, 'A Framework of Support'. The model adopted the 'care continuum' concept, used in the 'Review of the Years Ahead' (1997), in order to avoid gaps in service delivery and to ensure that 'appropriate and relevant care' is delivered at differing points on the 'care continuum', based on the principles of 'person-centredness' and population focus.

The essential elements in the continuum are: Preventative Care, Anticipatory Care, Acute Care, Home/Community/Hospital, and Long Term Care and Support.

Objectives

- The provision of a comprehensive, continuous and sector-based service through multi-disciplinary teams.
- The development and implementation of service policies which prevent inappropriate admissions, and ensure efficient, effective and efficacious treatment, care and rehabilitation regimes.
- The provision and integration of acute in-patient care (Psychiatry) with other acute in-patient services, while ensuring continuity of care management with sector teams.
- The relocation of long-stay patients to their appropriate care group in mainstream services and, in the interim, the management of such patients in the relevant hospital service zones, based on their needs.

Organisational Structure of Services

The implementation of the National Policy document, 'Planning for the Future' (1984) resulted in a shift from hospital-based service to a community-oriented service.

The Mental Health Service in the Mid-West Region is managed by Care Group Executives in each of the three catchment areas, Limerick, Clare and Tipperary (N.R.). The catchment areas are divided geographically into eleven sectors serving populations ranging from approximately 20,000 in some rural areas to approximately 40,000 in Limerick City and provides a range of services and therapies in each sector area. Each sector is managed by a multidisciplinary team and has a day hospital providing acute care in the community.

Eight day centres provide maintenance and support for people with enduring mental illness. Twenty eight community residences provide accommodation and a range of supports for 240 persons.

Acute In-Patient Services are provided in Unit 5B of the Regional General Hospital and the Admission Unit of Our Lady's Hospital, Ennis while services for Tipperary (N.R.) are provided in St. Michael's Unit, Clonmel. Long-Stay in-patient care is provided at St. Joseph's Hospital, Limerick, Our Lady's, Ennis and St. Luke's Hospital, Clonmel (for Tipperary N.R.)

Service Plan, 1999

(a) Service Activities:

Overall, there is evidence of a reduction in the in-patient admissions across the three Catchment areas – Limerick, Clare and Tipperary N.R. The overall rate was 5.32 per thousand in 1999.

Limerick:

The admission rate to in-patient services in the Limerick Catchment area decreased from 5.38 in 1998 to 5.06 per thousand in 1999. There was an increase in those attending at Day Hospital services from 6.88 in 1998 to 7.96 per thousand in 1999 and also in those attending at out-patient clinics from 10.22 in 1998 to 10.82 per thousand in 1999. The Day-Centre attendance rate decreased marginally from .71 per thousand in 1998 to .68 in 1999. The number of community residential facilities (15) and places (144) remained the same at year-end 1999.

Clare:

The Clare admission rate increased marginally from 5.27 in 1998 to 5.38 per thousand in 1999. The Day Hospital attendance rate increased from 7.19 in 1998 to

7.93 per thousand in 1999, with a significant increase in those attending at out-patient clinics from 6.42 to 9.25 per thousand in 1999. The Day Centre attendance rate remained at 1.69 per thousand in 1999.

Accommodation places available in community residential facilities remained at 96 in 13 facilities at year ending 1999.

Tipperary (N.R.):

Tipperary (N.R.) continues to access in-patient services outside its Catchment Area to Clonmel. There was a slight decrease in the admission rate which was 5.9 per thousand in 1999. Day Hospital attendances for the Catchment area increased from 8.58 in 1998 to 9.0 per thousand in 1999. Clinic attendances fell from 13.11 to 12.73 per thousand in the same period. Day Centre attendance remained unchanged at 1.57 per thousand in 1999.

Table 8: Activity Data - Psychiatric Hospitals, 1999.

Area/Hospital	No. of Beds	No. of New Admissions	No. of Re-admissions
St Joseph's Hospital, Limerick	192	1	5
Our Lady's Hospital, Ennis	190	103	403
St. Luke's Hospital, Clonmel	50	50	17
Total	432	154	425

Table 9: Activity Data - Acute Psychiatric Units, 1999.

Area/Hospital	No. of Beds	No. of New Admissions	No. of Re-admissions
Unit 5B, Limerick Regional Hospital	50	179	651

Table 10: Activity Data - Community Accommodation, 1999.

Area	High Support Hostels		Medium Support Hostels		Low Support Hostels		Totals	
	No.	Places	No.	Places	No.	Places	No.	Places
Limerick	4	74	6	40	5	30	15	144
Clare	2	30	5	39	6	27	13	96
Tipp.(NR)	0	0	0	0	0	0	0	0
Total	6	104	11	79	11	57	28	240

Table 11: Activity Data - Day Hospitals, 1999.

Area	No. of Places Available	No. of New Referrals	Total Attendances for the Year	Total No. of Persons Attending
Limerick	125	148	13436	1270
Clare	49	276	13567	746
Tipp.(NR)	25	172	8681	525
Total	199	596	35684	2541

Table 12: Activity Data - Day Centres, 1999.

Area	No. of Places Available	Total No. of Attendances	Total No. of Persons Attending
Limerick	65	12184	112
Clare	70	16071	159
Tipp.(NR)	24	2660	91
Total	159	30915	362

Table 13: Activity Data - Clinics, 1999.

Area	No. of Places Available	Total No. of Attendances	Total No. of Persons Attending
Limerick	562	1786	7506
Clare	388	870	3568
Tipp.(NR)	126	739	3652
Total	1076	3395	14726

(b) Specific Targets and Outcomes:

CAPITAL TARGETS

Acute Services

Target: To complete the design and planning stages of the proposed Acute Psychiatric Units in Ennis and Nenagh.

Outcomes: (a) Planning permission was sought for a 40-bed acute unit at Ennis General Hospital.
(b) Approval was granted to proceed to Stage 3 of the planning and design process for the development of an acute unit at Nenagh General Hospital.

Community Services

Target: To provide enhanced Day Centre facilities for the mental health needs of the region.

Outcomes: (a) Construction work was completed on Kilmallock Day Centre.
(b) Building commenced on St.Gabriel's Day Centre in Limerick City.
(c) The Thurles Day Centre was enhanced.
(d) A premises was purchased to provide a Day Centre in Nenagh.

Long Term Care

Target: To provide appropriate community-based accommodation for the remaining residents of Our Lady's Psychiatric Hospital, Ennis.

Outcome: Consequent on the sale of Our Lady's Hospital, Ennis a plan has been prepared which identifies eight separate community projects to facilitate the process. An implementation programme has commenced and six of the projects will be completed in 2000.

Target: To provide appropriate accommodation for the remaining residents of St. Joseph's Hospital, Limerick.

Outcomes: (a) The Daughters of Charity, in cooperation with the Board, have commenced developing purpose-built accommodation on their property at Lisnagry to facilitate the transfer of 36 persons with an intellectual disability from St. Joseph's Hospital, Limerick.
(b) A premises is being sourced for the provision of a High Support Hostel in Limerick

REVENUE TARGETS

Preventative Care and Anticipatory Care

Target: To appoint a coordinator to implement the Suicide Prevention Plan.

Outcome: A coordinator was appointed to manage and implement the Suicide Prevention Plan.

Target: To recommence psychiatric nurse education and training in the region.

Outcome: In September, 1999 the School of Nursing in St. Joseph's Hospital, Limerick recommenced nurse education and training with the intake of 26 student Nurses.

Target: To appoint personnel to study factors inherent in alcohol abuse.

Outcome: A project interviewer was appointed to collate data for a study into the genetic factors inherent in alcohol abuse in collaboration with the Health Research Board.

Community Services

Target: To enhance services for the treatment of ADHD.

Outcome: A multi-disciplinary group of staff underwent familiarisation with the diagnosis and treatment of ADHD; this training will continue in 2000.

Target: To enhance treatment services in respect of substance abuse in the region.

Outcome: Substance abuse services were enhanced by the provision of funding towards treatment centres within and outside the Board's area.

Community/Acute Care

Target: To provide a Crisis Intervention Team.

Outcome: An Out-of-Hours Crisis Intervention Service was developed on a pilot basis in the acute services in Limerick and Clare. The pilot project will be evaluated in mid-2000.

Acute/Long Term Care (Old Age Psychiatry)

Target: To commence a dedicated Old Age Psychiatry Service in Co. Clare

Outcome: Approval to appoint a Consultant in Old Age Psychiatry was received from Comhairle na nOspidéal. A Consultant was appointed on a temporary basis in Autumn 1999.

(c) General Developments:

- Research on the needs of people with schizophrenia continued and will be completed in 2000.
- Patients can now be seen at a clinic appropriate to their needs due to re-classification of clinics by diagnosis.

- In line with the recommendations contained in the Report of the National Task Force on Suicide, a Directory of Services was produced.

- A comprehensive review of service provision in Unit 5B has commenced.

- A pilot survey on treatment for depression was undertaken in Limerick Mental Health Services and an extension of this study is planned.

- User satisfaction surveys and focus groups were undertaken in Limerick Mental Health Services to evaluate acute in-patient services.

- A new patient chart was introduced in order to improve continuity in care and clinical audit.

- The longitudinal research study on parasuicide has continued in conjunction with the National Suicide Research Foundation.

Significant Issues

- Develop more appropriate community based services for persons who are currently in long-stay institutional care.

- Extend the provision of social work services to each sector.

- Develop specialist services in forensic psychiatry in conjunction with the Department of Justice (Prison Services).

- Increase local provision in the Thurles and Nenagh areas, particularly High Support Community Residences.

- Develop day hospital services and facilities to minimise the number of admissions to the acute services.

- Provide dedicated acute inpatient facilities for children and adolescents.

- Prepare a comprehensive service development plan to be completed in 2000.

Intellectual Disabilities

Statement of Purpose, Strategy and Objectives

Purpose

The purpose of the disability service is to enable Persons with Intellectual Disabilities to develop their potential within their natural environment through the provision of a range of appropriate services, including assessment, education, vocational training, day, residential and therapy services.

Strategy

A Statement of Strategy for Services to Persons with Intellectual Disabilities is being finalised in consultation with all relevant stakeholders and informed by internal review data and external general reviews. It will be submitted to the Board in 2000.

Objectives

The objectives of the service are

- To enable Persons with Intellectual Disabilities to achieve personal outcomes as desired by them individually
- To promote and support organisations and individuals in the provision of high quality services that is informed by best practice and are provided in integrated natural settings.

Organisational Structure of Services

The Disabilities Directorate provides planning, standard setting, research and evaluation. Operational management is provided by Area Managers and Care Group Executives.

Consistent with the Board's statutory obligations, it has developed both inter- and intra-agency collaborative models of service provision. It has contracted a number of non-governmental agencies to provide an appropriate range of supports to Persons with Intellectual Disabilities within defined geographic areas.

Service Plan, 1999

(a) Service Activities:

There was a significant reduction in the number of persons registered on the Database from 2807 in 1998 to

2601 in 1999. This arose from further validations carried out during the year. A number of persons within the mild range were removed from the Database, as they currently are not in receipt of services, nor were they identified as requiring services within the next five years.

The actual number of Residential places provided in 1999 was 627 – 34 places more than projected; the actual number of Respite places provided during the year was 16.5 – 1 more than projected and the actual number of Day Care places provided was 846 – 24 places more than projected. The increase in both residential, respite and day places was facilitated through the provision of development funding in the 1999 budget allocation. These places were filled by those identified (on the Database) as in need of services together with a number of emergency cases.

(b) Specific Targets and Outcomes:

CAPITAL TARGETS

Services

Target: To develop new facilities to transfer persons with intellectual disabilities from inappropriate placements.

- Outcomes:**
- (a) Building of a residential facility commenced in Lisnagry by the Daughters of Charity to facilitate the transfer of 36 persons with an intellectual disability currently in inappropriate accommodation in St. Joseph's Hospital, Limerick.
 - (b) Projects are being advanced to relocate patients with an intellectual disability currently in Our Lady's Hospital, Ennis.

Target: To prepare a service response for young persons with intellectual disabilities who present with major challenging behaviour.

- Outcomes:**
- (a) Approval has been received from the Department of Health and Children to develop a regional rehabilitation facility for this client group.
 - (b) An Architect has been appointed and initial design and planning has been completed.

Target: To develop services for persons on the Autistic Spectrum in the Region.

Outcome: A property has been acquired in the

Limerick area, in partnership with RehabCare, for the provision of a dedicated residential respite facility for persons on the Autistic Spectrum.

Target: To support developments regarding the expansion of the existing residential, day and respite places in the region in conjunction with the Mental Handicap Development Committee.

Outcome: Thirty-five additional residential and day places were provided in the region during 1999.

REVENUE TARGETS

Organisation

Target: To develop a management structure at catchment area level for the delivery of intellectual disability services throughout the Board's area.

Outcomes: (a) The post of Area Manager for Disabilities was created in each catchment area and three Managers were appointed on a temporary basis. These posts will be permanently filled in 2000.

(b) Area Disability Executives were established.

Information

Target: To prepare a Statement of Strategy for Services to Persons with Intellectual Disabilities.

Outcome: Significant progress was made on the consultative process which will lead to the publication of the Statement of Strategy in 2000.

Structure

Target: To continue implementation of 'Enhancing the Partnership' in the region.

Outcome: Further progress was made with service providers in developing a service agreement as recommended in 'Enhancing the Partnership'.

Services

Target: To advance the HANEN training programme for parents of children with Intellectual Disabilities.

Outcome: This programme was extended during the year.

Target: To finalise a review of the Early Intervention Services.

Outcome: The Early Intervention Service review process incorporated the piloting of an alternative model of early intervention service.

(C) General Developments:

- The review of the Intellectual Disability Database achieved 100% accuracy.
- "Centre of Excellence" status was awarded to the Vocational Training Service at Dooradoyle and Gortboy, Newcastlewest.
- The Board, in conjunction with the Service Providers, published a Directory of Disability Services.
- New structures for the management of emergency cases and the development of a single waiting list per provider catchment area were agreed with the residential service providers.
- A review and evaluation of services to Persons on the Autistic Spectrum is underway, in conjunction with stakeholders.

Significant Issues

- The need to develop an integrated inter-agency Early Assessment and Intervention Service for all children with delayed development has been identified.
- Gaps in service provision identified by advocacy groups require the development of alternative models of provision.
- Specialist service responses are required for sub-sets of Persons with specific functional disabilities, such as ADHD and Asperger's Syndrome.
- The impending dissolution of the National Rehabilitation Board will have significant implications for the Board's Vocational Training Services.
- The completion of service agreements with the direct funded service providers.
- Persons with a mild intellectual disability who require specialised health related support services which currently cannot be accessed through the generic services.
- The model and context of service provision will have to take account of the changing needs of Persons with Intellectual Disabilities.

Physical / Sensory Disabilities

Statement of Purpose, Strategy and Objectives

Purpose

The purpose of these services is to empower persons with physical and sensory disabilities by promoting the development of the full personal, social and vocational potential of each person so that they can achieve maximum health and social gain.

Strategy

The Statement of Strategy for this care group is being finalised in consultation with all relevant stakeholders and in conjunction with the Regional Co-ordinating Committee on Physical and Sensory Disabilities.

Objectives

- To enable Persons with Physical and Sensory Disabilities to maximise their potential;
- To provide and resource support systems and services to facilitate independent living;
- To integrate, where possible, all service for Persons with Disabilities into mainstream services;
- To develop services at locations and with facilities, which allow Persons with Disabilities to access locally based services.

Organisational Structure of Services

Services are supported by the Disabilities Directorate through the provision of planning, standard setting, research and evaluation. Services are organised on a catchment area basis under the operational management of an Area Manager. Services are provided directly by the Board and contractually by a number of non-governmental agencies.

Service Plan, 1999

(a) Service Activities:

Occupational Therapy Services:

This service provided support to 1,176 Persons during the year. Due to unfilled posts, this service did not achieve the desired impact.

Physiotherapy Services:

This service provided support to 2,491 Persons during the year, which would have been significantly higher but for the number of unfilled posts.

Speech & Language Therapy Services:

This service had 11,755 attendances during the year i.e. an increase of 30% on the previous year. This increase was due to significant developments in this service.

(b) Specific Targets and Outcomes:

CAPITAL TARGETS

Services

Target: To make health centres more accessible to persons with disabilities.

Outcome: Extensive work was carried out in making health centres accessible to persons with disabilities.

REVENUE TARGETS

Organisation

Target: To develop a management structure at catchment area level for the delivery of physical and sensory disability services throughout the Board's area.

Outcomes: (a) The post of Area Manager for Disabilities was created in each catchment area and three managers were appointed.
(b) Area Disability Executives were established.

Information

Target: To prepare a Statement of Strategy for Services to Persons with Physical and Sensory Disabilities.

Outcome: Considerable progress has been made on the preparation of the Statement of Strategy, which will be published in 2000.

Target: To develop a regional database of persons with physical and sensory disabilities in conjunction with their representatives in the voluntary sector.

Outcome: The Board continued to play an active role in the development of regional and national databases.

Target: To prepare a comprehensive Directory of Services for persons with physical and sensory disabilities.

Outcome: In collaboration with the voluntary organisations, a comprehensive Directory of Services for Persons with Disabilities in the Mid-West Region was published.

Target: *To finalise a needs assessment of the visually impaired population in the region.*

Outcome: The National Council for the Blind of Ireland completed a comprehensive needs assessment of this population group.

Services

Target: *To develop and enhance therapeutic and related services in the region.*

Outcomes: (a) A review of the therapy services in the region was completed.
(b) Progress was made in the provision of increased Speech and Language Therapy and Physiotherapy Services in the region.
(c) A Paediatric Physiotherapy Service for Cystic Fibrosis was developed on a shared hospital/community basis.
(d) A Peer Counselling service was established by the Irish Wheelchair Association.

Target: *To further develop services in accordance with the recommendations of 'Towards an Independent Future'.*

Outcomes: (a) Extra residential respite facilities were developed.
(b) A new model of respite was piloted with the Irish Wheelchair Association, which involves the making of cash allowances for personal respite provision.

Target: *To validate waiting lists for aids and appliances, and to formulate priority protocols and criteria for responding to assessed needs.*

Outcomes: (a) Significant progress was made by the Board and service providers in developing single catchment area waiting lists for aids and appliances.
(b) All Health Board waiting lists for aids and appliances were cleared by December 1999.

Target: *To establish a distribution, retrieval and repair service to ensure the economic and effective usage of aids and appliance resources.*

Outcome: Substantial progress was made in developing a framework for the effective management of aids and appliances within the region.

Target: *To establish the impact of the Personal Assistance Service in the region.*

Outcomes: (a) A research project to evaluate the Personal Assistance Service in the region was completed.
(b) There was a significant expansion of the Personal Assistance Service throughout the region.

Target: *To develop disability awareness programmes for front-line staff.*

Outcome: The Board, in conjunction with the voluntary sector, continued to provide training and awareness programmes throughout the region.

(c) General Developments:

- The Speech and Language Therapy services have developed a Psycho-Linguistic Programme as a clinical tool which will inform future clinical practice.
- The development of a tracking system for aids and appliances is receiving ongoing attention.
- An assessment of need research project relating to residential and respite care for adults has been initiated.
- Two agencies agreed to share Therapy Services.
- Detailed research has been carried out on the quality of services for children at pre-school and school levels by the Speech and Language Therapy services.
- Client satisfaction and effectiveness of the Personal Assistance Service are currently the subject of a commissioned research project.

Significant Issues

- Responsibility for the provision of Audiology services will transfer to the Board following the dissolution of the National Rehabilitation Board.
- The development of an integrated Child Assessment and Intervention Service is an urgent requirement.
- The Board's ability to recruit and retain therapy staff is a serious concern.
- The Action Plan for Services to the Young Chronic Sick needs to be implemented on a phased basis.
- Planning of services is adversely affected by the absence of a National Database.

Part II: Care Groups

Section 2

Regional Hospitals Limerick

Ennis General Hospital

Nenagh General Hospital

Acute Illness Care Group



BÓRD SLÁINTE
AN MHEÁN-IARTHAIR

*for the health and social well-being
of the community*

Acute Illness Care Group

Statement of Purpose, Strategy and Objectives

Purpose

The Acute Illness Care Group exists to diagnose, treat and care for people who are acutely ill or injured and to provide maternity services.

Strategy

A Strategic Plan for Acute Hospital Services is in preparation and will indicate necessary responses to current population health issues, e.g. epidemiology, disease and illness patterns, demographic changes, the range and level of services, technological developments, and customer expectations.

Objectives

- To provide appropriate, timely and effective service for the diagnosis and treatment of acute illness and injury, and to provide maternity services;
- To participate fully in an integrated system of health care which has the aim of ensuring that each person, and the community as a whole, obtains the highest quality of service within the resources available to the service;
- To use the resources available in a way which achieves equity, quality, accountability and value for money;
- To measure results as an indicator of progress in achieving these goals.

Organisational Structure of Services

Hospital Executive Committees with multi-disciplinary input are in place in all acute hospitals. Arrangements at the Regional Hospitals are currently under review due to complexity and size. Proposals for a more devolved system of management are under consideration. The purpose is to provide operational management locally. Key tasks include the implementation of the service and operational plans, service integration, consultation and communications, and performance review,

Hospital Advisory Groups with multi-disciplinary participation provide input on a general consultative basis on operational policy and practice.

Organisational functions, e.g. Finance, H.R., Management Services and Technical Services' have been devolved to support General Managers locally.

Regional Hospitals Limerick

Service Profile

The Regional Hospitals (the Regional General Hospital, Regional Maternity Hospital and Regional Orthopaedic Hospital, Croom) provide acute in-patient services, including Medical, Surgical, I.C.U., C.C.U., Psychiatry and Day Surgery, and Regional in-patient services for a range of specialties, e.g. Paediatrics, E.N.T., Maternity, Cardiology, and Orthopaedics. Support Services include Radiology, Laboratory, Physiotherapy, Dietetics and Pharmacy.

A range of Out-Patient Services are provided in the above specialties in addition to Out-patient Clinics in Neurology, Dermatology, Oncology, Rheumatology, STD/GUM and Orthodontics.

The total bed complement at the 31st December, 1999 is as follows:

Table 14:
Bed Complement Regional Hospitals Limerick,
31 December 1999.

Speciality	Regional Hospital	Regional Maternity	Regional Orthopaedic	Total
General Surgery	60			60
IntensiveCare Unit	6			6
Orthopaedic	12		89	101
GeneralMedicine (inc.GeriatricMedicine)	122			122
Coronary Care Unit	7			7
Paediatrics	55			55
Gynaecology	19			19
E.N.T.	16			16
Ophthalmology	12			12
Psychiatry	51			51
Obstetrics		80		80
Neo-Natal		19		19
Total In-Patient Beds	360	99	89	548
Total Day Beds	35	4	10	49

Access to services is by referral from General Practitioners, Out-Patient Clinics, Consultants' private rooms, Accident and Emergency Departments, Self Referral and as Accident cases via the Ambulance Service.

Service Plan, 1999

(a) Service Activities:

In-patient elective activity is 3% above the service target. In-patient emergency activity is 7% below target due mainly to less than anticipated emergency activity in medicine, paediatrics, obstetrics, gynaecology and general surgery.

Day case activity was considerably above service target (13%). The most significant increase has been in the various specialties of surgery, particularly gynaecology, orthopaedics, general surgery and E.N.T. There has been an increasing shift to day surgery in the hospital in recent years. The day case numbers are 40% of the total Regional Hospitals' in-patient numbers.

The number of births at the Regional Maternity Hospital increased by 1.2% approximately over projected levels.

Table 15: In-Patient Activity by Specialty, Regional Hospitals Limerick, 1999.

Speciality	In-Patient		Day Cases	
	Targets	Actual	Targets	Actual
Medicine (all)	8,000	7,620	3,070	3,143
Surgery (all)	10,500	10,752	7,030	8,224
Paediatrics	4,500	3,675	50	46
Obstetrics	6,000	5,821	-	-
Grand Total	29,000	27,868	10,150	11,413

New Out-patient attendances were 7% ahead of target. Review attendances were 8% ahead of target.

Table 16: Out-Patient Activity Summary, Regional Hospitals Limerick, 1999.

	1999 Target		1999 Actual	
	New	Return	New	Return
Grand Total	16,800	62,000	17,987	66,670

New A & E attendances are 7% below service targets. Those were set at 7% above the actual activity in the previous year. The review attendances are down 32% in line with trends in recent years.

Table 17: Summary of Accident and Emergency Targets and Attendances, Regional Hospitals Limerick.

Activity	1999 Targets	1999 Attendances
New Attendances	55,000	51,304
Return Attendances	6,000	4,103
Total	61,000	55,407

Table 18: Outpatient Waiting List, Regional Hospitals Limerick, 31 December 1999.

	3-12 MONTHS	>12 MONTHS
Total Outpatients	1,880	2,566

Table 19: Increases / Reductions In Waiting List Since 31/12/98.

Numbers on Waiting List at 31/12/98	2,168
Number Added During 1999	3,135
Baseline Activity	2,166
Waiting List Initiative Activity	1,164
Validation	365
Numbers on Waiting List at 31/12/99	1,608

The Orthodontic Service commenced treatment for 554 persons during the year. It had 2,039 persons on active treatment and 1,798 persons being monitored. It completed 653 cases. At year-end, the waiting list for treatment was 1,341 and for assessment was 3,388. The service being provided in Tipperary (NR) was improved, and attention is being given to improving the service in Limerick and Clare.

The STD /GUM Service was attended by 5,156 persons (1,102 being 1st time referrals), an increase of 53% over 1998. This increase is consistent with international trends.

(b) Specific Targets and Outcomes:

The targets for the Regional Hospitals in the 1999 Service Plan and their Outcomes were as follows:-

CAPITAL TARGETS

Target: To complete Phase 11 of the Regional Hospital Development.

Outcome: The following Departments / areas were commissioned during 1999 - Departments of Radiology, Pathology, Physical Medicine, Accident and Emergency, Medical Records, C.S.S., Pharmacy, Concourse, and Kitchen.

REVENUE TARGETS

Orthopaedic Service

- Target:** To open the new Orthopaedic Trauma Theatre at Dooradoyle and co-ordinate trauma and elective work as a single unit.
- Outcome:** The Trauma Theatre at Dooradoyle opened and both trauma and elective work are now managed jointly.

Haematology Services

- Target:** To establish a Haemovigilance programme in 1999 and to develop and strengthen existing quality controls in the storage, handling, issue, and the use of blood and blood products.
- Outcomes:**
- (a) A Transfusion Committee, representative of the Regional and St. John's Hospitals, was established.
 - (b) Protocols are in place for the dispensing of Factors 8 and 9 by the Blood Bank.
 - (c) A Haemovigilance Sister and Technical Officer were appointed in 1999. A Nurse-led Haematology Review Clinic was established for patients with malignancies. A computerised programme in Haematology commenced and an Ambulatory Care service for day patients was established in the Haematology / Oncology Day Ward.
 - (d) Transfusion Committees are planned for Ennis and Nenagh General Hospitals and will be supported by the Consultant Haematologist who has a region-wide remit for this service.

Radiology Services

- Target:** To commission the new Radiology Department and introduce a digitised filmless radiology system (PACS).
- Outcome:** The new Radiology Department, including the PACS system, was commissioned in the first week of January, 1999.

Cardiology Services

- Target:** To introduce a pacemaker service for patients in the Mid West Region.
- Outcome:** Additional funding of £200,000 was provided to meet the full-year costs of developments in Cardiology, including the pacemaker service which commenced in late 1998. Formerly, patients availing of the pacemaker service would have to attend centres outside the region.

Cancer Strategy

- Target:** To further develop Cancer services for the Mid-West Region in line with the National Cancer Strategy.
- Outcomes:**
- (a) Additional funding of £803,000 was received for Cancer services to meet the full year costs of developments which commenced in 1998, and a number of key appointments of medical (including a Consultant Oncologist), nursing and para-medical staff were made.
 - (b) A number of developments have taken place in the Haematology Services including the recruitment of senior nurses in stem cell transplantation and histology.
 - (c) A Breast Clinic was established and a smoking cessation service was introduced.

Pathology Services

- Target:** To appoint a Laboratory technician to undertake ante-natal HIV screening.
- Outcome:** A Laboratory Technician to facilitate ante-natal HIV testing was appointed.

Oral Surgery

- Target:** To relocate the Department of Oral Surgery to the Regional Hospital Site and provide theatre facilities for the Consultant Oral Surgeon.
- Outcome:** The Department of Oral Surgery was established in the former Outpatients Department at the Regional General Hospital.

Waiting List Initiative

- Target:** To carry out 1100 additional procedures.
- Outcomes:**
- (a) The activity under the Waiting List Initiative, outlined in Table 19, indicates that 1164 procedures were carried out
 - (b) A Joint Replacement Nurse Specialist was appointed during 1999 and has assessed the Patients on the Waiting List for replacement surgery and has evaluated the patient outcomes. Based on this assessment, patients are prioritised on the Waiting List and called for surgery. The assessment is carried out on a six monthly basis so that patients are constantly being reviewed.
 - (c) The number on the public in-patient waiting list at 31/12/99 at 1608 represents a 26% reduction (560) on the number at 31/12/98.

The out-patient waiting list is outlined in Table 18.

Demography/Birth Rate

Target: To address the recommendation of the Report on Maternity and Early Child Health (1998) for extra medical staff.

Outcome: A number of additional medical personnel were recruited to the Regional Maternity Hospital to enhance services particularly in Neo-Natology and Anaesthetics.

(c) General Developments:

Patient Services

- A Bed Manager was appointed to the Regional General Hospital, and has developed Admission and Discharge Protocols and Systems to report on bed management and usage. It is intended that the Bed Manager will take a lead role in the ongoing management of the Waiting List Initiative.
- Ward Clerks were appointed on a pilot basis to enable nursing staff to focus more on direct patient care.
- An Orthopaedic Nurse Specialist was appointed to validate the waiting list and develop a standardised scoring system for placement on it and a protocol for the measurement of post-op. outcomes.

Resource Management

- A Clinical Cost Manager was appointed to monitor clinical supplies and develop protocols for usage and standardisation.
- A Drugs and Therapeutic Committee was established to advise on drug usage and to develop protocols for the introduction of new drugs.
- A review of Pharmacy and Laboratory manpower services was completed in 1999, and its recommendations are under consideration.

Quality

- A House Keeping Standards Committee was established to review practices and implement revised standards.
- The process to achieve ISO Standard for the Kitchen at the Regional General Hospital commenced.
- Clinical Pathways for ENT and Ophthalmology treatment were developed.
- Clinical Nurse policies and procedures were developed.

Significant Issues

Patient Services

- There is an urgent need to restore the complement of surgical beds at the Regional General Hospital and to provide additional beds for orthopaedic trauma. Proposals have been submitted to the Department of Health in this regard.

Waiting Lists

- Despite significant progress under the Waiting List Initiative, the numbers on the inpatient and outpatient waiting lists and waiting times remain high. Improved resourcing is necessary to achieve the target of ensuring that all elective patients are treated within 12 months (6 months for children).

Service Deficits

- There are visiting Consultant Out-patient clinics in Neurology, Radiotherapy, Rheumatology, and Dermatology, but the absence of in-patient beds for those specialties results in patients being referred outside the Region for in-patient treatment.

Development Control Plan

- The development control plan for the Regional General Hospital, Dooradoyle remains an urgent priority issue for advancement.

Women's Health

- The Report on Women's Health "A Plan for Women's Health 1999" has a number of recommendations which have implications for the Acute Hospital sector including the facilities to cope with the increasing birth rate, a Consultant led miscarriage service, facilities for breast feeding in hospitals, accommodation and appropriately trained staff for assault and abuse victims and the development of a rheumatology service for those with Hepatitis C.

Diagnostic Services

- The Regional Hospitals experienced a continuing growth in the level of demand for diagnostic services particularly in Radiology and Pathology which have implications for both non-pay costs and the pay costs of on-call services.

Demographic Factors

- The number of babies delivered in the Regional Maternity Hospital continues to increase as does the proportion of Older People treated in the Regional General Hospital.

- Increases are indicated in the number of Births in the Regional Maternity Hospital and also in the number of Older People admitted to the Regional General Hospital.

Table 20: No. of Births Regional Maternity Hospital and No. of Inpatients > 75 Regional General Hospital, 1995 – 1999.

Year	No of Births	No of Inpatients > 75
1995	3,301	3,164
1996	3,809	3,244
1997	3,794	3,461
1998	3,933	3,421
1999	4,048	3,649

Clinically Driven Costs

- There is continuous underlying pressure on medical expenditure due to increased demand for diagnostic procedures, medical inflation and changes in medical practice and procedures.

Ennis General Hospital

Service Profile

Ennis General Hospital is an 88-bed hospital with 6 day beds. It provides acute services to patients within the Clare Catchment Area. In-Patient Services include Medical, Surgical, Geriatric Assessment, Accident and Emergency, ICU / CCU, and Day Surgery. The support activities on campus include X-Ray, Laboratory, Physiotherapy and Pharmacy. Out-Patient Services include Medicine, Surgery, Orthopaedics, Ante-Natal and Gynaecology, ENT, Urology, and Paediatrics.

The total bed complement for provision of services is:-

Medical	42
I.C.U.	6
Geriatric Assessment	10
Surgical	30
Total In-patient Beds	88
Total Day Beds	6
Overall Total	94

Access to services is by referral from General Practitioners, Out-Patient Clinics, Consultants' private rooms, Accident and Emergency Departments, Self Referral and as Accident cases via the Ambulance Service.

Service Plan, 1999

(a) Service Activities:

In-patient activity levels were broadly in line with targets. However, out-patient and day case activity were below target mainly due to a reorganisation of Orthopaedic clinics and cancellations due to an industrial dispute.

(b) Specific Targets and Outcomes:

CAPITAL TARGETS

Target: To finalise a Development Control Plan for Ennis General Hospital.

Outcome: The Hospital Development Control Plan was finalised for submission to the Department of Health.

Target: To carry out ward improvements and equipment replacement.

Outcomes: (a) The Male Medical and Elderly Care Wards and the H.S.D.U. Department were redecorated.
(b) Medical Equipment was purchased through a Special Capital Allocation from the Department of Health of £25,000.

Table 21: Patient Activity - Ennis General Hospital, 1999

Service	Speciality	Target Activity for 1999		Actual Activity 1999	
In-patient	Medical	2195		2177	
	Surgical	1755		1738	
	Geriatric Med	635		642	
	Total	4585		4557	
Day Cases	Total	2064		1674	
Out Patients		New	Review	New	Review
	Total	4000	8500	3253	7972
Accident & Emergency	New	16000		15600	
	Reviews	3700		3414	
	Total	19700		19014	

REVENUE TARGETS

- Target:** *To implement the Cancer Strategy*
Outcome: A Palliative Care Nurse was appointed early in 1999 and has established a more focused service for cancer patients and their relatives.
- Target:** *To implement the Women's Health Programme.*
Outcome: Facilities for Nursing Mothers under the Women's Health Programme were provided at Ennis General Hospital

(c) General Developments.

Resource Management

- A review of the Catering Facilities at Ennis General Hospital was undertaken during 1999, with a view to centralising Catering Facilities during 2000 at St. Joseph's Hospital.
- A Drugs and Therapeutic Committee was established to advise on drug usage and develop protocols for the introduction of new drugs. Within the Acute setting a protocol has been developed for the treatment of Paediatric and Adult Asthma.

Quality

- In October, 1999, the Laboratory at Ennis General Hospital achieved 1st in Ireland and 23rd Internationally on the External Quality Assessment Programme with Abbott Laboratories Ireland Ltd., Diagnostics Division.
- A Medical Audit of all patients admitted and discharged through the Elderly Care Unit is undertaken on an ongoing basis.

Significant Issues

- There is a continual increase in the percentage bed occupancy which frequently exceeds 100%. This level of activity is putting considerable pressure on the existing resources and appears to relate to the growing number of elderly admissions.
- Dedicated facilities for Young Chronic Sick cases would significantly reduce the number of bed-days lost.
- Clinically driven costs continue to increase due to increased diagnostic procedures, medical inflation and changes in medical practice and procedures.
- There is an urgent need to upgrade accommodation and replace equipment within the Hospital. This is

particularly acute in respect of the Out-patient Department, the Accident and Emergency Department, the Radiology Department and Physiotherapy Department.

- The appointment of additional medical staff for Accident and Emergency, Anaesthetics, and Cardiology, and increased cover for paramedical staff due to increased levels of on-call.
- The Diabetic Service at the Hospital needs to be extended and enhanced.
- Implementation of the recommendations of the Board's Plan for Women's Health in the context of improving Acute Hospital services for Women.
- Additional Security particularly at night and weekends is required.

Nenagh General Hospital

Service Profile

Nenagh General Hospital is a 68-bed hospital with 6 day beds. It provides acute services for a population of approximately 60,000. In-Patient Services include Medical, Surgical, Geriatric Assessment, Accident & Emergency, I.C.U./C.C.U. and Day Surgery. The support activities on campus include X-Ray, Laboratory, Physiotherapy, and Pharmacy. Out-Patient Services include Medicine, Surgery, Orthopaedics, Ante-Natal and Gynaecology, ENT, Urology, Paediatrics, Psychiatry and Ophthalmology.

The bed complement for the provision of services is :

Medical:	- 32 Beds
I.C.U:	- 4 Beds
Geriatric Assessment Unit:	- 8 Beds
Surgical:	- <u>24 Beds</u>
Total In-Patient Beds:	68 Beds

Total Day Beds: 6 Beds

Overall Total: 74 Beds

Access to services is by referral from General Practitioners, Out-Patient Clinics, Consultants' private rooms, Accident and Emergency Departments, Self Referral and as Accident cases via the Ambulance Service.

Service Plan

(a) Service Activities:

In-Patient activity levels are in excess of targets. Surgical Day Cases were 11% below the service target due in part to the closure of the Surgical Day Unit for a period.

Out-Patient attendances were below target figures by 11%. A & E attendances were generally in line with the target figures.

(b) Specific Targets and Outcomes:

CAPITAL TARGETS

Target: To extend services and refurbish the existing hospital.

Outcome: This project moved to Stage 6 of the planning process.

REVENUE TARGETS

Target: To continue the development of the Services for Older People.

Outcomes: (a) The role of the Consultant Physician in Geriatric Medicine has been extended to include a commitment to the Elderly Units in Tipperary (NR).
(b) An additional Consultant Physician, with a special interest in gastro-enterology, commenced in February, 1999.

Table 22: Patient Activity - Nenagh General Hospital, 1999

Service	Speciality	Target Activity for 1999	Actual Activity 1999
In-patient	Medical	2590	2661
	Surgical	1677	1771
	Total	4267	4432
Day Cases	Total	1830	1621
Out Patients - Total Seen		10607	9460
Accident & Emergency - Total Seen		10703	10784

Target: To develop the Consultant-led Ophthalmology Service.

Outcome: Equipment has been purchased for the Ophthalmic Service and a Clinic room has been refurbished with a view to commencing services in 2000.

Target: To implement the Cancer Strategy.

Outcome: A Palliative Care Nurse was appointed early in 1999 and has established a more focused service for cancer patients and their relatives.

(c) General Developments:

Research

- A Medical Admissions Predictor Study commenced in conjunction with the Department of Public Health. To date over 2,000 patients' details have been recorded.

Quality

- The clinical audit system continued as a pilot project during 1999. Computer hardware has been installed to enable access to the system from the Surgical Wards.
- A manual of Clinical Nurse Policies and Procedures was compiled by the Director of Nursing on Intravenous Drug Administration, Drug Administration generally including administration of Controlled Drugs, and Blood Transfusion.
- An admissions procedure and policy statements on handwashing, disposal of sharps and contaminants (clinical waste), needlestick injury, aseptic procedures, hepatitis B, handling of blood and human tissues and blood transfusions were developed.

Resource Management

- The Drugs and Therapeutics Committee has been established and meets on a three monthly basis.
- A GP Liaison Committee was formed in September 1999. This committee comprises members of the hospital staff and four representatives of the GPs in the Tipperary (NR) area.

Significant Issues

- Clinically driven costs continue to have an adverse effect on non-pay expenditure due to increased diagnostic procedures, medical inflation and changes in medical practice and procedures
- Additional costs associated with the development of new services at the Regional General Hospital,

Dooradoyle, particularly in relation to the Breast Screening Clinic and Cardiology, are being incurred.

- The appointment of additional medical staff for Medical, Surgical, and Anaesthetic Departments, and increased cover for paramedical staff due to increased levels of on-call.
- The appointment of extra nursing staff because of increased activity arising from out-patient clinics, theatre activity and specialist services.
- Replacement of x-ray equipment at an estimated cost of £500,000 is now a priority. The following items of equipment are urgently in need of replacement:

Video Endoscopes & Fibre Optic Scopes	- £120,000
Telemetries	- £25,000
E.C.G. Machines X 2	- £15,000
Cardiac Diathermy Machine	- £20,000

- Implementation of the recommendations of the Board's Plan for Women's Health in the context of improved Acute Hospital Services for women in the Tipperary (NR) area.
- The requirement to establish a Dietetic Service in the Tipperary (NR) area.
- The need to establish and fund posts of Domestic Supervisor and Head Porter.
- Review of the Laundry Service in light of the costs associated with urgent equipment replacement.
- The installation of a Security System and the provision of security cover at night and at week-ends.

Part II: Care Groups

Section 3

Services for Older People

Child Health Services

Primary Care Services

Environmental Health Service

Community Welfare Service

Regional Ambulance Service

**Older People/
Primary Care/
Community Services Care Groups**



BÓRD SLÁINTE
AN MHEÁN-IARTHAIR

*for the health and social well-being
of the community*

Services For Older People

Statement of Purpose, Strategy and Objectives

Purpose

The purpose of Services for Older People is to maintain the dignity and independence of older persons and maximise their life potential by providing a high quality comprehensive and caring patient centred service.

Strategy

The Board's Elderly Care Strategy (1998) is based upon the care continuum model outlined in the 'Review of the Years Ahead' (1997). The key elements in the care continuum are:-

- Preventative Care
- Anticipatory Care
- Care at Home/Community
- Acute Care, and
- Long Stay Care.

Objectives

The National Planning Document entitled 'The Years Ahead' (DoH 1988) and the 'Review of the Years Ahead' (NCAOP 1997) are the guiding influences on the development of services for older people. The key objectives are:

- To maintain older people in dignity and independence at home,
- To restore to independence at home those older people who become ill or dependent,
- To encourage and support the care of older people in their own community by family, neighbours and voluntary bodies,
- To provide high quality hospital and residential care for older people when they can no longer be maintained in dignity and independence at home.

Organisational Structure of Services

An Area Manager for Services for Older People has been appointed in the Limerick Catchment Area to coordinate delivery of services to older people. Similar appointments are planned for the Clare and Tipperary catchment areas.

A Corporate Policy Council provides strategic review and co-ordination of services for older people.

The Community-Based Services for Older People are delivered through the Community Care sectors and includes the following: Public Health Nursing, Public Health Medical, Para-Medical Services, Home Help Service, Housing Aid for the Elderly, Nursing Home Subvention and Services delivered by the Voluntary Organisations.

There are Consultant-led Acute Assessment Units in the Regional General Hospital (including a Clinical Age Assessment Unit), Ennis General Hospital and Nenagh General Hospital.

In-patient care is provided in four large community hospitals for older people (St. Camillus, Limerick, St. Ita's, Newcastle West, St. Joseph's, Ennis and Hospital of the Assumption, Thurles), the two smaller community hospitals (Ennistymon and Rabeen, Co. Clare) and the three community nursing units (Kilrush, Co. Clare and Nenagh and Roscrea, Co. Tipperary). This inpatient care provision is complemented by the private nursing homes in the region. The range of in-patient services available within the non-acute hospital services for older people include: rehabilitation/short stay care, convalescent care, respite care, continuing care/extended care, palliative care and therapy services.

Day Hospitals operate in the three catchment areas of the Health Board on a daily basis, Monday – Friday. They provide older persons with access to nursing, para-medical and personal and social services; thus avoiding, in certain instances, the need for admission to hospital. Day Centres operate in the three areas on a similar basis and provide social and supportive services for older persons.

Service Plan, 1999.

(a) Service Activities:

Community Services

Housing Aid for the Elderly:

The quality of housing accommodation and provision for older people can have significant implications for their health. The Special Housing Aid for the Elderly Scheme is funded by the Department of the Environment. Through this scheme, necessary repairs and improvements are carried out in order to make dwellings habitable for the lifetime of the occupants.

During 1999, improvements and repairs were completed for 318 applicants: this compares with 282 in 1998. At year end, 790 applicants awaited aid under the Scheme. Of those, 483 required priority attention.

Waiting times for completion of works under the Scheme varies from 6 months to 2 years. This delay is, in the main, due to a shortage of FAS trainees to carry out the works. It has been increasingly difficult to contract out work as the growth of the building industry in recent years means that there is a lack of availability of building contractors for smaller jobs. In 2000, the Board will investigate options to deal with these difficulties.

Community Day Centres:

Day Centres for older people are provided either by the Board or in partnership with voluntary agencies. The service and activities provided by the centres vary and include nursing, recreation, and assistance with the activities of daily living. There are 18 day centres in the Board's area which cater for approximately 484 people per day.

Day Centres at Cappamore and Clarecastle opened during 1999. Day Centres at Milford, Miltown-Malbay and Raheen will open during 2000.

Table 23. Distribution of Day Centres Across Mid-West Region.

County	No. of Centres	No. of Places
Limerick	8	227
Clare	5	142
Tipperary(NR)	5	115
Total	18	484

Home Helps:

The Home Help Service is a vital element of home care for older people. The Service provides Older People with assistance in the activities of daily living when a new relative or family member is not available to help with such activities.

In 1999 there were 1,079 Home Helps employed (1,121 in 1998) who provided 9,781 hours of home help (9,478 hours in 1998) to 1,808 older persons (1,709 older persons in 1998). 85% of home help hours were dedicated to older people living alone (85% in 1998).

The increasing number of older people living in the community and the shortened length of stay in the Acute Hospital Service is leading to an increased demand for community supports, including Home Helps. This poses a challenge as it is becoming increasingly difficult to recruit Home Helps for various reasons

including the present economic climate which is resulting in labour shortages. To address this situation, the Board is considering the employment of a number of 'full-time' Home Helps which will make this employment more attractive.

Acute Care

Admissions of persons over 65 years of age to the Regional General Hospital, Limerick accounted for 31% of all admissions, contrasting with Ennis General Hospital (49%) and Nenagh General Hospital (45%). In Croom Orthopaedic Hospital 51% of all admissions were of over 65's.

There were 6,241 persons over 65 admitted to the Regional General Hospital during 1999, including 2,424 admissions to the Department of Medicine for Older People. 2,267 persons over 65 were admitted to Ennis General Hospital, including 655 to the Department of Medicine for Older People. Nenagh General Hospital had 2,019 over 65 admissions, and Croom Orthopaedic Hospital had 749 admissions over 65 years.

Bed days for those over 65 years at the Regional General Hospital accounted for 42% of overall adult bed days and is substantially lower than Ennis General Hospital (64%) and Nenagh General Hospital (65%).

The number of Day Cases for those over 65 years varied from 2,763 at the Regional General Hospital (which includes activity from the Clinical Age Assessment Unit) to 446 at Ennis General, 466 at Nenagh General and 148 at Croom Orthopaedic Hospital.

Hospitals for Older People

St. Camillus, St. Ita's, St. Joseph's and Hospital of the Assumption

There were 1,840 admissions to the four community hospitals for older people during 1999, an increase of 2% in the number of admissions (1,806) during 1998. The admission profile shows Respite Care increasing and accounting for 35% of admissions during 1998 and over 37% of admissions during 1999, emphasising the trend towards Respite Care. Extended Care admissions continued to decline. The Hospital of the Assumption had 9 Palliative Care and 87 Nursing Rehab Admissions in 1999.

There has been no major change in the age profile of patients in these four hospitals. The 75 - 84 age group remains the largest, accounting for almost 51% of the population in 1999 compared to almost 47% in 1998. The 85 + age group is the next highest with 27% - similar to 1998. The 65 - 74 age group shows a drop from 138 in 1998 to 107 in 1999. All of these hospitals have a greater female than male population.

The dominant medico/social status of in-patients for 1999 was, as in previous years, Chronic Physical Illness, accounting for 42.8%, compared to 41% in 1998. Chronic Mental Illness accounted for 14.7 % (a decrease of almost 4% from 1998) and Mental Infirmary/ Dementia accounted for 13.8% (a decrease of 2.7 % from 1998). The Social Reasons category increased for the first time since 1996 to 10.4 % in 1999 and the Physical Disability Category rose from 2.4% in 1998 to 6.6% in 1999, an increase of 4.2%.

Day Hospitals

There was a total of 6, 626 attendances at day hospitals during 1999, an increase of 9% on 1998, reflecting the more community-based focus of care.

Community Hospitals and Community Nursing Units

Admissions to Community Hospitals and Community Nursing Units increased significantly by 109 (27%) from the 1998 figure of 401 to 510 in 1999, reflecting the emphasis on short-stay and respite care. This increase was reflected in all areas of activity, with Rehab and Respite admissions accounting for 80% of all admissions during 1999. Respite admissions rose by 13% between 1998 and 1999. There were 25 Palliative Care admissions in 1999 compared to 4 in 1995 and Nursing Rehab had 12 admissions in 1999. 90% of patients had a length of stay of less than 3 months, compared with 80% in 1998. There were 3 patients with a length of stay on discharge of over 10 years in 1999.

The following tables show the activity data for the hospitals and community nursing units for older people and a breakdown by service category during 1999.

Table 24: Services for Older People Activity Data, 1999.

Category	Number
Total Admissions 1999	2350
Total Discharges 1999	2398
Hospitals for the Elderly	
Admissions	1840
Discharges	1897
Community Hospitals	
Admissions	200
Discharges	190
Community Nursing Units	
Admissions	310
Discharges	311

Table 25: Services for Older People Activity Data, 1999.

Category	Number
Short Stay/Rehab	
Admissions	752
Discharges	631
Transfers Out (Ext. Care)	115
Respite Care	
Admissions	1009
Discharges	993
Extended Care	
Admissions	422
Discharges	623
Transfers In	115
Palliative Care	
Admissions	34
Discharges	34
EMI	
Admissions	34
Discharges	38

Nursing Homes

Under Section 7 of the Nursing Home Act, 1990 there were 45 approved Nursing Homes, with 1480 beds in the Health Board's area during 1999. This represents an increase of 28 beds on the 1998 figure. 782 persons received subvention in 1999, an increase of 64 from the previous year. 61% of these were in the maximum dependency category. 76 persons in 41 Nursing Homes were in receipt of subvention outside the Mid-West Region. Subventions under Section 54 of the Health Act, 1970 continued to fall: 72 persons received subvention in 16 Nursing Homes during 1999, a decrease of 29 on the previous year. The overall number of persons subvented in Nursing Homes during the year was 930.

(b) Specific Targets and Outcomes

CAPITAL TARGETS

Home/Community Care

- Target:** To provide additional Day Centres in the region.
- Outcome:** The Day Centres at Cappamore and Clarecastle were opened during the year.

Long Stay/Residential Care

Target: To complete the design stage of the Hospital of the Assumption, Thurles.

Outcome: A full Design Team has been appointed for the new Community Hospital which will replace the Hospital of the Assumption. The new Hospital will provide services to include Rehabilitation, Respite, the Elderly Mentally Infirm, Extended Care, Day Hospital Facilities and Palliative Care. It is expected that the Design Team, in conjunction with the Department of Health and Children, will complete the design during 2000.

Target: To develop Palliative Care facilities in the region.

Outcome: A Consultant-led regional in-patient and outreach Palliative Care Service commenced in 1999.

Target: To upgrade the facilities in the larger hospitals.

Clare Catchment Area

- Outcomes:**
- (a) The 45-bed Psycho Geriatric Unit planned for St. Joseph's Hospital, Ennis is currently at the planning stage and capital funding will be required over the coming years to enable completion of the project.
 - (b) It is expected that a 15-bed Dementia Unit planned for St. Joseph's Hospital will be completed in 2000.
 - (c) Staff facilities were upgraded at St. Joseph's Hospital, Ennis.
 - (d) Improvements in Fire Safety were completed at St. Joseph's Hospital during 1999.

Limerick Catchment Area

- Outcomes:**
- (a) The new Rehabilitation Centre at St. Camillus Hospital, which includes Day Hospital, Stroke Unit and extended Rehabilitation Facilities, was completed in 1999. The Rehab Unit opened in July and the Day Hospital opened in November 1999. The Stroke Unit will open in mid- 2000.
 - (b) Capital funding will be required in order to progress the provision of a dedicated EMI service at St. Ita's Hospital. It is expected that major progress will be made during 2000.
 - (c) Units 3 & 10 of St. Ita's Hospital continued to be refurbished. Phase 1 development of the main

kitchen at St. Ita's Hospital was completed during 1999. Development of Phase II was initiated during the year.

- (d) A new boiler system was installed at St. Ita's during 1999.

Tipperary Catchment Area

- Outcomes:**
- (a) A Standby Generator was installed at the Hospital of the Assumption.
 - (b) Funding of £70,000 was received from the Department of Health and Children for patient handling and equipment purchase at Hospital of the Assumption

Target: To upgrade the facilities in the smaller hospitals.

Clare Catchment Area

- Outcomes:**
- (a) Rehabilitation services were developed at Raheen Community Hospital through the completion of the Short Stay Rehabilitation Unit in July 1999.
 - (b) Redecoration/upgrading programmes were undertaken in each of the Community Hospital and Nursing Units during the year. In particular, the kitchen at Raheen Community Hospital underwent substantial upgrading.

Tipperary Catchment Area

- Outcomes:**
- (a) A Standby Generator was installed at Dean Maxwell Community Nursing Unit and fire doors were completed and installed.
 - (b) Lounge refurbishment was completed at St. Conlon's Community Nursing Unit.

REVENUE TARGETS

General

Target: To improve the organisational structures for the delivery of Services for Older People.

- Outcomes:**
- (a) An Area Manager for Services for Older People was appointed in the Limerick Catchment area in September 1999 and approval has been obtained from the Department of Health and Children to the filling of similar posts in the Clare and Tipperary Catchment areas.
 - (b) A post of Director of Services for Older People has also been created and this essential post will be filled during 2000.

Preventative Care

Target: To continue Health Promotion services for Older People.

Outcomes: (a) The Health Board continued to provide its Lifestyle Courses, organised by the MWHB Health Promotion Department, in the three catchment areas during 1999.
(b) The Public Health Nursing Service encouraged older persons to maintain healthy lifestyles, facilitated by health promotion on an individual basis, in consultation with the individual and in partnership with voluntary organisations.
(c) The Health Promotion Department organised a successful conference on Healthy Ageing in September.
(d) The Health Promotion Department funded 20 projects in the region in conjunction with the national programme for the International Year of Older Persons, 1999.

Anticipatory Care

Target: To develop a dedicated Social Work service for Older People.

Outcome: A dedicated Social Worker for older people was appointed in the Clare Catchment Area.

Target: To provide additional funding to voluntary organisations catering for the elderly.

Outcome: Extra funding was provided to voluntary organisations to provide services for older people over the Board's area.

Home/Community Care

Target: To provide additional funding for the development of community-based services.

Outcome: Extra funding was provided for the Home Help service, Day Centres and Carers' Support during the year. Each Elderly Care Unit is developing a comprehensive respite programme for older persons. The purpose of these Respite Programmes is to ensure that respite is provided for Carers in the community, thus enabling them to care for their relatives in the community and for much longer periods than would otherwise be possible.

Target: To continue services for older people with continence problems.

Outcome: The five-day Continence Training Programme for Public Health Nurses was continued in the Board's area.

Target: To develop Palliative Care Services in the region.

Outcomes: (a) Palliative Care Nurses have been appointed to the Acute Hospitals in the Board's area to provide a service to the terminally ill and their families as part of the Cancer Strategy.
(b) Discussions with Milford Hospice regarding the development of Palliative /Terminal Care at St. Ita's Hospital were progressed.

Long Stay/Residential Care

Target: To develop services for older people in residential facilities.

Outcomes: (a) A proposal for the appointment of a Consultant in Old Age Psychiatry in the Clare area was approved by Comhairle na nOspidéal. A Consultant was employed on a temporary basis in early autumn.
(b) Care plans using clinical pathways, already in operation in Ennistymon Hospital, were extended to patients in St. Joseph's Hospital Ennis and Raheen Community Hospital and Kiltrush Community Nursing Unit.

Target: To provide additional nursing staff at St. Ita's Hospital, Newcastle West.

Outcome: The issue of staffing levels at St. Ita's Hospital was reviewed in 1999 and will be actively pursued in 2000.

Target: To develop access criteria for persons requiring continuing nursing care.

Outcome: The operation of the multidisciplinary panel established in Limerick to review and decide access to continuing care was evaluated by the Department of Public Health. Its recommendations are under consideration.

(c) General Developments

Quality

- Implementation of the BIOMED initiatives continued in all sectors of the Clare catchment area.
- At the Tipperary (NR) hospitals, patient satisfaction surveys were undertaken.
- The Catering Department in St. Camillus' Hospital continued with the consumer feedback survey.
- At St. Joseph's Hospital, Ennis training and upgrading of the Catering Service to ISO Quality Standards was completed.

- Completion of the data collection phase of the Decubitus Ulcer Project at St. Ita's Hospital was effected during 1999 and the data will be analysed during 2000.
- At Ennistymon Hospital patient care plans are in operation and will be introduced in other Clare hospitals.

Information

- At St. Camillus' and St. Ita's Hospitals, rehabilitation information booklets were published in respect of these hospitals.

Resource Management

- At Regina House, Kilrush a rationalisation of the laundry service was effected.
- An upgrading of the heating system at the Hospital of the Assumption was completed resulting in savings in fuel costs.
- The Public Health Nursing Service operated a policy for continence management.

Services

Two Committees have been set up to report on-

- Medical Dependency and Assessments for Subventions towards Nursing Home Care, and
- Nursing Home Inspections and Registration.

Both Committees are expected to report in early 2000.

Significant Issues

- Difficulties are arising from the increasing number of older persons being admitted to the Acute Hospital Services.
- Pressure has been placed on the Public Health Nursing Service in relation to inspection, assessments and complaints procedures due to the increasing number of new Nursing Homes. This impacts adversely on direct provision of patient services.
- The shortage of Public Health Nursing staff for surveillance of frail older people in the community and the maintenance of a comprehensive At-Risk Register continues to pose difficulties.
- An increased demand for Public Health Nursing Services, Home Helps, Carers and Aids and Appliances is arising from the increasing number of

older people living in the community and the shortened length of stay in the Acute Services.

- Staffing levels in Hospitals for Older People, Community Nursing Units and in the Community Services are a growing cause for concern.
- Difficulties in relation to placement, family and social issues continue to arise from the lack of a dedicated Social Work Service for older people in Tipperary (NR) and Limerick.
- The ability to provide home help services in some areas continues to be a problem arising from difficulty in recruiting home helps, particularly in rural areas.
- The increased sophistication of Aids and Appliances required for community services, which are contributing to increased costs, is leading to longer waiting times for both community and residential care.
- Increased waiting times for Housing Aid for the Elderly have arisen from problems with the unavailability of building contractors and FÁS workers.
- The trend towards spiralling clinically driven costs continued during 1999, with drug costs alone increasing by 16%.
- The costs of long stay care in private nursing homes posed financial difficulties for patients.

Child Health Services

Statement of Purpose, Strategy and Objectives

Purpose

The purpose of the Child Health Services are to ensure that all children have the opportunity to realise their full potential in terms of health, well being and development and that remediable disorders are identified and acted upon as early as possible in life to maximise health and welfare.

Strategy

The National Report, "Best Health for Children" and the Health Board's Child Health Strategy were both published during 1999. The Strategy focuses on the enhancement of child health, the inclusion of child health monitoring in the wider circle of health promotion and the emphasis that preventive health care involves more than the detection of defects. The Strategy reflects current thinking on screening and surveillance services in the light of national and international studies. The Board will develop a multi-annual Child Health Action Plan in 2000.

Objectives

The objectives of the Child Health Services are:

- That all children have the opportunity to realise their full potential in terms of good health, well-being and development,
- That remediable disorders are identified and acted upon as early as possible,
- That the health status of children in the Mid-West region is maximised by recognising and reducing inequalities in child health

Organisational Structure of Services

The Child Health Services are organised on the basis of the three catchment areas - Limerick, Clare and Tipperary (N.R). The area management consists of a multi-disciplinary team including medical, nursing and paramedical personnel in partnership with general practitioners. In line with 'Best Health for Children' and the Child Health Strategy, one person in each Community Care Area will be appointed as Child Health Coordinator to integrate all child health services in the area.

A Corporate Policy Council provides strategic review and co-ordination of all children's services/young persons' services.

The main child health service activities include:

- Child Health Monitoring, which involves a programme of screening interventions and support for parents, starting at birth and extending through the pre-school years.
- Treatment Services-Referrals from the Child Health Monitoring programme are made to a range of services, including medical (public health), speech and language therapy, audiology, psychology, ophthalmology, physiotherapy and occupational therapy, medical (paediatrics), dental and orthodontics.
- Health Education, which is carried out by a range of professionals with support from the Health Promotion Unit in a variety of settings, including the school and home environment.
- Community Development, which is addressed by initiatives targeted at areas or groups with special needs, such as minority groups and locations of social disadvantage.

Service Plan, 1999

(a) Service Activities:

Activity levels for the Polio 2:1 school boosters were down during 1999 due to a national vaccine shortage.

Table 26:
Immunisation Activity Data, Mid-West Region, 1999.

Activity	Target	Actual Number
B.C.G. Recipients	4,541	4,370
Polio 2:1 School Boosters	6,203	3,444
MMR Boosters	4,226	4,368
Heaf/Mantoux Tests	1,298	2,812

School vision testing is now being carried out less frequently in line with national recommendations as outlined in 'Best Health for Children', (1999)

Table 27:
School Medicals Activity Data, Mid-West Region, 1999

Activity	Target	Actual Number
School Medicals (No. Seen) AMOS	5,050	7,812
School Visits (PHNS)	2,266	2,085
No. Of Children Seen		
Pupils: Audiometry	12,120	10,622
Pupils: Vision	23,240	17,478
Home Visits re. School Health	800	907

Table 28:
Pre-school Service Activity Data, Mid-West Region, 1999.

Activity	Target	Actual Number
Dev. Clinics (No. Seen) AMOS	4,377	6,856
Dev. Clinics (PHN)	917	1,010
Visits to Children 1 – 5 Years	16,050	14,728
Child Welfare Clinics	1,958	1,966

Table 29:
Mother and Child Service Activity Data, Mid-West Region, 1999

Activity	Target	Actual Number
Antenatal Visits	255	384
Postnatal Visits	3,254	4,554
Visits to Children < 1 Yr.	21,991	21,280

(b) Specific Targets and Outcomes:

REVENUE TARGETS

Strategy

Target: To provide a Statement of Strategy for the Child Health Services.

Outcome: A Statement of Strategy was completed and adopted by the Board in June, 1999 and an implementation plan is being developed.

Target: To finalise a Breastfeeding Strategy for the region.

Outcome: A Breastfeeding Strategy was completed and adopted by the Board in July, 1999. A regional manual to ensure a seamless policy and consistent information for all staff is being developed and a handbook on all aspects of breastfeeding for mothers is also being developed.

Services

Target: To commence development of the Parent-held Child Health Record Project.

Outcome: A Project Leader was appointed in late 1999 to commence the introduction of the above project. Parent-held Child Health Records are booklets which provide parents with health information relevant to their child. The objective in introducing PHCRs is to increase partnership between parents and professionals in monitoring their children's health and to develop greater communication between professionals caring for children.

Target: To implement the guidelines for the surveillance and control of Meningitis/Septicaemia.

Outcome: The guidelines, recommended by a National Working Party, were being implemented during 1999.

Target: To review the Neonatal Metabolic Screening Programme in the region.

Outcome: The Review has been completed under the direction of the Department of Public Health. Plans are being made to assign clerical assistance to the Regional Maternity Hospital to input regional data.

Target: To provide regular HANEN courses to train parents of children who are non-verbal or who have limited communications as facilitators of their children's development.

Outcome: HANEN courses have been held throughout the region.

Target: To achieve an uptake target of 90 % of Primary Childhood Immunisation.

Outcome: The appointment of a Senior Public Health Nurse in each Community Care Area with special responsibility (part-time) for immunisation will facilitate an increase in the scheme uptake. Regional and local management groups are being introduced. These groups will meet regularly in order to monitor the programme and take corrective action, as necessary.

Target: *To review the School Medical Service and implement its recommendations.*

Outcome: The School Medical Service was reviewed and the revised service was implemented in the 1999 school year in Tipperary (N.R.).

Target: *To Implement the Children's Vision Screening Protocol.*

Outcome: The Vision Screening Protocol was implemented throughout the Region except in Limerick Community Care Area where Senior Infants only were screened instead of Junior and Senior Infants, due to staff shortages.

Target: *To implement the report of the Maternity and Infant Care Scheme Review.*

Outcome: Steps were taken with the medical and nursing staff of the Board, in conjunction with general practitioners, to implement the report's recommendations.

Training

Target: *To provide ongoing training of Area Medical Officers and Public Health Nurses in the delivery of services.*

Outcome: Ongoing training of these grades of staff for vision-screening, breastfeeding, IT and the management of anaphylaxis was provided.

(c) General Developments:

- A review of the policy for metabolic screening was carried out, in conjunction with the Regional Maternity Hospital Service. Recommendations will be implemented as part of the planned integration of the maternity and community child health systems.
- Standards in the Public Health Nursing Service were updated by the Regional Standards Committee in order to ensure evidence-based practice and a quality driven service.
- The Health Board, in conjunction with NUI Galway, began a study in December 1999 on Travellers' perceptions and experiences of Maternal and Early Child Health Services.

Significant Issues

- Implications for service provision arise from the increasing birth rate in the region, particularly in Limerick City.
- Due to the increasing mobility of families Public Health Nurses are experiencing difficulties in the delivery of Child Health Services.

- The Primary Immunisation uptake rate is below the national target and the national average.
- Service, organisational and staffing implications arise in the implementation of the National Report, "Best Health for Children" and the Board's Statement of Strategy on Child Health Services.

Primary Care Services

Statement of Purpose, Strategy and Objectives

Purpose

The purpose of these services is to provide primary health care interventions through an integrated and effective medical, dental, pharmaceutical and ophthalmic service in the community.

Strategy

The National Health Strategy (1994) recognises that General Practitioner Services should be better organised and supported in fulfilling a wider and more integrated role in the health care system. The role of the Primary Care Unit has been expanded in recognition of the need to develop an inclusive, interactive process with all providers of care including Medical General Practitioners, Community Pharmacists and Dental General Practitioners, among others.

The Health Strategy also recognises the development of General Practitioner Services as the key ingredient of primary health care and identifies the development of the General Medical Services as of major importance.

Work on the development of a Primary Health Care Strategy is continuing and it is expected that the Statement of Strategy will be finalised during 2000. The Strategy will address all aspects of Primary Care to include Dental, Pharmaceutical and Ophthalmic Services as well as General Medical Practice.

Objectives

The main strategic objectives are defined as follows:

- To ensure that the primary health care needs of the eligible population are met.
- To ensure that the appropriate processes, structures and services are in place to improve the health of service users.

Those objectives are given effect by:

- Raising the standards and improving the organisation of primary care services,
- Improving the interface between general practice and other health services,
- Extending the range of services being provided by General Practitioners.

Organisational Structure of Services

The organisation of this group of services reflects a mixture of public and contractual arrangements.

The Medical General Practitioner and Community Pharmacy services are contracted to private practitioners. The Dental Services are provided by Health Board Dental Surgeons and by contracted Dental General Practitioners. Health Board Dental Surgeons provide dental services mainly for children, special needs groups, and hospital and institutionalised patients. Private Dental General Practitioners provide services for adults under the Department of Health and Children Dental Treatment Services Scheme (DTSS), under contract with the Health Board. With the introduction of the Adult Ophthalmic Service from mid-1999, the Board has contracted with private Opticians / Optometrists to provide sight-testing and provision of spectacles to eligible persons.

The Primary Care Unit is staffed by Family Doctors and Pharmacists with administrative support from the Board. The role of the Regional Primary Care Unit has been expanded in recognition of the need to develop an inclusive, interactive process with all providers of care including Medical General Practitioners, Community Pharmacists and Dental General Practitioners. With the developing role of Opticians/ Optometrists in primary care, their participation in the Unit is under consideration.

The Dental Treatment Services Scheme (DTSS) for adult medical card holders was based mainly on Dental General Practitioners. It was introduced on a phased basis, the final phase of which will be introduced during 2000. The implementation of the scheme led to the setting up of Local Dental Monitoring Committees, representative of the Health Board and the Dental Contractors. This Health Board's Committee has operated satisfactorily since 1995. The future role of the Local Monitoring Committee is under review with a view to its being incorporated in the Primary Care Unit.

Service Plan, 1999

(a) Service Activities:

Table 30: Primary Care Data, 1999.

Primary Care	1999 Target	1999 Actual
No. GMS G.Ps	141	154
Community Pharmacy Contracts	112	112
Palliative Care Grants	280	270

Table 31: Dental Services Activity, 1999.

Dental Services	1999 Target	1999 Actual
Adult Dental Service		
No. Dentists	61	65
No. of Treatments	40,026	38,945
Children's Dental Service		
Attendances	55,100	54,587
Treatments	31,050	30,759

Table 32: Ophthalmic Services Activity, 1999.

Ophthalmic Service Contractors	No. of Authorisations Issued Sept – Dec, 1999.
52	1699

(b) Specific Targets and Outcomes:

CAPITAL TARGETS

Services

Target : To develop facilities at Health Centres in the region.

Outcome: Major refurbishment and renovations were carried out to the following Health Centres:

- Kilmeedy Health Centre
- Mullagh Health Centre
- Fedamore Health Centre

REVENUE TARGETS

Primary Care Strategy

Target: To develop a Primary Care Strategy.

Outcome: Work on the formulation of the Strategy has commenced. It is expected that the Strategy will be completed during 2000.

General Medical Practice

Target: To establish GP Co-operatives throughout the Board's area.

Outcome: Preliminary work on the organisation of GP cooperatives has commenced which will provide a better and more efficient system of care to patients and will address problems being encountered in relation to on-call obligations and the provision of a rota system.

Target: To support the improvement of General Practitioner premises.

Outcome: £0.500m was spent during 1999 towards General Practice development in the region through savings from the Indicative Drug Target Savings Scheme i.e. improvement of premises, medical and other equipment, communications and information technology.

Target: To support and develop computerisation within general practice on an ongoing basis.

Outcome: Computerised Practice Management Systems were installed in 20 practices throughout the Board's catchment area during 1999. At the end of 1999, 65% of General Practices throughout the Health Board's area were computerised.

Target: To appoint additional Medical Practitioners to the General Medical Services Scheme.

Outcome: Under the provisions of the agreement between the Department of Health and Children and the Irish Medical Organisation, ten additional General Practitioners have been appointed to the General Medical Services Scheme.

Target: To continue the General Practitioner Vocational Training Scheme.

Outcome: Four general practice-trained doctors completed training in June 1999 under the Vocational Training Scheme. Four new trainees commenced training in July 1999.

Drugs / Pharmacy

Target: To establish drugs and therapeutic committees throughout the region.

Outcome: With input from General Practice, Drugs and Therapeutic Committees were set up in Limerick, Clare and Tipperary (NR).

Target: To provide up-to-date pharmaceutical information to general practitioners.

Outcome: G.P.s were provided with details of their prescribing patterns on the Indicative Drug Target Savings Scheme on a monthly basis.

Target: To introduce a common drug/medicine list and prescription form on the introduction of the revised Drugs Scheme.

Outcome: A common drug/medicine list and prescription form was introduced with the Drugs Payment Scheme which became operational in July 1999 from a merger of the existing Drug Cost Subsidisation and Drug Refund Schemes.

Dental

Target: To implement the proposed national information and monitoring system for the Dental Treatment Services Scheme (DTSS).

Outcome: The Board participated in discussions leading to the introduction of an updated national information and monitoring system for the DTSS which provides services for adult medical cardholders by General Dental Practitioners holding contracts with the Health Board.

Target: To continue the achievement of the 30 day processing of approval of eligible patients under the DTSS.

Outcome: The Board achieved this target during 1999.

Target: To strengthen the existing DTSS.

Outcome: The Board participated in discussions leading to a strengthening and extension of the scheme to the 35 – 64 year age group, the impact of which will be realised in 2000.

Target: To implement new forms and procedures for the DTSS, as agreed nationally.

Outcome: The Board participated in discussions relating to the above, some of which will be introduced in 2000.

Target: To provide a regional programme of continuing education for all dental staff and a training course for Dental Surgery Assistants.

Outcome: The Board arranged for the continuing

education of its dental staff, in conjunction with private practitioners in the area. It arranged a training course for Dental Surgery Assistants, including staff from the private sector.

Target: To pilot a dental screening programme for three-year-old children.

Outcome: This screening programme commenced in the Limerick area in 1999 and will continue in 2000.

Target: To develop the dental screening and treatment programme for primary school children.

Outcome: Subject to continuous staff availability, children in four primary school classes were screened in most areas in 1999.

Target: To implement the recommendations of the Report of the Survey of Children's Dental Health.

Outcome: Steps were taken during 1999 to meet the needs of the recommendations which will be further advanced in 2000 with the extension of eligibility to the 14 – 16 age group.

Target: To develop a protocol for a survey of adult dental health in the region.

Outcome: Discussions were held with the Department of Health and Children and NUI Cork/Oral Health Research Unit for the development of a survey, compatible with the National Survey of Adult Health of 1989/90.

Target: To further develop cooperation between the Dental Service and the Hospital-based Oral, Maxillo-Facial and Orthodontic services.

Outcome: Steps were taken to effect greater cooperation with the Oral, Maxillo-Facial and Orthodontic Departments, which will be further enhanced when works in the Department of Oral Surgery are completed.

Ophthalmic Services

Target: To implement the new Community Ophthalmic Scheme.

Outcome: The new Community Ophthalmic Scheme became operational on 1st July 1999. The Scheme provides sight-testing services, including provision of spectacles, to adult medical cardholders by Opticians/Optometrists holding contracts with the Health Board.

Women's Health

Target: To prepare a plan for Women's Health and develop services for women's health in the Mid-West Region.

- Outcomes:**
- (a) In response to the national document, 'A Plan for Women's Health 1997 – 1999', the Board developed a 'Plan for Women's Health in the Mid-Western Health Board' in 1999.
 - (b) Funding for voluntary groups was provided to organise information days on women's issues.
 - (c) Two research studies on incontinence and chlamydia were initiated.
 - (d) Birth control information packs were provided for each GP practice in the region.
 - (e) The Community Mothers' Scheme was expanded to Tipperary (NR).

Palliative Care

Target: *To enhance the provision of Palliative Care Services throughout the region.*

- Outcomes:**
- (a) General Practitioners liaised with the Board in the establishment of a Cancer Hotline at the Regional General Hospital during 1999.
 - (b) Financial support was given to Milford Hospice for the provision of hospice and home nursing care within the community.
 - (c) The Board supported the skills update of doctors in Palliative Care practice.
 - (d) Payments of Palliative Care fees were made to doctors undertaking the care of patients with terminal illness.
 - (e) General Practitioners played a role in the provision of information to the National Cancer Registry.

Hepatitis C

Target: *To provide a responsive and appropriate Primary Health Care Service to persons who have contracted Hepatitis C.*

Outcome: Responsive services continued to be provided to persons who have contracted Hepatitis C, including,

- G.P. services
- provision of medical and surgical appliances
- dental services
- home support services
- aural services
- ophthalmic services
- home nursing services
- prescribed medication

Information

Target: *To liaise with the Board's Health Promotion Unit to enhance delivery of information to the public.*

Outcome: The Primary Care Unit was in ongoing contact with the Health Promotion Unit regarding initiatives of relevance during 1999, e.g. drugs usage, dietetics, smoking, lifestyles.

(c) General Developments:

- The Primary Care Unit provides advice and information to General Medical Practitioners on general prescribing, cost comparisons and the options open to them in relation to the effectiveness of various treatment regimes.
- Relative to drug addiction intervention and the prescribing of methadone, Level 1 training was undertaken by seventeen General Practitioners in late 1999. Two General Practitioners in the Board's area had already availed of Level 1 training.

Significant Issues

- Increase required in the number of GP practices with practice nurses and support staff.
- Enhanced liaison between primary care and relevant community services required.
- Improved liaison and interfaces between primary and secondary care. (A number of joint meetings between General Practitioners and Consultants were held during 1999).
- Appointment of a Community Pharmacist to the Primary Care Unit (post is vacant).
- An arrangement whereby at least one resident Medical General Practitioner in the Board's area will be trained to Level 2 for the prescribing of methadone.

Environmental Health Service

Statement of Purpose, Strategy and Objectives

Purpose

The purpose of the Environmental Health Service is to protect and enhance the health of the population through the promotion of a healthy environment and through the enforcement of Environmental Health Legislation.

Strategy

The Food Safety of Ireland Act, which established the Food Safety Authority (FSAI), became law in 1998. The Act transfers all responsibility for food safety to the FSAI. The Commencement Order transferred enforcement authority from the Health Boards to the FSAI. The new arrangements are being monitored (quarterly meetings) by the FSAI and the Boards and it is expected that a Statement of Strategy and an Action Plan will be developed in due course.

Objectives

The objectives of the Environmental Health Service are to protect public health and to promote a healthy environment by ensuring the safety of food, water, air, housing, sanitation and places of work and leisure.

Organisational Structure of Services

Services are organised on a catchment area basis, and are divided between those carried out under the service contract with the FSAI, those on behalf of the Health Board and those provided to the Local Authorities on an agency basis.

The functions of the service include:

- (a) Those carried out under Service Contract Agreement with the Food Safety Authority which involve:
 - Food safety and hygiene inspections on premises and equipment
 - Food sampling activities
 - Food alert and food poisoning investigations
 - Food labelling controls
- (b) Those functions for which the Board has direct responsibility (non-food functions):

- Airport and Seaport Health and Pest Control
- Nursing Home and Pre-school Facilities Inspections
- Tobacco Control Activities
- Food Hygiene Education

(c) Local Authority Agency Functions:

- Public Health and Environment Control
- Planning Assessments in relation to Planning Applications
- Housing Assessments
- Water Quality Controls and Samplings

A Quality Management System for the food control aspects of the Service continued in 1999 which, together with the Service Contract with the Food Safety Authority of Ireland in July 1999, has had a major impact on the Environmental Health Service. The Service Contract, which will be implemented over a phased three-year period, will significantly improve the quality and accountability of the service.

Service Plan, 1999:

(a) Service Activities:

1. Activity:

Food control inspections for 1999 were below projected activity. This was due to the changing nature of inspections under the contract with the FSAI, which is now more audit-focused.

Table 33: Environmental Health Activity Data, Mid-West Region,1999.

Activity	Target 1999	Actual 1999
Health Board Activities		
Food Control Inspections	7085	4367
Food Sampling	2200	1911
Other HB Activities	2500	2621
Local Authority Functions		
Water Sampling	2190	2457
Other LA Activities	4500	4500

2. Prosecutions:

During 1999, one prosecution was taken under the food hygiene regulations. Two cases were initiated and will be heard during 2000.

(b) Specific Targets and Outcomes:

Services

Target: To conclude a Service Contract with the Food Safety Authority.

Outcome: A Service Contract was concluded between the Board and the FSAI in July 1999 and additional funding was provided to enable the Board meet its responsibilities under the Contract, including audit training.

Target: To target a number of premises in the catering area for continuous monitoring for compliance with the Hygiene of Foodstuffs Regulations and to introduce the Hazard Analysis Critical Control Points (HACCP) to food premises.

Outcomes: (a) An ongoing programme was implemented to increase awareness among proprietors of food premises of their obligations under the Hygiene of Foodstuffs Regulations and to encourage compliance with the Hazard Analysis Critical Control Points (HACCP).
(b) Training was provided for Nursing Home Owners in the Limerick and Clare catchment areas on the implications of HACCP.

Target: To inspect all sandwich bars and delicatessens in the Limerick catchment area.

Outcome: A survey of all sandwich bars and delicatessens in the Limerick catchment area was carried out during 1999. Analysis of the survey and follow-up on its implications will be pursued during 2000.

Target: To enhance food safety controls.

Outcomes: (a) Courses in food hygiene were provided throughout the region for food care workers, including staff of Nursing Homes and those in the food industry.
(b) A new Primary Course in Food Hygiene has been developed by the Environmental Health Officers' Association. It is sponsored by the Department of Health and Children and the Food Safety Authority and will be provided for staff in the food industry.

Target: To improve smoking controls.

Outcome: Inspections under the Tobacco Regulations continued throughout the region.

Target: To develop environmental health pilot projects in association with local partnerships.

Outcome: Initial discussions were held with local authorities with a view to progressing the development of joint pilot projects, such as, the monitoring of water supplies.

Training

Target: To continue the provision of training for Environmental Health staff.

Outcome: All the Board's staff were trained in the EHO Quality Management System.

(C) General Developments:

- The introduction of ISO 9002 accreditation and the Quality Management System was progressed.
- The Limerick Area was audited by an EU Foodstuffs Assessment Team to assess the current position in respect of food control measures and the control of imported foodstuffs of non-animal origin.
- Information on the introduction of the Hazard Analysis Critical Control Points (HACCP) system for food premises was promoted through the distribution of leaflets.

Significant Issues

- New developments, standards and legislation promote the need for greater specialisation.
- Following a decision by Tipperary (NR) Co. Council no further housing services to Tipperary (NR) County Council were provided by the Environmental Health Service in Tipperary (NR) after 31 December 1999.
- An increased demand for both investigative and preventative work has arisen from an increase in the number of notifications of food poisoning.
- The Board will need to closely monitor compliance with contractual obligations imposed on the Board by the new Service Contract with the FSAI. The objectives inherent in the Service Contract are being phased in over a period of three years.
- Lack of a suitable computerised system for the service is a matter of major concern particularly in view of the Food Safety Authority of Ireland contract which requires computerisation within a three-year period. It is intended that a new system will be introduced during 2000.

Community Welfare Service

Statement of Purpose, Strategy and Objectives

Purpose

The purpose of the Community Welfare Service is to promote sustainable social inclusion by assisting individuals and families, primarily those experiencing social disadvantage through a range of income maintenance schemes and a comprehensive information and referral service.

Strategy

The arrangements for the delivery of the Supplementary Welfare Allowance (SWA) Scheme are set out in the Social Welfare (Consolidation) Act, 1993. The Department of Social, Community and Family Affairs (DSCFA) has overall responsibility for the SWA Scheme, but the Health Boards administer the Scheme as part of the Community Services.

The Board's 5 year development plan for the service, which was completed in 1999, places much emphasis on payment, referral and information strategies to support customer needs, and to enable people to resolve their difficulties and live their lives in a dignified manner. The Care Group model is the vehicle being used to progress this strategy.

Objectives

- To provide a quality advice, referral and income maintenance service.
- To develop and implement service policies in support of interventions by other Health Professionals
- To have in place links with relevant Statutory, Community and Voluntary Agencies to ensure comprehensive and continuous service to the public.
- To actively promote a better awareness, understanding and knowledge of the service.

Organisational Structure of Services

Community Welfare Services are organised on a catchment area basis – Limerick, Clare, Tipperary (NR). The area management consists of a Superintendent Community Welfare Officer with support from an administrative CWO. On a regional basis, the service is co-ordinated by a regional co-ordinator with responsibility for planning, policy, training, control, quality, budgets and resource development.

The Community Welfare Service works in partnership with other government departments such as the Department of Social, Community and Family Affairs, with local authorities and with voluntary/community agencies especially in achieving national anti-poverty and cross-functional strategic targets.

Service Plan 1999

(a) Service Activities:

Table 34: Details of Supplementary Welfare Allowance Cases Received and Allowed During 1999

Activity	Claims	Expenditure £
BASIC Payments	8,821	5.115 m
Exceptional Needs	12,920	1.572 m
Supplements	7,110	6.186 m
Total	28,851	12.873m

Fig. 12: SWA Expenditure by Scheme Type 1999

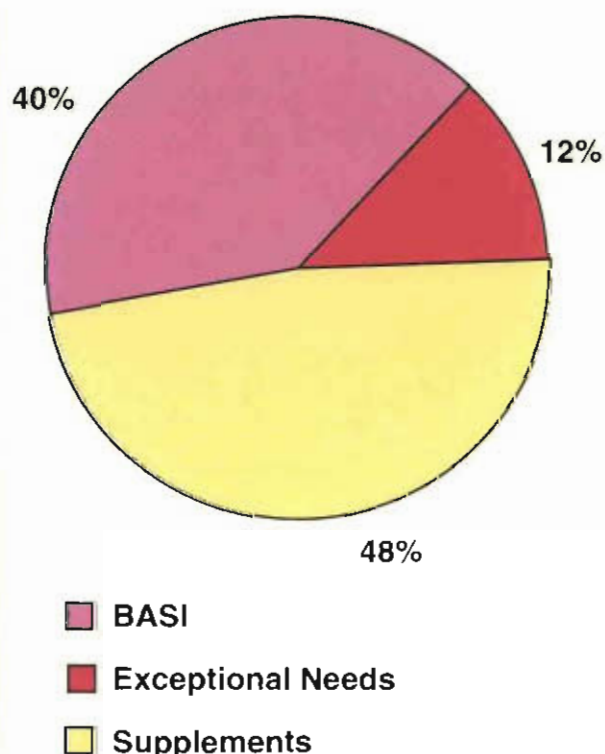
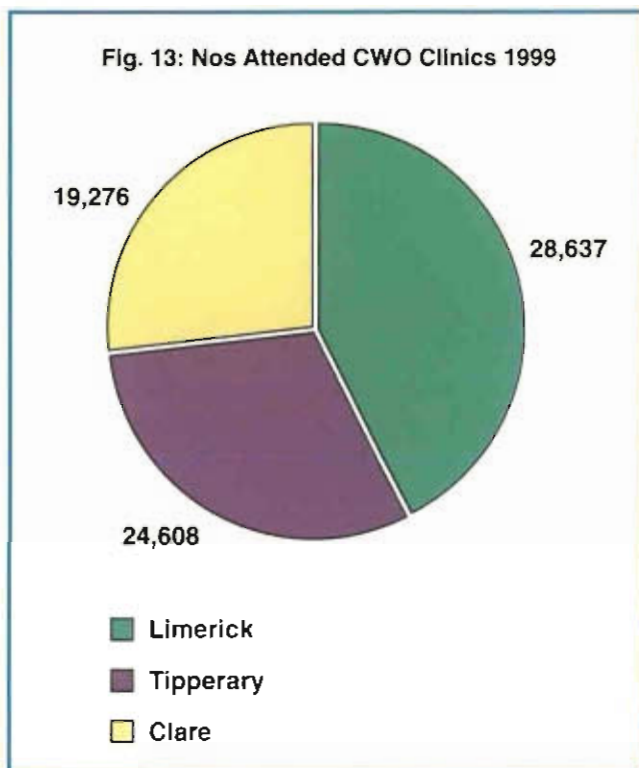


Fig. 13: Nos Attended CWO Clinics 1999



(b) Specific Targets and Outcomes:

Services for Homeless

Target: To Improve Services for the Homeless.

- Outcomes:**
- (a) Limerick: A code of practice was developed jointly by the Health Board and Limerick Corporation with a view to preventing evictions for non-payment of rent. The code is being considered for adoption as a regional and national standard. A protocol for the provision of GP Services for Homeless persons was developed and is the first of its kind in the country.
 - (b) Clare: A co-ordinating group was set up between Clare County Council and the Mid-Western Health Board to address housing issues which need joint attention.
 - (c) Tipperary: An arrangement similar to those in Limerick and Clare is being planned for Tipperary (N.R.).

Information Dissemination to Public

Target: To Expand Information Role of Community Welfare Service.

- Outcomes:**
- (a) The National Social Services Board computer information database, which contains wide ranging, up to date information on all public and social

services, was installed in a pilot site in each Community Care Area in 1999. It will be evaluated in 2000.

- (b) Presentation skills training for CWOs commenced in 1999 and will facilitate an increased output in the provision of information sessions to Community/Voluntary groups.
- (c) A compilation of booklets outlining Community Care Entitlements developed in association with Limerick Community Information Centre was completed. It will be published and launched in early 2000.
- (d) An information booklet on the new appeals structure was published in 1999.

Management Information

Target: To provide more comprehensive statistical reports on Community Welfare Service activities.

- Outcomes:**
- (a) An enhanced reporting system using information technology was introduced and allows for consistency in the provision of management reports.
 - (b) Training on information dissemination through information technology was provided for all local management.

Decision Making

Target: To ensure consistency of decision making in the administration of legislative requirements.

- Outcomes:**
- (a) All existing and new staff received training in Decision Making and Report Writing especially in the context of the Freedom of Information Act.
 - (b) A comprehensive review commenced of all existing medical card assessment procedures with a view to introducing comprehensive regional procedures in early 2000.

Money Advice Service

Target: To develop the preventative role of the Money Advice Service.

- Outcome:** The service published 30,000 copies of a healthy, low cost, cookery book entitled, "101 Square Meals". A reprint has already been requested nationally by all Health Board and Money Advice Services.

Physical Infrastructure

Target: To improve facilities at Community Welfare Offices.

Outcome: Improvements took place in waiting area/interview rooms at the Rixtown Health Centre and the provision of new offices in St. Joseph's Hospital, Limerick.

Service Planning

Target: To improve Service Planning.

Outcome: A 5 Year Development plan was agreed by Service Management and provides direction and accountability in relation to strategic and target outcomes for the next five years.

Training

Target: To commence implementation of a strategic training programme.

Outcome: An ongoing strategic training programme was implemented as part of the 5-Year Development Plan.

(C) General Developments:

- Quality Assurance was identified as the priority for 1999, with the primary objective of achieving ISO9002 quality status for the Community Welfare Service. The requirements specified are aimed primarily at achieving customer satisfaction by preventing non-conformity with specified procedures at all level of services.
- An initial 10 districts applied for certification and all 10 achieved the ISO9002 status in July 1999. This is a first in the country for a welfare service. Training on ISO 9002 auditing was provided for 15 staff members.
- Feedback on the service continues with management and CWO involvement in various customer groups especially the PAUL Partnership, Citizen's Information Centres and customer tribunals set up by the Dept. of Social, Community & Family Affairs. This feedback process also included appraisal of Health & Welfare Services for Asylum Seekers in Ennis.
- An internal audit of Community Welfare Services took place in November and the auditors were satisfied that adequate management control mechanisms and supervision were in place.

Significant Issues

- A number of national reports (C&AG, interdepartmental group) made certain recommendations regarding the future administration of the Supplementary Welfare Allowance Scheme. Consideration will have to be given as to the strategic fit of the Community Welfare Service within the overall Health & Welfare Services of the country.

- Implementation of legislation pursuant to the Social Welfare Bill, 2000.
- There is increasing pressure on the availability of accommodation in the private rented sector especially in relation to single persons.
- The provision of suitable Hostel Accommodation for street homeless especially in Limerick is still an outstanding issue.
- Preliminary discussions took place with the Directorate for Asylum Seekers in the Department of Justice, Equality and Law Reform concerning the dispersal of asylum seekers to the region.

Regional Ambulance Service

Statement of Purpose, Strategy and Objectives

Purpose and Strategy

The purpose of the ambulance service is to provide pre-hospital emergency care and transport. Its secondary role is to provide a patient transport service within specified parameters and budgets.

The Review Group Report on the Ambulance Service, published in 1993, made proposals for its development and modernisation over the coming years. The policy of this Board, in the development of its service, has been in accordance with the recommendations of the Review Group.

Objectives

The main objectives of the service are:

- The care and transportation of the seriously ill and injured to hospital
- The care and transportation of the seriously ill and injured between hospitals
- The provision of health service primary response in emergencies.

Work has commenced on a service wide statement of Purpose, Values, Vision, Mission and Standards to enhance ability to deliver service.

Organisational Structure of Services

Management of the Service is the responsibility of the Chief Ambulances Officer who is supported by four Ambulance Officers and an Administrative Officer. The Ambulance Officers' areas of responsibility are as follows:

- Operations
- Fleet Management and Emergency Planning
- Technical Support, Health And Safety
- Training and Development

The Administrative Officer has responsibility for personnel, finance and service management of the telephone switchboard serving the Limerick City telephone network.

The Operations Officer at the Regional Ambulance Communications Centre, Dooradoyle manages the day to day planning and control of all pre-hospital emergency care and patient transport services. The

provision of twenty-four hour emergency cover for the Board's area is co-ordinated by the Operations Officer.

Service Plan, 1999

(a) Service Activities:

Table 35: Ambulance Service Activity Data 1998/1999.

Activity	Service Level 98	Service Level 99
Emergency and Urgent-Patients Transported	8,311	9,697
Routine and Planned-Patients Transported	28,432	27,261
Total Number of Patients Transported	36,743	36,958
Mileage	780,000	790,000

In addition, non-ambulance transport was arranged for a further 3,200 patients.

Activity in 1999 was slightly up on 1998 and was broadly in line with service targets. This increase reflects international trends particularly in pre-hospital emergency care services.

In 1999, the Ambulance Service provided first aid handling and lifting training to other service areas in the Board. Patient assessment training was provided to the Fire Service.

(b) Specific Targets and Outcomes:

Services

Target: To continue the fleet replacement programme during 1999.

- Outcomes:**
- (a) Four ambulances were purchased during the year under the National Value for Money Contract and a 20% fleet replacement policy was adopted for the future.
 - (b) A mobile control vehicle was developed and equipped for use at major incidents.

Target: To complete two-person crewing in Limerick City.

Outcome: Two-person crewing was completed at the Limerick City Ambulance Station at Dooradoyle. Significant additional revenue funding will be required in order to fully implement two person crewing Board-wide.

Target: To complete dual control in the control room by the end of 1999.

Outcome: Planning for the completion of dual control in the control room was underway by end of 1999.

Target: To develop and enhance a cardiac service.

Outcome: Extension of the cardiac service and the purchase of additional defibrillators to extend implementation of the 'chain of survival' are ongoing.

Target: To enhance preparedness for major emergency response in the region.

Outcomes: (a) Major Incident Medical Management Support training was introduced. Two Ambulance Officers and one A&E Nurse were trained and an Instructor was qualified.
(b) Ambulance service personnel attended three major accident exercises.
(c) The Ambulance service was directly involved in the planning of all major accident exercises in the region.
(d) An Ambulance Officer underwent an EU Disaster Medicine course.

Target: To develop a neo-natal transport service.

Outcome: Development of a neonatal transport service is ongoing. This service is being developed nationally and the funding for the project was held and managed by the Board in 1999.

Training

Target: To advance new entrant and conversion training of Emergency Medical Technicians (EMTs).

Outcomes: (a) Six EMTs underwent conversion training during 1999.
(b) Seventeen EMTs underwent new entrant training during 1999.

Target: To enhance clinical and driving training for the Ambulance Service.

Outcomes: (a) Two advance-driving instructors were trained and qualified, giving the service the ability to conduct in house driver training for the first time. This training commenced with all new entrants in 1999.

(b) An Ambulance Officer successfully underwent paramedic training in the UK.

(c) Three EMT pre-hospital trauma life support (PHTLS) instructors were trained.

(d) An Ambulance Officer underwent a paediatric advanced life support (PALS) course and a neonatal instructor's course.

Target: To introduce critical incident stress awareness into the service and commence a critical incident stress debriefing (CISD) program.

Outcomes: (a) Formal briefings on stress awareness were provided to ambulance personnel in 1999.
(b) Critical Incident Stress Debriefing was formally introduced into the service.

(c) General Developments:

- Enhancement of the monitoring processes for evaluating the quality of service provided will continue in 2000. Preliminary results of 1999 data, which will become available in early 2000, will be considered in the context of opportunities for improving the service.
- A research project on the development of the "Chain of Survival" concept in County Clare was initiated 1999. This project will also continue in 2000.
- The project relating to clinical evaluation of the treatment of trauma patients using patient report forms in conjunction with the Medical Advisor and the In-Service Instructor was undertaken in 1999 and will continue into 2000.

Significant Issues

- Fleet Replacement Policy and Funding.
- Full implementation of the Patient Report Form in the context of the A&E study.
- Extension of two person crewing. A manpower plan setting out proposals for the completion of two person crewing has been submitted to the Department of Health & Children. The two person crewing issue must be addressed as a matter of urgency and completed as soon as possible. There are significant revenue and service delivery implications for the service as two person crewing is extended and when it is completed.
- Development of Ambulance Control with the introduction of a computerised command control system is a priority. Additional components in this system will be mapping, automatic vehicle location,

an executive information system and medical priority dispatch (MPDS). There are staffing and revenue implications with this development.

- Training and conversion of EMTs. Training costs constitute an increasing element of budget during the change period, including replacement costs while staff are being trained.
- Revised standards for in-service training which have been set by the National Ambulance Advisory Council will reduce the flexibility in assigning trainees during this period, with consequent cost implications for service provision.
- Introduction of monitoring systems to support service improvement and provide timely management information.
- Introduction of clinical audit.
- Completion of the recommendations of the 1993 Review Group Report.
- Implementation of the recommendations of the 1999 Cardiac Strategy.
- Upgrade of Ambulance Stations throughout the Region.
- Development of a new Regional Headquarters.

Part III Discrete Functions

Section 1

Health Promotion

Section 2

Finance

Section 3

Human Resource

Section 4

Report - Prompt Payments Act

Section 5

Report - Freedom of Information Act, Ombudsman Act, Data Protection Act

Section 6

Report - Appeals Office



BÓRD SLÁINTE
AN MHEÁN-IARTHAIR

*for the health and social well-being
of the community*

Health Promotion

Introduction:

The term 'health promotion' refers to a wide range of activities, including information and education about health; information about preventing illness and managing chronic illness; and providing supportive environments for health improvement. Most staff working for the Health Board do some of these things some of the time. The Health Promotion Unit provides a resource to support this work, and to lead on its own programmes and projects.

Highlights of 1999:

- The Unit has seven staff working on health promotion projects in Parkview House, Pery Square, and another seven in the Sláinte Office in O'Connell St.
- It has expanded its work with schools, and has provided training for post-primary schools in preparation for the new curriculum in Social, Personal and Health Education. This has included work on a schools drug policy and underage drinking.
- It has worked closely with community-based organisations to address fundamental health-related issues. A local health needs assessment was commissioned in Southill and several promotions of healthy eating were organised to stimulate local interest.
- It provided dietetic support on an individual basis to patients in Clare and Tipperary which is intended to be continued into 2000.
- The '101 Square Meals' low-income cookbook was launched, a joint venture between Health Promotion, Community Welfare and Social Welfare services.
- A unique GP Exercise Referral Scheme - Active 8 - was organised in conjunction with the University of Limerick. Six GPs select and refer willing patients to an exercise scientist who designs a programme for them and monitors their progress at one of three leisure centres.
- A Smoking Action Group was established, partly in support of the Regional Hospital initiative, but also to extend action throughout the Region and plan for additional activity, including smoking cessation programmes for staff and public.
- The Unit steered the work around the International Year of Older Persons, and organised a very well received conference in September. Some of the work funded through the year will be supported in 2000 and beyond.
- The Unit works closely with local radio, with weekly slots on 95FM and Tipp FM.
- More integrated models of working were developed e.g. with the Health Promoting Hospital initiative, with the Mental Health Services on substance misuse, with Community Services on community development for health.
- The Sláinte Health Advice Centre provides public information on health issues available from the Department of Health, from our medical encyclopaedias, from 'Patientwise' and other health-related databases, and from reliable Internet services.

Finance

Based on unaudited accounts, the Board is carrying forward an overspend of £610,480 into 2000. However this has arisen solely due to exceptional expenditure in relation to the Millennium. The Board has spent nearly £500,000 in respect of the Exceptional Millennium Bonus paid to staff for the period leading up to the Millennium. It has also incurred, approximately, a further £300,000 in respect of the special Contingency Plans put into place and designed to ensure that the Board could cope with all foreseeable problems which might arise at the end of the year.

It is anticipated that this expenditure will be recouped from the Department of Health & Children - which will

leave the Board in a break-even or near break-even position at year end.

- * Other costs include office expenses, utility costs, insurance, financial costs, travel and subsistence expenses, catering, cleaning and washing, maintenance, education and training and computer, as well as other miscellaneous costs.
- ** Grants to Voluntary Agencies includes circa £24.2m re. new arrangements for direct funding of Voluntary Agencies.
- *** Clinical costs include drugs & medicines, medical & surgical supplies, blood, medical gases, pathology & radiology costs.

Fig. F14:

Analysis of Pay Expenditure

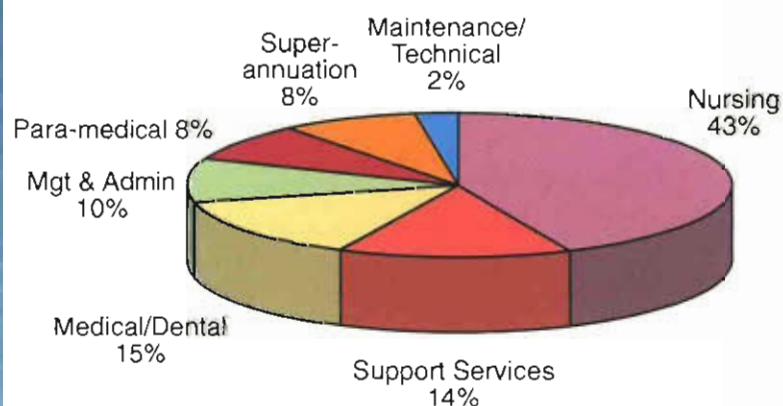


Fig. F15:

Analysis of Non-Pay Expenditure

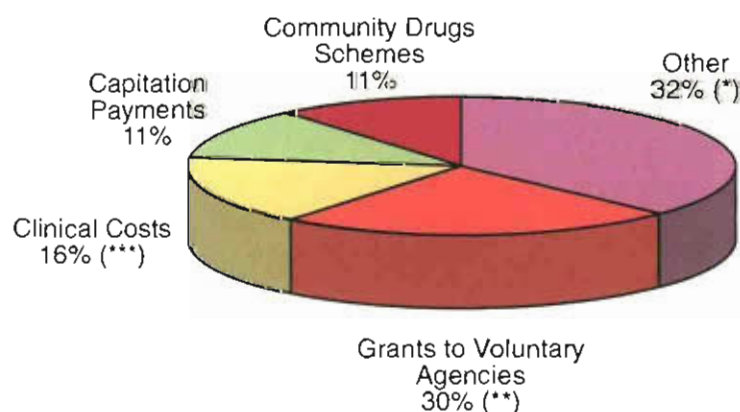


Table 36: Summary Financial Position

Income	IR £m	Euro m
1999 Allocation	216.1	274.4
Patient Income	11.7	14.9
Payroll Deductions	4.8	6.1
Sales & Other Income	5.8	7.4
	238.4	302.7
Expenditure		
Pay	131.4	166.9
Non-Pay	107.7	136.8
	239.1	303.6
Deficit for Year	(0.7)	(0.9)
Surplus b/fwd from 1998	0.1	0.1
Deficit c/fwd (cumulative)	(0.6)	(0.8)

Table 37: Programme Analysis of Expenditure & Income 1999.

	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m	%
Acute Hospitals	63.9	26.9	90.8	12.2	78.5	36%
Disabilities	0.9	28.6	29.5	0.0	29.5	14%
Child & Family	3.6	7.8	11.4	0.2	11.2	5%
Community Services	15.1	30.5	45.7	1.5	44.1	20%
Elderly Care	20.5	4.8	25.3	4.5	20.8	10%
Mental Health	23.3	5.5	28.7	3.3	25.4	12%
Central & Other Services	4.1	3.6	7.7	0.6	7.1	3%
Total	131.4	107.7	239.1	22.3	216.8	100%
Percentage	55%	45%	100%			

Table 38: Child & Family Analysis of Expenditure & Income.

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	1.6	3.9	5.4	0.1	5.4
Tipperary	0.9	1.1	2.0	0.0	1.9
Clare	0.6	1.2	1.8	0.0	1.8
Regional	0.5	1.6	2.1	0.0	2.1
Total	3.6	7.8	11.4	0.2	11.2
Percentage	32%	68%	100%		

Table 39: Mental Health Analysis of Expenditure & Income.

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	12.8	2.4	15.2	1.6	13.6
Tipperary	0.6	0.1	0.7	0.0	0.7
Clare	9.7	2.6	12.2	1.6	10.6
Regional	0.2	0.3	0.5	0.0	0.5
Total	23.3	5.5	28.7	3.3	25.4
Percentage	81%	19%	100%		

Table 40: Disability Analysis of Expenditure & Income.

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	0.2	1.2	1.5	0.0	1.5
Tipperary	0.3	1.4	1.6	0.0	1.6
Clare	0.3	1.2	1.5	0.0	1.5
Regional	0.1	24.7	24.9	0.0	24.9
Total	0.9	28.6	29.5	0.0	29.5
Percentage	3%	97%	100%		

Table 41: Acute Hospital Analysis of Expenditure & Income.

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Regional Complex	46.7	21.6	68.3	9.9	58.4
Nenagh General	6.3	2.1	8.4	1.0	7.4
Ennis General	7.5	2.0	9.5	1.0	8.4
Ambulance Services	2.8	1.0	3.8	0.2	3.6
Orthodontic Services	0.4	0.2	0.6	0.1	0.5
Programme Admin	0.1	0.1	0.2	0.0	0.2
Total	63.9	26.9	90.8	12.2	78.5
Percentage	70%	30%	100%		

Table 42: Elderly Care Analysis of Expenditure & Income.

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	9.9	2.6	12.5	2.5	10.0
Tipperary	4.0	0.7	4.7	0.7	4.0
Clare	6.6	1.5	8.1	1.3	6.8
Regional	0.0	0.1	0.1	0.0	0.1
Total	20.5	4.8	25.3	4.5	20.8
Percentage	81%	19%	100%		

Table 43: Community Services Analysis of Expenditure & Income.

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	6.0	10.2	16.2	0.5	15.6
Tipperary	4.5	7.1	11.6	0.3	11.3
Clare	3.7	5.4	9.1	0.3	8.8
Regional	0.9	7.9	8.8	0.4	8.4
Total	15.1	30.5	45.7	1.5	44.1
Percentage	33%	67%	100%		

Table 44: Central Services Analysis of Expenditure & Income.

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Central Services	4.1	3.6	7.7	0.6	7.1
Total	4.1	3.6	7.7	0.6	7.1
Percentage	53%	47%	100%		

Human Resource

During the year three Human Resource Specialists were appointed, one for Central H.R. and one each for the devolved H.R. functions in the Acute Services and in the Non-Acute Services. The final phase of the re-deployment of staff from the Centre to the devolved HR Non-Acute Services was completed.

Preparation continued for the introduction of the PPARS System and a user representative from the Personnel Department was assigned to the National Project Headquarters in Sligo to work on the common conceptual design/configuration of the system. An implementation team was set up to implement the system in the Board involving a number of key appointments. Collection of data for the configuration of the system was undertaken. An analysis of current systems and a data quality study were commenced with a view to updating manual and computer records currently held in the Finance and Personnel Departments. A review of Personnel and Finance business processes was initiated by the Organisation Development Unit and awareness sessions were held for supervisory staff.

The revised programme for the production of enhanced WTE reporting reached the final stages of completion. Preparation was commenced for the introduction of improved systems for absenteeism analysis and for the introduction of the automatic payment of increments to staff.

In the Occupational Health Service, a competition was held for the appointment of an Occupational Health Nurse and arrangements were initiated for the recruitment of an Occupational Health Physician to take up appointment in the new year.

During 1999 a total of 467 permanent appointments were processed, 227 for the Acute Hospital Services in Limerick and 240 for the other services in the Board's area. In the Acute Services, a total of 104 competitions were held of which 55 related to permanent appointments and 49 to temporary appointments. In the remaining services, a total of 116 competitions were held of which 73 related to permanent appointments and 43 to temporary appointments. In all a total of 220 competitions were held during the year.

During 1999, the approval of the Department of Health & Children was received to the creation of over 280 additional posts for the introduction of new services and the development of existing services as proposed in the

Service Plans 1999 and also for some developments identified for implementation and inclusion in the Services Plans for year 2000. These additional posts were approved for the Acute Hospital Services and for Community Services including Disabilities, Child Health & Family Services, Child Care Services etc. and also Mental Health Services and Services for the Older People.

In the Acute Hospital Services, the increase in staffing levels, in whole-time equivalents, during 1999 resulted mainly from additional posts in developing Palliative Care, Oncology, Haematology, Oral Surgery, Haemovigilance and Maternity Services.

There were also significant increases in staffing levels during the year for services relating to intellectual disabilities. These arose from increased activity in the Residential and Day Services, the devolvement of operational responsibility to the General Managers and the enhancement of the disability management structures and in services relating to physical and sensory disabilities.

The expenditure on staff training and development during the year amounts to £2.5 million, approximately representing 2.16% of the Pay Budget and 1.2% of the Board's Overall Budget for the year. Expenditure was wide ranging including the payment of course fees, teaching aids and library services, pre-registration nurse training and a wide range of training courses and seminars, in-house and external, for various categories of staff in the Board.

In October the Board's pre-registration Psychiatric Nurse Training School re-opened with an intake of 27 students for the Psychiatric Nursing Registration Diploma Programme.

The Board continued to participate, at national level, in the HRM Committee of the Health Services Employers Agency on matters relating to HRM best practice and also participated in the Consultative Committee of the Office for Health Management in relation to management development issues, including leadership training and the facilitation of training policy development for the health boards.

Report – Prompt Payments Act

This Act stipulates that payment must be made to suppliers of goods or services on or before the date on which payment is due under the terms of a written contract **or** where there is no written contract **or** if the written contract does not specify a payment date, within 45 days of receipt of the invoice or delivery of the goods or services, whichever is the later.

The Board has put comprehensive procedures in place to ensure, as far as possible, that payment is made to suppliers on time. Where this is not achieved interest is paid in accordance with the Act.

- The number of late payments in excess of £250 were 1250 with a total value of £1.3 million. These were late by an average of 11 days.
- During 1999 a total of £4,434 was paid in interest.
- Late payments accounted for approximately 1 1/2% in value of all payments.
- The Board continues to focus attention on this area to ensure, as far as is practicable, that late payments (and the interest they attract) are kept to an absolute minimum.

Report

Freedom Of Information Act, Ombudsman Act, Data Protection Act.

1. Freedom of Information Act:

The Freedom of Information Act 1997 came into operation for the Health Boards and Local Authorities on the 21st Oct 1998.

The Act provides that every person has the following new legal entitlements:

- The right to access official records held by Government Departments or other public bodies listed in the Act
- The right to have personal information amended where such information is incomplete, incorrect or misleading
- The right to obtain reasons for decisions affecting oneself

From the 21st October, 1998 members of the public may seek access to personal information held by the Mid-Western Health Board irrespective of when the information was created, subject to availability. This Act also allows members of the public the right to seek access to non-personal records created after the 21st October, 1998.

In this Board all matters in relation to tracking and monitoring FOI activities are handled by Eolas, the Customer Services Unit. The decision regarding records to be released is made by the decision-maker in the relevant area. The main objectives of Eolas are:

- To assist staff with the implementation of the FOI Act
- To assist members of the public to exercise their rights under the FOI Act
- To co-ordinate, track and monitor all FOI requests received by the Board
- To carry out awareness training, training for Decision-Makers, Record Liaison Officers and Internal Reviewers.
- To carry out awareness/promotional seminars for the public, at health centres, citizen information centres and public libraries
- To highlight areas of concern
- To liaise with other Health Boards, voluntary organisations, government departments and the Office of the Information Commissioner

During 1999 Eolas was involved with the publication of revised section 15 documents (FOI Act). These documents detail the Board's schemes and services and one was produced for each care group. An Irish version

of the public information FOI leaflet was also published and distributed and refresher-training courses were provided for decision makers and records liaison officer.

Some relevant statistics are as follows:

For the period January 1st 1999 to Dec 31st 1999 Eolas handled 318 Freedom of Information requests. The following table indicates the areas where these requests were sent to be resolved.

Table 45: Routing of Freedom of Information Requests, 1999.

Service Area	Number of Requests
Acute Hospitals	211
Central Offices (HQ)	38
Community Care	31
Primary Care	29
Mental Health	20
Child Care	13
Total	342

(Note: the total is higher than the figure previously mentioned as a number of requests were for information covering more than one service area).

The outcome of these requests are displayed in the following table:

Table 46: Outcome of Freedom of Information Requests, Since Introduction of Act. on 21/10/1998.

Outcome	Totals
Granted	210
Part Granted	17
Refused	50
Transferred/ Withdrawn	2
Pending	121
Total	400

(Note: the figures in this table represent the total number of requests [400], which the Board has received from Oct 21st 1998 to Dec 31st 1999.

Of the 318 requests which the Board received in 1999 there were 261 requests for personal information and 57 requests for non-personal information. The following table represents the categories of requester:

Table 47: Categories of Requester, Freedom of Information, 1999.

Category of Requester	Totals
Public	269
Journalist	27
Staff	5
Other	17
Total	318

In 1999 there were 10 requests for an internal review and 6 requests were referred to the offices of the Information Commissioner for external review.

The total costs (approximately) associated with handling Freedom of Information Requests and the fees received for 1999 are as following:

Table 48: Cost of Processing Freedom of Information Requests and Revenue Received, 1999.

Location	Cost of Processing	Revenue Received
LRH & Maternity	£57,397.00	£1,546.00
North Tipp./ East Limerick	£2,164.80	Zero
Clare	£4,553.50	£150.00
TOTAL	£64,115.30	£1,696.0

2. Ombudsman Act:

The Mid-Western Health Board is also subject to the Ombudsman Act, 1980. The Ombudsman has extensive powers in law. He can demand any information, document or file from a body complained of and can require any official to give information about a complaint. He can look into all administrative actions including decisions, refusals or failures to take action or administrative procedures.

Before a complaint can be made to the Ombudsman the complainant must first try to resolve the matter with the Board. Once the complaint has been made to the Ombudsman his staff will examine the issue to see if it is justified. The Ombudsman's review of a complaint is impartial and completely independent.

The role of Eolas with regard to the Ombudsman Act 1980 is:

- To liaise with staff, the public and the Office of the Ombudsman
- To assist members of the public to exercise their rights under the Ombudsman Act
- To co-ordinate, track and monitor all Ombudsman queries
- To highlight areas of concern

Some relevant statistics are as follows:

For the period January 1st 1999 to December 31st 1999 Eolas received 17 official Ombudsman queries 7 more than in 1998 when 10 queries were received.

The issues raised in the Ombudsman queries are referred to in the table below.

Table 49: Issues Raised in Ombudsman Queries, 1999.

Category	Number of Complaints
Mobility Allowance	2
Treatment Abroad	3
Admission to Regional Hospital	1
Nursing Home Subvention	3
Attention Deficit Disorder	1
Drug Refund	1
Domiciliary Care Allowance	1
Medical Card	1
Refund of Exam Fees	1
Housing Aid for Elderly	1
Treatment in St. Joseph's Hospital, Ennis	1
Environmental Health	1
Total	17

Of these 17 queries seven have been resolved, with the remaining ten pending at the end of the year.

3. Data Protection Act:

The Mid-Western Health Board is subject to the Data Protection Act, 1988. Any person processing personal data must comply with the eight enforceable principles of good practice. These principles lay down that data must be:

- fairly and lawfully processed;
- processed for limited purposes;
- adequate, relevant and not excessive;
- accurate;
- not kept longer than necessary;
- processed in accordance with the data subject's rights;
- secure;
- not transferred to countries without adequate protection.

The Data Protection Commissioner maintains a public register of data controllers. Each register entry includes the name and address of the data controller and a general description of the processing of personal data by a data controller. Notification is the process by which a data controller's details are added to the register. These duties are carried out by Eolas each year.

There were no data protection requests made during 1999. This is similar to the experience in other Health Boards where requests for access to information are coming within the ambit of the Freedom of Information Act 1997, rather than the Data Protection Act 1988.

Report – Appeals Office

In any organisation it is critical that an independent and impartial voice exists to adjudicate on appeals, for quite often these are requested by the most disadvantaged in our society.

The business of the Appeals Office:

- The provision of a system of redress, for individuals unhappy with the outcome of a decision, is provided by the Mid-Western Health Board as a matter of right.
- To date the appeals service has related to the Nursing Home Subvention and Supplementary Welfare Allowance Schemes. However, from 01/02/2000 this service will be extended to cover appeals in relation to medical cards and miscellaneous community care entitlements e.g. Domiciliary Care Allowance, Blind Welfare Allowance, Mobility Allowance etc.

The hallmarks of the Appeals Office are accessibility, promptness, privacy, equity, appropriateness and loyalty.

Accessible

Everyone should have equal access to their right of appeal, if they need it.

Achievements 1999:

- Advertising the right of appeal – posters, information booklets produced in 1999.
- Appeal application forms are now being sent with all refusals.
- The public now have a choice as to their preferred method of appeal – application form, letter or e-mail.
- Full day 9:30am – 5:00pm opening with an accompanying telephone enquiry facility.

Prompt

The staff in the Appeals Office are committed to the principle of dealing with all appeals in a timely fashion:

Achievements 1999:

- All appeals are acknowledged within two working days of their receipt.
- In co-operation with relevant departments within the Health Board, a standard of 6 weeks has been set to achieve an appeal outcome. (In the case of a medical review relating to a Nursing Home Subvention this may have to be increased).

- Appeals procedures setting out roles and responsibilities of all concerned have been agreed at Health Board level.

Personal and Private

The Appeals Office recognises that customers have different needs and expectations, and at all times aims to reflect these in its standards of courtesy, confidentiality and respect for privacy.

Achievements 1999:

- An important duty of all Appeals Office staff is to recognise the anxieties that many appellants bring with them to the appeals process and to dispel these to the best of their ability. Staff are trained to put appellants at their ease both in face to face contact and on the telephone.
- New Appeals Offices were provided during 1999 and interviews are now conducted in a manner and place that is conducive to total privacy.

Equity

The Appeals Office tries to ensure that all appellants are treated equally regardless of such characteristics as gender, ethnic, racial or cultural background, competence in the English language, place of residence or socio-economic background.

Achievements 1999:

- Emphasis is placed on staff to ensure the proper application of legislation, regulations, guidelines and procedures and to recognise their responsibility to ensure that decisions are consistent and legally correct.
- Current procedures proactively facilitate representations made on behalf of an appellant and allow a third party present a case for consideration.

Appropriate

The Appeals Office is committed to the ongoing improvement of the workings of the office and to ensuring that the appeals service is responsive to the customers needs.

Achievements 1999:

- The setting of procedures and appeals literature following informal contact with customer groups and colleagues within the Health Board.

Loyal to the Customer

Flexibility and discretion exist when decisions are made regarding applications for Supplementary Welfare Allowance, medical cards, nursing home subventions and miscellaneous allowances.

Achievement 1999:

- The service has been widely advertised as an independent system of redress.

The year 1999 was another busy and challenging year for the Appeals Office. 663 new appeals were received. This, combined with 76 appeals on which work was in progress at the commencement of the year, gave a caseload of 739 for the year. A total of 680 appeals were decided during 1999.

Table 50: Breakdown of Appeals in the 12 Month Period to 31/12/99.

Category	Total decided in 1999	Total allowed in 1999	% Allowed in 1999
Supplementary Welfare Allowance	527	165	31%
Nursing Home Subvention	153	55	36%
Total	680	220	32 %

Supplementary Welfare Allowance Appeals:

A total of 527 Supplementary Welfare Allowance appeals were dealt with during 1999 compared to 328 in 1998.

Nursing Home Appeals:

During 1999, 162 new appeals were received. Added to the 6 on hand at the start of the year there was a total of

168 for the year. 153 of these appeals were decided during 1999.

Fig 17: Analysis of Nursing Home Appeals Decisions, 1999.

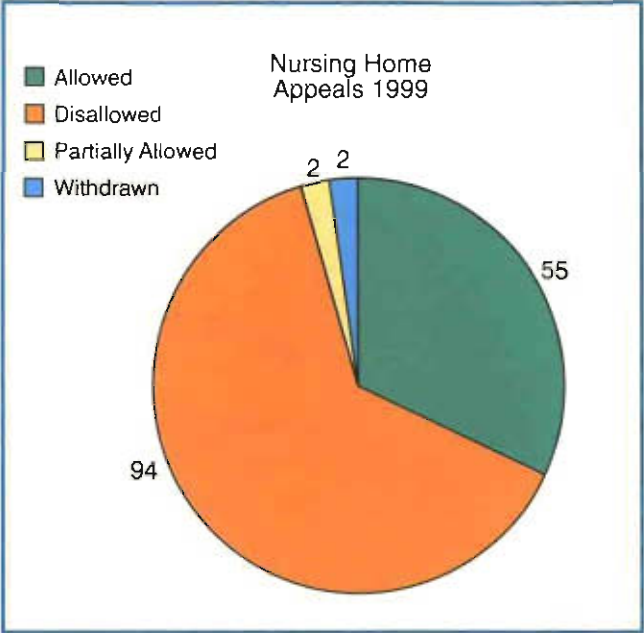
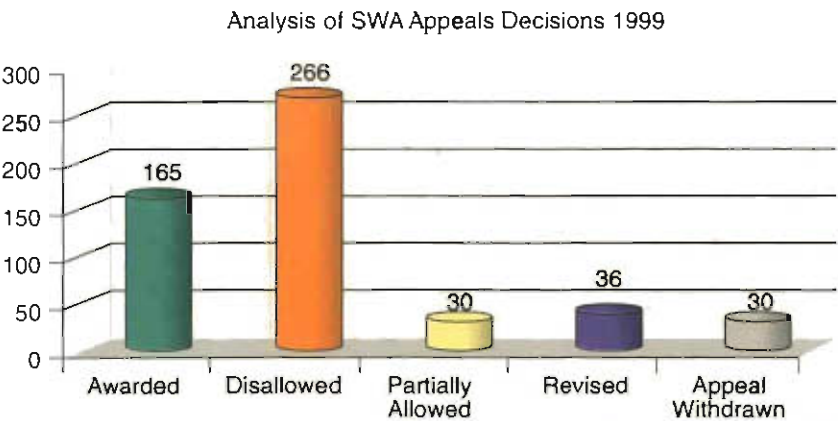


Table 51: Breakdown of Nursing Home Appeals Decisions, 1999.

Reason for Decision	Allowed	Disallowed	Partially Allowed	Withdrawn
On Means Grounds	22	54	1	2
On Medical Grounds	33	40	1	0

The high number of cases allowed on medical grounds reflect the continually changing medical dependency status of the elderly group involved. Cases allowed on means grounds reflect in many cases the complex issues involved in the assessment of the family home circumstances.

Fig. 16: Analysis of SWA Appeal Decisions, 1999.





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