Shaping Community

Health Care

in

Cork and Kerry

SERVICE PLAN 1996

CONTENTS

CHAPTER 1

OBJECTIVES OF COMMUNITY CARE

The primary role of the Southern Health Board Community Care Programme is to provide a framework of services to families, communities and voluntary organisations aimed at improving the quality of life and health status of the community at large.

The specific objectives of Community Care are :

- To enable people to live as normal a life as possible in their own homes or in a homely environment (Sheltered Housing etc.) in their own community.

- To provide the right amount of care and support to help people achieve their full potential.

- To concentrate on those with the greatest needs.

- To prevent ill-health through activities directed at educating the individual and the community by controlling the spread of disease and through general Health Promotion measures.

CHAPTER 2

FOCUS ON HEALTH GAIN AND SOCIAL GAIN

The main theme of the Health Strategy is the reorientation or reshaping of our services so that improving peoples health and quality of life becomes the primary and unifying focus of our efforts. The three principles which underpin the entire strategy are equity, quality of service and accountability. The strategy also places a lot of emphasis on the dovetailing of services so as to improve linkages between community based and acute hospital services in particular. It is intended to achieve the objectives of the strategy by building support for it through clear vision, consultation, communication, explicit objectives and measurement of performance. These are essential to it's success.

Health Gain and Social Gain

Health Gain and Social Gain is now at the centre of our thinking and of our recently published strategies. These concepts neatly incorporate what we are trying to achieve, namely, improvements in the health status of the population.

In this regard, as will be seen in Chapter 5, we have :

- established goals and clear objectives,
- undertaken a detailed and systematic analysis of a range of services that can produce Health Gain and Social Gain,
- a managed approach to the facilitation of collaboration within and between the Health Board and other organisations to maximise the achievement of the potential for Health Gain.

Achieving Health Gain will involve an assessment of the health status of the population of Cork and Kerry. It will mean drawing on epidemiological skills and data. To refocus resources to Health Development Sectors, it will be necessary to have information about both the prevalence and severity of illness and of the situations which are associated with bad health, such as poor housing, poverty and unemployment. Information is required about the incidence of health problems and illnesses and about the degree of severity within the incidence.

Needless to say, information in some of these areas is lacking or incomplete.

Action Plans

In moving towards the achievement of the objectives of the Health Strategy, we have commenced a review of our services that will identify strengths and gaps. In doing so, Community Care is overseeing the implementation of the Action Plans for the following areas :

Health Promotion,
G.P. Services,
Dental Services,
Women's Health,
Family Planning,
Children's Health,
Child Care and Family Support Services,
Traveller's Health,
Drug Misuse,
HIV/AIDS Patients,
Ill and Dependant Elderly,
People with Physical or Sensory Handicap,
Health Development Sectors.

A number of key people have been identified to lead the Action Plans while working groups of relevant professional and other Board staff have or will be established to examine each of the services. As the improvement of linkages between various aspects of the Board's services, such as Hospitals, General Practitioners, Community Care, is vital to the success of the Strategy, working groups will include representatives of these services where necessary.

The following reviews / action plans have already been completed :

Travellers Health
Home Help Services Review,
Strategy to Prevent and Treat Alcohol and Drug Abuse
(adopted as Board Policy and 4 Year Action Plan),
AIDS Strategy
(adopted as Board Policy and to be converted to 4 Year Action Plan),
Action Plan on Dental Treatment Services Scheme
(to be reviewed in the light of extension of eligibility).
Community Psychology Services
Speech and Language Therapy Services
Ophthalmic Services
Audiology Services in Cork City and South Cork
Procedures for SWA Services

The following studies / reviews are being carried out :

Review of Services for the Older Person
Women's Health (Baseline study and Literature review) Consultative Process
Family Planning (Baseline study)
Children's Health (Baseline study)

Review of Fostering Services in Cork
Evaluation of Mayfield Neighbourhood Youth Project
Design of new Case Conference model
Medical Card Review
GP Services: The Primary Care Challenge
Special Housing Aid for the Elderly
Domiciliary Confinements
Oral Health Survey

CHAPTER 3

FRAMEWORK OF COMMUNITY CARE SERVICES

The primary role of the Community Care Programme is to provide a framework of services to families, communities and voluntary organisations aimed at improving the quality of life and health status of the community at large.

The specific objectives of Community Care are:

To enable people to live as normal a life as possible in their own homes or in a homely environment (Sheltered Housing etc.) in their own community.

To provide the right amount of care and support to help people achieve their full potential.

To concentrate on those with the greatest needs.

To prevent ill-health through activities directed at educating the individual and the community by controlling the spread of disease and through general public health measures.

Framework of Community Care Services

The present framework of Community Care Services stems from the 1970 Health Act and associated documents. The broad range of services are under five sub-programmes :

Community Protection
Community Health
Community Welfare
Handicapped Services
Support Services

The total cost of providing these services in 1995 was £87.01m. Expenditure of £20.2m was incurred on the Supplementary Welfare Allowance Payments which is funded by the Department of Social Welfare and £5.56m was incurred on the GMS Scheme.

Community Protection Programme

The key areas of activity of the Board in this area is through it's immunisation and vaccination programme, pre-school and child health services, health education programme and environmental health services.

In 1995 expenditure on this sub-programme totalled £2.2m, the main components being :

Child Health Services	**£0.36m**
Immunisation Schemes	**£0.69m**
Environmental Health Services	**£1.15m**

Progress in 1995

The Board's services under this sub-programme continued in 1995 with the following specific events being merit of comment :

- the employment of a Health Promotion Officer
- the establishment of a Child Health Advisory Group
- the establishment of a computerised data base system for Environmental Health Officers to assist in the recording of data in accordance with E.C. Legislation.

1996 Developments

It is planned to further develop the Board's activities through the following:

- Implementation of the Primary Childhood Immunisation Programme
- Health Promotion Initiatives - Drug Education
  - Smoking Cessation
- Review of Child Health Services
- Epidemiological survey of Alcohol and Drug Abuse in Cork and Kerry

Community Health Programme

This sub-programme covers areas such as services for the elderly including domiciliary nursing, dental services, ophthalmic and aural services, maternity and infant care, the community drugs schemes and general practitioner services.

Expenditure on this programme in 1995 totalled £26.6m, the main components being:

Care of the Elderly/Domiciliary Nursing	**£9.97m**
Dental Services	**£4.82m**
Ophthalmic and Aural services	**£0.49m**
Community Drugs Scheme/Provision of appliances	**£10.65m**
Maternity and Infant Care	**£0.67m**

Progress in 1995

Considerable progress was made during 1995 under the sub-programme. The more notable developments were :

- A review of the Public Health Nursing Services commenced.
- The setting up of a steering group in connection with the review of Services for the Older Person.
- The computerisation of the stores system for the Cork City and South Cork Community Care areas.

1996 Developments

Current plans for the further development of our services in 1996 include:

- The extension of eligibility of our dental services for children to those under 14 years of age in accordance with Ministerial Regulations.
- Allocation of funds to recruit further dental staff
- Provision of funds for Adult Sight Testing Scheme
- Review of operation of Community Drugs Schemes

Community Welfare

The services included under this sub-programme are the personal social services including child care and family support, cash welfare payments and home helps.

Total expenditure in 1995 amounted to £27.6m of which the following were the main components :

Child Care/Family Support/Personal Social Services	**£7.40m**
Cash Welfare Payment	
Supplementary Welfare Allowance Scheme	**£20.2m**

Progress in 1995

The Boards child care, family support and personal social services continue to be areas of major development and 1995 saw a considerable increase in activity. The implementation of the Child Care Act 1991 requires a sustained programme of investment to provide additional staff in the community, and to develop new and improved residential and community responses. In 1995 the following are achievements which merit special mention:

- The Board's Child Care Action Plan for 1995 was funded by the Department of Health.
- A total of 45 additional child care posts were approved.
- A range of other developments were put in place which will be outlined in the Review of Child Care Services.

1996 Developments

During 1996, it is envisaged that further sections of the Child Care Act, 1991 will be brought into force by the Minister for Health. This will place considerable additional responsibilities on the Board and our child care services will need to be further developed to ensure the optimum service is provided. Additional funding of £0.375m is provided in the Board's allocation for these developments. Specific emphasis will be placed on :

- development of an Out of Hours Service
- the further development of the Child and Adolescence Psychiatric Services.
- the provision of further funding to voluntary bodies.
- development of fostering and residential facilities.

Handicapped Services Programme

This sub-programme includes the payment of allowances and grants to the disabled, the provision of rehabilitation and training and services for those with a physical or sensory handicap.

Expenditure in 1995 on this sub-programme totalled £15.38m made up of the following main components :

Payment of allowances/grants	**£11.35m**
Activation/Rehabilitation services	**£4.03m**

Progress in 1995

There has been a continued emphasis placed on the development of services for those with a physical or sensory handicap and a concerted effort is being made to improve the quality of life of those affected by such a disability. In 1995 additional funding was provided to allow the Board to employ :

- 3 Speech Therapists
- 1 Senior Physiotherapist
- 4 additional Nurses

The additional allocation also allowed the Board to make extra funding available to a number of voluntary organisations.

The development of respite care continued in the Board's area.

1996 Development

Preparation of Four Year Action Plan for people with a physical or sensory handicap.

- Establishment of a Disability Forum

- From the 1st January, 1996, the Disabled Persons Maintenance Allowance Scheme and Disabled Persons Rehabilitation Allowance will be funded by the Department of Social Welfare. The Board's allocation has accordingly been reduced by £10,815m which is the 12 month cost of funding this service. A National Co-ordinating Committee has been established to oversee this transfer.

Support Services Programme

This sub-programme includes support services for the Community Care programme such as area headquarters administrative staff, medical and community welfare office staff, staff such as physiotherapists, community workers and other paramedical staff who provide support services for each of the various sub-programmes. Associated costs such as information technology, office accommodation, telecommunication and electricity charges are also included. Other areas covered are the G.P. Unit, Registration Department, Public Analyst Laboratory, Nursing Homes Unit and the S.T.D. Clinic.

In 1995 the expenditure on support services net of miscellaneous income was £9.67m.

Progress in 1995

In 1995, the Board's allocation enabled the continuation of the Board's support services to the Community Care programme. Significant progress has however also been made in a number of areas, the following of which merit special mention :

- The implementation of the Nursing Homes Act, 1990 continued.
- Plans were initiated for the development of a Public Analyst Laboratory to be based at St. Finbarr's Hospital.
- The G.P. Unit facilitated further improvement in the interface between the GP's and the other health services including hospital services, and also assisted in improving the cost effectiveness and the organisation of general practice generally.
- Progress commenced on the implementation of the Department of Social Welfare Integrated Short Term Scheme System relating to Supplementary Welfare Allowance Scheme.
- The upgrading of a number of Health Centres.

1996 Developments

- The identification of priority service areas for the development of information technology.
- Further upgrading of Health Centres.
- The provision of further funding to enhance the AIDS/HIV service.
- The further development of the Board's G.P. service.

District and Geriatric Hospitals

There are eighteen District Hospitals, three Geriatric Hospitals (Killarney, Clonakilty, Midleton) and two Welfare Homes (Youghal and Fermoy) in the Southern Health Board's area. The functions which they carry out at present vary from hospital to hospital, but they can generally be described as follows:

Medical and nursing care of the type which cannot reasonably be provided in the patient's own home where the illness would not warrant the patient's admission to an acute consultant staffed unit:

- Minor surgical treatment of the type which the General practitioner might generally be expected to provide in his own surgery;
- Long-stay accommodation for elderly chronic sick patients who are no longer capable of being nursed in their own homes;
- Accommodation for convalescent patients after their treatment in acute medical and surgical units;
- Respite care accommodation for those who are screened through the District Care Team;
- A limited out-patient clinic service. This type of service which is provided by consultants from acute units utilises the accommodation where available in the District Hospital.

The Budget for running this service in 1995 was: £17,253,968

<u>Progress in 1995:</u>

- Day Rooms opened in Killarney and Macroom District Hospitals.
- Building Work started on the Day Care facility in Skibbereen District Hospital.
- Programme of improvement works to physical environment of District Hospitals was continued, including large scale projects in St. Columbanus' Home, Killarney and Mount Carmel Home and Hospital, Clonakilty.

- Considerable progress was made in replacement and upgrading of equipment.
- Staff/Patient ratios improved in all hospitals.
- Geriatric assessment Teams linking with the Nursing Homes System established in Cork City.
- Community Support through local fund-raising activity enabled new equipment and facilities to be provided in 1995.

1996 Developments

- Major development project to be undertaken at Fermoy District Hospital
- Development Plan for Community Hospitals to be completed.
- Preparation for appointment of Physician in Geriatric Medicine at Tralee General Hospital.
- Planning of major up-grading of Caherciveen District Hospital to be undertaken.

CHAPTER 4

OVERALL QUANTUM OF SERVICE IN 1996

The resources available to the Community Care Service for 1996 are:

Total Budget	**£51,222,140**
Staff Complement	**984.30 W.T.E.**

The breakdown of these resources across Community Care areas is:

	Budget	Staff Complement
Cork City & South Cork		**411.54 W.T.E.**
North Cork		**103.62 W.T.E.**
West Cork		**84.99 W.T.E.**
Kerry		**189.15 W.T.E.**
Common Area		**195.00 W.T.E.**

The allocation of resources across the five sub programmes which form the framework for the management and delivery of Community Care Services is as follows:

	Budget	Staff
Community Protection	**£1,606,130**	**54.63**
Community Health	**£22,629,209**	**369.34**
Community Welfare	**£4,330,297**	**167.83**
Handicapped Services	**£4,705,233**	**8.75**
Support Services	**£17,951,271**	**383.75**
	£51,222,140	**984.30**

The service plan while allowing the same level of service to be delivered in 1996 as in 1995 the resources available to the Community Care Programme will have to be strictly monitored and controlled so that the service is provided within the resources available.

Additional funding has been provided in the above budget for the development of services in the following areas:

(a) Child Care
(b) Services for those with a physical or sensory disability
(c) Dental and Ophthalmic Services
(d) Immunisation Programme
(e) Family Planning/Pregnancy Counselling
(g) General Practice Development
(h) Drug Abuse/HIV and AIDS

Anticipated Difficulties
More significantly, however, in the following areas of high demand the 1996 allocation will pose difficulties to the Board in continuing the same level of service as in 1995.

(a) The Health (Nursing Homes) Act 1990
(b) Administration of the Supplementary Welfare Allowance Scheme
(c) Ophthalmic Service
(d) Care of the Elderly Service

Health (Nursing Homes) Act 1990

The total funds available to the Board for the implementation of the Nursing Homes Act 1990 is £1,818,680. This figure includes the pay costs and subventions and reflects a .7% efficiency saving. Having made provision for both the pay and non pay costs associated with the implementation of the Act the balance available for Nursing Homes subventions in 1996 £1,566,706.

The estimated 1996 cost of existing subventions for the full year exclusive of any new approvals is £1.7 million which would leave a shortfall of £133,294 if the Board was to suspend the scheme at 31st December, 1995. The 1996 budget is therefore inadequate and unless the Department of Health indicate that additional funding will become available during the year consideration would have to be given to offering a minimum amount to those in respect of whom eligibility has been established or indeed ceasing the implementation processing of applications for a period of time.

Supplementary Welfare Allowance Scheme
Since 1988 the Board has not received adequate funding for the administration of the Supplementary Welfare Allowance Scheme.

A costing done in 1994 showed that the cost to the Board of providing S.W.A. Services was £1.78 million. The estimated cost in 1995 was £1.82 million, however, the Board received from the Department of Social Welfare a total of £1.06 million to fund the administration costs of the scheme leaving a shortfall of £.76 million.

The basic difficulties is that the payment to the Board for this service has not kept pace with changes made in staffing levels over the past eight years changes which were necessary to service an increasing demand for the S.W.A Scheme and to improve the service to the consumer.

The Board has at present a total of five Superintendent Community Welfare Officers and sixty three Community Welfare Officers assigned specifically to the administration of the scheme. The Department of Social Welfare however, only fund the Board for a total of five Superintendent C.W.O.s and fifty two C.W.O.s. Negotiations are ongoing at present with the Department of Social Welfare for additional funding to fund at least the eleven additional C.W.O.s which had to be recruited for the service and approval is being sought from the Department to fill these posts on a permanent basis.

The Board therefore requests the Department of Health to continue to discuss this matter with the Department of Social Welfare in an effort to resolve the difficulty at the earliest possible stage. An indication on the availability of additional funds in 1996 would be required prior to 31st March as without additional funding the Board would have to reconsider how it would deal with the shortfall.

Ophthalmic Services

The Board has adopted a policy of keeping waiting lists for this service to an absolute minimum which has resulted in the waiting list in Cork City being only three months. The recent appointment of a Community Ophthalmic Physician in Kerry has also meant an extensive development of the service and plans are being developed to reduce the waiting list there to an absolute minimum also.

The allocation to the Board of £43,000 for the purpose of issuing additional authorisations to eligible adults to obtain eye testing and spectacles (if required) from Ophthalmologists, Ophthalmic Medical Practitioners and Ophthalmic Opticians in private practice under the ad hoc sight testing scheme is inadequate as the level of service being provided at present to customers far exceeds the funding which the Board is able to make available to the service in 1996. It is estimated that even with the additional £43,000 that a shortfall in funding of £120,000 approximately will arise.

Immediate action is therefore being taken to provide a service within the total funding available and this will result in the lengthening of waiting lists in 1996.

Care of the Elderly

In 1990 the Board embarked on a programme to develop services for the elderly as recommended in the Report of the Working Party on Services for the Elderly - The Years Ahead - A Policy for the Elderly. The priority developments in 1990 were:

(a) Home Support services including home nursing and home helps.

(b) Community facilities including day care, short term/respite care and long stay care.

The full year cost of developing these services was estimated at £1,356,300 (as submitted to the Department of Health). The allocation received was £1,184,032. This leaves a shortfall of £172,268. However, this shortfall can be reduced to £137,268 as the "at risk" register costed at £35,000 was not set up. An estimate of the current value of this shortfall would be approximately £158,000.

Service developments under the "Care of the Elderly" Programme have continued since 1990 and there are currently more staff employed than was envisaged in the Board's original submission. No additional funding has been received for these staff. Expenditure on General Trained Nurses at 31st December, 1995, was £168,000 over budget. Increasing demands for Home Helps are also being made on a regular basis and despite very strict controls being placed on this budget in 1995 an over expenditure of £44,000 arose, Demand for both additional home helps and an increase in the rate of pay will pose considerable difficulties for this service in 1996.

Additional staff and the continuing developments in "Care of the Elderly" have also led to increased non pay costs particularly in the area of Medical and Surgical Appliances. At 31st December, 1995, expenditure on Medical and Surgical Appliances is £209,000 over budget. The present underfunding will place considerable pressure on this service in 1996.

A recent report on demographic trends in the Southern Health Board area also highlight the increasing proportion of elderly in the Board's area. In the period 1986 to 1991 the number of very old elderly (over 85 years) has increased by 15.2% and the number of very old elderly between the ages of 75 and 84 has increased by 12.9%. This increase has obviously led to more pressure on the services. Sufficient resources are required to ensure proper planning and development of the services for the elderly into the next century.

CHAPTER 5

1996 OBJECTIVES FOR COMMUNITY CARE

Overall Aims:

- ♦ To maximise Community Care resources available in 1996
- ♦ To continue to enhance focus on the customer

Specific Objectives

- **Structure**
  - To prepare for the establishment of General Manager structure
  - To establish Child Care Manager structure

- **New Services**
  - Childhood Immunisation programme
  - Customer Services Department
  - Health Promotion
    - Smoking Cessation
    - Drugs Education
    - Draft Health Promotion Strategy for Southern Health Board
    - Establish an Advisory Committee

- **Finance**

  To aim to stay within 1996 allocation by, in particular, control of number of staff

- **Shaping a Healthier Future**

(a) To continue consultative process in relation to:

Travellers Health
Family Planning
Review of Public Health Nursing Service
GP Action Plan
Disabled Persons Forum
AIDS Forum

(b) To finalise and launch plans in relation to:

Elderly
Community Hospitals
Childrens Health, including Child Psychiatry,
Pre-school and School Health

(c) To continue to implement recommendations relating to:

Alcohol and Drug Abuse
Aids Strategy

- **Capital Developments**

(a) To oversee planning and construction of:

New Headquarters in Tralee
Fermoy District Hospital

(b) To seek funding for further development of:

Health Centres (77)
Dental Clinics (25)

- **Child Care and Family Support**

- Establish a new model of Case Conference
- Prepare for Part VII of the Child Care Act
- Continue to organise services to meet our obligations under the Child Care Act

- **Professional Services**

- To further development paramedical services
- Speech and Language Therapy
- Physiotherapy

CHAPTER 6

PROPOSED PERFORMANCE MEASURES

Introduction

The test of any strategy or policy is in its implementation: that is, after the policy has been translated into resources (machines, money, people) how successful has it been? One of the key requirements of any strategy is that it incorporates a measurement system that will integrate and measure achievement against plan. In health care, as in other areas of social expenditure, the trend in recent years has been to design and plan performance measurement systems that will track the progress of policy reforms. Leaving aside the many inherent difficulties of how you measure the effects of health care spending, the main burden of effort in performance measurement has been in the increased demands made on health care service deliverers.

The Southern Health Board proposes to introduce performance measurement in the following areas of activity in 1996:

General Practitioner Services
Community Drugs
Community Health
Services for the Elderly
Physical Disability Service
Child Care Services
Health Development Sectors

The performance measurement indicators are outlined in the following chapters.

CHAPTER 7

SERVICES FOR CHILDREN

1. Childhood Immunisation Scheme

OBJECTIVES

"The ideal objective of an immunisation programme is to immunise all those children who should receive the recommended vaccines. With the childhood immunisations currently available, however, it may be possible to eradicate the diseases in question, if an uptake level of 95% of the child population is achieved and maintained. The aim of the immunisation programme, therefore, is to eliminate, as far as possible, such conditions as Diphtheria, Tetanus, Polio, Hib disease, Measles, Mumps, Rubella and Pertussis. It was agreed that this aim could only be realised if the following objectives were met :

i) achieve as quickly as possible, and maintain the required uptake of 95% in the total child population for the childhood immunisations included in the National Schedule of Immunisation;

ii) identify geographical areas and specific groups where uptake is unacceptably low and implement strategies targeted at these groups;

iii) ensure a high level of awareness amongst participating doctors and the public, of the benefits of immunisation;

iv) develop and maintain a comprehensive and accurate information system on immunisation."

(Report of the Review Group on Childhood Immunisation Scheme)

Agreement has been reached with the IMO regarding the delivery of the National Primary Childhood Immunisation Programme by General Practitioners and that the programme is being implemented with effect from the beginning of January 1996.

TIMETABLE FOR IMMUNISATION

At 2 months	Diphtheria) Whooping Cough) DT/DPT Tetanus) Hib Polio - given orally
At 4 months	Diphtheria) Whooping Cough) DT/DPT Tetanus) Hib Polio - given orally
At 6 months	Diphtheria) Whooping Cough) DT/DPT Tetanus) Hib Polio - given orally
At 15 months	Measles) Mumps) MMR Rubella)

PRINCIPAL POINTS IN IMPLEMENTATION OF THE PROGRAMME TO ACHIEVE 95% UPTAKE TARGETS

1. The health board will offer the contract, which is renewable, to all General Practitioners in its area who wish to participate in the programme.

2. The health board will be responsible for the compilation of an immunisation register from the birth notification forms. In this regard, we will arrange and ensure that the birth notification forms are furnished promptly by hospitals as this is the basic prerequisite of the primary childhood immunisation programme.

3. The public health nurse, on her initial visit to the infant's home, will be required to identify the contracting General Practitioner who the parents agree should immunise the child.

4. Contracting General Practitioners in the immunisation programme will be responsible for ensuring that, as far as possible, there is an uptake level of not less than 95% among the children assigned to them. They will be fully accountable to the health board with whom they have the formal agreement, for identifying promptly the children who have been immunised and those who have not. The Health Board will follow up on cases notified as not having been immunised on an individual basis and also using the following systems :

   - Liaison with school medical examination team to ensure unimmunised children are immunised,

   - Liaise with hospital for the opportunistic immunisation of unimmunised children who present to hospital.

   Where the contracting General Practitioner has achieved the 95% uptake level, as defined in section 2.6 (a) of the agreement, a bonus will be paid in respect of each child on the panel who has reached his/her second birthday in the calculation period.

5. For contractual purpose "uptake levels" will be calculated for each calendar year in respect of the cohort of children, on the contracting General Practitioners panel who reach their second birthday during that year, but excluding children whose parent(s) have refused immunisation, whose families have moved, children who have died or where immunisation is contraindicated.

6. Every effort will be made to ensure that all children are immunised, no opportunity to immunise should be missed in the interests of public health.

7. It is proposed establishing Child Immunisation Units in each community care area to implement and monitor the scheme. The Units will consist of a representative from Public Health Nursing, Administration and Medical Departments in each area.

The Department of Health has made available the sum of £297,000 in 1996. There is likely to be an increase in expenditure on the immunisation programme in the event of changes in the method of delivery and rationalisation of other structural issues, such as improved notification procedures.

2. Child Care Services:

The 1995 Review of Child Care Services is at present being drafted which will outline progress made in the Southern Health Board area in relation to the continued implementation of the Child Care Act.

Priority Areas for Development in 1996

1. Case Conference Project

The Board has set up a Case Conference Project in association with the Department of Social Studies, Trinity College, Dublin. The overall goal of the project would be to develop a regional high quality approach to the conduct of Case Conferences across the Board.

Terms of Reference:

- to identify patterns, including strengths and deficiencies, in current practice in relation to Case Conferences and related activities; (N.B. the feasibility of pursuing this objective depends on the quality/ready accessibility of data held in records/documentation in the Board's offices);
- to clarify the functions of different types of conferences/reviews in community/hospital/residential settings;
- to examine the issues which arise from participation by parents and children in Case Conferences and make relevant recommendations;
- to identify and test clear models of good practice;
- to offer training and support in the development and implementation phase of new models;
- to prepare a protocol and staff manual in relation to the conduct of Case Conferences;
- to contribute through the experience of the project to the development of child care policy and practice in the Board.

2. ***Foster Care***

At the end of 1995 462 children were in foster/relative care in the Board's area, with 216 foster parents. This represents an increase of 97 children (21%) on December 1994 figure.

The Board's focus in this area in 1996 will be to:

- Recruit and train new families to foster teenage children
  Target: 8 in 1996

- Prepare children in residential homes for placement in foster care
  Target: 5 in 1996

- Process relative assessments (under new regulations)
  Requirement: 1 additional social worker

- Expansion of teenage fostering programme
  Requirement: 3 additional social workers

3. ***Additional funding for Child Care Developments in 1996***

The Department of Health letter of determination dated 22nd December 1995 made specific reference to the sum of £0.375m as additional funding provided in 1996 for the development of Child Care Services.

A. Increase in fostering allowance to the age 12-18 years category

The fostering allowance applicable to children in the age group 12 years to 18 years will be increased to £60.00 per week with effect from 1st March 1996. The 1996 cost of this increase is calculated at £101,000, representing an increase of £122,000 approximately in a full year.

B. Additional Posts

A ceiling of seven posts is to apply to the Southern Health Board.

C. Capital Projects

A sum of £2.5m is available on a national basis for capital developments for child care proposals.

The Board has already identified the following:

- Renovation of second floor of nurses home, St. Finbarr's Hospital to accommodate social work staff. Money received in 1995 £100,000. Additional money now required to install a lift £60,000.

- Secure Unit, Assessment Unit, St. Stephen's Hospital. Money received in 1995 £100,000. Additional money now required:

Outside recreational area	£20,000
Phase III of development	£40,000
	£60,000

TOTAL REQUIRED £120,000

Other Proposed Developments are as follows:

At present we are working with the Mercy Child Care Services in Kerry to get the Assessment and Therapy Unit planned for Airne Villa started and it is hoped that it will be up and running by October 1996.

A new eight bedded unit for girls is also being developed in Cork. Negotiations are presently taking place with the Sacred Heart Order in Blackrock which will mean that they will provide the site and pay for the construction of the building. It is intended that the Order will then enter into an arrangement with the Southern Health Board on a lease to purchase basis. The estimated cost of the structure and furnishings is £250,000. This is exclusive of Architect's costs etc. to which the Southern Health Board may be a party.

The final arrangements regarding the Project are the subject of ongoing discussions with the Sacred Heart Order.

4. *Development of Family Support Services*

The Southern Health Board has endeavoured over a period of time to develop family support services by:

1. Focusing on a community centred model of working alongside a client centred approach through community workers, pre-schools, Neighbourhood Youth Projects.

2. Funding family centres in areas of need who work with parents and children, provide programmes that increase self confidence and self esteem and improve parenting skills.

The Board policy for Family Resource Centres is that services should be based on the following criteria:

(a) Services which link people with each other and provide a reservoir of supplies for families to draw on when they are hit by external stress.

(b) Services which can divert people away from inappropriate dependence on services provided by the Health Board and other state agencies.

(c) Services which contribute to the resources of a community or neighbourhood.

(d) Services which enable the Southern Health Board carry out its duty in relation to the welfare of children by:

- targeting families with identified special needs
- help families achieve their full potential

Examples of these include:

Creche Services
Pre-school Services
Personal Development
Parenting Courses
Health Education and Health Promotion Programmes

The Board has developed the above model by funding and supporting independently run voluntary groups. No evaluation has been carried out to ascertain whether the existing family support services have been successful in:

1. Preventing the reception of children into care or custody
2. Preventing neglect and abuse
3. Preventing children from experiencing poor parenting
4. Preventing children from experiencing social disadvantage in the home
5. Preventing children from experiencing social disadvantage in the community

A new model of family support services needs to be developed. It is proposed that the new model would be a network of provision in each area centred around:

- Counselling and group work for families in difficulties
- Building up support in the local community
- Providing family support for children in the Board's care

5. Anticipated Difficulties

(a) The main problem areas can be identified as:

1. Management of Child Care Services
2. Crisis Intervention Service
3. Manpower and Training
4. Out of Control Children
5. Impact of Family Law Act and other Bills

The amount of development funds available to the Southern Health Board in 1996 (£375,000) will be insufficient to meet all the demands on the service. Apart from some high cost interventions required for some children (there are two children whose care amounts to £120,000 - one in the U.K. at £50,000 p.a. and one in Northern Ireland at £73,000 p.a.), there is an expectation by social workers that development funds will resolve some I.R. issues.

There is no possibility of putting either structures or resources in place to prepare for the implementation of the final section (Part VII) of the Child Care Act relating to pre-schools and creches.

(b) Support to Foster Parents

In 1992, an allocation of £65,500 was received by the Southern Health Board in respect of improvements in the supports available to foster parents.

Since 1992, as part of our Child Care Development Policy, we have been proactive in seeking an increase in the total number of foster parents available. The direct result of this has been an increase in the level of supports paid to foster parents an din 1995, the total supports paid will be £100,000 approx.

Along with the increase in the number of payments made to foster parents, the needs of the children being supported are becoming more complex and demanding and our response to this has resulted in additional costs.

It is expected that in 1996 the level of support payments will increase and accordingly, the Department is requested to make an additional allocation available to the Board of at least £50,000.

CHAPTER 8

SERVICES FOR HANDICAPPED

Physically Disabled Services:

The physically disabled include the following categories: the deaf, blind, physical disabled arising from congenital causes, accidents or chronic long term illness.

Cerebral Palsy Ireland Cork:

The clinic has a staff of 55 and a total of 700 clients. The Clinic offers a wide range of services for children and young adults with physical disabilities. Clinical services are provided by a multi-disciplinary team and includes Physiotherapy, Occupational Therapy, Speech Therapy, Psychology and Social Work Services. Other supports provided are transport services, day activities, recreation and leisure, and support and counselling for both children and their families. The clinic has a turnover of £1m annually and is funded by the Southern Health Board and through fund-raising and the European Social Fund.

The Southern Health Board grant aid in 1995 was £581,070

Cerebral Palsy Ireland - Kerry (Christy Brown Centre)

In March 1993 the C.P.I. Centre was opened.
The services provided in the Christy Brown Centre in 1995 included -

Physiotherapy

A total of 128 persons attend for physiotherapy services at the Centre. Seventy two of these are aged five and under, 41 are ages six to twelve years, and 15 are aged thirteen or over.

Occupational Therapy

A total of 81 persons attend for occupational therapy services. Forty one of these are aged five and under, 31 are aged six to twelve years, and 9 are aged 13 or over.

Speech and Language Therapy

A total of 67 persons attend for speech and language therapy services. Forty two of these are aged five and under, 22 are aged six to twelve years, and 3 are aged 13 or over.

Pre-school Service

A total of 34 children attend for pre-school/educational needs service, of whom 18 attend the pre-school.

The staffing consists of a full time Physiotherapist, Occupational Therapist, Pre-school Leader, and Speech and Language Therapist.

The grant aid from the Board in 1995 was £61,000

A.B.O.D.E.:
ABODE was incorporated in 1984 for the purpose of providing services to adults with physical disabilities. A Short Term Residential Hostel at Mahon, Blackrock, is used as a respite care service for periods of 5 days per week with periodic extensions to include specific week-ends and 7 day weeks during the summer months. It can provide for a maximum of 10 people ranging from 14 years upwards. The Day Centre has an activational and "independent living" focus to its service. On average 30 clients attend between Monday and Friday ranging from 21-50 years. The service works with N.R.B. and also has input from an Occupational Therapist and V.E.C. teaching staff. Southern Health Board provides grant aid with the remainder coming from clients and private fund-raising.

The Southern Health Board grant aid in 1995 was as follows £98,000

Irish Guide Dogs Association:
The Irish Guide Dogs Association was formed in 1976 to provide guide dogs, mobility and aftercare services for the blind. The training centre at Model Farm Road includes accommodation, dog runs, kennels, designed walkways, specially fitted training vans to transport the dogs and a minibus to transport blind people while on training. The training centre provides 24 hour care while the staff also includes a training manager, guide dog mobility instructors, orientation and mobility officer, puppy walking supervisor, early training unit staff and kennel staff. The Association has a revenue budget of £0.6m per annum.

The Southern Health Board grant aid is £5,000 per annum.

The centre is also grant aided by other health boards.

Cork Association for the Deaf:
The principal aims of the Cork Association for the Deaf are to further the treatment, training, employment and general welfare of the deaf. The Association provides residential accommodation in a joint venture with Sisters of the Sacred Heart for deaf children attending school in Douglas. A day centre in McCurtain Street provides a professional counselling service exclusively for deaf children and their families. The Association is funded through its own fund-raising events, donations and Southern Health Board funding.

The grant aid provided by the Board is as follows:

Residential Accommodation	£40,000 per annum
Employment of Social Worker	£11,000 per annum

Multiple Sclerosis Society, Cork:
The Society provides various support services to Multiple Sclerosis sufferers through a network of visiting volunteers, and physiotherapy services in institutions. Domicilliary physiotherapy is provided as the need arises.

Swimming lessons are organised weekly in Lota and family support is provided by a carers support group. The City branch is served by a full time Community Worker. The Society is presently undertaking a research project to establish the level of M.S. suffers in the Southern region. This project is being part funded by the Southern Health Board in the sum of £10,000.

The Southern Health Board also provides funding as follows:

Community Worker	£15,000 per annum
General running costs	£ 1,000 per annum

Irish Wheelchair Association:
The Association has 850 members in the Southern Health Board area. Services provided include a day centre at Mayfield which is attended by 45/50 wheelchair users each week. Occupational Therapist and Social Work services are available here. The I.W.A. wishes to develop its Home Care Attendant Service, and a new Day Centre and Assessment Centre for Cork City.

The Southern Health Board provides annual funding as follows:

General running costs	£12,500 per annum
Home Care Attendance Service Cork	£ 5,000 per annum
Home Care Attendance Service Kerry	£ 8,500 per annum
Day Care Centre, Cork	£18,500 per annum

Cork Cheshire Home
The organisation provides a 30 bed residential unit.

Funding was provided in the sum of £140,000 in 1995.

Muscular Dystrophy Society of Ireland:
The Muscular Dystrophy Society of Ireland is a Registered Company Limited by Guarantee Incorporated in 1977 with the following objectives:

(I) To promote and foster medical research into M.D. and allied diseases.

(II) To look after the care and welfare of persons with M.D.I

M.D.I. operates as a National Organisation with a national Director responsible mainly for sourcing funding for service developments. At national level, it provides

- Freefone advise and information service
- Equipment loan library service in Dublin
- Respite

Funding is received from the Eastern Health Board and funds the Directors post.

A regional Family Support Worker commenced in September, 1994, and is based in Washington Street, Cork. Her role includes, information/counselling to families and patients with M.D. Presently this includes 34 families in the Southern Health Board area. Though her area also includes Waterford, Tipperary, Limerick and Clare, her main focus has been Cork.

The office is staffed by 7 people on a FAS C.E. Scheme. They include 3 M.D. patients and the others are employed as personal assistants. This C.E. scheme is shared with the A.B.O.D.E. organisation for administrative purposes. The M.D. staff attend 2.5 days per week and travel from Waterford and Limerick which necessitates overnight stay in hostel accommodation.

They are involved with compiling the M.D.I. quarterly magazine and were part of the 1993/94 E.U. Horizon funded training project in Journalism and Media Studies for persons with disability.

A Care Worker is employed on a national basis organises respite breaks for young M.D.s at local regional level. The organisation is not funded by the Southern Health Board to date.

National Council for the Blind Cork and Kerry Branches.
The Board support the National Council for the Blind in the provision of their services by their Social Workers. They provide a specialised service to the visually impaired in their own homes and at craft classes to those who are capable of travelling. They

teach Braille, Moon and crafts. Pre-school children are taught learning skills prior to going to school. The use of the Perkins Barailler is taught to those who are employable. A number of visually impaired children are able to attend their local schools as they have special portable televisions that can be taken to school with them. Funding was provided in the sum of £26,000 in 1995.

Irish Coeliac Society
The activities of the group include monthly, quarterly and some public meetings. Their membership runs at approximately seven to eight hundred people. Their literature is available on request to families and others who apply for it. Also they promote health awareness as far as Coeliacs are concerned.

The Southern Branch covers the Cork and Kerry area.

At present the organisation is not funded by the Health Board.

Cystic Fibrosis Association of Ireland
The aim of the Cystic Fibrosis Association is to promote medical research towards finding a cure for Cystic Fibrosis and to provide domiciliary physiotherapy to patients along with the provision of training, education and information. The service is operated through a system of local branches.

Overview of Cystic Fibrosis Association in the Southern Health Board area.

Cork Branch A Cystic Fibrosis Nurse is attached to Cork University Hospital provides back up for patients, and family members. She also provides up-to-date information and educational services for professionals in the field e.g. Public Health Nurses. There are 120 patients on her register. She was originally sponsored by the C.F.I. but in now sponsored by the Southern Health Board.

A Liaison Officer is employed in a voluntary position and offers counselling and support to patients and families. The Liaison Officer estimates the total number of Cystic Fibrosis patients at 175 approximately in the Southern Health Board area.

Physiotherapy is offered on a sessional basis to patients in their homes.

Kerry Branch

There are 34 Cystic Fibrosis patients in Kerry according to the Kerry Branch. A good self-help support system is in place by the Parents. The Branch fund raises, and uses the finance to subsidise by 50% the cost of physiotherapy for 11 patients who can travel to a private physiotherapist.

The Association is funded in the sum of £3,000 per annum as a contribution toward their overall cost including physiotherapy services.

Irish Kidney Association

This association provides a national respite service complete with dialysis facilities. The Southern Health Board subvent Medical Card holders to attend on an annual basis.

The subvention in 1995 amounted to £700 and six patients were catered for.

Footnote: The above funding does not include once-off or capital grants

Voluntary Organisations - Support Groups

Cork/Support Scheme
Irish Motor Neurone Disease Association
Parkinsons Support Group
Neurofibromatosis Association
Headway
Spina Bifida Association (tied in with CDI)

Priority areas for development:

1. **Physically Handicapped Register**

   In the absence of reliable information on the number of handicapped people, their location, their economic and social situation, it is extremely difficult to plan the most appropriate means of meeting their various needs. In this regard there is an urgent need for the development of a computerised physically handicapped registers. This would involve provision of computer hardware and software and personnel to operate same and it is recommended that there would be a national standard data base. The data base would require integration with all source information data bases.

   In 1992 a survey of the physically disabled was carried out in Cork City & South Cork community care area. The six most common causes of disability were Cerebral Palsy, Spina Bifida, Arthritis, Multiple Sclerosis, Stroke, Cardiac/Respiratory Diseases.

2. Co-ordination of Services

The provision of services to the physically handicapped is a complex area as there are numerous current services providers and evolving service providers in the voluntary sector. What is required is a clear understanding by all concerned of the following basic areas with regard to pre-school children, child and adolescents and adults.

- outline of the present services
- assessment of the unmet need
- proposed development of the service

Where possible, handicapped persons should be enabled to live in the community. Early identification of physical disability and early intervention is necessary to maximise the eventual potential of child or adult and minimised the need for residential care.

Equally important to support the planning process is the post of Co-ordinator of Physical Handicap Services.

3. Disability Forum

The Board has established a Disability Forum which is representative of the statutory and voluntary organisations providing services to the physically disabled in Southern Health Board area. The structure for the Forum requires to be finalised

The Forum would provide for the following:

- Development of Action Plan
- Consumer Participation
- Health Promotion
- Impacting Services e.g. maternity services
- Income maintenance services
- Accountability

Services Available

The main services availed of by the physically disabled in the Board's area at present are:-

- Income Maintenance
- Support Services
- Services of Voluntary Organisations

People with physical disabilities apply for the generality of community based services as required and as appropriate to their needs.

The Area Medical Officer and Public Health Nursing services are involved in the screening of children with the purpose of identifying defects and referring children to the appropriate service with a view to enabling the child to reach its full potential. Liaison is maintained with Hospitals to deal with post accident trauma etc. Advice is afforded to parents and careers of the physically disabled on their care and on the services available and supervision and nursing care is also afforded.

Home Help/Home Care Attendant Scheme

A Home Help/Home Care Attendant Scheme is provided directly by the Board and also the Irish Wheelchair Association and it is intend to assist the physically handicapped to cope with the daily tasks of living is provided by the Health Board. This services is available to persons who have an assessed requirement.

There is a demand for an increased personalised service and also the development of case workers (National Forum)

Aids and Appliances

A comprehensive range of aids and appliances is provided by the Health Board to persons who are physically disabled. This would include incontinence materials, wheelchairs, variable height beds, hoists, callipers, etc. as well as specialised items required from time to time. The service is afforded free of charge to the holders of current medical cards and non medical card holders may also be assisted where the purchase of a requirement constitutes financial hardship. The provision of mechanised equipment including hoists and wheelchairs has increased and the demand for appliances is outstripping the Board's resources.

Prevention

The Southern Health Board provides health education as a primary preventive measure through its own officers and the Cork Social and Health Education Project in Post Primary Schools and in out of school situations. It sponsors the Health Education Scheme operated by the Brothers of Charity Services for Primary Schools. Though these schemes are aimed at all young people and, through them, at their parents and are designed to influence lifestyle in general, they are relevant to physically handicap in so far as they touch on nutrition, substance abuse and its effect during pregnancy and the avoidance of accidents and possible brain damage. The Board has recently appointed a Health Promotion Officer.

Care Support Service for Carers in the Community

The Board has recently been approached by a number of organisation regarding the development of this service.

Pre-school/School Services
The strategy adopted is to rely on a combination of pre-school groups and organised, systematic, supported home visiting to provide the necessary supervision of the initial management of physically handicapped children of pre-school age in their home and the support of their family members.

Transport
It is recognised that transport poses a major problem for many disabled persons in accessing services, e.g. Day Centres, Out Patient Clinics, etc. It is also recognised that such transport is expensive. Additional funding is required for additional buses and running costs of existing transport systems. There is also the need for the development of a transport policy for this area.

Training Centres and Workshops
The National Rehabilitation Board provides an assessment and placement service for patients referred by the Board's Director of Community Care. The training centres and workshops cater for a multitude of handicapped persons.

Day Care Centres for the Physically Handicapped
It is a very difficult task to provide day care facilities for the physically handicapped due to the lack of organised transport in both urban and rural areas.

The two Day Centres which cater for persons with physical handicap are run by the Irish Wheelchair Association and ABODE both centres are based in Cork City

Training
Frontline staff would need to be trained to meet the changing circumstances they will encounter i.e. Home Helps.

Residential Care
There are no comprehensive set of statistics available to the Board on the number of physically disabled persons in Cork and Kerry, who require residential care.

The only residential centres in Cork are the Cheshire Home (30 places), St. Patrick's Hospital (14 place), St. Finbarr's Hospital (25 places). Kerry Cheshire Project will provide a total of 15 residential units. It will cater from the self sufficient to the totally dependant.

In addition to the above, there are 36 physical disabled people who cannot live at home at present being maintained in 14 of the Board's District Hospitals.

Many of these patients have been in residence for a long number of years. Prospects of discharge home or into the community are generally poor - over 70% of these are deemed to have no prospects of discharge.

It appears that there are three separate categories of patient which would, of necessity, mean different levels of staffing, different skills mix and separate designated accommodation unit.

Patient Categories:

Category I

Persons with severe physical disability with minimal or no mental impairment, for example:

(a) Post-"stroke" patients whose rehabilitation is considered complete but who have failed to make the necessary recovery to live in the community even with the support of the available community services;

(b) Some post-trauma patients;

(c) Persons suffering from advanced arthritis, multiple sclerosis etc.

N.B. A respite facility may facilitate some such persons remaining in the community for a longer time.

Category II

Persons needing rehabilitation following acute illness or trauma. The rehabilitation process may last from a few weeks to several months. All patients in this category would either be discharged into the community with or without support services or transferred to units for Category I or Category III patients, depending on specific needs.

Category III

Persons suffering brain damage due to illness (e.g. alcohol, drug or viral illness) or trauma, where there is manifestation of permanent or transient psychotic-like state and behaviour if often aggressive and unpredictable. This category or patient, would need care from medical and nursing personnel who have training in behavioural therapy and who would also require the services of a Psychologist and an appropriate activation environment.

Determination of appropriate type unit for patients:

Identification of appropriate placement in a residential unit for disabled persons is sometimes very difficult. Misplacement of such patients must be avoided in the interest of the individual patient, the family and the existing residents.

It is suggested that a procedure is required to minimise misplacements, such as a case conference between the present medical, nursing and paramedical team involved in caring for the patient, together with relevant staff from the residential unit. This ideally should eliminate the change from intensive therapies by para-medics etc. to a total absence of such therapies, as well as providing the opportunity to design a 'care plan' for the patient. Also, it would facilitate the introduction of patient and family to the future carers and allow for arrangements for family and, where possible, the patient to visit the residential unit in advance of admission.

Patients who reach the age of 65 years:
It is considered undesirable that disabled persons in residential care should be transferred to a Geriatric Care Unit when they reach the age of 65 years.

Respite Services
The need for carers to have a break from the responsibilities and stresses of caring while at the same time offering a change of environment for the person with the disability, is now recognised as an urgent one.

It is proposed that respite care should be designated as a 'core service' for the physically disabled, and that the voluntary sector should undertake the provision of the service. The designation as a 'core service' would result in the full cost of funding that service being met by the Board.

ABODE Hostel is an ideally placed facility to develop the concept of respite care.

Rehabilitation Unit
It is recommended that a Rehabilitation Unit be established in Cork.

Rehabilitation Institute (Rehab Care)
A submission has been received for the development of a home support service and respite care scheme. The proposal is presently being examined. The total estimated cost is capital £539,000 and revenue £423,000.

Contract agreement with Voluntary Organisations
The voluntary organisation are increasingly requesting service contracts/ agreements. The service level agreement will constitute the entire contract between the parties in respect of the provision of those services as agreed and would supersede all prior oral or written agreements, understandings or undertakings between them and would include the following items:

Statement of purpose of voluntary organisation
Context of the Agreement
Contract Period
Services to be provided
Financial
Quality Standards
Innovation/Technological Development /Research
Staff Standards
Confidentiality
Agreement Manager Voluntary Organisation
Authorised Officer (Health Board) (A duly authorised officer for all purposes connected with the agreement)

Service contracts would facilitate the identification of core service delivery by voluntary organisations.

Physical Handicapped, Capital funding 1996.

PROJECT	CAPITAL 1996	REVENUE 1996	REVENUE 1997
Kerry Cheshire	175,000	76,000	150,000
St. Columbanus, Killarney (completion of project commenced in 1995	50,000	-	-
Cork Deaf Enterprises (replacement of roof)	20,000	-	-
Young Chronic Sick Unit, Cork (further refurbishment)	30,000	-	-
Transport Project, North Cork (Purchase of bus)	10,000	-	-
Lavanagh Project, Cork (Purchase of bus)	24,000	-	-
Southern Health Board Purchase of Paramedical Equipment	20,000	-	-
Purchase of Medical and Surgical Appliances	50,000	-	-
Continued Improvement of Access to Health Board premises	25,000	-	-
TOTAL	**404,000**	**76,000**	**150,000**

Physically Handicapped Revenue Proposals 1996:

Cheshire Home, Cork £30,000 - 3 respite beds

CHAPTER 9

SERVICES FOR THE ELDERLY:

1. Review of Community Hospitals

The designation of institutions as Community Hospitals signifies a further development of the Southern Health Board's geriatric hospitals, district hospitals and welfare homes to enable them to play a more effective role in the provision of services for the elderly and other groups of patients.

The Community Hospital will fulfill three roles:

1. It will offer facilities to restore independence to elderly persons to allow them to live at home.

2. It will support caring relatives by providing respite care for dependent elderly people.

3. It will provide sensitive and sympathetic continuing nursing and terminal care.

These three roles will be performed within a Health Promotion and Home Support environment as outlined in the document.

Present Situation:

The Southern Health Board district hospitals and geriatric hospitals have a bed complement of 1,194. Geriatric hospitals/homes and long stay district hospitals are a key resource in the achievement of the Board's objectives of caring for people. These hospitals and homes are ideally placed to provide the following range of services for elderly persons and their carers in each district.

- assessment and rehabilitation of elderly patients.
- convalescent care.
- day hospital and/or day care services.
- respite care to support caring relatives.
- facilities for nursing highly dependent or terminally ill patients who can no longer be cared for at home.
- information, advice and support for those caring for elderly persons at home.

The hospitals and homes have a long and honourable history of caring for the elderly. This is recognised by the community. In each area, public loyalty to the hospitals and homes has been expressed, notably through very successful fund-raising initiatives. The Board is fortunate to be able to rely on this strong base of commitment care and expertise represented by the hospitals and homes, and their friends in the community.

It is important also to acknowledge the strong links which exist between the hospitals and the community based professionals from the medical, nursing, para-medical and home help services. The ongoing communication with and support of these services is of course essential to providing a strong unified service to the elderly.

Approach

Each of the services of a community hospital is comprised of several component factors. The hospitals vary in layout, bed complement and facilities. Needs, resources and community development also vary from area to area. A study of the hospitals has now been undertaken, with the following objectives:

1. Comparing the present functioning of each hospital to the services of a Community Hospital as defined above.

2. Designating as community hospitals those hospitals which are providing the full range of services.

3. Identifying the needs of the remaining hospitals in relation to each aspect of service to enable it to fulfil its potential as community hospital.

4. Putting in place a prioritised plan to meet identified needs.

Key elements in the establishment of the services are:

(a) the re-designation of some beds from extended care (long stay) use to allow for convalescent care, respite care, assessment and rehabilitation.

(b) the development of day hospitals/day care services in the hospital or its locality. These services are vital in making the resources of hospitals fully accessible to the community.

It is confidently anticipated that this expansion of services within the hospitals will be welcomed by all involved in the care of the elderly.

Development Plan
A comprehensive Development Plan for Community Hospitals in the Southern Health Board region will be published in early 1996.

2. Review of Care of the Elderly

A major review of Services for the Elderly in the Southern Health Board area incorporating a four year Action Plan and Health Gain Strategies will be published in Spring 1996.

3. Review of Operation of Nursing Homes Act

The purpose of the subvention scheme provided for in the Health (Nursing Homes) Act 1990 is to ensure that dependant persons most in need of nursing home care will have access to such care.

Anticipated difficulties are outlined earlier in Chapter 4.

No. of registered Private Nursing Homes	:	57
Full Registration	:	14
Conditional Registration	:	43

Statistical information regarding subvention scheme for the first two years of the scheme, 1st September 1993 to 31st August 1995:

	Total to date	**Year ended 31/8/96**	**Year ended 31/8/95**
Total no. of applications received	1439	764	675
No. subsequently cancelled/postponed	177	71	106
No. not proceeded with	160	73	87
No. to be assessed	1102	620	628
Approved	708	347	361
Refused	249	127	122
No. pending assessed at 31 Aug. each year	---	146	145

CHAPTER 10

PRIMARY CARE SERVICES

1. General Practitioner Services:

The G.P. Unit will continue in 1996 to work towards the aim of providing a comprehensive primary care service within the community as identified by the Health Strategy Document "Shaping a Healthier Future".

- ***Indicative Drug Scheme - Focus on High Prescribers***
  There are a number of High Prescribers in the Southern Health Board region who are presenting difficulties in relation to the Drug Budget. As time goes by the number of such prescribers is becoming smaller and it is our plan for 1996 to target this small group for individual attention.

  It is noted that these High Prescribers had a number of common features, i.e. high cost of antibiotics plus large number of items per prescription. It is also noted that some of these practices were large practices which tended to be disorganised throughout. A number of the high cost prescribers were also those with very small lists and in some of these cases their cost per patient was 15% over the average for the health board.

  It is proposed that these doctors should be encouraged to join a scheme on a phased basis. It is planned over the next few months to get detailed information on their prescribing and to examine it in detail to identify the causes of the high costs. These doctors could then be visited on an individual/practice basis and advised by the Unit GPs on their prescribing habits. It was noted that this peer review should be non-hostile and should encompass a supportive attitude towards the prescribers.

  As a preliminary to this exercise , all the doctors who were over budget at the end of September (five were identified), in each of them we noted the following information:

  1. Percentage variance
  2. Panel Size
  3. Projected cost per patient

  In the light of this information practices will be prioritised for visits in 1996.

Computerisation

- Continue development of computerisation for G.P. practices by funding. Increase funding by way of grants to 50% for 1996.

- Appointment of Systems Analyst to act as development/liaison officer in relation to computerisation with particular emphasis on the interface between GPs hospitals, Department of Public Health and other health agencies.

- Computerisation of practice profiles and provision of database for Community Drug Schemes.

- Involvement of general practitioners in the Nivemes Project.

- Support for introduction of I.C.P.C.

- Continued support for computer training for GPs through the C.M.E. Network.

Paramedical Services

- Introduction/expansion of Physiotherapy Services at four centres in County Kerry.

- Piloting of G.P. access to Physiotherapy in conjunction with Community Physiotherapist Service at locations in Co. Cork.

- Support for individual practices/groups who wish to provide para-medical services e.g. counselling and dietetics for their G.M.S. patients.

- Following evaluation of Castletownbere pilot project, possible expansion of practice based ultrasound.

Evaluation Mechanisms

- Follow-up on evaluation mechanisms already initiated in relation to ultra-sound and evaluation of training programmes which have been funded by the Unit.

- Liaise with Department of Public Health to agree performance indicators and mechanisms for collecting and analysing data in relation to General Practice both of a quantitative and qualitative nature. This will be particularly important in relation to information generated through the new Primary Care Immunisation Programme.

- It is policy of the Unit that all grant-aided projects will have built-in evaluation mechanisms.

Hospital Interface

- To facilitate direct access by GPs to all investigative procedures at hospital level.

Development of Additional Services

- Practice based ultra-sound at Castletownbere. Hospital based ultra-sound at Mercy Hospital Cork and Tralee General Hospital. It is hoped that these services will reduce hospital Out-Patient Department referrals and waiting lists for Gastroenterology Clinics.

- Practices who wish to expand their range of services will be actively encouraged.

Emergency Services for Rural Areas

- Actively exploring the provision of emergency services including trauma and defibrillation in areas not accessed easily by the Cardiac ambulances.

Cost Effective Prescribing

- Continued participation in drug budgeting. A National Review of the Indicative Drug Target prescribing is currently taking place and the Southern Health Board is involved in this project. A Review of the Community Drug Schemes is also underway.

New Arrangements

- The number of rotas and practice support staff continue to increase. There is on-going liaison with GPs in relation to the formation of group practices and the introduction of rosters.

  - A database on practice profiles/developments is being set up.
  - Provision of centrifuges, cold chain for vaccines and disposal of sharps and biohazard waste.

C.M.E. Training

- Support of training programmes in conjunction with C.M.E. Tutors. Regular meetings to take place to review projects.

Training Practices

- Evaluation of 4 Year Plans for training practices being carried out in conjunction with Director, Cork Vocational Training Scheme. There is also on-going involvement with the Steering Group of the Vocational Training Scheme.

2. Dental Services

- Extension of eligibility
- Improvements in school dental examination
- Catering for special needs

The Health Strategy (1994) in Ireland, as part of its Four Year Action Plan, set the following oral health goals to be achieved by the year 2000:

- at least 85 per cent of 5 year olds in optimally fluoridated areas and at least 60 per cent of 5 year olds in less than optimally fluoridated areas will be free of dental caries
- 12 year olds will have on average no more than one decayed, missing or filled permanent tooth (DMFT) in optimally fluoridated areas and on average no more than two DMFT in less than optimally fluoridated areas
- the average number of natural teeth present in 16-24 year olds will be 27.7
- no more than two percent of 35-44 year olds will have no natural teeth
- no more than 42 per cent of people aged 65 years and over will have no natural teeth

Flouridation

There is an need to continue the process of investigating the condition of fluoride dosing plants in the Board's area and to evaluate their performance in terms of safety, effectiveness, efficiency, appropriateness and adequacy. The Health Strategy urges the 'continuous upgrading of existing water fluoridation plants and appropriate increases in the number of water fluoridation plants'. The present distribution of fluoridated water needs to be determined with

accuracy, and the possibility of extending fluoridation, given recent developments and networking of water supplies, needs to be researched.

National School Children

The Leyden Report 1989 (a Working Group set up by the Minster of Health) recommended a structured approach to the delivery of treatment services to national schoolchildren, with priority given to those in 1st and 6th classes. In dental clinics where the dentist to national schoolchildren ratio has been favourable this structure has been adhered to. The Health Strategy calls for the systematic screening of children in three designated classes in primary and post-primary schools. In 1996 the schools identified will be screened and treated within the resources available to the Board.

Oral Health Promotion

The Working Committee on Dental Health Education Training (initiated by the Irish Dental Health Foundation) seeks to develop an in-service training initiative in dental health education in each health board's area. The Health Promotion Strategy advocates training 'to assist health workers engage in promoting health in the health service setting of their normal occupation'. Moreover, this strategy recognises that 'health promotion cannot be made the sole preserve of health promotion practitioners. Key contributions to health promotion can be made by staff in all disciplines and at all levels'. In respect to oral health education delivery, the in-service course will:

- enable the dental team to confidently and competently deliver dental health messages to parents and patient in the dental chair
- enable dental teams to deliver dental health messages to school classrooms at screening sessions and to provide scientifically validated answers to questions on oral health promotion
- provide the incentive and knowledge-base for dental teams to establish, support and monitor dental health education programmes in pre-schools, national schools and post-primary schools
- make dental teams aware and knowledgeable about the special requirements and methods available to promote the dental health of special needs groups

If successful, this in-service course will have a profound effect upon changing the philosophy of the health board dental service from a disease-oriented system to one that is health-oriented. Indeed, the intention is achieve the aim of the Health Promotion Strategy whereby the orientation of the Service is shifted, 'in

a planned and integrated way... from one where treatment services and illness are emphasised to one which also places an emphasis on health promotion,

prevention of illness and individual empowerment'. While the course is delivered, dental teams will carry out projects on target groups such as

expectant and nursing mothers, pre-school children, national schoolchildren, post-primary schoolchildren, special needs groups and possibly the adult workforce. In 1996 it is expected that formal dental education programmes will be in operation for these target groups on a pilot basis.

Oral Health Survey Dental Services

A baseline survey of Oral Health in each of the Board's Community Care areas to establish the Oral Health of age 5, 12 and 15 year olds will be published in 1996. In addition, a study on the dental health of school children of the Traveller Community in Cork and Kerry, at present underway, will be published later in 1996.

Special Needs Groups

The provision of dental care to special needs patients by the Board has been undertaken for many years in the Board' area. The treatment includes:

- the moderately and severely mentally handicapped
- the mentally ill
- the severely physically handicapped
- the medically compromised
- the dental phobic

The service for these groups is developing on an ongoing basis. In the long term, the increasing integration of dental care for special needs patients by all public health dentists should become the norm.

The key to providing comprehensive dental care to special needs groups is access to theatre where restorative care can be undertaken. The majority can (and should) be treated in the dental chair under a local anaesthetic, but a substantial proportion (with often the greatest need) can only be treated under heavy sedation or general anaesthesia.

The aim of the special needs service will be to establish a close working relationship with public health nurses and the carers of special needs groups, particularly in promoting the dental health of special needs groups. The objectives of this service will include:

- base-line epidemiological data on the dental health and treatment needs of special needs groups
- functioning treatment centres

Dental Treatment Services Scheme

The services currently available under this scheme are:

1. Emergency dental treatment to relieve pain

   This service is available to all persons aged 16 years of age or older with medical card entitlement who require urgent dental treatment.

2. Routing dental treatment including dentures for persons aged 65 years and over.

Phase 2 of the Dental Treatment Services Scheme will be introduced as and from 1st April, 1996. The Routine element of the Scheme will be extended to include eligible persons between the ages of 16 years and 34 years inclusive. In addition the Denture element of the Scheme will be available to all eligible person 35 years and over.

There is a finite budget under the scheme which will need to be carefully monitored.

Oral Surgery

The major deficiency in secondary and tertiary care services has been recognised in area of oral surgery. At present there is no consultant oral/maxillo-facial surgeon employed by the Southern Health Board.

A policy document will be presented to the Department of Health for funding to develop this service in 1996

Computerisation of the Public Dental Service

Automated information processing will be crucial to monitoring the Health Strategy's key aims of the public dental service. Its focus on health gain and social gain concepts to the planning and delivery of services calls for the collection and analysis of accurate, timely and comprehensive data. (The World Health Organisation urged that 'before 1990, Member states should have health information systems capable of supporting their national strategies for health for all' - Target 35, WHO 1985)

The use of computers in the public dental service is in its infancy, with only minimal and personal applications such as work processing being employed. Research into the new discipline of dental informatics is being undertaken, and applications tailored for the Irish Public Dental Service may be piloted. Computerised systems to improve school screening, treatment services for children, the special needs will be introduced. Stock control and financial management programs will be introduced into administration.

Telecommunications and the networking of work stations will overcome the barriers of remoteness in the deliver of public dental care.

By the end of 1996, it is expected that:

- each clinician will be aware of their responsibilities in regard to treatment services for school children
- plans will be finalised for an in-service course in oral health promotion
- a full restorative care service in theatre will be operational in all areas
- all the dental surgeries in the Board's area will be updated in respect to safety and cross-infection control
- a comprehensive report on water fluoridation will be completed
- a detailed protocol on a school screening programme will be complete

3. Community Drugs Schemes:

The Community Drug Schemes in the Southern Health Board are administered by community care area with the exception of the Long Term Illness Scheme which is administered by the staff in Denny Street, Tralee and the staff in Abbeycourt House, Cork.

The review of the Community Drug Schemes, which has been ongoing at local level since October '95 to date, is cognisant of the fact that the existing schemes evolved over a long period of time, in different ways and for different reasons.

The following structures envisaged to manage the Community Drug Schemes have been drawn up following consideration of the National Working Party Report on all of the Community Drug Schemes. It may not be possible to implement the structures as envisaged in the final report of the working group immediately at regional level. Further developments are awaited at national level relating to technology, uniform application forms, management information reports and the negotiations presently ongoing with the Irish Pharmaceutical Union and the Irish Medical Organisation.

In the interim, however, it is possible to administer the Community Drug Schemes, at local level, in an efficient and cost effective manner. With this in mind administrative practices, application forms and data relating to each community care area have been examined in detail. Differences in administrative practices, application forms and the monitoring of the schemes were noted. Accordingly revised guidelines have been drawn up in consultation with the administrators of the community care areas and the steering group formed to oversee the Review of the Community Drug Schemes at regional level. (See appendix 1.)

If structures are put in place to manage the Community Drug Schemes as envisaged in the Report of the Working Group, it is essential at this stage to ensure that all parties involved in the operation and administration of the Community Drug Schemes are clear as to the structure of the Schemes, the client group they are intended to serve and the correct administrative procedures to be followed. Different professionals and administrative groups have expressed an interest in an 'information package' to educate them as to their role in managing the schemes. It is envisaged that an information package will be made available to General Practitioners, Pharmacists, Area Medical Officers and Administrative Staff at the completion of the local review.

Structures to manage the Community Drug Schemes.
The Role of the G.P. Unit:
In consultation with the Administrator of the G.P. Unit and in keeping with the recommendations of the Report of the Working Party on the Community Drug Schemes it is proposed that a working group be established within the G.P. Unit comprising of:

- Administrator of the G.P. Unit;
- General Practitioners attached to the G.P. Unit;
- Pharmacist attached to the G.P. Unit;
- Community Care Pharmacist, SHB.

This working group and sub groups as necessary would examine the following policy issues and put structures in place to deal with same;

(i) To open a dialogue within each Health Board between the GP's and the Retail Pharmacists on the development of more cost-effective prescribing and dispensing within each Health Board.

(ii) To encourage the best prescribing and dispensing practice consistent with the clinical needs of their patients.

It has been recommended by the Report of the Working Group on the Community Drug Schemes that the G.P. Units should have a more direct role in the management of the schemes and at a minimum be directly involved in advising local and regional management on appropriate remedial action to control expenditure on these schemes.

(iii) To draw up a prescribed list and set of guidelines for all of the schemes, to encourage clinicians to achieve the most appropriate prescribing and dispensing practice. These guidelines to be supplied to each G.P. and Pharmacist for each of the schemes following a consultative process.

(iv) To undertake a study of prescribing dynamics within the Southern Health Board, in conjunction with the G.P. Policy Unit, Department of Health and the G.P. Units in the other Health Boards, with a view to encouraging GP's to develop prescribing policies for their particular practices utilising the most cost effective options available.

(v) To develop training programmes at local and regional level with a view to improving prescribing and dispensing practice and to ensure that all involved are encouraged towards the best professional practice.

(vi) To continue the close liaison between the G.P. Unit and the Therapeutic Committees of the large voluntary hospitals and the Health Boards. To ensure that best practice emerges in relation to emergency prescribing and in relation to the development of approved lists for junior hospital doctors within the hospital system.

(vii) To liaise with the GMS (Payments) Board and the Administrators of the Community Care areas as to the extent to which appliances and materials are being prescribed and for what categories of patients. To be pro active in drawing up guidelines for best practice in relation to the supply of these items.

(viii) To examine the issue of third party verification of receipt of goods mindful of the legitimate expectation of the Comptroller and Auditor General that the client/patient will sign for goods he/she receives at the pharmacy. While awaiting the introduction of acceptable card technology it is essential that the question of third party verification of receipt of goods is addressed at regional and local level if the Health Board is to ensure that scarce resources are being used efficiently, effectively and equitably.

(ix) **Cost Effective Prescribing.**

Mention in the report was given to how an incentive based rational and economic prescribing initiative within the GMS Scheme has contributed greatly to the control of costs during the 1993/'94 years. This initiative is supported by the General Practice Units in each Health Board. A key element of the success of this initiative in the GMS Scheme has been the provision of an incentive based mechanism within it. While it may not be possible to replicate this mechanism with the Community Drug Schemes, it is likely that some alternative method may be equally successful. The absence of a system of patient registration for non GMS patients is the most significant factor preventing replication of the experience of the GMS Scheme, and will influence the selection of

alternative approaches. The identification of the subscriber will be fundamental to the success of any initiative in this regard. It is recommended that the Working Group within the G.P. Unit examine this aspect of the report.

1. Refund of Drugs Scheme.

1.1 Available Data.

Presently claims under the Refund of Drugs Scheme are computerised in the four Community Care Areas. It is recommended by the Reporting Group on the Community Drug Schemes that a uniform data set would be developed for all Community Drug Schemes. To develop the uniform data set it will be necessary to compile a common format of prescription/receipt. This will require negotiation with the IPU and IMO at National level.

At local level it will be necessary to obtain the advice and expertise of Management Services in developing a 'Patient Identifier'.

1.2 Link to other Community Drug Schemes.

To enable the Refund of Drugs Scheme to be linked to the other Community Drug Schemes will require either a National Identification Number or a Health Board generated number. Again it will be necessary to obtain the advice and expertise of Management Services in developing a suitable number for identification purposes.

1.3 Patient/client Record Number.

The report of the Working Group recommended that a format or reference number be agreed that will be based on a family number with provision for family indicator (as per medical card number). Again the expertise of Management Services will be required to facilitate this process.

1.4 Uniform Application Form.

The Working Group has recommended that a new uniform application form must be devised for all Community Drug Schemes. This uniform application form is not yet available at national level. It has been noted in the Southern Health Board region that 4 different forms are in use currently for the Refund of Drugs Scheme. It is proposed that a uniform application form to be used within the Southern Health Board will be devised towards the end of the present review which will be used throughout the Southern Health Board until the new uniform application form is available at National level.

1.5 Processing of Claims.

It has been recommended that a standard system be implemented throughout the country for the processing of claims under this scheme. The Working Party feels that the overall processing will involve, a combination of local Health Board input (receiving and checking) and GMS (Payments) Board (Processing of Payments, and preparation of management information).

Adequate facilities, in terms of effective organisation and technological support, must be provided both locally and at GMS (Payments) Board level to support the payments system finally agreed. Differences in administrative procedures throughout the Southern Health Board have been noted during the present review of the Community Drugs Schemes. Recommendations will be made in the final report of the present review to ensure standard administrative procedures throughout the Southern Health Board in relation to the Refund of Drugs Scheme.

1.6 Consumer Friendliness.

Within this section the Working Group suggested that either an advice note or a brief covering letter should accompany each cheque advising the client how the payment is made up, together with details of any prescriptions rejected and the reasons for same. It is recommended that this procedure be carried out at local level in the Community Care Administrative offices as a decision may be taken at local level to reject claim or clarification may be necessary as to how the payment is made up.

2. Drug Cost Subsidisation Scheme.

2.1 Available Data.

The data currently collected on this Scheme is of high quality and facilitates qualitative analysis. The Working Party recommends the data set currently maintained be extended to the uniform data set.

At regional (Southern Health Board) level it is envisaged that a data base will be set up following the present review. Major deficiencies in the data at the start of the present local review have been rectified.

It is envisaged that several thousand DCSS cards will be cancelled as a result of the patient review and the data currently available will be updated and amended.

The staff of the Management Services Department have done extensive quantitative and qualitative analysis on the data which will greatly facilitate the setting up of a regional database which will be accessible to the local Community Care Administration offices. It is envisaged that eventually there may be a direct link between the Southern Health Board database and the GMS (Payments) Board database.

As regards specific data outlined in the 'uniform data set':
'Expiry date': It has not been local practice to put an expiry date on the DCSS cards. However, this practice has been recommended in the revised guidelines as at appendix one.

It is suggested that close monitoring of the Schemes will highlight regular and irregular users.

Regular users to be reviewed on a two yearly basis, and these cards should be renewed once an updated application form is received. Locally it is felt that irregular claimants should be reviewed on a yearly basis. The Working Party is confident that an appropriate review mechanism can be agreed with the GMS (Payments) Board, to enable this process be carried out on a timely basis.

In the interim it is recommended that steps be put in place to do the reviews at local level.

Once the database has been established, an appropriate review form can be designed and a system similar to the review of the GMS cards activated.

2.2 Revised Authorisation Cards.

The Working Party recommends the implementation of a revised form of Authorisation Card, utilising the most up to date available technology, which will ultimately lead to the establishment of "smart" card technology for all Community Drug Schemes.

In the interim the Working Party recommends that an embossed card with appropriate simple machinery at Pharmacy level should be implemented which will improve the accuracy of claims.

As DCSS cards are generated and issued at national level it is proposed that the Southern Health Board await the development of suitable embossed cards and arrange distribution and implementation of same in co-operation with the G.P. Unit Working Group and the Administrators Community Care areas.

2.3 Claiming Arrangements.

The Working Party has examined the statistics available on claiming patterns on the DCSS Scheme. The Working Party is concerned that the average number of claimants on the Scheme is just marginally above 50% of persons covered. The Working Party state that it is imperative that an immediate review exercise is conducted of the Scheme at Health Board level, with particular reference to irregular claimers and those who are not claiming at all.

This process has been ongoing within the Southern Health Board since early October '95. Substantial progress has been made to date and this exercise should be completed by the end of March '96.

3 Long Term Illness Scheme.

The Working Group has produced a core list of drugs for each condition based on the treatment of the primary condition only.

The core list has not yet been circularised to the Health Board's for examination and implementation. When the core list becomes available it is envisaged that:

(i) It shall be circularised to all SAMO's, GP's hospital doctors and Pharmacists to enable them to know what is available on the LTI Scheme for each condition.

(ii) The recommendation of the Working Party shall be taken on board, the information disseminated as widely as possible and strict administrative control of the scheme maintained.

(iii) A designated SAMO to take responsibility for the LTI Scheme. In particular where a patient may require an item in relation to the treatment of his/her LTI, which is not on the core list, specific approval may be sought through the designated SAMO.

(iv) Where an 'unapproved drug' for a client may be dispensed by a pharmacist, the Health Board is presently informed on a monthly basis by the GMS (Payments) Board. The designated SAMO only may approve the addition of this drug for this client.

The Working Party has stated that there should be agreement between all the Health Boards as to how exceptions should be dealt with. Approval of an exceptional item by the designated SAMO must be in keeping with this agreement.

(v) The Working Party recommends that a standard application form and a standard LTI card should be used by all the Health Boards. As part of the present review of the Community Drug Schemes within the Southern Health Board it has been noted that different application forms are in use in Cork and in Kerry. A revised LTI form has been devised within the Southern Health Board and should be available shortly within the Cork and Kerry Community Care areas. This form will be used until a National LTI Form becomes available. A standard LTI card is in use throughout the Southern Health Board which is in keeping with the National position.

Talks will be held with the Chief Officer of the GMS (Payments) Board as regards the issuing of LTI cards to clients who currently hold GMS cards. These clients are unable to obtain some of the drugs pertinent to their primary condition as these are not available on the GMS list. It is proposed that LTI cards will be issued to clients for non GMS items only. This system is in place within the Eastern Health Board and has proved to be very successful.

The Working Group has recommended that a 3 month trial should be run prior to implementation to ascertain the number of card holders who are presently in receipt of items not on the core list.

This will facilitate any decision to be made to whether the scheme should be introduced to existing cardholders or only to new applicants. We are awaiting the results of this 3 month trial and when they are available the Southern Health Board will implement the scheme in keeping with the decision of the National Working Group.

(vi) The National Group recommends that all cards should be reviewed on a 2 yearly basis. It is proposed that as part of the local review of the Community Drugs Schemes a recommendation will be made that cards should be reviewed within the Southern

Health Board region on a 2 yearly basis in keeping with the recommendations of the National review. With this in mind a review date will be entered into all new LTI cards which are issued. A record will be kept of the review date and a form for review sent to the client well in advance of the review date.

Summary of structures to manage the Community Drug Schemes as envisaged in the report of the Working Group.

G.P. Unit.

It is envisaged that the G.P. Unit will become actively involved in the management of the Community Drug Schemes. It is envisaged that the Working Group within the G.P. Unit comprising of the Administrator, G.P. Unit, the GP's G.P. Unit and the

Pharmacist, G.P. Unit will be involved in policy decisions in relation to the Community Drug Schemes.

Management Services.

It is envisaged that Management Services will become actively involved in the setting up of a database in relation to the Drug Cost Subsidisation Scheme and the Long Term Illness Scheme at the completion of the report of the review of the Community Drug Schemes presently in progress throughout the Southern Health Board. It is envisaged that Management Services will liaise closely with the GMS (Payments) Board, the Department of Health and the other Health Boards in designing a uniform data set for all the Schemes, "smart" card technology for the Schemes, and standard application forms compatible with the technology envisaged.

Administrative Offices, Community Care:
It is envisaged that the Community Care offices will be involved in the day to day Management of Administration of the Community Drug Schemes. The guidelines for the checking of application forms, the processing of application forms and the approval of application forms will be issued at the end of the current review of the Community Drug Schemes. Strict monitoring of the Schemes is essential to ensure that they are run efficiently, effectively and equitably to serve the clients they are intended to serve.

The Role of Education:
It is essential that all Administrative staff, General Practitioners and Pharmacists fully understand the Schemes, with this in mind an information package will be developed towards the end of the present review which will be distributed to all concerned.

Appendix 1

Revised Guidelines Re: Application, Processing and Review of DCSS Cards

1. The revised application form will be printed and available from the usual outlets.

2. When the application form is received in the Administrative Office, it shall be checked and returned to the applicant if not complete.

3. Each application to be cross referenced against the GMS list. If applicant already holds a GMS Card, a DCSS Card will not be issued.

4. Each application to be cross referenced against the LTI list. If applicant already holds an LTI Book, a DCSS Card will not be issued.

5. Prescribed medical preparations to be costed at this stage. Cognisance to be taken of the 50% mark up paid to Pharmacists under present arrangements in operating this scheme.

6. Southern Health Board Community Pharmacist to check each DCSS form and to sign it. The Pharmacist may seek advice from the S.A.M.O., if necessary.

7. When the form has been checked, costed and relevant advice obtained, it is to be submitted to the Staff Officer, Section Officer for approval.

8. When approval is given, the Authorisation Number and the expiry date (which will be two years from the date of issue) will be entered in the appropriate place

9. Completed application form to be copied and sent to the GMS (Payments) Board.

10. The Card Number, name and address of client, date of issue and date of review to be recorded in a log book.

11. It is envisaged that cards will be reviewed on a two yearly basis or annually if necessary, along the lines currently in place to review GMS cards.

CHAPTER 11

SUPPORT SERVICES

1. Family Planning and Pregnancy Counselling

A review of Family Planning Services and proposals for further development has been completed and will be published in the Spring 1996.

2. Ophthalmic Services

An evaluation of good practice in relation to the Board's Ophthalmic Services has resulted in a re-organisation of administrative procedures. Anticipated difficulties are addressed earlier in Chapter 4.

3. Health Centres Development Plan

In 1995, the Board produced a comprehensive development plan for health centres. A prioritisation of the most essential areas resulted in a three year Forward Plan being adopted by the Board. The priorities for 1996 are as follows:

Ref. No.	Major Health Centres	Estimate
1.	Community Care Headquarters and Health Centre, Tralee	£2,000,000
2.	Health Centre, Mallow	£ 650,000
3.	Health Centre, Macroom	£ 250,000
4.	Carrigaline	£ 250,000
5.	Youghal	£ 250,000
6.	Family Resource Centre, Mayfield	£ 150,000

Ref. No.	Minor Health Centres	Estimate
1.	Goleen	£ 50,000
2.	Health Centre, Mallow	£ 45,000

Ref. No.	Extensions/Major Upgrading	Estimate
1.	Killarney Health Centre (Extension)	£ 95,000
2.	Riverstown Health Centre (Extension)	£ 35,000

CHAPTER 12

HEALTH DEVELOPMENT SECTORS

1. Child Development Proposal - Youghal

The high percentage of vulnerable and single families in this area needs to be addressed for long term care plans for the future. Approximately one quarter are single mothers out of a total of hundred and seven births and many of these reside in flats in top floor dilapidated old houses. The Child Development Programme would facilitate teamwork co-ordination in this area.

Objective:
To set up an develop resource services in Youghal for families and young children

Aim:
To strengthen, set up and support existing support services for young children and their parents.

Methodology:

1. Research - Literature Review
2. Looking at different models of family support services, e.g. in Cork, observing Togher Family Centre `Before 2 Years` nursery, Barnardo`s Centre in Dublin, Community Mothers Programme in Dublin etc.
3. Spend some time with the Project Co-ordinator in City North West.
4. Setting up a creche and family support facilities for under three year old children and initiate local services to enhance the "bottom led, top fed" approach to local needs.
5. Setting up and training Community Mothers visiting programme.
6. Strengthening and widening ante-natal classes and breast feeding promotion initiatives.
7. Continuous health promotion strategies such as:

- A group dynamic approach to women's health and child welfare
- No smoking groups
- Working with parents and groups
- Mother and Toddler groups
- Home management courses
- Diet and Exercise programme
- Personal development courses

Resources Necessary:

- Public Health Nurse replacement for three months from 4/3/96 to 31/5/96 inclusive.
- Public Health Nurse relief for one day per week to review date - 28/2/97

The experience of developing a new model of support would be invaluable so that other community care areas could benefit from this "resource pack". It is envisaged that to maintain this model that one day weekly release would be required to support and promote these concepts. Time out to set up this programme will necessitate full public health nurse relief for three months initially and for one day per week release subsequently as already stated in the draft of 22nd January 1996.

2. Customer Services Department

The Board proposes to establish a Customer Services Department in Cork City in 1996 which will provide the following type and range of services:

Information:

(a) That the department be an information source for all members of the public and for all other departments of the Board.

(b) That information and application forms for all aspects of services be freely available to the department and be freely given to others.

(c) That systems be put in place to ensure the proper storage and easy retrieval of information.

(d) That full and up to date documentation be available at the department for issue to the public and other departments.

(e) That comparative information be made available to Supervisors/Heads of Disciplines to facilitate comparison in cases where anomalies in service are apparent.

Advice

That advice be given to all those seeking or needing it on how best to pursue entitlement to the Board's services.

Facilitation

That a facilitatory or introductory service be provided whenever necessary. Examples of this would be assistance with form completion or an introductory telephone call.

A Project Manager will be appointed to oversee the implementation of this new department, with the following terms of reference:

- To assist in defining the role of the department in meeting perceived needs, and the preparation of statistical information on the number, type, complexity and duration of existing enquiries

- Using this data, to make recommendations on the level of service which it would be possible for the department to provide and on the appropriate staffing level

- To draft schedules of requirements in terms of:

    - accommodation
    - equipment
    - information systems
    - staffing
    - in consultation with Technical Services, Management Services and Personnel Department

- Planning and assembling the necessary information systems

- In consultation with the Training Officer, drafting the training requirements of the staff of the new department

- To further assess the potential workload of the department

- To ensure the proper establishment and functioning of the department in accordance with approved plans and schedules