

**Minutes of Regional Health Forum West meeting held on  
Tuesday, 22<sup>nd</sup> September 2020 at 1.30pm by Zoom.**

Miontuairiscí Cruinnithe an Fhóraitm Réigiúnach Sláinte a tionóladh Dé Máirt, 22<sup>ú</sup> Meán Fómhair  
2020 ag 1.30 trí súmáil

**Chairperson:** Cllr John Carroll

Members Present	Members Present (continued)	Apologies
Cllr Finola Armstrong McGuire	Cllr Michael Kilcoyne	Cllr Liam Carroll
Cllr Declan Bree	Cllr Donagh Killilea	
Cllr Ciaran Brogan	Cllr Dara Mulvey	
Cllr Tom Conaghan	Cllr Cillian Murphy	
Cllr John Connolly	Cllr Martin McLoughlin	<b>Members Absent</b>
Cllr Gerry Crawford	Cllr Gerry McMonagle	
Cllr Susan Crawford	Cllr Martina O'Connor	
Cllr Albert Doherty	Cllr Daithí Ó Cualáin	
Cllr Paddy Farrell	Cllr John O'Hara	
Cllr Francis Foley	Cllr Dr Evelyn Francis Parsons	
Cllr Blackie Gavin	Cllr Pete Roche	
Cllr Donal Gilroy	Cllr Tony Ward	
Cllr Felim Gurn		

**In attendance:**

Tony Canavan, Executive Lead, Regional Health Forum/CEO, Saolta University Health Care Group  
Ann Cosgrove, Chief Operating Officer, Saolta University Health Care Group  
Breda Crehan-Roche, Chief Officer, Community Healthcare West  
Joe Hoare, Assistant National Director of Estates (West)  
Frank Morrison, CHO, Area 1  
Noreen Spillane, COO, UL Hospitals Group  
Norah Owens, Regional Health Forum Office  
Anna Lyons, Regional Health Forum Office

**743/90/20 Minutes of previous meeting – 28<sup>th</sup> July, 2020**

The minutes of the previous meeting held on the 28<sup>th</sup> July 2020 were proposed by Cllr Tom Conaghan, seconded by Cllr Donagh Killilea and adopted.

**744/90/20 Matters Arising:**

**W89Q2741: Opiate Substitution Scheme**

Cllr John Connolly requested more information on the oversight role of the HSE regarding corresponding with the GP's on the Opiate Substitution Scheme.

**Action:** Breda Crehan-Roche to revert to Cllr Connolly with further information on this.

**W89Q2740 Vacancies in Primary Care:**

Cllr John Connolly requested more clarification on the role of Health Professionals/staff categories that are currently vacant from the updated follow up reply provided.

**Action:** Breda Crehan-Roche to revert to Cllr Connolly with further information on this.

**745/90/20 Chairman's Business:**

Chairperson Cllr J Carroll welcomed the two new members; Dr Evelyn Parsons who replaces Aisling Dolan on Galway County Council and Dr Susan Crawford who replaces Roisin Garvey on Clare County Council.

Cllr Carroll on behalf of the Regional Health Forum West members wished Aisling and Roisín well in the Seanad.

**746/90/20 Update on COVID-19**

Tony Canavan, CEO, Saolta University Health Care Group gave an update to the members on COVID 19.

Cllr D Killilea requested and update on deaths in Galway/local data.

**Action:** Regional Health Forum office to re-send the email that contained the necessary links: 'Minister for Health Stephen Donnelly TD announces new local information going live on the COVID-19 Data Hub'

**747/90/20 Questions:**

**W90Q2747: UL Hospitals outpatient adult diabetes clinic**

Cllr C Murphy questioned why the numbers attending the Adult Diabetes Clinic by Virtual/ Tele method were so low compared to the physical appointments.

**Action:** Noreen Spillane to check with the Consultant and revert directly to Cllr Murphy on this matter.

**W90Q2758: Role out of Flu Vaccination**

Cllr D Killilea requested the options and costing for the Flu Vaccination for adults who do not have a medical card.

**Action:** Breda Crehan-Roche to revert to Cllr Killilea.

**Action:** Regional Health Forum office to provide information to RHF members on launch date for the Flu Vaccination.

**W90Q2774: Orthodontic Services:**

Cllr M O'Connor requested the specific eligibility for the Orthodontic Service at Merlin Park and any other information around access to this service.

**Action:** Ann Cosgrove to revert to Cllr O'Connor on this service.

**W90Q2778: Social Worker Vacancies in Galway**

Cllr D Ó Cualáin requested information on the number of Social Workers employed in county Galway

**Action:** Breda Crehan-Roche to revert to Cllr Ó Cualáin.

**W90Q2779: Primary Care Centres in Galway**

Cllr D Ó Cualáin requested an update on the Primary Care Centre in Spiddal.

**Action:** Breda Crehan-Roche to revert to Cllr Ó Cualáin with this update.

**W90Q2787: St. Bridget's Ward, Roscommon University Hospital**

Cllr T Ward requested to be kept up to date on plans to re-open St Bridget's Ward, RUH, to seven days a week.

**Action:** Ann Cosgrove to revert to Cllr Ward on this matter.

**W90Q2788: Mental Health Services Roscommon – Staffing Levels**

Cllr T Ward requested information on the staffing levels for the Mental Health Services in Co. Roscommon.

**Action:** Breda Crehan-Roche to revert to Cllr Ward.

**W90Q2794: Audiology Services in Donegal**

Cllr C Brogan suggested and audit by the HSE and NCSE (National Council for Special Education) on the supports available in Audiology in Donegal

Frank Morrison welcomed this idea and agreed the HSE would be happy to co-operate with the audit.

**748/90/20 AOB:**

Cllr D Bree requested that it be noted that Mr Donal McLoughlin, Deputy Manager SUH, will retire next month. Cllr Bree wanted to express his thanks and appreciation for his work, to acknowledge his exemplary service and to wish him well for the future. Chairperson Cllr J Carroll agreed and on behalf of all members wished Mr. McLoughlin well for his retirement.

**749/90/20 Date & Time of Next Meeting:**

The next **Regional Health Forum Committee** Meeting will take place on Tuesday 20<sup>th</sup> October at 2pm virtually.

The next **Regional Health Forum** meeting will take place on Tuesday 24<sup>th</sup> November at 1pm, the format of which will be advised to the members at the next meeting.

This concluded the business of the meeting.

Signed:

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Cathaoirleach/Chairman

*Adopted at the Regional Health Forum West meeting*



## QUESTIONS AND RESPONSES

### REGIONAL HEALTH FORUM WEST – 24<sup>th</sup> NOVEMBER 2020

NUMBER	QUESTION	RAISED BY	PAGE No.
W91Q2796	Wait times for Gall stone surgery for public patients in UL	ClIr C Murphy	3
W91Q2797	UL Diabetes posts Clinic in Ennis & Nenagh	ClIr C Murphy	3
W91Q2798	Ambulance response times	ClIr C Murphy	3 – 4
W91Q2799	2021 HSE Capital Programme	ClIr D Killilea	4
W91Q2800	No. of patients affected by cervical screening controversy in Galway, Mayo & Roscommon	ClIr D Killilea	4 – 5
W91Q2801	Appointment wait times in Tuam Primary Care Centre	ClIr D Killilea	5
W91Q2802	BreastCheck Screening Service 2018. 2019 2020 to date	ClIr D Killilea	5
W91Q2803	Date for re-opening of Dental Clinics in Donegal	ClIr T Conaghan	5 – 6
W91Q2804	Covid 19 Test centre for Donegal town	ClIr T Conaghan	6
W91Q2805	When will full day respite service resume in Co Clare	ClIr S Crawford	6 – 7
W91Q2806	Payment of sleepovers that did not take place	ClIr S Crawford	7
W91Q2807	Could respite grant money be ring fenced for families	ClIr S Crawford	7
W91Q2809	Waiting times for home help hours in Galway	ClIr D McDonnell	7
W91Q2810	Agency cost for home help and cost effectiveness of same	ClIr D McDonnell	7 – 8
W91Q2811	What is HSE West region health Budget for 2021	ClIr D McDonnell	8
W91Q2812	How many people awaiting home support in Galway?	ClIr D Ó Cualáin	8
W91Q2813	Plans to implement a fully staffed weekend pharmacy in GUH	ClIr D Ó Cualáin	8
W91Q2814	Medical card holders being charged for certain GP services	ClIr D Ó Cualáin	8 – 9
W91Q2815	Contingency plans in place for possible outbreak of Covid in Nursing homes?	ClIr D Ó Cualáin	9 – 10
W91Q2816	Respite provision capacity for child and adult intellectual disability in Inishowen	ClIr A Doherty	11
W91Q2817	Podiatry services in Inishowen	ClIr A Donerty	11
W91Q2818	Up to date position on the male ward in Ballina CNU?	ClIr J O'Hara	12
W91Q2819	Why are the respite & palliative care units empty in Ballina CNU?	ClIr J O'Hara	12
W91Q2820	Modular build for Ballina CNU?	ClIr J O'Hara	12
W91Q2821	Showering facilities for staff at Ballina CNU	ClIr J O'Hara	12
W91Q2822	Waiting list for hearing aids in Roscommon	ClIr T Ward	12 – 13
W91Q2823	Waiting list for a medical procedure in Roscommon	ClIr T Ward	13 – 14
W91Q2824	Dental treatment for primary school children in Roscommon	ClIr T Ward	14
W91Q2825	Update on 50 bed unit for Sacred Heart Home Roscommon	ClIr T Ward	14
W91Q2826	Fee payment per annum for Medicentre Practice and Health Centre Practice	ClIr D Bree	15
W91Q2827	Outpatient waiting list at SUH in all specialties	ClIr D Bree	15
W91Q2828	Fee payment per annum for Mall Family Practice	ClIr D Bree	16
W91Q2829	Monies owed by private health insurance co in SUH, MUH, LUH, MPUH, & UHG	ClIr D Bree	16
W91Q2830	Isolation time for a negative test difference private v public test	ClIr G Crawford	16
W91Q2831	What proportion of people in HSE West have Covid 19 antibodies	ClIr G Crawford	16
W91Q2832	Uptake of Flu Vaccine in all categories	ClIr G Crawford	17 – 18
W91Q2833	No of home support services request this year for Donegal	ClIr G Crawford	18 – 19
W91Q2834	How many additional beds in the new Modular built in MUH	ClIr M Kilcoyne	19
W91Q2835	Staff employed in MUH in 2019/2020. List by occupation and temp/permanent/agency	ClIr M Kilcoyne	19 – 20
W91Q2836	No of people in Mayo that received Covid Test, no. positive, negative, inconclusive	ClIr M Kilcoyne	20
W91Q2837	No of patients treated in MUH from Mar-Sept 19 & 2020 and how many Covid 19?	ClIr M Kilcoyne	20 – 21
W91Q2838	Update on Screening Programmes	ClIr D Mulvey	21



<b>W91Q2839</b>	Renal Dialysis Unit at SUH	<b>Cllr D Gilroy</b>	<b>21</b>
<b>W91Q2840</b>	Telephone consultations by clinicians	<b>Cllr D Gilroy</b>	<b>21 – 22</b>
<b>W91Q2841</b>	Helicopter pad for SUH	<b>Cllr D Gilroy</b>	<b>22</b>
<b>W91Q2843</b>	Indicative figures per county in region for deaths by suicide	<b>Cllr D Gilroy</b>	<b>22 – 24</b>
<b>W91Q2844</b>	Approval for hand sanitizer by HSE for Covid 19	<b>Cllr A Doherty</b>	<b>24</b>
<b>W91Q2845</b>	GP Replacement for Kilconnell Health Centre	<b>Cllr E Parsons</b>	<b>24 – 25</b>
<b>W91Q2846</b>	Progression of works on Flouroscopy & Radiology Unit at Portiuncula	<b>Cllr E Parsons</b>	<b>25</b>
<b>W91Q2847</b>	ICU & Critical Care Acute Beds nationally and in HSE West	<b>Cllr E Parsons</b>	<b>25 – 27</b>
<b>W91Q2848</b>	Breakdown of CT Scanner in PUH	<b>Cllr E Parsons</b>	<b>27 – 28</b>
<b>W91Q2849</b>	Update on St Conal's Hospital Letterkenny	<b>Cllr C Brogan</b>	<b>28</b>
<b>W91Q2850</b>	Why the Primary Medical Cert is suspended?	<b>Cllr C Brogan</b>	<b>29</b>
<b>W91Q2851</b>	New CNU for Letterkenny	<b>Cllr C Brogan</b>	<b>29</b>
<b>W91Q2852</b>	Update on Acute Stroke Unit, Maternity Theatre CT Scanner and Renal Extension	<b>Cllr C Brogan</b>	<b>29-30</b>
<b>W91Q2853</b>	No of Covid 19 Test Centres in Co Galway	<b>Cllr J Connolly</b>	<b>30</b>
<b>W91Q2854</b>	Current vacancies in Galway Primary Care	<b>Cllr J Connolly</b>	<b>31</b>
<b>W91Q2855</b>	How many screening appointments cancelled due to COVID 19	<b>Cllr J Connolly</b>	<b>31</b>
<b>W91Q2856</b>	Capacity of Psychiatric Unit at GUH, occupancy levels 2019/20	<b>Cllr J Connolly</b>	<b>31</b>
<b>W91Q2857</b>	Update on Pathology/Mortuary services at LUH	<b>Cllr G McMonagle</b>	<b>31-32</b>
<b>W91Q2858</b>	Has LUH put in additional counselling services to deal with work pressure due to COVID	<b>Cllr G McMonagle</b>	<b>32</b>
<b>W91Q2859</b>	Postponement of services due to Covid since March	<b>Cllr G McMonagle</b>	<b>32</b>
<b>W91Q2860</b>	When will BreastCheck resume services in Donegal	<b>Cllr G McMonagle</b>	<b>32-33</b>
<b>W91Q2861</b>	Update on junction at Ballymote new nursing facility	<b>Cllr D Mulvey</b>	<b>33-34</b>
<b>W91Q2862</b>	Vaping in Ireland	<b>Cllr A Doherty</b>	<b>34</b>



NUMBER	QUESTION	RAISED BY
W91Q2796	Can I be informed as to the current wait times for gall stone surgery on public patients in UH Limerick, what was the average wait time pre Covid and what is the expected impact Covid 19 will have on that wait time in the future.	Cllr C Murphy
<p>Elective procedures across the hospital system were severely curtailed during the first wave of the pandemic. Theatre access across UL Hospitals Group is currently prioritised for emergency, trauma, time-critical and the most urgent elective procedures following a clinical decision in line with the principles of clinical prioritisation as set out in <a href="#">A Safe Return to Health Services: Restoring Health and Social Care Services in a Covid Environment</a>. Resumption of services in recent months has been incremental, based on Covid demands, resources available and keeping patients and staff safe in line with the national guidance.</p> <p>Prior to Covid-19, our wait time for elective laparoscopic cholecystectomy surgery was approximately six to eight months from date added. Because of the impact of Covid-19, it is expected that the wait time will extend to 12 to 14 months.</p> <p><b>C. Cowan, CEO, UL Hospital Group</b></p>		
W91Q2797	<p>In a recent response to a PQ put forward by Brian Leddon TD, PQ 21280/20 - 21282/20 reference was included to the following list of required multidisciplinary positions in order to provide a structured education program and an insulin pump therapy service for adults with type 1 diabetes;</p> <ul style="list-style-type: none"> <li>• 1 endocrinologist,</li> <li>• 4 specialist dieticians,</li> <li>• 1 advanced nurse practitioners,</li> <li>• 1 diabetes nurse specialist and</li> <li>• 2 administrative support staff</li> </ul> <p>can I be updated as to the following,</p> <ul style="list-style-type: none"> <li>• Has UL Hospital applied for approval of these posts, and if so, when?</li> <li>• what is the projected timeline for when they will be in place?</li> <li>• what steps are being taken to address the current situation of extensive delays, sometimes in excess of 12 months, between review appointments in Limerick and the outreach Diabetes clinics in Ennis and Nenagh?</li> </ul>	Cllr C Murphy
<p>We have received approval for an additional Endocrinologist which will bring the total number of Consultant Endocrinologist across ULHG to 3. We have also received approval for an additional dedicated dietician for the diabetic service.</p> <p>Dr. Melvin, Consultant Endocrinologist took up post in September and we have just commenced the necessary recruitment processes for the third post. I would expect the additional dietician to be in post before end of year.</p> <p>UL Hospitals Group, Medicine Directorate are very aware of the current long delays for review appointments and are working with the service to try and address these delays. We have to ensure we are complying with all COVID 19 recommendations to ensure the safety of patients and staff. This has had an impact on the numbers of patients that can be safely seen. We are conducting some face to face and virtual clinics.</p> <p><b>C. Cowan, CEO, UL Hospital Group</b></p>		
W91Q2798	<p>Can I be given a detailed breakdown, in tabular form, of the individual response times for each ambulance call out within the West Clare Municipal District during 2020, or the last full year data is available, to include;</p> <ul style="list-style-type: none"> <li>• time of initial alert at the NAC,</li> <li>• time of arrival on scene,</li> </ul>	Cllr C Murphy



	<ul style="list-style-type: none"> <li>• base station from which deployed.</li> </ul>	
<p>The average response times for ambulance ECHO &amp; DELTA calls for Co. Clare from 1/1/2019 – 18/11/2020 are 15 minutes, 56 seconds.</p> <p>To provide any further breakdown could potentially breach GDPR.</p> <p><b>Bill Forbes, Acting Chief Ambulance Officer, NAS West</b></p>		
<b>W91Q2799</b>	Can the HSE confirm by list and figures the names of <u>all the projects approved</u> for Capital Expenditure for the HSE West area in the 2021 HSE Capital Programme.	<b>Clr D Killilea</b>
<p>The HSE Capital Plan for 2021 is currently being finalised and will be submitted to the Board of the HSE and the Minister for Health. The information regarding projects included in the Capital Plan can be made available in due course.</p> <p><b>J. Hoare, Asst National Director Estates (West)</b></p>		
<b>W91Q2800</b>	Can the HSE confirm the number of patients in Galway, Mayo and Roscommon that were affected by the cervical smear controversy and how many liable actions are in progress and have taken place since the controversy has broken, do we also know when full resumption of the service will begin and what steps are being taken to build confidence in the service.	<b>Clr D Killilea</b>
<p>Questions relating to the legal actions being taken against the HSE are a matter for the State Claims Agency. We were happy to contact the Agency on your behalf, and they provided us with the following information:</p> <ul style="list-style-type: none"> <li>• 164 legal proceedings relating to CervicalCheck which have issued to date (of which 160 were received since 01/01/2018). 139 relate to the alleged misreading of a smear of a service user. The remaining 25 claims are from family members/dependents alleging psychological injuries.</li> <li>• 142 claims relating to the Cervical Check issue which are currently in the litigation stage having not yet been concluded. 117 relate to the alleged misreading of a smear of a service user. The remaining 25 claims are from family members/dependents alleging psychological injuries.</li> </ul> <p>The State Claims Agency was unable to provide details of the number of patients affected by the controversy in the three named counties. The data is not collected by the National Screening Service either.</p> <p>CervicalCheck resumed screening on 06 July 2020. The focus of our restart has been to achieve a maximum screening invitation rate that is compatible with a safe follow-up assessment and the treatment capacity within the health service. We can now report that every person due a test in 2020 will have been invited for screening by December 2020. Any person who is eligible for a test does not need to wait to be invited but can book for screening now.</p> <p>An important step in rebuilding confidence in the programme has been the introduction earlier this year of HPV cervical screening. On 30 March 2020 CervicalCheck introduced the HPV test as the primary screening method for detecting abnormal cervical cells which could develop into cervical cancer. This policy change was recommended in a report by HIQA in 2017 and was made after approval by the Department of Health. This change brings the Irish cervical screening programme in line with international best practice. HPV cervical screening is a better way of cervical screening. It prevents more cancers and means some people will have fewer tests. It is not a test for cancer, it's a test to help prevent cancer from developing. This is because screening tests are designed to detect individuals at risk and are not diagnostic tests. No screening test will detect or prevent 100% of cancers.</p> <p>A large-scale communications campaign began in tandem with the programme restart in July. The campaign aims to increase awareness of screening; to convey essential information about the new test; to emphasise the safety procedures in place to protect people from Covid-19 during screening; and to encourage people to attend for screening. The campaign is running on digital and social media before moving to include radio and out-of-home advertising.</p>		

CervicalCheck is also working with stakeholders and partners, including GPs and the Irish Cancer Society, to promote understanding and messaging about the programme, through their networks. We will continue to promote awareness and education around HPV cervical screening through multiple channels in 2021 and beyond.

A new NSS communications working group will this year begin work aimed at further increasing public understanding of the benefits and boundaries of screening, and increasing public confidence in screening.

Screening is for healthy people who do not have symptoms. We continue to urge all people to be aware of symptoms, and not to wait for screening but to contact their GP if they have any concerns.

**Fiona Murphy, Chief Executive, National Screening Service**

<b>W91Q2801</b>	Can the HSE confirm the number of children/adolescences waiting for consultant/Doctor/Specialist appointments in Tuam Primary Care Centre by category, what medical positions are still left to be filled in Tuam Primary Care Centre.	<b>ClIr D Killilea</b>
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Community Healthcare West's CAMH Service does not have any staff based in the Tuam Primary Care Centre.

The number of children awaiting Community Medical Doctor appointments is 70.

The number of children awaiting a Community ophthalmology/Orthoptic assessment is 1450.

Currently there is a 0.5WTE vacant Community Medical Doctor position in the Tuam network area.

There is a 1.0 WTE Community Medical ophthalmologist post to be filled in the New Year by internal transfer.

There is a 1.0 WTE orthoptist vacancy in Galway Primary Care area. 0.4 WTE of this post provides a service to children in the Tuam network area.

**Breda Crehan-Roche, Chief Officer, Community Healthcare West**

<b>W91Q2802</b>	Can the HSE confirm the patient numbers by county in West regional area for Breastcheck screening service in 2018, 2019 and this year to date. What are the trends via SPLY and how many women weren't screened this year due to Covid and how will the backlog be addressed.	<b>ClIr D Killilea</b>
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**Number of patients by county in the West regional area for BreastCheck screening area in 2018, 2019 and 2020 to date:**

The following table shows the numbers screened by BreastCheck in this and previous years. Note:

- Data refers to women first invited in 2018, 2019, etc
- Data for 2020 is only available up until March, when breast screening was paused
- We do not have a breakdown of data for north and south Tipperary.

	2018	2019	Jan-March 2020
<b>Clare</b>	4,072	3,055	1,123
<b>Donegal</b>	6,638	3,974	482
<b>Galway</b>	9,953	10,675	2,167
<b>Leitrim</b>	2,448	119	<50
<b>Limerick</b>	4,729	11,311	1,118
<b>Mayo</b>	3,406	5,522	737
<b>Roscommon</b>	3,039	2,127	<50
<b>Sligo</b>	2,914	1,203	65
<b>Tipperary</b>	3,065	8,598	2,430
<b>Total</b>	42,282	48,603	8,122

*Note: Screening takes place on an area-by-area basis every two years; some counties may not show screening activity in a given calendar year.*



**Number of people not screened in 2020**

BreastCheck paused screening on March 16 2020, and resumed screening on October 27 2020. Approximately 150,000 screening invitations were paused during this period.

BreastCheck operates a two-yearly screening. Owing to the pause in screening and ongoing Covid-19 preventative measures, it may take us longer complete the current round. While we do not wish for any increase in the period between screens, screening will still be within European norms. Ireland is fortunate to have a two-year interval compared to Britain which has a three-yearly cycle.

We have developed a targeted information campaign which is asking people to come for screening when called, so that their test results can be returned in a timely manner and any follow-up procedures scheduled.

In addition, we are actively recruiting staff and looking at other ways to maximise capacity.

We continue to urge all people to be aware of symptoms and not to wait for screening, but to contact their GP if they have any concerns.

**Fiona Murphy, Chief Executive, National Screening Service**

<b>W91Q2803</b>	What is the expected date for all the community dental clinics in Donegal to reopen?	<b>Cllr T Conaghan</b>
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Currently there are 9 community dental clinics opened in Donegal. These clinics are located in Letterkenny, Lifford, Carndonagh, Creeslough, Falcarragh, Dungloe, Killybegs, Donegal Town and Ballyshannon. There are 4 other dental clinics which have not opened yet. These are as follows:

**Moville dental clinic:** This clinic is ready to reopen and will do so shortly.

**Buncrana dental clinic:** This clinic is due to undergo some remedial work. This work is due to be completed by Christmas with a start date for clinics for late December 2020/early January 2021.

**Glenties dental clinic:** This clinic is due to reopen in December 2020.

**Stranorlar dental clinic:** The dental clinic in Stranorlar is currently closed due to infrastructure problems. The dental clinic is due to be re-located to new accommodation. Plans were in place to relocate the dental clinic to more suitable accommodation in the St. Joseph's complex. Unfortunately, these plans have been put on hold due to the pandemic. Stranorlar dental patients are currently being accommodated at both the Letterkenny and Lifford dental clinics.

To summarise, there are currently 9 community dental practices open with a further 3 due to open in December 2020/January 2021. The remaining dental clinic, Stranorlar will remain closed until relocation occurs to more suitable accommodation.

**John Hayes, Chief Officer, CHO1**

<b>W91Q2804</b>	Why was the Cleary Centre chosen as the Covid-19 test centre in Donegal Town when the St.John Bosco Centre, which is a drive through centre was made available to the HSE and is more suitable?	<b>Cllr T Conaghan</b>
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The HSE's decision to proceed with a temporary community test centre at the former Cleary Centre site was made based on both a clinical and operational basis. Key stakeholders were involved in the process which included the National Ambulance Service, HSE estates, HSE property management, Primary Care General Manager, and Clinical Manager of Community Testing Donegal. Several sites in the locality were initially considered as part of the process, with the result that the Cleary Centre was deemed most appropriate to service the population of south/west Donegal. Factors such as existing layouts, winter weather, location, safety for public and staff teams and option of continued use when the county could function at level 1/2/3 formed part of the determination.

**John Hayes, Chief Officer, CHO1**

<b>W91Q2805</b>	When will full day services and respite services be resumed for people with disabilities in Co. Clare?	<b>ClIr S Crawford</b>
<p>The HSE and service providers within the Disability Sector understand the difficulties, challenges and anxiety that service users, parents/carers and families have experienced throughout Covid 19.</p> <p>In line with Public Health guidance and the “Framework for Resumption of Adult Disability Services” which set out clear guidelines around the reopening of day services in a safe way, the HSE both nationally and locally are working very closely with all service providers to ensure the earliest possible resumption of day services.</p> <p>In complying with public health guidance and the need to keep all service users safe, it has been necessary to reduce capacity across day services whilst at the same time ensuring that all services users were provided with a level of service.</p> <p>The reduction in the level of day service currently being provided is primarily due to two key factors</p> <ul style="list-style-type: none"> <li>• the necessity to maintain the 2 metre physical distancing rule which has impacted on premises and transport.</li> <li>• the availability of staff due to redeployment. The staffing issue is as a direct result of having to redeploy a significant number of day service and respite service staff to support those residing in residential services throughout Covid 19 who have had to remain in their community houses and continue to do so in order to keep them safe and well. In addition, there is a requirement to prioritise the quantum of service that is required by those service users with the greatest need in that all individual cases are looked at on a case by case basis in terms of their need for additional supports.</li> </ul> <p>This in effect has meant that some service users living with their families in the community are receiving a reduced day service compared to the level of service they received pre Covid 19.</p> <p>HSE Mid West Community Healthcare can confirm that service providers in Clare have resumed their day services since mid-August 2020 with some service users getting a full 5 day service whilst others are getting 2/ 3 days a week service. The resumption of day service activity has been a key priority for Government who understand the detrimental impact of the closure of many services have had on people with disability and their families. To this end, an additional allocation of €7.5million has recently been made available to the HSE to support the resumption of day services across the country with HSE Mid-West being notified of its share of the allocation in the past few weeks. In addition, a further once off allocation has also been provided to meet specific buildings and transports costs in order to assist increasing capacity.</p> <p>As a result of these additional allocations, the HSE has engaged with all Day Service Providers over the past number of weeks in order to increase the level of day service currently being provided.</p> <p>HSE Mid-West expects that each service user that live with their families and attend day services will get an increase of at least one additional day per week over and above what that they have been getting since day services resumed. It is understood the Brothers of Charity Service who are the largest day service provider in Clare will be in a position to increase the level of service to each part time service users from 23<sup>rd</sup> November 2020.</p> <p>In relation to the provision of respite services, HSE Mid-West Community Healthcare can confirm that respite services in Clare have now resumed and are operating within the resources currently available and in line with public health guidance. There continues to be a waiting list for Respite care.</p> <p>While it is not possible to predict an end date to the current pandemic HSE Mid West would like to assure the Regional Forum that in partnership with all Service Providers in the region, we are fully committed to the resumption of day services to the fullest extent possible in the context of on-going public health guidance whilst continuing to prioritise those of greatest need.</p>		
<p><b><i>Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare</i></b></p>		
<b>W91Q2806</b>	Can respite grant monies be given directly to parents/carers in this current Covid restricted time to access support from family/ others in their Social Bubble?	<b>ClIr S Crawford</b>



The provision of respite services in the Mid-West is contracted to a number of service providers and is governed by way of a service level agreement. This ensures full accountability and transparency in the use of all public funds. Funding is not provided to individuals / families to source their own private respite.

**Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare**

<b>W91Q2807</b>	Can respite grant monies not used this year be carried over to next year or given to parents/carers this year for use next year in this Covid restricted time?	<b>Cllr S Crawford</b>
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The provision of respite services in the Mid-West is contracted to a number of service providers and governed by way of a service level agreement. All such service arrangements with the HSE are subject to strict monitoring and review throughout the year. In the event that there is surplus funding within the allocated resources, this will be clearly identified and utilised in 2021.

**Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare**

<b>W91Q2809</b>	How many people in Galway are currently awaiting home help hours or additional home help hours, what is the staff shortfall within the HSE to provide these hours?	<b>Cllr D McDonnell</b>
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There are currently 39 clients on the Waiting List in County Galway for Home Support.

The local Home Support service is currently working on clearing this Waiting List.

It is important to note that Community Healthcare West are challenged at times in sourcing Carers for Home Support clients in some rural areas across the region.

**Breda Crehan-Roche, Chief Officer, Community Healthcare West**

<b>W91Q2810</b>	Where agencies are being used to provide home help, what is the cost of this per year, is this value for money, or would it be more cost efficient to recruit more staff?	<b>Cllr D McDonnell</b>
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The Galway Home Support Budget for 2020 is in excess of €23.3million.

Home Support services for older people are provided either by directly employed staff or by voluntary and private providers who have formal tender arrangements with the HSE to deliver the services. The type of support provided includes personal care and, where appropriate, essential household duties relating to the client's assessed needs.

In relation to the use of private providers, the HSE has committed to the direct employment of Home Support staff to maximum effect for those with the appropriate skill set. Private providers also assist the HSE to provide care. The Tender for 2018 has been extended and will operate until 31<sup>st</sup> December 2021.

Having access to Voluntary or Private Home Support Providers enables the HSE to provide a service in geographical areas where no HSE staff are based, therefore allowing flexibility within the service.

**Breda Crehan-Roche, Chief Officer, Community Healthcare West**

<b>W91Q2811</b>	With the increased health budget for 2021, how much of this is being allocated to our region, what sections will benefit, i.e. will the increase be used to tackle waiting lists, expand HSE capacity, recruit more staff or other?	<b>Cllr D McDonnell</b>
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The HSE are currently finalising the Service Plan for 2021, this plan will outline the services provided throughout the Country in respect of the funding notified by the Department of Health to the HSE. This process is ongoing currently.

**T. Canavan, CEO, Saolta University Health Care Group**

<b>W91Q2812</b>	How many people are awaiting home support care (home help) at present in Galway city and county and in what areas? Can I get a breakdown of the number of hours being provided by the HSE directly and by private operators? Do both private and HSE home support staff continue to attend clients who are query or positive for Covid-19	<b>Cllr D Ó Cualáin</b>
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in their own homes?

There are currently 39 individuals on the Waiting List in County Galway for Home Support. The breakdown is as follows -

Areas	No. waiting Home Support service in each of the areas listed
Shantalla	8
Headford	4
Ballinasloe	5
Oranmore, Portumna, Williamstown, Craughwell, Loughrea, Moycullen	2 in each area
Corrandulla, Mountbellew, Gort, Turloughmore, Rosmuc, Killimor, Athenry, Glenamaddy, Milltown and St. Francis, Newcastle Road area	1 in each area

The local Home Support service is currently working on clearing this Waiting List.

The number of Home Support hours being provided by the HSE directly is 27,431 hours for the month of October 2020.

The number of Home Support hours being provided by private homecare agencies is 64,921 hours for the month of October 2020.

Both private agencies and HSE Home Support staff across HSE Community Healthcare West continue to provide homecare to clients in their own homes, some may be under investigation for Covid-19 or are confirmed positive for Covid-19. Appropriate PPE is utilized at all times.

***Breda Crehan-Roche, Chief Officer, Community Healthcare West***

<b>W91Q2813</b>	Are there any plans to implement a fully staffed weekend pharmacy service to service clinical areas within G.U.H? If not why not? Are fully staffed weekend pharmacy services in place in other hospitals within the Saolta group?	<b>Cllr D Ó Cualáin</b>
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Submissions have been made for Staff in order to provide limited weekend Pharmacy Service in G.U.H.

National negotiations are underway in relation to the provision of hospital pharmacy services which may pave the way for weekend working.

***A Cosgrove, COO, Saolta University Health Care Group***

<b>W91Q2814</b>	What action has been taken by HSE management over the last year to address the ongoing issue of Medical card holders being charged an additional fee for certain services by some G.P's within county Galway. For example 24 hour blood pressure monitoring, routine bloods and other services. Is it intended to refund medical card holders who have been charged incorrectly for services which are covered by their medical cards?	<b>Cllr D Ó Cualáin</b>
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Routine blood tests are included under the General Medical Services (GMS) contract and therefore should be provided free of charge to GMS patients. Paragraph 11 of the GMS contract, states that 'the medical practitioner shall provide for eligible persons, on behalf of the Health Service Executive, all proper and necessary treatment of a kind usually undertaken by a general practitioner and not requiring special skill or experience of a degree or kind which general practitioners cannot reasonably be expected to possess.' It is also outlined in paragraph 27 of the GMS contract that a medical practitioner shall not demand or accept any payments of consideration whatsoever in reward for services provided by him/her, or for travelling or for other expenses incurred by him/her or for the use of any premises, equipment or instruments in making the services available.

Since May 2016, the HSE has been providing funding to GMS General Practitioners (GPs) for the provision of 24 Hour



Ambulatory Blood Pressure Monitoring for diagnosis and treatment of hypertension on behalf of GMS patients.

Where evidence is provided to the HSE by GMS patients of charges being sought from GPs for phlebotomy the matter is dealt with on a case by case basis. Where appropriate, the HSE will arrange a refund of costs incorrectly applied by the GPs and re-coup the value from payments to GPs. Specifically in relation to County Galway the Primary Care Unit has confirmed that it has received 15 communications in the past year from GMS patients relation to phlebotomy charges and none in respect of charges for 24 hour BP monitoring.

**National Contracts Office, Health Service Executive, Primary Care Strategy and Planning**

<b>W91Q2815</b>	What contingency plans are in place by the HSE and Saolta to deal with any other possible outbreaks of Covid-19 within a public or private nursing home in county Galway? What does this contingency involve and are staff available and in place to respond to such an outbreak? What supports are being given at present to all nursing homes to combat any further outbreaks within these facilities?	<b>Cllr D Ó Cualáin</b>
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In keeping with good practice, the HSE has developed contingency plans to deal with potential Covid 19 outbreaks within its residential care facilities for Older People.

Private nursing homes are not within the remit of the HSE. They are mandated by HIQA to develop contingency plans in the event of a Covid 19 outbreak within their own residential care facilities.

The contingency plan required in an outbreak situation is unique to individual private or public nursing homes depending on the existing staffing levels in place, the number of residents in the nursing home, the number of staff on Covid 19 leave and number of residents requiring isolation, as well as the number of close contacts of staff in the in the residential care facility.

All Covid 19 outbreaks in both public and private nursing homes are led, directed and managed by Public Health –the Medical Officer of Health.

A COVID 19 Director of Nursing (DON) has been appointed by the HSE to work across various services, Mental Health, Disabilities and Older People Services to support with outbreaks in all residential care settings. This person also assists vulnerable groups e.g. direct provision centres and traveller groups.

HSE Community Healthcare West has a Covid 19 Rapid Response Team in place, consisting of both Nurses and Health Care Assistant staff, to support Covid 19 outbreaks in residential care facilities. Furthermore, there is direct access for private nursing homes to recruitment agencies to supplement the nursing home’s staffing requirements, depending on their individual needs. It is important to note that while there is a Rapid Response Team in place, it is challenging to meet the substantial staffing requirements of numerous nursing homes experiencing outbreaks.

The HSE Covid 19 Rapid Response Team has also provided basic medical and nursing equipment to multiple private nursing homes in outbreak.

Temporary Assistance Payment Scheme (TAPS) funding is available to all private nursing homes funded by the NTPF. It will refund all costs associated with the management of Covid-19 outbreaks, including staffing, equipment and Infection Prevention and Control supports for all private Nursing homes.

There is a process in place for both public and private nursing homes to order weekly supplies of PPE free of charge to meet their service needs. If an order is not received by HSE Community Healthcare West for a supply of PPE, a phone call is made to remind and support individual private nursing homes to place an order if required.

An emergency supply of oxygen has also been delivered to each private nursing home in addition to any prescribed oxygen for residents. There is a process in place to support additional supply if required by the HSE.

Saolta Group Director of Nursing, Directors of Nursing (DON) from each Hospital, the Community Healthcare West Private



Nursing home Support Lead, an Assistant DON for Infection Control, and the Community Healthcare West DON with responsibility for Covid 19 related matters are in regular communication regarding outbreak situations and resources required to support both public and private nursing homes experiencing COVID 19 outbreaks at the same time.

Community Healthcare West work closely with the SAOLTA Health Care Group to manage outbreaks.

However, there are challenges in finding appropriately qualified healthcare workers to support facilities experiencing a Covid 19 outbreak. All acute hospitals are currently delivering full services to the population in comparison to Covid 19 phase one in early 2020 when all scheduled and elective hospitals services were suspended.

In relation to the supports being provided at present to all private nursing homes to combat any further outbreaks, HSE Community Healthcare West has appointed a Private Nursing Home Support Lead. Since May 2020 communication regarding all clinical support information and guidance is disseminated to each nursing home.

A senior member of the Older People Services Management Team and Public Health are available 7 days a week to private nursing homes to assist with all Covid 19 related matters. Each nursing home receives phone calls supporting them in suspect cases of Covid amongst residents and staff.

Serial testing of all public and private nursing home staff across Community Healthcare West the HSE tests circa 4,400 Health Care Workers on a fortnightly basis. Training and support of in-house swabbing to expedite quick turnaround of results in suspect cases amongst residents and staff has taken place. In emergency situations the Covid 19 DON and Private Nursing home Support Lead can carry out swabbing and train staff within a residential care facility. In addition the National Ambulance Service is a resource available to all nursing homes to complete swabbing of residents and staff. The Private Nursing Home Support Lead advises nursing homes on Covid 19 preparedness planning in addition to Nursing Homes Ireland, HIQA and Infection Control.

Consultant Geriatricians have provided advice to local GPs and private nursing home management during an outbreak situation and are available for clinical advice for residents within a residential care facility. Where required, the Consultant Geriatrician has completed on-site medical reviews off all residents in private nursing homes and has supported the transfer to hospital of residents, he/she deems same is required.

Community Healthcare West has a Community Infection Control Team in place who have visited all private and public nursing homes as required and advised on best practice with Infection Control and Prevention measures and, in particular, regarding the cohorting of residents when an outbreak occurs. Training in Infection Control has been provided on site from the HSE and all private nursing homes have been invited to attend online updates and webinars organised by key medical and nursing experts.

***Breda Crehan-Roche, Chief Officer, Community Healthcare West***

<b>W91Q2816</b>	Respite Provision Capacity for Child and Adult Intellectual Disability in Inishowen How many clients are registered as in need of respite services in Inishowen and what do the HSE consider is the adequate availability required for regular respite provision for these families and, How many clients are currently availing of the ONE free bed at RIVERWALK, Carndonagh and what is the frequency of rotation? and, will the HSE instigate urgent action and commit to providing increased resources and additional RESPITE beds in Inishowen?	<b>Cllr A Doherty</b>
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Riverwalk Respite House in Inishowen has remained operational throughout Covid-19 restrictions to provide ongoing emergency respite services for a cohort of adults from the Inishowen area. This emergency arrangement has impacted on the Donegal Intellectual Disability Service's ability to continue respite services in the manner previously delivered to the wider population of Inishowen. Staff have identified a number of persons who are compatible with the people who are currently receiving emergency respite and those identified are availing of the one remaining bed in Riverwalk.

There are forty six service users in Inishowen registered as in need of respite services - forty one adults and five children. A



determination of need process informs the respite provision to service users and families. Four weeks of additional respite care has been provided in Riverwalk House in addition to the emergency respite provided ongoing to the aforementioned adults.

The Donegal Intellectual Disability Service has completed a prioritisation assessment using the National Framework for the Resumption of Respite Services. Those prioritised for respite will be allocated a respite service in alternative respite centres in Co. Donegal if this is suitable, or they will be offered a home support package to provide respite within their own homes if they wish to avail of it.

The need for residential placements for the adults in ongoing emergency respite care in Riverwalk Respite House and the need for additional respite beds in Co. Donegal have been highlighted by the service to national HSE and will be progressed by the service if the required funding allocation is received in its 2021 budget allocation.

**John Hayes, Chief Officer, CHO1**

<b>W91Q2817</b>	<p>Podiatry Services in Inishowen.</p> <p>Will the HSE acknowledge the exemplary care provision available and delivered by staff in Carndonagh Community Hospital and Ard Aoibhinn Carndonagh for the people of Inishowen, and further acknowledge, The organisation of travel by Carndonagh Hospital Management et al to Bunrana and the costings involved, the requirement of a staff complement to travel, the disruption of routine for patients and clients seeking and requiring Podiatry services is unsatisfactory and unacceptable , Will the HSE now review their decision to provide services for Inishowen in Bunrana alone and restore immediately the provision of Podiatry services at Carndonagh Community Hospital?</p>	<b>Clr A Doherty</b>
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CHO1 Primary care is committed to providing podiatry services to the highest standard of Infection prevention and control to protect people from preventable healthcare-associated infections. All of our healthcare services have to be provided in a clean and safe environment that minimises the risk of transmitting a healthcare-associated infection.

The HIQA Infection control standards for Community Standards provide us with the direction and guidance as to how this can be achieved and CHO1 Primary Care Services have been reviewing all services, clinic locations and infrastructure to ensure they meet the expected standard and therefore prevent the avoidable transmission of infections. In response to Covid 19, all Podiatry clinics in Co. Donegal were centralised to Letterkenny. Patients were prioritised based upon their highest clinical needs and at the moment only P1 & P2 patients are being assessed and treated.

Decisions around service provision and return to work during this pandemic is therefore being carefully considered in regard to IPC standards, service user access and appropriate physical clinical environment. This process includes the Carndonagh Clinic.

**John Hayes, Chief Officer, CHO1**

<b>W91Q2818</b>	What is the up-to-date position on the Male ward at Ballina District Hospital?	<b>Clr J O'Hara</b>
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In keeping with good practice the HSE has developed contingency plans to deal with potential Covid outbreaks within its Older People Services facilities.

A contingency plan was developed around closing the male ward in Ballina District Hospital so that staff would be available to be redeployed under the National HSE Covid Redeployment Policy to deal with an outbreak in a HSE Community Nursing Unit in North Mayo. While there continues to be significant numbers of staff on Covid leave, the overall situation in the Nursing Home with the outbreak has improved and accordingly the Ballina District Hospital contingency plan has been stood down for now but may be re-activated if required again. Ballina District Hospital is taking new admissions to the male ward.

**Breda Crehan-Roche, Chief Officer, Community Healthcare West**



<b>W91Q2819</b>	Why is the Respite Care and Palliative care units at Ballina District Hospital empty?	<b>Cllr J O'Hara</b>
<p>There are no respite beds in Ballina District Hospital.</p> <p>Ballina District Hospital is providing a palliative care service and has done so throughout the Covid-19 pandemic. Admissions are accepted either directly from the community through a GP referral or from Mayo University Hospital. On occasion there may be no person requiring inpatient palliative care services.</p> <p>In relation to respite care no national guidance has issued to date regarding admissions for respite care clients to any public Residential Care Facilities including the District Hospitals. HSE Community Healthcare West is currently awaiting guidance from the national office regarding this matter.</p> <p><b>Breda Crehan-Roche, Chief Officer, Community Healthcare West</b></p>		
<b>W91Q2820</b>	Rumour has is that a Modular build building is being erected at Ballina Hospital. What uses is going to be made of this.	<b>Cllr J O'Hara</b>
<p>There are a number of specific challenges in Ballina District Hospital including infrastructure issues with the building and multi occupancy wards and sanitary facilities.</p> <p>An Action Plan for Ballina District Hospital has been developed locally to address all issues identified in the latest HIQA Report (HIQA inspection took place earlier in the year) other than the infrastructural issues at the District Hospital.</p> <p>Regarding the infrastructural issues at the facility; an intermediate plan for the Ballina District Hospital is being developed, one option being considered involves the replacement of the current Male Ward with a Modular Ward block. This would be dependent on approval of capital funding.</p> <p>A funding proposal has been submitted to the HSE National Office.</p> <p><b>Breda Crehan-Roche, Chief Officer, Community Healthcare West</b></p>		
<b>W91Q2821</b>	Staff at Ballina District Hospital have no proper showering facilities	<b>Cllr J O'Hara</b>
<p>Staff shower facilities are located in an upstairs room at Ballina District Hospital which is available to staff working in the unit at all times.</p> <p><b>Breda Crehan-Roche, Chief Officer, Community Healthcare West</b></p>		
<b>W91Q2822</b>	Can the HSE inform the members of this forum how many older people are on waiting list for hearing aids and how many people in total are waiting in County Roscommon and what is the waiting time.	<b>Cllr T Ward</b>
<ul style="list-style-type: none"> <li>• There are 231 new adult referrals waiting to be seen and the longest waiting is 64 weeks.</li> <li>• There are 214 new Paediatric referrals waiting to be seen and the longest waiting is 44 weeks.</li> </ul> <p>Due to Covid 19 restrictions, we have not had access to the facilities in Clonbrusk PCCC to hold clinics since March 2020 and this has had an adverse effect on the waiting list. The new facility in Roscommon PCCC is due to open this month and we expect to run this service at capacity.</p> <p><b>Breda Crehan-Roche, Chief Officer, Community Healthcare West</b></p>		
<b>W91Q2823</b>	Can the HSE inform the members of this Forum as to how many people are on waiting list to have a medical procedures carried out from County Roscommon, and what are the waiting times for the different categories ?	<b>Cllr T Ward</b>
<p><b>Portiuncula University Hospital:</b>  <b>IPDC Waiting List – Roscommon Address – 09.11.20</b></p>		



	0-3 Months	3-6 Months	6-8 Months	8-12 Months	12-15 Months	15-18 Months	>18 Months	Total
0100, Cardiology	0	1	0	0	0	0	1	2
1502, Obstetrics	2	1	0	0	0	0	0	3
1503, Gynaecology	11	7	1	11	1	2	13	46
2003, Oral & Maxillofacial Surgery	2	0	0	1	0	0	0	3
2600, General Surgery	38	19	0	24	5	1	2	89
5000, General Medicine	2	0	0	1	0	2	2	7
7800, Urology	5	2	1	4	1	1	0	14
8003, Pain Relief	1	0	0	2	1	0	1	5
	<b>61</b>	<b>30</b>	<b>2</b>	<b>43</b>	<b>8</b>	<b>6</b>	<b>19</b>	<b>169</b>

### Galway University Hospital data Nov 12<sup>th</sup> 2020:

Area of Residence Roscommon

Count of Hospital Name Column Labels

Row Labels	0-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	12-15 Mths	15-18 Mths	18-24 Mths	24-36 Mths	36-48 Mths	48+ Mths	Grand Total
Cardiology	27	13	4	4	2	3	1				54
Cardio-Thoracic Surgery	2		1	1							4
Dermatology		2									2
Endocrinology	1										1
Gastro-Enterology	15		1				1				17
General Medicine	1	3	1		1						6
General Surgery	20	12	8	9	9	3	6	6	2	2	77
Gynaecology	5	1			1	1		1			9
Neurology	5	2				1	1			1	10
Ophthalmology	47	28	22	12	11	5	5	2			132
Oral Surgery	7	6	6	5	5	1	2	3			35
Orthopaedics	31	15	21	21	8	10	16	21	2		145
Otolaryngology (ENT)	24	5	9	8	8	2	2	7			65
Pain Relief	1	1	7	14	12	13	14	1			63
Plastic Surgery	11		4	8	5	1	4	5	5	1	44
Respiratory Medicine	2					1	1	1			5
Urology	31	19	10	10	7	5	9	4	6	1	102
Vascular Surgery	3	1	1			1	2	3			11
<b>Grand Total</b>	<b>233</b>	<b>108</b>	<b>95</b>	<b>92</b>	<b>69</b>	<b>47</b>	<b>64</b>	<b>54</b>	<b>15</b>	<b>5</b>	<b>782</b>

### Roscommon University Hospital data 11<sup>th</sup> November 2020

Active Patient from with Area of Residence "Roscommon" on the Roscommon University Hospital Inpatient/DayCvase Waiting List (including those with an appointment date) as at 11/11/2020								
Specialty	0-3 Months	3-6 Months	6-8 Months	8-12 Months	12-15 Months	15-18 Months	18-24 Months	Grand Total
General Surgery (including endoscopy)	286	125	44	35		1	1	492
Oral Surgery	6	2		1		2		11

Plastic Surgery	22	19	3	33	13	9	7	106
Urology	30	12	5	11	1	3		62
Vascular Surgery	1			2	5			8
<b>Grand Total</b>	<b>345</b>	<b>158</b>	<b>52</b>	<b>82</b>	<b>19</b>	<b>15</b>	<b>8</b>	<b>679</b>

**A Cosgrove, COO, Saolta University Health Care Group**

<b>W91Q2824</b>	Can the HSE inform the members of this Forum what is the waiting time for dental treatment for primary school children in the South Roscommon area and the rest of County Roscommon?	<b>Cllr T Ward</b>
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All eligible children have access to the Dental Service in cases of emergency, this remains constant throughout the year and emergencies are triaged and managed according to the urgency with the majority receiving appointments on the day. Please see table below outlining the current wait times for school children in Roscommon.

<b>Class/Year</b>	<b>Wait Time</b>
6 <sup>th</sup> Class 2019/2020	Currently being seen and expected further delays before completion of 12-14 weeks
4 <sup>th</sup> Class 2019/2020	Will not be seen and will be targeted when in 6 <sup>th</sup> class
2 <sup>nd</sup> Class 2019/2020	¼ have been seen and the remainder waiting time is 26 weeks
6 <sup>th</sup> Class 2020/2021	16-22 weeks for assessment
4 <sup>th</sup> Class 2020/2021	Will not be called for assessment but will be eligible to attend if emergency arises
2 <sup>nd</sup> Class 2020/2021	22 weeks

**Breda Crehan-Roche, Chief Officer, Community Healthcare West**

<b>W91Q2825</b>	Can the HSE give an update on the proposed 50 bedroom unit that is to be built at the Sacred Heart Hospital Roscommon, and is the design team in place.	<b>Cllr T Ward</b>
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The HSE is in the process of appointing the design team for this project. Tenders (34 in total) have been received for the six design team member appointments namely architectural, mechanical & electrical engineering, civil & structural engineering, fire safety engineering, Project Supervisor Design Process and quantity surveying services. These tenders are due to be evaluated and the successful design team members identified before year end. It is envisaged that initial design work will get underway early next year.

**J. Hoare, Asst National Director Estates (West)**

<b>W91Q2826</b>	How many square metres of space in the Primary Care Centre, Barrack Street, Sligo, is provided (a) to the Medicentre Practice (b) the Health Centre practice; what was the fee/payment per annum for each practice set out in the signed agreements; what fees/payments have been received by the HSE from each practice since they moved into the Primary Care Centre in 2002; what action has been taken by the HSE to recover unpaid fees/payments?	<b>Cllr D Bree</b>
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The Medicentre Practice has exclusive use of 296 square metres. The Health Centre Practice has exclusive use of 326 square metres. My understanding is that neither of these two Practices have signed legal agreements with either the North Western Health Board or subsequently with the HSE in relation to the space occupied by them in the Primary Care Centre, Barrack Street, Sligo. Instead, both Practices took up occupation of the accommodation in June 2002 on the basis of draft Licence Agreements with the then North Western Health Board. The Draft Licence Agreements set out fees payable. However, disputes arose regarding these Agreements with the result that no fees were paid over the years. Under the terms of these draft agreements I understand that the following annual fee rates were proposed: The Medicentre Practice - €8,570.73 per annum and The Health Centre Practice - €11,427.64 per annum. I am advised that over the years there have been protracted negotiations between the parties and various local meetings have been held



led by Primary Care Service management. I understand that revised legal documents were issued to the GP Practices in November 2016. In July 2017 the Medicentre Practice did submit a proposed payment for a full settlement of the total licence fee due to that date which I understand was not accepted. Neither The Medicentre Practice nor The Health Centre Practice have signed these revised documents to date and so these matters remain unresolved. The actions to date include meetings with the GP Practices concerned and various legal correspondence between the parties which remains ongoing.

**J. Hoare, Asst National Director Estates (West)**

<b>W91Q2827</b>	How many patients are on the out patients waiting list for appointments at Sligo University Hospital across all Departments and what is the period of time patients are on the waiting list?	<b>Cllr D Bree</b>
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**SUH OPD Waiting list data @ 4th November 2020**

Specialty	0-3 Months	3-6 Months	6-9 Months	9-12 Months	12-15 Months	15-18 Months	18-21 Months	21-24 Months	24-36 Months	36-48 Months	48+ Months	Grand Total
Dermatology	401	292	195	201	181	53						1323
Diabetes Mellitus	10			1	1		1					13
Endocrinology	87	53	44	64	58	72	43	49	144	14	4	632
General Medicine	464	218	131	123	69	19	39	16	21	13	3	1116
General Surgery	521	328	173	181	136	171	87	38	44	33	70	1782
Gynaecology	245	108	146	133	83	46	30	32	40	12		875
Haematology	42	11	12	15	3	1	1		3			88
Immunology		2	5	6	2	1						16
Nephrology	23	38	20	9	5	2	2					99
Neurology	98	51	67	110	71	52	53	32	134	119	51	838
Oncology	17											17
Ophthalmology	598	273	257	168	147	94	51	25	4			1617
Orthopaedics	465	263	287	421	367	276	274	219	1002	138		3712
Otolaryngology (ENT)	452	259	290	404	370	376	401	216	197		1	2966
Paediatrics	266	81	93	107	89	38	8	13	6	1		702
Pain Relief	75	52	55	80	62	46	42	44	96	6		558
Radiotherapy		1	1	1								3
Rheumatology	247	146	214	244	124	84	50	39	63	3		1214
Urology	98	60	69	103	73	81	85	68	80	15	2	734
<b>Grand Total</b>	<b>4109</b>	<b>2236</b>	<b>2059</b>	<b>2371</b>	<b>1841</b>	<b>1412</b>	<b>1167</b>	<b>791</b>	<b>1834</b>	<b>354</b>	<b>131</b>	<b>18305</b>

**A. Cosgrove, COO, Saolta University Health Care Group**

<b>W91Q2828</b>	How many square metres of space in the Primary Care Centre, Barrack Street, Sligo, is provided to the Mall Family Practice and what is the annual fee/payment set out in the signed agreement between the HSE and the Mall Family Practice?	<b>Cllr D Bree</b>
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The Mall Family Practice has exclusive use of 261 square metres. The annual fee set out in the signed agreement between the HSE and the Mall Family Practice is €8,570.00.

**J. Hoare, Asst National Director Estates (West)**

<b>W91Q2829</b>	What is the amount of money owed by private health insurance companies to (1) Sligo University Hospital (2) Mayo University Hospital (3) Letterkenny University Hospital (4) University Hospital Galway (5) Merlin Park University Hospital; and for what periods are the fees outstanding?	<b>Cllr D Bree</b>
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**Private Insurance Claims @ 31<sup>st</sup> October 2020**

	Total
Galway University Hospitals	€20,697,459.00 *
Sligo University Hospital	€3,556,370.00
Letterkenny University Hospital	€1,962,605.00
Mayo University Hospital	€2,355,323.00
	€28,571,757.00

\* to denote up to August 31<sup>st</sup>

The periods for outstanding fees will be issued as a follow-up.

**T. Canavan, CEO, Saolta University Health Care Group**

<b>W91Q2830</b>	Will the HSE explain how following a negative Covid 19 test the isolation time for positive contacts seems to be different in the Health Care sector to those in the private sector?	<b>Cllr G Crawford</b>
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For hospitalised patients the infectious period is 14 days with no fever for the last 5 days of that period. This remains the case also for residents in a Long-Term Residential Care Facilities and or patients who may intend to transfer to LTRCF.

For people in the community are now asked to self-isolate for 10 days from the date of onset of symptoms, the last 5 days of which there must be no fever. If the person in the community had no symptoms of COVID-19 and the test result was positive, then the person should self-isolate for 10 days from the day the test was performed, the last 5 days of which should be fever free also.

Rationale: How infectious individuals are is related to the severity and stage of their illness. Higher levels of virus have been detected in patients with severe illness compared to mild cases. Patients in hospitals and other care facilities are usually more ill and the consequences of transmission from them are higher.

Further information is available on:

<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/guidanceforhealthcareworkers/>  
<https://www2.hse.ie/coronavirus/>

**Dr Emer O'Connell, Department of Public Health**

<b>W91Q2831</b>	Are figures available as to what proportion of people in the HSE west area have Coronavirus antibodies?	<b>Cllr G Crawford</b>
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The Study to Investigate COVID-19 Infection in People Living in Ireland SCOP1 study did not include Co. Mayo residents. Dublin and Sligo only.

<https://www.hse.ie/eng/services/news/newsfeatures/scopi-covid-19-antibody-research-study-results/>

**Dr Emer O'Connell, Department of Public Health**

<b>W91Q2832</b>	What has been the uptake rate of the Flu vaccine for the following: at risk groups, Health Care workers, Children 2 to 12 years in the HSE West area.	<b>Cllr G Crawford</b>
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**Healthcare Staff** – The Flu Campaign has been ongoing since early October. The initial focus has been on frontline staff and to date the indications are that the uptake level will be in excess of last year's uptake levels. At this stage we only have preliminary data in relation to staff in our Long Term Care Facilities (HSE Older People Services) and to date approximately 50% of these staff have availed of the flu vaccine. This compares to an uptake level of 44% last season. The flu campaign for staff will continue for several months.

**Children 2- 12 years.** The Children's flu vaccine is administered through G.P's and Pharmacies. Currently there aren't any



localised uptake figures available.

***Breda Crehan-Roche, Chief Officer, Community Healthcare West***

The uptake of the flu vaccine across HSE Mid West Community Healthcare to date amongst Health Care Workers is 60%. The figure is for all Community Healthcare flu clinics up to and including Wednesday 11<sup>th</sup> November, 2020. Clinics are ongoing across the area and the figures of 60% uptake will increase in the weeks ahead.

Data regarding the uptake by Children 2 to 12 years is not collated locally as GP's and pharmacies who administer the vaccine do not return figures to their local CHO's. This data would be available from PCRS.

***Maria Bridgeman, Chief Officer, HSE Mid West Community Healthcare***

There has been unprecedented demand for influenza vaccine this season, both in Ireland and internationally, while the quantities of influenza vaccine available from vaccine manufacturers is finite.

By the end of October 2020, the National Cold Chain Service had delivered approximately 950 000 of 1.2 million doses of QIV influenza (adult flu vaccines) to over 3,000 sites across the country, which represents a 25% increase in the doses of vaccine delivered last season. Further stocks will be available for the fifth round of deliveries which are being rolled out.

There have been supply issues with the adult QIV vaccine this year and the HSE has requested GPs and Pharmacies to provide HSE influenza vaccine to people in the eligible at risk groups only (see below). The HSE provides a free flu vaccine to people in all at risk groups.

In respect of Health Care Workers, a comprehensive Flu Vaccination Programme is delivered by HSE Peer Vaccinators to staff across the CHO 1 area (Donegal, Sligo, Leitrim, Cavan and Monaghan). Clinics commenced at the end of September/beginning of October and continue to operate. Our flu programme targets all staff and in particular staff working directly with patients/residents.

In addition this year, all Health Care Workers (HSE, Community and Voluntary agencies and private providers can avail of a free vaccine from their GP or a local participating pharmacy. As we are still actively vaccinating, it is not possible to give a final figure of staff flu vaccine uptake, however on review nearly 3,000 CHO 1 staff have been vaccinated to date.

A CHO 1 Flu Steering/Oversight Group is in place which provides expert advice and guidance to support the overall roll out, monitoring and evaluation of the vaccination programme. This Group reports to the CHO 1 Chief Officer and Executive Management Team.

For the first time this year, the HSE launched the nasal influenza vaccine LAIV for children aged 2 to 12 years. This vaccine is new to Ireland, however it was licensed in 2003 in the USA and in 2013 in the UK and has been administered to millions of children. The HSE purchased 600,000 doses of the LAIV children's vaccine and the programme is still being rolled out via GPs and Pharmacies and as yet there is no regional or national data available. You will see an active communications campaign on local and national media encouraging all parents of children in the targeted age groups to avail of the free vaccine.

For reliable factual information on flu protection and the importance of getting the flu vaccine, please go to [www.hse/flu.ie](http://www.hse/flu.ie)

- Flu causes death and hospitalisation every year.
- Flu vaccine is the best protection against flu for at risk groups and health care workers.
- You need to get flu vaccine every season as the viruses change every year.
- Flu vaccine contains killed viruses - it cannot give you flu.
- Healthcare workers are up to 10 times more likely to get flu.
- Healthy people can have flu without any obvious symptoms and pass it on.

***John Hayes, Chief Officer, CHO1***

Uptake of the flu vaccine among staff in the Saolta University Health Care Group since vaccinations commenced in late September is 52%. There is significant demand for the flu vaccine across each of our hospitals and there are ongoing flu vaccination clinics underway on each sit, supported by peer vaccinators who provide the vaccine at ward or department level. The Saolta Group is working toward the national target of 75% vaccination of health care workers.

**T. Canavan, CEO, Saolta University Health Care Group**

UL Hospitals Group cannot provide you with data relating to the update rate of the Flu vaccine for children aged 2-12 years. However I wish to confirm that the Flu uptake for Healthcare Workers in UL Hospitals Group since vaccinations commenced in October 2020 is 51%.

This is the highest Flu Vaccine uptake ever recorded by the Hospital Group and is already a 120% increase on the same five weeks period of vaccination for 2019, and takes into account a significant increase in Healthcare Worker headcount compared to 2019.

Changes this year include a new Executive Lead for the Flu Campaign, changing from a paper based to an IT system, designated space for Flu Clinic to ensure social distancing and weekly data analysis and actions.

UL Hospitals Group is actively working towards the National target of 75% Flu vaccination for Healthcare Workers.

**C. Cowan, CEO, UL Hospital Group**

<b>W91Q2833</b>	How many requests has there been for Home support services in Donegal this year to date and how has this been responded to?	<b>Cllr G Crawford</b>
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Please see attached table outlining the number of requests for home care hours that have been received by the Donegal Home Care Service to date in 2020, and the outcome of assessments carried out by the service.

**Donegal Home Care Assessments:**

Home Care Assessments													
Outcome	January	February	March	April	May	June	July	August	September	October	November	December	Totals
Approved - Hosp Avoid	74	58	48	25	37	40	59	38	48	40	25	0	492
Approved - Hosp Disch	45	31	29	19	28	35	49	31	60	42	8	0	377
Approved - On Wait List	5	6	1	3	0	8	7	23	15	19	2	0	89
Approved - Risk Mgmt	52	36	27	10	49	67	76	80	35	30	11	0	473
Apprvd - Client Refused	6	5	0	0	0	0	2	1	0	0	0	0	14
No Change - Svc Cont.	29	34	36	4	6	10	10	12	21	19	4	0	185
Service Not Required	28	41	40	15	15	18	26	14	27	13	6	0	243
<b>Service Refused by HSE</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>36</b>
Svc Decrease Changed Circum	2	3	3	2	1	1	0	3	1	3	1	0	20
TBA	6	9	15	10	8	18	24	17	32	31	57	0	227
<b>Total Assmnts</b>	<b>254</b>	<b>226</b>	<b>202</b>	<b>92</b>	<b>151</b>	<b>200</b>	<b>253</b>	<b>223</b>	<b>241</b>	<b>200</b>	<b>114</b>	<b>0</b>	<b>2156</b>

**John Hayes, Chief Officer, CHO1**

<b>W91Q2834</b>	How many additional beds will the new modular unit which is currently being erected, provide at Mayo University Hospital?	<b>Cllr M Kilcoyne</b>
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The new Modular unit (Acute Covid Assessment Unit ACAU) will give 7 acute Assessment beds. It will also free up 9 Day



Case beds and it will release the 8 bedded Acute Medical Assessment Unit AMAU back into circulation. We have a net gain of 16 beds but the added benefit of the effective use of these beds and the endoscopy unit beds will have a significant impact on the length of stay of patient resulting in much better bed utilisation of existing inpatient beds.

**T. Canavan, CEO, Saolta University Health Care Group**

<b>W91Q2835</b>	How many staff are currently employed at Mayo University Hospital and how many staff were employed at the same time in 2019? Please list by occupation and how many are permanent, temporary, agency. How many staff vacancies are currently in Mayo University Hospital?	<b>Clr M Kilcoyne</b>
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**Table 1. Direct contracted staff Temporary & Permanent (WTE not head count)**

WTE 31.10.2019	Reported WTE Temp	Reported WTE Perm.	Total Reported WTE	WTE 31.10.2020	Reported WTE Temp	Reported WTE Perm.	Total Reported WTE
General Support	8	49	57	General Support	6.96	48.14	55.1
Health & Social Care	25.82	113.07	138.89	Health & Social Care	22.29	117.59	139.88
Management/admin	31.09	123.19	154.28	Management/admi n	37.86	125.15	163.01
Medical	140.23	36.93	177.16	Medical	157.46	38.52	195.98
Nursing	87.64	408.22	495.86	Nursing	71.58	435.76	507.34
Patient & Client Care	55.32	81.34	136.66	Patient & Client Care	60.07	74.28	134.35
			1159.85				1195.66

**Table 2 Agency**

October 2019		October 2020	
Category	WTE	Category	WTE
HCA	10	HCA	37
Porter	3	Porter	10
MTA	0	MTA	2
Nurse	5	Nurse	6
Consultants	5	Consultants	10
NCHD	5	NCHD	5
		Radiographers	2
		Occupational Therapist	2
		Lab Aide	1
		IT	1
<b>Total</b>	<b>29</b>	<b>Total</b>	<b>76</b>

There are currently 72 approved vacancies in Mayo University Hospital currently going through different stages of the recruitment processes.

**A Cosgrove, COO, Saolta University Health Care Group**

<b>W91Q2836</b>	How many people in Mayo have received a Covid 19 test? How many of the tests were positive, the number that were negative and the number that were inconclusive?	<b>ClIr M Kilcoyne</b>
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The total number of positives of Mayo residents notified to us is 1360 as at 10am on 13<sup>th</sup> November 2020:

Public Health West are notified of positives but we have no oversight of all results for persons from Mayo. Thus we cannot give an accurate estimate re numbers negative and inconclusive. This is because not all persons from Mayo are tested by sources Public Health get non-positive results from. Some may have been tested in Sligo/Letterkenny/MUH/or if admitted to non-HSEW hospitals for surgery etc. Some may have been working in non-HSEW facilities and screened through workplace.

**Dr Emer O'Connell, Department of Public Health**

<b>W91Q2837</b>	How many patients were treated each month at Mayo University Hospital from March to September 2019 and from March to September 2020? In the case of 2020 how many were Covid related?	<b>ClIr M Kilcoyne</b>
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**Table 1. Out-patient attendances (not including Chart reviews).**

OP Attendances	Month						
	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	4957	5261	5430	4753	5643	5076	5160
2020	3075	1737	2154	2558	3343	3483	4290

**Table 2. Day case, inpatients and ward treatments.**

Inpatient and Day case	March	April	May	June	July	Aug	Sept
2019	572	537	578	469	558	503	502
2020	421	199	255	389	561	486	499

**Table 3. Emergency Department attendances.**

ED AttType	Month						
	Mar	Apr	May	Jun	Jul	Aug	Sep
2019	3362	3372	3615	3284	3421	3310	3214
2020	2263	1904	2287	2692	3068	2980	2681

During the first wave of Covid between 13<sup>th</sup> of March to June inclusive there were 121 in-patient Covid positive patients treated.

**A Cosgrove, COO, Saolta University Health Care Group**

<b>W91Q2838</b>	<p>Can the HSE provide Update on what plans are in place to ensure that all existing Screening Programmes Such as</p> <ul style="list-style-type: none"> <li>• Breast Check,</li> <li>• Cervical Check,</li> <li>• Bowel Screen and</li> <li>• Diabetic Retinal Screen</li> </ul> <p>are delivered in a timely manner as required by members of the public who may require these screening programmes to be carried out at regular intervals during the Covid 19 pandemic and beyond. Together with any plans to introduce a national Haemochromatosis Screening programme.</p>	<b>ClIr D Mulvey</b>
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Not available at time of printing.



<b>W91Q2839</b>	Can the HSE Update on when based on recent scoping exercises when is it expected that the necessary new Renal Dialysis Unit Sligo University Hospital could be ready for use. If the time scale for delivery is excessive can the HSE confirm what processes are in place to alleviate the problems at the current unit that is at best overcrowded and at worst Not Fit for Purpose. I would like to acknowledge that following my question from November 2019 Hospital Management met with service users and undertook to deal with some of the issues raised when funds allowed but others were deemed not to be “doable” for financial reasons. The Current Sligo Unit opened in May 2005 for 30 patients and now caters for 59 Patients and is the oldest in the country.	<b>Cllr D Gilroy</b>
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The Hospital is liaising with HSE Estates office where it is planned that an Options Appraisal will be carried out in Q1 2021 to establish the future needs of RDU service and map that into a future development plan. In the meantime, the hospital has been increasing the number of patients treated on the twilight shifts and plan to have all twilight shifts operational in 2021, staffing dependant.

**A Cosgrove, COO, Saolta University Health Care Group**

<b>W91Q2840</b>	Can the HSE Provide a Risk analysis report on the use of Telephone Consultations by clinicians with reference to what the possible long term implications of such consultations may have with the risk of missed diagnoses or incorrect diagnoses due to the lack of a physical and visual interaction with the patient. (a) Within Hospital Out-Patient clinics where patients with long term conditions that need consultant led appointments to monitor possible long term complications that can be avoided by early and timely intervention by the specialist team. (b) This type of consultation began at hospital out-patient departments but has now spread to GP Practices where patients on presenting at GP Practice for an appointment are asked to return to their vehicle and the GP then phones them and carries out the consultation over the phone and only brings the patient in for Blood tests, blood pressure etc. This means that the GP is missing the opportunity to observe the patient and again diagnose a serious condition in a timely manner.	<b>Cllr D Gilroy</b>
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In 2019 there were 132,790 outpatient appointments in Sligo University Hospital Outpatient clinics and appointments have reduced by 15% over the period of the pandemic - this includes both consultant and nurse led clinics. The implementation of virtual outpatient clinics either via video or telephone is an important part of maintaining patient care during a pandemic as it reduces the requirement for certain groups of patients to travel and also helps the hospital maintain social distancing in waiting rooms.

Some specialties continue to see all patients face to face such as some surgical specialties. Where there is a mixed approach to seeing patients, consultants review their clinic lists in advance to determine who they see face to face and who they see virtually.

Sligo University Hospital is currently implementing a new coding system for its outpatient clinics to enable it to accurately capture details of new and review patients by attendance type i.e. face to face, virtual via phone, virtual via an online platform. Once this system is in place the hospital will be able to provide detailed data on the breakdown of appointment types. It is expected that this will be in place by the end of this year.

**T. Canavan, CEO, Saolta University Health Care Group**

The current Covid 19 pandemic has required all HSE services, including GP’s, to review how best they can provide care whilst also taking into consideration their circumstances, and available facilities so as to provide a safe working environment for staff and patients alike.

Public Health Guidelines for Covid 19 stipulate that everybody must follow the social distancing advice everywhere outside of the home. As a consequence of same, GP’s have reduced walk-in clinics and have moved to appointments only and



therefore, we are aware that some GP practices are not in a position to see all patients face to face and are consulting and treating patients via phone triage during this time.

This is not ideal but it enables the GP to access a greater number of patients at a time when demand has escalated and also during a period when it may not be safe to see the patients face to face. However, should the situation warrant a face to face visit, all GPs will ensure that their patients are seen in their surgeries or their own homes as appropriate.

The HSE does not have the information systems in place to collate the type of data you are requesting. In addition to this, GP's are not directly employed by the HSE.

**John Hayes, Chief Officer, CHO1**

<b>W91Q2841</b>	Can the HSE confirm when an on-site Helicopter Pad will be provided or refurbished for Patients in the North West at Sligo University Hospital and report on what procedures are currently being used to either bring extremely urgent cases to SUH or to Transfer Patients from SUH to other Hospitals.	<b>Cllr D Gilroy</b>
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The works commenced in October on the helipad in Sligo University Hospital and should be completed in the next 6 weeks. Following this, the Helipad should be fully operational.

**A Cosgrove, COO, Saolta University Health Care Group**

<b>W91Q2843</b>	Can the HSE Give an indicative figures per county in the region for Deaths by Suicide in 2020 in the Regional Health Forum West area. If the final figure figures can not be provided until an Inquest is completed provisional figures could be based on post-mortems carried out in the RHFV area. (Gardai and RSA can give figures on Road deaths in advance of Inquests and it would be reasonable to provide similar figures for death by suicide) In this Pandemic year these figures are more important than ever to both service providers and political representatives so that plans for the required services post Covid can be put in place.	<b>Cllr D Gilroy</b>
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The National Office Suicide Prevention (NOSP) cannot provide figures for suicide deaths in 2020 for the following reasons.

In Ireland, the decision as to whether someone has died by suicide is a *legal* determination made by Coroners, *not* a medical decision by doctors or the HSE.

Death due to intentional self-harm is classified as an unnatural death and therefore, must be referred to the Coroner for investigation. This investigation can take a protracted length of time to complete for various reasons (such as getting medical reports, health and safety reports, engineer's report, the involvement of the Director of Public Prosecutions etc.) and this delays the registration of such deaths. A standard of proof (beyond reasonable double) is required for a suicide verdict.

**Data available from the CSO**

Annual data from the CSO is delivered in three stages;

1. Provided firstly by year of registration – “provisional”
2. Revised later, by year of occurrence – “official”
3. Revised later again, to include “late registrations”.

At present provisional data from the CSO is publicly available for 2019 and for Q1 2020, here:

<https://www.cso.ie/en/statistics/birthsdeathsandmarriages/vitalstatistics/>.

Q2 2020 data is due to be published by the CSO on 27th November 2020.

You may also like to view our current briefing documents on suicide data from the CSO (to 2019) which give summary of rates of suicide by county. These are publicly available here:



<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nospbriefing-on-suicide-figures.html>

**Other information**

It may be of interest to you to know that the NOSP is currently in on-going discussions with other key national agencies to improve the availability of accurate and timely data. This will involve the development of comprehensive data-sharing agreements and protocols with agencies independent from the HSE, and will support key objectives in Connecting for Life, Irelands National Strategy to Reduce Suicide.

Lastly, in the context of COVID-19, you might find the following of relevance;

- A [NOSP review of research and available](#) evidence suggests key overarching themes which are likely to have implications for the implementation of Connecting for Life.
- [The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: a living systematic review](#) - “There is thus far no clear evidence of an increase in suicide, self-harm, suicidal behaviour, or suicidal thoughts associated with the pandemic. However, suicide data are challenging to collect in real time and economic effects are evolving.”
- [The Impact of Infectious Disease-Related Public Health Emergencies on Suicide, Suicidal Behaviour, and Suicidal Thoughts A Systematic Review.](#)
- [Suicide risk and prevention during the COVID-19 pandemic.](#)
- The HSE is coordinating a Psychosocial Response Project Group to address the impact of the coronavirus pandemic on mental health. It will support the overall wellbeing, resilience and mental health of our population. You can read information on this project, and contact details for psychosocial supports across all CHOs, [here](#).
- Helpful information from the HSE is also available on;
  - [Minding your mental health during the COVID-19 pandemic](#)
  - [Mental health supports and services during COVID-19](#)

**John Meehan, HSE Assistant National Director, Mental Health Strategy and Planning**

<b>W91Q2844</b>	<p>ViraPro: Hand Sanitiser.</p> <p>Will the HSE confirm the spend of 7.5 Million Euro on the purchase of 3.8 Million Units of ViraPro hand sanitiser and the subsequent recall of c.3.0 million units?</p> <p>What is the financial implications on this purchase commitment by the HSE and will it seek full reimbursement of outlay from ViraPro?</p> <p>Will the HSE agree that hand sanitiser approval by the Dept.of Agriculture's biocide unit through a " paper based process" is insufficient and in the interest of safety for all insist that testing be made mandatory for all hand sanitisers products coming on to the Irish Market?</p>	<b>Cllr A Doherty</b>
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The HSE entered into a purchase agreement with an Irish distributor, PFG Brand Attraction EU Ltd for the supply of alcohol hand gel/hand disinfection gel/hand sanitiser.

All stocks procured were based on the Material Safety Data Sheet supplied by the distributor. The MSDS complied with WHO Specification.

The Department of Agriculture was alerted by their EU counterparts that there may be an issue with the product “Vira Pro Hand Disinfection Gel” manufactured in Turkey and that batches destined for the HSE may be affected.



On 22 Oct 2020 the Department of Agriculture formally notified HSE Procurement that the Irish distributor's Biocides licence had been revoked and products had been removed from the Biocides Product Register with immediate effect. This product is no longer legal for use or sale in Ireland and should be removed from circulation with immediate effect.

The HSE has moved immediately to deal with this matter. Stocks held centrally have been placed in quarantine. A product recall throughout the Health Service issued on October 23<sup>rd</sup>. A dedicated recall team has been established to co-ordinate the collection of product currently in the healthcare system.

**HSE National**

<b>W91Q2845</b>	Please provide an update on the status of GP replacement post for Kilconnell Health Centre, Ballinasloe. Are any other GP GMS posts currently unfilled in Co Galway? How many of those unfilled GP posts are located in the East Galway Ballinasloe LE area? How many GP GMS posts are currently operating on the basis of long-term GP locum services in Co Galway/ and East Galway LE Area? With regard to medical workforce planning how many additional GPs will be required in Co Galway / East Galway LE Area in the next decade? Where is the longest unfilled GP post (other than by a locum) in Co. Galway located?	<b>Cllr E Francis Parsons</b>
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The GP position at Kilconnell, Ballinasloe, Co. Galway is becoming vacant on 1<sup>st</sup> February, 2021. The position was advertised recently. The interview process took place on 11<sup>th</sup> November, 2020 and we expect the position to be filled.

There are five GP GMS positions vacant at present in Galway, all of which are filled in temporary capacities for periods between one and two years pending permanent replacements being secured. One of those vacancies is in respect of the East Galway LE area based in Eyrecourt.

Based on the official retirement age of 72 years, twenty four GMS GPs are due to retire in the next decade (2021 to 2030) in Co. Galway, four of which refer to the East Galway LE Area. However based on current trends, it is likely that many more will leave their positions during this time as very few GPs remain working up to the age of 72.

The longest unfilled GP position in Galway is in Inis Oirr/Inis Meáin, Aran Islands which is filled in a temporary capacity by a GP provided by a Locum Agency since August 2018.

**R. Broderick, Primary Care Unit, Community Healthcare West**

<b>W91Q2846</b>	Could the HSE provide an update with regard to the progression of works at Portiuncula University Hospital on the Fluoroscopy Unit and Radiology Unit upgrade? When will tenders be issued to shortlisted contractors for the 50 bed block? How many additional beds have been provided in the remodelled vacated outpatients department, are they currently in use and is it envisaged that these will remain as acute beds in addition to the 50 beds when that block is complete?	<b>Cllr E Francis Parsons</b>
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The works to the radiology department at Portiuncula University Hospital are due to be completed by late February 2021. Prequalification documentation is due to be published on etenders for the main construction works to deliver the new 50 bed ward block in early January 2021. A short list of contractors will be formed arising from this process. It is envisaged that tenders for the project will then be sought from this short list in late March 2021. The enabling works are currently underway. A modular building is currently being procured for the hospital to provide additional clinic room space on site. This building is anticipated to be delivered in December 2020 and will subsequently be fitted out in early 2021 to be available for use by the end of February 2021. A feasibility exercise is currently underway to scope a further potential capital project to be submitted for approval whereby the current OPD might subsequently be converted to a 14 bed ward area with the OPD operating instead solely out of that new modular building. This would require remodelling and refurbishment of the current OPD area. It is hoped that subject to capital funding being available and allocated that this project might also potentially be progressed during 2021.

**J. Hoare, Asst National Director Estates (West)**

<b>W91Q2847</b>	How many Hospital ICU beds and Critical Care beds and Acute beds are provided	<b>Cllr E Francis</b>
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<p>nationally. What is the provision currently of ICU beds and Critical Care beds and Acute beds per hospital in HSE West? How many in each category were delivered in HSE West since the first lockdown? How do Acute beds, Critical Care beds differ from ICU beds in terms of clinical support provided to patients and staffing requirements? Has the required staffing been made available to open the full quota of ICU beds and Critical Care beds allocated in HSE West if they are required clinically?</p>	<b>Parsons</b>
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• **How many Hospital ICU beds and Critical Care beds and Acute beds are provided nationally?**

- There are currently 282 critical care beds nationally.
- Acute beds: Available Inpatient Beds and Day Beds/Places as of September 2020.

	Sep-20		YTD	
	Inpatient	Day Beds/Places	Inpatient	Day Beds/Places
<b>National Total</b>	10,997	2,268	11,046	2,298

• **How do Acute beds, Critical Care beds differ from ICU beds in terms of clinical support provided to patients and staffing requirements?**

- Intensive Care beds come under the umbrella of Critical Care Beds. Critical Care is Intensive Care and High dependency.
- The Clinical support definition for this is contained within the Joint Faculty of Intensive Care Medicine in Ireland Standards document available here: <https://jficmi.anaesthesia.ie/wp-content/uploads/2020/07/National-Standards-for-Adult-Critical-Services-2019.pdf>
- Critical Care beds require the clinical governance of a Medical Director of the Critical Care Unit who should either be a Fellow of the Joint Faculty of Intensive Care Medicine of Ireland or hold an equivalent qualification (cf. Articles of Association JFICMI Section 6). The Medical Director of a large unit (>8 beds and >400 level 3 admissions per year) should be on the Intensive Care Medicine Section of the Specialist division of the register of the Irish Medical Council.
- A model of Care for Adult Critical Care sets out the clinical and nursing supports required for Critical Care beds. <https://www.hse.ie/eng/about/who/cspd/ncps/critical-care/moc/>
- Clinical support requires availability 24/7/365 of Anaesthesia/ Intensive care medicine. Nursing in ICU should be 1:1 and in a HDU should be 2:1. There are also requirements for HSCP in Critical Care Units.

• **Has the required staffing been made available to open the full quota of ICU beds and Critical Care beds allocated in HSE West if they are required clinically?**

- Between the Post Graduate Diploma in Critical Care Nursing and Foundation courses there are approximately 200 Nurses in training nationally based on 2019 figures.
- The upskilling of 1600 staff occurred nationally during the first wave of the pandemic.

What is the provision currently of ICU beds and Critical Care beds and Acute beds per hospital in HSE West? How many in each category were delivered in HSE West since the first lockdown?

Type of Bed	LUH			MUH			PUH			SUH			GUH			
	No. Beds (pre-COVID)	No. Beds (post-COVID)	Additional Planned Beds	No. Beds (pre-COVID)	No. Beds (post-COVID)	Additional Planned Beds	No. Beds (pre-COVID)	No. Beds (post-COVID)	Additional Planned Beds	No. Beds (pre-COVID)	No. Beds (post-COVID)	Additional Planned Beds	No. Beds (pre-COVID)	No. Beds (post-COVID)		
<b>INPATIENT BEDS (IPC)</b>																
Medical	150	189	Post-COVID figures include addition of 'Medical-6' (23 medical beds) and 'Medical-7' (16 surgical beds). Funded through winter Plan 20/21	127	137	we have additional 40 beds in St Johns SHH 16 currently staffed. A feasibility study is being progressed for an additional 50 bed block on site.	102	95	Conversion of existing OPD is planned for 2021 giving 12 additional beds. Also, enabling works are underway for an new 50-bedded replacement ward block	150	150	46 additional beds planned, due to come onstream in 2021.	276	286		
Surgical (incl. Gynae)	62	55		43	43						56		53	218	222	
Orthopaedic	25	25		32	32						18		18	53	57	
Paediatrics	25	25		28	28						18		18	32	32	
Medical Oncology	11	11									16		16	60	61	
CCU	8	8		0	4						11		11	8	8	
Medical Rehabilitation	19	19												34	34	
Rheumatology (offsite)											8		0			
<b>SUB-TOTAL SPECIALTY INPATIENT</b>	<b>300</b>	<b>332</b>		<b>230</b>	<b>244</b>		<b>125</b>	<b>118</b>		<b>277</b>	<b>266</b>		<b>29</b>	<b>29</b>	<b>681</b>	<b>700</b>
<b>SUB-TOTAL MATERNITY INPATIENT</b>	<b>40</b>	<b>40</b>		<b>30</b>	<b>30</b>		<b>33</b>	<b>27</b>		<b>29</b>	<b>29</b>		<b>64</b>	<b>49</b>		
<b>TOTAL INPATIENT</b>	<b>340</b>	<b>372</b>	<b>380</b>	<b>260</b>	<b>274</b>	<b>324</b>	<b>158</b>	<b>145</b>	<b>209</b>	<b>306</b>	<b>295</b>	<b>341</b>				
<b>DAYCARE BEDS (DC)</b>																
General / DSU	11	13		11	5		17	11		20	20		16	16		
Medical Oncology	11	9		11	11		6	5		8	8		23	23		
Endoscopy	8	8		9	6					10	10		7	7		
Renal	14	14		15	15					11	11		17	17		
Maternity													4	4		
Rheumatology (offsite)										10	10					
Other				2	2					7	0		17	17		
<b>TOTAL DAYCASE</b>	<b>44</b>	<b>44</b>	<b>48</b>	<b>39</b>	<b>23</b>	<b>16</b>	<b>66</b>	<b>59</b>	<b>84</b>	<b>84</b>						
<b>INTENSIVE CARE UNIT BEDS (ICU/CRITICAL CARE)</b>																
Intensive care unit beds	5	6		8	8		7	7		5	6	4 additional ICU beds within new build	23	28		
NICU / SCBU	10	10		9	9		8	8		10	10		14	14		
<b>TOTAL ICU</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>17</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>16</b>	<b>37</b>	<b>42</b>				

**Model 2 Hospitals:**

**RUH Inpatient Beds:** Note: 5 closed at present as we have erected temporary walls for IPC purposes to section off room which were previously open onto ward corridor, and to give divider in the event of Covid section of ward being opened.

	Pre Covid	Post Covid
St. Coman's x 7/7	21	21
St. Teresa's x 7/7	25	25
St. Bridget's x 5/7	17	12
<b>Total</b>	<b>63</b>	<b>58</b>

**Emma Benton, General Manager, Acute Operations**

<b>W91Q2848</b>	Could HSE provide a report on the breakdown of the CT scanner in Portiuncula University Hospital. How many cumulative hours was it out of operation during 2019/2020 due to breakdown? What approximate number of patient examinations and number of staffing hours were lost to PUHB by the loss of those operational hours? What was the longest continuous duration of CT service loss due to breakdown? What alternatives were put in place to provide emergency CT services to patients attending Portiuncula? What has been the knock-on effect on patients waiting on elective CT lists? Estimated financial impact to the HSE from loss of CT operation at PUHB and knock on effects at alternative CT site? Is a sound business case for providing a second CT scanner now rather than waiting for a replacement in 2022 made?	<b>ClIr E Francis Parsons</b>
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**How many cumulative hours was it out of operation during 2019/2020 due to breakdown?**

**2019**

February 2019 - 72 hours approx

August 2019 – 30 hours approx.



October 2019 – 12 hours approx.

December 2019 – 4 hours

Over the year 2019 50 hours approx. for remote access given to Siemens to diagnosis and manage faults

**2020**

February 2020 – 4 hours

April 2020 – 48 hours

August 2020 – 144 hours

October 2020 – 30 hours

2020 to date 30 hours approx. for remote access given to Siemens to diagnosis and manage faults

2019 - 168 hrs. (2020)+ 256 hrs. (2019/2020)= 424 hrs. in total to date

**What approximate number of patient examinations and number of staffing hours were lost to PUHB by the loss of those operational hours?**

Approx. 17 CTs x 24 hrs periods lost.

**What was the longest continuous duration of CT service loss due to breakdown?**

August 2020 - 144 hrs = 6 x 24hrs periods

**What has been the knock-on effect on patients waiting on elective CT lists?**

Approx. 150 elective booked appointments had to be rescheduled and waiting time increased dependent on type of scan (2019 and 2020)- routine CT Thorax, Abdomen, pelvis wait time increased from 8 weeks to 13 weeks.

**Estimated financial impact to the HSE from loss of CT operation at PUHB and knock on effects at alternative CT site?**

Not available

**What alternatives were put in place to provide emergency CT services to patients attending Portiuncula?**

CT support was provided from Roscommon University Hospital and Galway University Hospital

Ultrasound was provided in some instance

MRI was provided as an alternative

**Is a sound business case for providing a second CT scanner now rather than waiting for a replacement in 2022 made?**

A Business Case has been prepared for the replacement of the CT scanner and it is planned to make a capital submission in the new year.

**A Cosgrove, COO, Saolta University Health Care Group**

<b>W91Q2849</b>	Can we have a updated report on the proposed plan, works/development at the St Conal's Hospital,Letterkenny?	<b>Clr C Brogan</b>
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The works that commenced recently at St Conal's, Letterkenny are the next phase of the Fabric Upgrade of St Conal's (Block G & H). The works will last approximately 6 months in total at an estimated cost of €850k. Work on the project, which includes upgrading of the roof, windows and walls, is being undertaken by McDermott & Trearty Construction on behalf of HSE Estates.

**John Hayes, Chief Officer, CHO1**

<b>W91Q2850</b>	Can we have a updated report on why the primary medical Cert service is suspended at the moment?	<b>Cllr C Brogan</b>
<p>A Supreme Court judgment on 18 June 2020 in relation to this scheme, found in favour of 2 appellants who had been refused Primary Medical Certificates by the HSE and by the Disabled Drivers Medical Board of Appeal. The judgment found that the six medical criteria set out in S.I. 353/1994, and used as the basis for medical assessments for Primary Medical Certificates, do not fully align with the broader category of “severely and permanently disabled” persons set out in the parent legislation.</p> <p>Subsequent to the June 2020 judgment the Minister for Finance has advised that the effect of the judgment was that there was no firm legal basis on which to undertake medical assessments of applicants for Primary Medical Certificates as before. The Dept of Finance instructed the Minister for Health that there should be no medical assessments of applicants for Primary Medical Certificates until further notice, pending clarification of the legal position and until such time as a sound legal basis for such medical assessments is re-established.</p> <p>Recently the HSE received correspondence stating that the “<i>Finance Bill will be enacted before the end of the year (usually signed by the President over Christmas) which means assessments can restart from 1 January</i>”.</p> <p><b>John Hayes, Chief Officer, CHO1</b></p>		
<b>W91Q2851</b>	Can we have an updated report on the new community nursing unit for Letterkenny and the timeframe for same?	<b>Cllr C Brogan</b>
<p>The Health Service Executive is delighted to announce that the planning application for the development of Letterkenny Community Nursing Unit has been granted.</p> <p>The development in Letterkenny will provide a new 110 bedded unit on a green field site at Kilmacrennan Road, Letterkenny.</p> <p>The proposed development will comprise of a community nursing unit / hospital totalling 9400sqm in gross floor area. The building comprises of 110 beds including a mix of long stay, short stay / rehabilitation and dementia care with associated resident accommodation including dining rooms, kitchenettes, resident areas with family overnight room, visitor’s room, treatment room, hairdresser’s salon etc.</p> <p>The facility will also provide a purpose built rehabilitation centre, providing Physiotherapy, Occupational Therapy and allied health professional space.</p> <p>Other features include an internal courtyard and terrace spaces; associated back of house areas including kitchen and laundry rooms, staff accommodation and ancillary offices; and all associated site and development works including landscaping and site services, and an ESB sub-station.</p> <p>The development at Letterkenny is part of an overall programme for the development of healthcare infrastructure in Donegal. This will provide capacity to cater for the increasing needs of community beds and will integrate and support care needs with Letterkenny University Hospital. The existing Medical Rehab unit at St Conals Hospital will also be incorporated in to this development. The estimated net construction cost of the facility is currently €37.8 million and it is intended to proceed to tender and appointment of a contractor for the construction of the building in 2021.</p> <p>It is anticipated that the new Community Hospital will be operational in 2023.</p> <p><b>John Hayes, Chief Officer, CHO1</b></p>		
<b>W91Q2852</b>	Can we have a updated report on the challenges facing the patient care as a result of covid 19 in LUH, and progress on the development of the Acute stroke unit, commissioning of the maternity theatre CT scanner, Renal extension project and urology services ?	<b>Cllr C Brogan</b>
<p>It was planned to open the Acute Stroke Unit in LUH in December and we have recruited the necessary staff to allow this.</p>		



The current outbreak of COVID 19 in the hospital is providing significant staffing challenges for the hospital but we are still working hard towards opening it in December or at the latest in early January.

The phased opening of the additional maternity theatre is on schedule for mid-December.

In relation to the CT scanner, we are working to recruit the two additional radiographers necessary and we will continue to progress this in the new year.

Some enabling works are underway in the renal unit including the replacement of the water supply system. We will continue to seek funding for the development of this project.

In relation to the urology service we have now appointed two permanent consultants and when they are in post, together with the appointment of a 2<sup>nd</sup> post in Sligo University Hospital there will be a 24/7 urology services in the North West.

**T. Canavan, CEO, Saolta University Health Care Group**

<b>W91Q2853</b>	How many Covid Testing Centres are currently operating in County Galway. How many patients have been referred for testing at each specific centre and how many patients have returned a positive test from each centre? What criteria is used to decide which centre a patient is referred to?	<b>Clr J Connolly</b>
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Two, Galway Airport, Carnmore, Co. Galway and NUIG, Newcastle Road, Galway are the two testing centres in Co Galway.

The number of patients referred for testing at each specific centre is outlined in the tables below:

Galway		
Referred	DNA	Tested
41047	2987	38060

Galway NUIG

Referred	DNA	Tested
2472	243	2270

**How many patients have returned a positive test from each centre?**

We don't have this information

We use NUIG for students and people who don't have their own transport to get to the site in Carnmore.

We also offer appointments at Castlerea or Castlebar when we are operating to full capacity in Galway with a view to having people tested as soon as possible.

Appointments may be offered in any of the CHO sites if it is deemed possible to test quicker when the location makes it a similar or lesser distance to travel.

All specific requests for test sites will always be accommodated.

**Breda Crehan-Roche, Chief Officer, Community Healthcare West**

<b>W91Q2854</b>	Could the Forum be updated on the number and category of current Vacancies in Galway Primary Care? Can clarity be provided on which vacancies are Covid related?	<b>Clr J Connolly</b>
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<b>Galway PC Vacancies 99.03</b>	Health & Social Care Professionals – 38.3 Management/Admin - 22.23
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Medical/Dental – 6.5

Nursing – 32

**Number of current COVID Vacancies in Galway Primary Care (WTE) as of 13/11/2020 – 40.73**

**Galway PC Vacancies 40.73**

Health & Social Care Professionals – 29.73

Management/Admin - 2

Nursing – 9

**Breda Crehan-Roche, Chief Officer, Community Healthcare West**

**W91Q2855**

Can the forum be informed how many appointments for Bowelscreen, Cevericalcheck and Breastcheck were cancelled at UHG due to the Covid pandemic? Have the cancellation of such appointments had an impact on waiting lists for screening appointments?

**Clr J Connolly**

Not available at time of printing.

**W91Q2856**

What is the capacity of the Psychiatric Unit at GUH and what are the occupancy levels at the unit to date in 2020? How do the occupancy levels compare to those of 2019?

**Clr J Connolly**

The acute psychiatric inpatient unit in GUH has a capacity of 50 beds. The attached excel spreadsheets documents a comparison of occupancy levels between 2019 and YTD 2020:-

**Occupancy Levels at the AAMHU 2019 v 2020**

Month	2019	2020	Difference	% Difference 2019 v 2020
January	1609	1469	140	8.7% decrease in January 2020
February	1379	1443	-64	4.43% increase in February 2020
March	1540	1218	322	20.9% decrease in March 2020
April	1419	944	475	33.4% decrease in April 2020
May	1480	1048	432	29.1% decrease in May 2020
June	1376	1193	183	13.29% decrease in June 2020
July	1548	1295	253	16.34% decrease in July 2020
August	1448	1289	159	10.9% decrease in August 2020
September	1437	1443	-6	.41% increase in September 2020
October	1410	1381	29	2.05% decrease in October 2020
November	1413	N/A		
December	1369	N/A		
<b>Totals</b>	<b>17428</b>	<b>12723</b>		
<b>Totals up to Oct 31</b>	<b>14646</b>	<b>12723</b>	1923	13.12% decrease from Jan1-Oct31 2020 v Jan1-Oct31 2019

**Breda Crehan-Roche, Chief Officer, Community Healthcare West**

**W91Q2857**

Can I have an update on the Pathology/Mortuary Services at Letterkenny University

**Clr G**



	Hospital, the number of staff, working hours and services available?	<b>McMonagle</b>
<p>The Pathology Department has a total of 80 staff and offers a full service in Microbiology including COVID 19 testing; Biochemistry including specialised testing such as electrophoresis HFE and POCT; Haematology; Blood Bank; Histopathology, and Serology. The routine working hours for all above departments is Monday-Friday 8am-8pm. There is an on call service for Microbiology, Biochemistry, Haematology and Blood Bank 8pm-8am, 7 days a week 52 weeks of the year. The Mortuary Department has 3 full time Anatomical Pathology Technicians and operates Monday – Friday 8am to 5pm</p>		
<b>A Cosgrove, COO, Saolta University Health Care Group</b>		
<b>W91Q2858</b>	Has LUH put in place any further counselling services to deal with Staff in relation to the pressures of their work due to Covid 19?	<b>Cllr G McMonagle</b>
<p>The issue of staff mental health is very important and information that provides advice on managing stress, self care and managing fatigue were circulated to all employees in the hospital during this Covid crisis. An employee assistance helpline is in place. The HSE Care line is available for all staff.</p>		
<b>T. Canavan, CEO, Saolta University Health Care Group</b>		
<b>W91Q2859</b>	What services have been postponed at LUH due to covid restrictions and how many operations and procedures have been cancelled since March 2020 to Date and in what speciality?	<b>Cllr G McMonagle</b>
<p>The COVID 19 outbreak has had a significant impact on the level of inpatient, outpatient and day case procedures undertaken at LUH.</p> <p>During the first wave of the virus all but very urgent procedures were cancelled. Over the summer period the hospital had worked on restoring patients services but this has been severely impacted again by the increase in COVID 19 patients in the hospital since September this year and the subsequent outbreak of COVID 19 in the hospital which has been very challenging from a staff perspective.</p> <p>The hospital has been very significantly challenged over the last number of weeks as it manages an outbreak of COVID 19. The outbreak control team continues to meet daily with representation from HSE Public Health and Occupational Health. This has had a significant impact on the elective services provided at the hospital. At all times we try to reduce the impact on patients but we have to balance that with ensuring we maintain a safe service.</p> <p>The number of inpatient procedures which were undertaken in LUH from March to October in 2019 was 868. The number of inpatient procedures for the same period in 2020 was 479. We are working on providing a breakdown by speciality.</p> <p>The remaining detail on day case procedures and outpatient appointments will be provided as a follow-up.</p>		
<b>T. Canavan, CEO, Saolta University Health Care Group</b>		
<b>W91Q2860</b>	When will Breast Check resume their services in Donegal, at what locations and for how many hours per week?	<b>Cllr G McMonagle</b>
<p>The BreastCheck programme began a phased restart of breast screening countrywide on Tuesday 27 October 2020.</p> <p>During the pause in screening BreastCheck had been supporting the symptomatic service, assessing and treating women of all ages with known symptoms of breast cancer. This phased restart has been necessary to allow us to reduce our support for the symptomatic breast cancer services as the same time as screening uptake increases.</p> <p>Our Donegal unit began issuing invitations last week, and the first screening appointments are booked for our Letterkenny unit for November 11. We are encouraging women to come for their appointment or to let us know if they can't attend so we can reschedule their appointment and offer this slot to another person. We are confident we will make use of each appointment slot through good local communication.</p>		



The unit is typically operational three days a week, but as we work through our restart, our plan is to screen five days per week in Donegal to help maximise our capacity.

BreastCheck is operating at reduced capacity due to measures to prevent the spread of COVID-19. We will be able to screen 90 women per week when operating three days per week, and 150 when operating five days per week. We will monitor the situation, matching capacity to uptake daily.

However, with a finite level of suitably trained staff available in Ireland and indeed worldwide, regardless of available budget, we have the difficult task with matching the number of screening invites possible to issue with our available screening capacity in each geographical location. We are actively recruiting staff and looking at other ways to maximise capacity. We are asking staff to work additional hours where possible but we cannot afford to risk ill-health in our staff by not taking regular breaks and rest.

We appreciate that screening services are highly valued by the people of Donegal and they are keen to see an immediate full resumption of services. It is a harsh reality of COVID-19 that many of our health services are not yet operating in the way they did in the past. We are working our hardest to provide the people of Donegal with the necessary resources to safely resume screening

We hope that our work supporting the symptomatic services in Letterkenny General Hospital during the pause in screening will also have helped to ensure there are no future delays for any patients who have a cancer detected through screening.

We are confident that once appointments resume in Letterkenny next week, we will be offering a safe service.

Screening is a population health measure for people who are presumed healthy and do not have symptoms. The aim of a population screening programme is to reduce the incidence of disease in a population. Screening is not a diagnostic tool and no screening test is completely accurate.

All screening programmes are limited by the sensitivity of the test which is the ability to detect those with the disease in a population (true positives). Screening programmes are likewise limited by the specificity of the test which is the ability to detect those who are free of the disease (true negatives). Therefore, a negative test result is not a guarantee that a person is clear of the condition, or that they won't develop the condition between screening appointments.

The NSS continues to encourage all people who are between screening appointments, or waiting for rescheduled appointments, to be aware of, and act upon, any symptoms associated with the conditions for which they are being screened. We ask that those people contact their GP, who will arrange appropriate follow-up care.

For other queries patients can call the Freephone information line on 1800 45 45 55, email [info@screeningservice.ie](mailto:info@screeningservice.ie) or contact your clinic directly.

***Fiona Murphy, Chief Executive, National Screening Service***

<b>W91Q2861</b>	In light of the completion of works at the new nursing home facility at Ballymote, and the completion of 8 new additional homes which brings a total of over 40 residents living in the Cuan losa development Can the HSE give an update on the dangerous entrance junction which is mainly used by elderly pedestrians ,motorists to the nursing unit, and the retired religious order of St Joseph's sisters, and is also potential danger to ,HSE Staff, daily delivery drivers and visitors and needs to be made more accessible and safer and incorporate widening the road into the nursing unit. Have the HSE progressed talks with Sligo County Council, and all parties concerned to	<b>Cllr D Mulvey</b>
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	proceed with this project.	
<p>The HSE carried out preliminary feasibility studies on a proposed new entrance in 2019 and significant capital costs were identified. There is no funding available to carry out these works and as the road and junction are not in the ownership of the HSE there is no mechanism to apply for this funding. The HSE are willing to discuss funding options with the various parties if required but it should be noted that upgrade junction works were not conditioned as part of the planning for the new extension at Ballymote CNU." 2023.</p> <p><b>John Hayes, Chief Officer, CHO1</b></p>		
<b>W91Q2862</b>	<p>Vaping has been in Ireland for a little over 10 yrs. It is estimated that between 200,000 and 250,000 people in Ireland 'VAPE'. Apparently there have been no deaths in Ireland due to vaping in that time. The HSE report Healthy Ireland states that vaping is better than all other methods combined in helping smokers to Quit.</p> <p>Will the HSE agree that increasing the cost of vaping through punitive taxation and/or removing flavours will only drive vapers back to smoking which kills 50% of them?</p> <p>Will the HSE further agree that tobacco cessation advocates play a significant role in encouraging people to stop smoking? And will the HSE and such groups now engage proactively with the New Nicotine Alliance and European Tobacco Harm Reduction Association ,Together explore and examine the ingredients and strength of the EU regulated vaping material, Together address and approve the removal of misleading and health misinformation criticisms, Together, continue to assist the percentage of people who smoke to drop?</p>	<b>Cllr A Doherty</b>
Not available at time of printing.		