



Primary Care
Island Services

Review
April 2017



Building a
Better Health
Service

Seirbhís Sláinte
Níos Fearr
á Forbairt

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Foreword

An important part of the Health Service Executive's (HSE) Strategic Plan in the Community Healthcare Organisation (CHO) Report¹ aims to provide a health service to people when and where they need it, "the right service, at the right time, in the right place, by the right team". Healthy Ireland also outlines a focus for individuals to become actively involved in looking after their own health by leading healthier lifestyles and self managing long term conditions. For island communities, the challenge is to support patients in being as healthy and resilient as possible, and providing appropriate and accessible services which can be sustained over a very small population base.

By their very nature our islands are remote and isolated places, being situated off the coast of some of the most inaccessible and distant parts of the country. The availability of services often varies and is often at the mercy of poor weather conditions and limited transport availability. It is accepted that not every public or social service can be delivered off shore or in remote rural areas, but the aim is to provide a quality service working to defined standards and to maximise technology to reduce the need to travel.

The heritage, language, culture and traditional lifestyles are extraordinary characteristics that make living on the islands an attractive prospect for many people. This review of primary care services to the islands is intended to form a basis for reviewing current services, identifying where things are working well and where change needs to happen. Our vision is to provide a high quality sustainable primary care service to people as close to home as possible, while accepting that inevitably there will be situations where travel is unavoidable.

As part of this review there was consultation with the people and healthcare professionals who live on and provide services to the islands, and I wish to acknowledge their invaluable contribution to this review. I would also like to thank the individuals who represented the island communities themselves, and the members of the steering group who provided clarity concerning core service delivery and the reality of day to day life on the islands.

John Hayes

Chief Officer, Community Health Organisation [CHO] Area 1

Chair of Steering Group

Abbreviations

Abbreviation	Explanatory Term
AMDS	Aero-Medical Dispatch Service (previously known as NACC, the National Aero-Medical Coordination Center)
CHO	Community Health Organisation
CM	Community Midwife
CME	Continuing Medical Education
CMHT	Community Mental Health Team
COE	Comhdháil Oileáin na hÉireann, The Irish Islands Federation, the representative body for the inhabited offshore islands of Ireland
CSO	Central Statistics Office
DAHRRGA	Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs
GMS	General Medical Services
GP	General Practitioner
HCA	Healthcare Assistant
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
NAS	National Ambulance Service
OT	Occupational Therapy
PHN	Public Health Nurse
PN	Practice Nurse
RGN	Registered General Nurse
ÚnG	Údarás Na Gaeltachta
WHO	World Health Organisation
WONCA	World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians

Glossary

Primary Care: All of the health or social care services that are found in the community, outside of hospital.

Secondary Care: Medical care that is provided by a specialist or facility upon referral by a primary care physician and that requires more specialised knowledge, skill, or equipment than the primary care physician can provide.

Tertiary Care: Tertiary care is specialised health care, usually for inpatients, and on referral from a primary or secondary health professional, in a facility that has personnel and facilities for advanced medical investigation and treatment.

Community Health Organisations: The Republic of Ireland is divided up into nine Community Health Organisations to deliver an integrated model of care outside the acute hospital system. The broad range of services provided includes Primary Care, Social Care, Mental Health and Health & Wellbeing Services. These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to people's homes.

Primary Care Team: The Primary Care Team is a team of health care professionals responsible for organising and delivering primary health care for the local population.

Primary Care Team services include:

- General Practitioner
- Practice Nurse
- Community Nurse (Public Health Nurse & Community Registered General Nurse)
- Home Help / Home Care Attendant
- Occupational Therapy
- Physiotherapy
- Speech and Language Therapy
- Social work

There is a network of other services available supporting the team including Speech and Language Therapy, Psychology/Counselling, Audiology, Podiatry, Area Medical Officers, School Health Service, Dentistry, Dietetics, Ophthalmology and the Community Mental Health Nurse.

Public Health Nurse (PHN)

A Public Health Nurse is a nurse who has completed a post graduate diploma in Public Health Nursing and is registered with the Nursing and Midwifery Board of Ireland to provide a universal nursing service in the community including health promotion; prevention and child health screening. The PHN is the caseload manager for a specific geographic area with caseloads ranging from prenatal and new-born care to the care and support of the older person.

Registered General Nurse (RGN)

The role of the RGN working in the community is to liaise closely with and support the PHN service as part of a community nursing team. The main duties and responsibilities of RGNs in the community focus on providing clinical nursing care in the home environment and primary healthcare settings.

Practice Nurse

A practice nurse is employed by and works very closely with a GP to deliver a broad range of services to patients in a GP setting.

Acknowledgements

Many individuals and groups have contributed to the development of this report. We wish to acknowledge and thank the island communities who were most helpful and engaged fully with the consultation process. Particular thanks go to the community development workers and managers who provided ongoing support and information. Every effort has been made to ensure the information contained in the report is correct; however over the timeframe of the consultative process it is inevitable that some changes may have occurred.

- Dr Louise Doherty, Specialist in Public Health Medicine, Donegal, who was instrumental in writing this report on behalf of the Steering Group.
- Ms Maeve MacDermott, Project Manager, who facilitated the consultation process and liaised with a wide range of staff, voluntary groups, statutory agencies and the public.
- Members of the Steering Group as listed in Appendix 4.
- Healthcare staff who are involved in providing services to the island communities, GPs, Public Health Nurses, Registered General Nurses, Practice Nurses, and members of the Primary Care Teams.
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Executive Summary

Introduction

The Irish islands are unique places that are rich in cultural heritage, beauty and Irish traditions, and have proven to be attractive places for people to live and for many tourists to visit.

By definition, these places are small in area and population, are rural and peripheral, highly dependent on agriculture, fishing and tourism, and lacking in essential services². Many such islands have suffered from emigration, particularly of young people, over long periods of time, resulting in the islands having an older population profile than that seen on the mainland^{3,4}.

Providing a primary care service to island populations can be challenging due to fluctuations in populations during the summer months, an ageing population that has more complex care needs, reduced accessibility to services and other infrastructural deficiencies. This is all against a backdrop of difficulties in attracting and retaining healthcare professionals. Current government policy is to support island communities in remaining on the islands and so it is now timely to review the current primary care services on the islands. This Review was commissioned by the Primary Care Division of the HSE with a view to developing a sustainable, cost effective quality and fair primary care service that meets the everyday needs of the Irish island populations.

An inter-departmental steering group was convened which included representation from the HSE, Department of Health, Comhdhail Oilean na hEireann, Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs (DAHRRGA), healthcare professionals living and working on the islands, and other key personnel. The full membership of the group can be seen in Appendix 4. A consultation process was carried out with the island communities, healthcare workers on the islands, and service managers who provide primary care services to the islands. The aim of this process, as per the terms of reference, was to document current services, along with information gathered from service managers, as well as the issues and concerns of the islanders and healthcare professionals. The public consultation process is outlined in a separate document which accompanies this report.

Information from these consultations has been combined with data available from national and local sources. Models for the delivery of healthcare to small islands in other parts of the world have been discussed and recommendations made about the sustainability and configuration of primary care services for the future.

This is a working document which will provide a framework for future work and development. Teamwork, commitment and a clear vision will be required to make real and lasting changes. The sustainability of services was a recurrent theme and it was clear that flexibility and a willingness to look at new solutions is required. As each island is a unique and separate entity, no one solution is applicable to all.

A comprehensive national approach to the primary care needs of the island populations is vital. There are many government departments involved in providing services to the islands that impact directly or indirectly on the health and wellbeing of the population. These include the Department of Health, Department of Communications, Climate Action and Environment, Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs, Department of Education and Skills, Department of Social Protection, Department of Transport, Tourism and Sport. Communication and active collaboration between these departments in relation to the islands would result in more efficient and effective management of issues that arise.

Our Vision

Our vision for the islands is to build an efficient and sustainable, high quality and fair primary care service that facilitates collaboration between the island populations, Healthcare Professionals, the Primary Care Team, and Secondary Care Services. This is so that they may deliver a holistic service, as close to home as possible, for the island communities. This service will be enabled through promoting community resilience, the use of technologies to improve communication and to minimise the need for travel. It will be delivered by a flexible multi-disciplinary healthcare team who are supported by adequate infrastructure and resources.

Main Findings

The main findings of the review are as follows:

- There are challenges faced in providing an equitable, cost effective and high quality primary care service to the islands.
- Many of these challenges are also shared by communities who live in remote rural Ireland.
- Currently people living on islands have significant distances to travel to access services.
- Not every service can be delivered on the islands but we should aspire towards the delivery of a quality service working to defined standards and aiming to reduce the need to travel.
- It is apparent that the service currently provided has many positive elements and is greatly valued by the islanders.
- The service provided is not uniform across the islands and improvements can be made in many areas.
- The consultation process described a somewhat fragmented and unpredictable service, where island healthcare professionals are working extremely hard to provide a holistic high quality service with inadequate resources.
- Recruitment, retention and remuneration of healthcare staff for the islands are a challenge.
- Improved transport links, and the use of technology to minimise the burden of travel are options and possible solutions that need further exploration.
- The recommended approach involves a flexible multi-disciplinary Primary Care Team that is supported by adequate infrastructure and resources.
- The cornerstone of future developments is an on-going dialogue between island communities and healthcare providers and the setting up of joint interagency working groups.

Recommendations

A series of recommendations for the future development of the primary care provision to the islands is provided below. The rationale for these is discussed further within the body of the review.

National

- Government policy to be “island proofed” so that policies take into account the impact on island residents.
- A National Forum be convened and tasked with implementing the recommendations in this report. This forum will include representation from island communities both from the public and from resident healthcare professionals, relevant government departments, the HSE and other relevant bodies.
- The HSE Annual National Service Plan henceforth should contain specific objectives relating to the delivery and development of services to the islands including actions to implement the recommendations of this review.

Irish Language

- Under the Official Languages Act 2003 a language scheme is to be agreed by the HSE
- Primary care services should be available in Irish for those who require them.
- Development of service resources (e.g. assessment tools) in Irish is recommended.
- Each healthcare setting requires a list of people available who can speak Irish, in particular where the healthcare team covers a Gaeltacht population.

Community Healthcare Organisations (CHO) and Hospital Groups\Integrated Care

- Local interagency fora will be established in CHOs* which will include island community representation, HSE (including the National Ambulance Service), GPs, Island Nurses, Local Authorities, Royal National Lifeboat Institution (RNLI), Coastguard, An Garda Síochána and the Fire Service. These fora will be tasked with implementing the plans emerging from this review and the national forum and will report to the Chief Officer of the CHO.
- Primary care services will be provided on islands in accordance with assessed clinical need and eligibility. This information on these services will be widely available to people living on islands and to relevant healthcare professionals involved.
- HSE personnel will promote the health needs of island communities through existing interagency fora including the Local Community Development Committees.

** Where CHO encompasses island populations*

Workforce Planning

A General Practitioners

- The Irish College of General Practitioners (ICGP) and HSE should work with island GPs to identify GP training needs, and the GP training curriculum should reflect the extended range of services that GPs are required to provide to island communities.
- GPs need to be provided with adequate locum support to enable them to take leave and to attend on-going training on a consistent basis. Planning needs to incorporate the provision of a rota for the GPs involved.
- The engagement of GPs in Primary Care Teams on islands should be encouraged and supported.
- Continuity of GP care for people living on islands should be planned for and adequately resourced through forward workforce planning.

B Nursing

- A specific job description for an island Public Health Nurse (PHN) will be developed to recognise a new nursing role in response to documented need. This position will be developed to enhance the nursing role in improving primary care service delivery.
- The job description for an island nurse will take account of specific needs of island populations and their geographical location, the possible professional and social isolation that may be encountered, and the challenges of accessing the island on a year round basis.
- The role needs to be sustainable, and for smaller islands may need to incorporate elements of flexibility to carry out tasks for the PHN service while working on the island.
- A specific island nurse training programme to be developed in conjunction with Nursing and Midwifery Planning and Development Units.
- The governance and maintenance of skills of island nurses requires review.
- Locum cover needs to be available to enable the nurse to attend training days and to maintain supervision.
- Governance pertaining to lone working needs to be reviewed and satisfactory senior management support should be readily available in case of illness/difficult situations.

Primary Care Team (PCT)

- Primary care for island populations should be delivered by a Primary Care Team.
- The Primary Care Team should undertake activities on islands to promote health and wellbeing and raise awareness about services.
- In Primary Care Teams that have islands as part of their area, consideration should be given to holding meetings on the island at regular intervals.
- The HSE will consider the recruitment and training of healthcare assistants (HCAs) on islands to work as part of a team with the island nursing service.
- The HCA should be contracted for fixed hours but with a wider remit than that of mainland HCAs.
- A pool of HCAs should be trained and available to ensure adequate support for those who live on the islands.

Community Resilience

- The HSE will develop and implement a plan in partnership with individual island communities to promote the health and wellbeing of island communities, based on identified needs, national priority programmes and Healthy Ireland goals.
- The HSE will work with island communities to build capacity for community resilience to ensure that people can be cared for as close to home as possible.

This will include efforts to:

- Identify opportunities for island communities to avail of training in basic life support/CPR/manual handling/anticipatory care/management of long term conditions.
- Develop, encourage, support and provide on-going training and governance for a Community First Responder Scheme.
- Recruit a Community First Responder Scheme Co-Coordinator.

Self-Management Support

- The system of care within island communities should support self care, anticipate health needs to avoid crises in chronic disease and have the capacity to respond to emergency situations
- Primary Care Teams will support individuals to self-manage their own care.

Long-Term Conditions

- An integrated system will be developed between primary, secondary and tertiary care to incorporate robust care pathways for long-term condition management.

Mental Health

- Mental health promotion should be a priority area for island communities.
- Psychological supports should be enhanced in primary care.
- Support for people with long term mental health conditions should be provided on the islands as much as is feasible.

Anticipatory Care

- Those CHOs and Hospital Groups with islands as part of their population should have specific island health action plans which ensure integrated care for patients with long-term conditions.
- Antenatal care plans need to be developed in conjunction with expectant mothers at an early stage in the pregnancy.

Planned Care

- The particular needs of people living on islands should be addressed in relation to health related and hospital appointments.
- Hospitals and Primary Care Teams need to review the service provided to island communities taking into account the difficulties of travel and the need to plan ahead.

Emergency Care

- Each island should have a specific, up to date, standardised medical evacuation policy developed by the Aero-Medical Liaison Officer of the National Ambulance Service.
- There will be prominently placed public information for all residents and visitors to all islands about the emergency procedures.
- There should be a major accident plan specific to each island and the key stakeholders should attend regular practice scenarios.
- The Ambulance Service Aero-Medical Liaison Officer will carry out regular routine debriefing with health professionals and island communities in relation to emergency evacuations that have occurred.
- An annual audit of island emergency evacuations will be carried out.
- Health professionals working on islands should have access to regular training and up-skilling in the management of medical emergencies and medical evacuation.
- Discussions will commence on transport of patients to areas of medical evacuation.

Out of Hours Care

- The pathway for management of out of hours' GP service to be clarified. In areas where there is an out of hours' service then ideally this should be the first point of contact.

E-Health

- The HSE recognises the need for adequate broadband connectivity for islands and will work with relevant agencies to ensure that this remains a priority nationally to improve the delivery of health care.
- The HSE will work to develop telemedicine services for islands with a view to:
 - Facilitating the delivery of video link consultations;
 - Providing devices that promote mobile assessment and enhanced service delivery on islands in line with best practice;
 - Improving multidisciplinary working;
 - Providing online training and education.
- The HSE will work with relevant agencies to promote the improvement of mobile phone coverage.
- The HSE will provide adequate technological support for all Primary Care Professionals providing services on islands to include access to the HSE network, email, fax, phone and mobile devices.
- Multidisciplinary Primary Care Team working will be supported and enhanced by developing the use of telemedicine options (e.g. video-conferencing, Skype) and some meetings taking place on islands each year.
- Primary Care Teams working on islands will have access to shared electronic records. As electronic records may not be developed for some time to consider the development of patient held records.

Physical Infrastructure

- HSE should review their primary care facilities on the islands and prioritise their capital plans to include purpose built premises, working in collaboration with Local Authorities and other agencies to share facilities.
- All HSE premises should be fit for purpose.
- In the development of new primary care centres on designated islands the HSE will consider the provision of accommodation for GP locums and nurses.
- Accommodation for nurses and locum nurses providing 24/7 service on islands will be improved and standardised and include access to the internet.
- In consultation with island Primary Care Teams a standard inventory of essential equipment required for individual island health centres will be developed.
- New primary care centres will be developed on Inishbofin and Inis Mór.
- An island specific primary care centre will take into account any additional provision for emergency care situations.
- The need for a back-up generator in the event of prolonged power cuts will be assessed for each island primary care centre.
- Transport arrangements of patients on islands will be reviewed by the local interagency group in conjunction with the appropriate Rural Transport Company.

Medication Management

- On islands which have a 24/7 nursing service and no resident GP, the role of the island nurse in the implementation of a protocol for dispensing medications on islands will be developed. This will include a standard list of medications to be available and acceptable governance around fax prescribing by the GP and subsequent nurse dispensing.
- Community pharmacy will be engaged to streamline the process of medication provision for long term conditions and repeat prescriptions.
- The role of a nurse prescriber will be considered in the development of the island nurse job specification.
- Community resilience programmes will address issues about anticipatory care regarding over the counter medicines and repeat prescriptions.

Service Level Agreements with External Agencies

- For CHOs and hospital groups serving island populations all service level agreements with external agencies will be island proofed, i.e. agencies will be required to describe how the service will be delivered to the islands.

Data Collection

- Each island needs to be considered separately by Central Statistics Office (CSO) in the presentation of census information.
- Local inter-agency groups will ensure data is collated in relation to their islands, updated and reviewed.
- Data collection systems to be developed to make it possible to determine and monitor health service needs and activity on islands.
- Data systems need to be put in place to collect accurate information on visitor numbers in order to clarify the surge capacity of clinical personnel required.



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Chapter 1

Introduction

Chapter 1

1.0 Introduction

1.1 Living on an Island

Living on an island has many positive features which were clearly identified by the island communities.

Islander Voices:

- *“We live in a beautiful place”*
- *“We have a lovely supportive community.....it’s a great place to bring up children”*
- *“The community is in harmony with nature.....it’s a different culture to the mainland”*

However there are particular challenges which island communities face and which require resilience and determination to cope.

Islander Voices:

- *“In the winter older people especially can get isolated: they need someone to visit”*
- *“Knowing that you can get off the island if you need to is very important”*
- *“Our community is small and it can be difficult trying to keep activities going”*

One of the main concerns of people who are either born on the islands or who choose to live there is the accessibility of health care.

Islander Voices:

- *“If we want people to come and live here we need to keep the health services we have”*
- *“There is always a threat of losing the services we have (especially health services and transport)”*

1.2 Primary Care

Primary care is the cornerstone of the whole health service. It is described by the World Health Organisation (WHO) in the following terms: “Primary health care is a practical approach to making essential health care universally accessible to individuals and families in the community in an acceptable and affordable way and with their full participation; it should be delivered by community health workers who understand the real health needs of the communities they serve and who have the confidence of the people”⁵.

We need to protect and nurture, support and develop primary care, because it is the bedrock of the island health service. We also need to adapt to deal with the challenges of the future, changing demography, recruitment of skilled workforce and public sector funding. We need the vision and leadership to think more radically and to make the transformational change that will create services in the Irish offshore islands that are truly fit for the future.

World Health Organisation Principles for Primary Care⁶:

- Care should be aimed at the most needy groups – resources should be distributed justly, according to need, with more going to the needier.
- Care should be accessible and acceptable to everybody.
- Primary health care should be affordable.
- There should be full community participation, and primary health care should contribute to the self-reliance and self-determination of communities.
- Primary health care should be integrated both with other parts of the health services and with other development sectors.

At the moment there are ongoing discussions about the future structures of primary care. There are issues with the sustainability of General Practitioner (GP) services in a number of areas in rural Ireland. The Irish College of General Practitioners (ICGP) produced two documents “The ICGP vision for the future of Irish Rural General Practice” and “Bridging the Gap” which addresses the future of General Practice in rural Ireland^{7,8}.

There have been many other reports and recommendations over the years about island health, and the overwhelming feedback from the community and professional consultations was that action is now needed. Island communities fear the loss of existing healthcare services and have expressed concern at the lack of contingency and forward planning.

There are numerous healthcare staff, general practitioners, nurses including public health nurses (PHN), registered general nurses (RGN) and practices nurses (PN) who provide an excellent service to the island communities and have done so for many years. It is the intention of this report to build on the service and commitment of these staff and to ensure that the service currently provided is sustained and developed.

1.3 Purpose and Structure of this Document

This report is based on consultations with the island communities, healthcare workers and key staff from the HSE. It is intended that this review of the primary care services provided to the Irish islands will highlight what does and doesn't work well within the current structure of service provision. It will offer evidence-based solutions to the challenges faced in providing a sustainable, high quality and fair primary care service.

This document opens with a description of each island, the infrastructure and the services each island has before proceeding to outline the policy context within which Irish health and social care services are delivered and how such policies influence the type of care provided to the islands. The document goes on to describe the principles and assumptions upon which this report is based before moving on to describe the international literature relating to the care of small island communities. The consultation process as listed in Appendix 6, in conjunction with the evidence base, was utilised to highlight both the positive and negative aspects of the current services offered to Irish island communities. Finally there are evidence-based recommendations to improve the standard of care provided, as well as outlining an implementation plan to ensure the timely implementation of the recommendations made.

1.4 Aim and Objectives

The overarching aim is to provide a framework for the provision of a fair, high quality and sustainable primary care service to the island communities off the coast of Ireland.

The objectives are:

- To describe the islands, their population profiles and identified health needs, and the services available to each island.
- To review the international academic and grey (unpublished) literature in order to identify the challenges inherent in providing health and social care services to small island populations, whilst also identifying possible solutions to such challenges.
- To identify the positive aspects of the health and social care services provided to the Irish islands whilst also describing the aspects that work less well in the delivery of health and social care services to the island communities.
- To highlight the areas of unmet need within the island communities, and to develop evidence- based recommendations to address these needs.
- To develop an implementation plan to ensure the recommendations of this report are implemented in a timely fashion.



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Chapter 2

Profile of the Population
who Live on the Islands

Map 1: Island Location



¹ Inis Fraoigh, Inis Bó Finne and Gabhla in County Donegal, Inishcuttle, Inishnakillew and Inishturk Beg in County Mayo and Coney Island in County Sligo.

Chapter 2

2.0 Profile of the Population who Live on the Islands

2.1 Introduction

According to the Central Statistics Office there are 77 islands off the coast of Ireland, of which 69 are populated⁹. The Federated Island population i.e. islands which have no land causeway connection, consists of 25 islands with populations ranging from 2 to 845.

Furthermore, 7 of these islands either have no permanent resident population or have an occasional causeway connection with the mainland¹. These islands were excluded from the report and the remaining 18 islands were included in this profile. (Map 1)

In total 2,846 people reside on these islands 47% (1,331) female and 53% (1,515) male. Data for the 7 islands with populations less than 50² is limited to overall population and gender. Census 2011 provides detailed data for the eleven remaining Islands⁹. The CSO combine the Donegal islands, Inis Meáin with Toraigh and the Mayo islands, Inishturk with Clare Island. Inis Meáin (Donegal) is not included in the rest of this review as it has no permanent population and is not a member of Comhdháil Oileáin na hÉireann. However in this section it is mentioned as the figures include the two islands.

With regard to the Mayo islands the data for Inishturk and Clare Island are combined apart from total population numbers and numbers of male and females. We acknowledge fully that these islands are separate, with differing needs and profiles and as such warrant individual sections in the national census. For now, because the data outlined below is from the 2011 census, it cannot be separated but a recommendation will be made in this report that in future years it should be available.

All the following information has been sourced from the CSO from the 2011 census and is freely available to the public⁹. There has been a subsequent census in 2016 but to date there are only preliminary results available from this. Because of the time delay some of the information contained in this report will have changed in the intervening period.

² Dursey, Long, Whiddy and Heir in County Cork and Clynish, Inishlyre and Inis Bigil in County Mayo

Table 1: Island Demography⁹

Island	Population	Male	Female
Toraigh & Inis Meáin	151	86	65
Árainn Mhór*	514	261	253
Donegal Total	665	347	318
Inis Bigil	25	16	9
Inishturk & Clare Island*	221	128	93
Clynish	4	2	2
Inishlyre	4	2	2
Mayo Total	254	148	106
Inishbofin*	160	83	77
Inis Mór* ^a	845	446	399
Inis Meáin*	157	79	78
Inis Oírr*	249	135	114
Galway Total	1,411	743	668
Dursey	3	3	0
Bere *	216	124	92
Whiddy	20	12	8
Long	10	7	3
Oileán Chléire *	124	63	61
Sherkin*	114	53	61
Heir	29	15	14
Cork Total	516	277	239
Total	2,846	1,515	1,331

***Detailed Census data available**

^aTechnically the Gaeltacht name for the largest of the Aran Islands is simply Árainn. However, in this report the name Inis Mór is used as it is in common usage.

2.2 Population Profile⁹

- Only 5% of the population of these islands are less than 4 years old compared to an average of 8% nationally.
- The percentage of children aged 5 years to 14 years varies from 7% in Toraigh and Inis Meáin (Donegal) to almost 17% on Oileán Chléire.
- Over 20% of the island population are aged 65 years and older which is considerably higher than the national average of 12%. However while some islands have more of an aging population, 28% of the residents of Árainn Mhór and 25% of Bere Island and Inis Meáin, less than 15% of the population of Toraigh, Oileán Chléire and Sherkin are in this age group.

The table below, Table 2, shows the population of the islands broken down by age and compared to the national profile.

Table 2: Island Populations by Age

Island	0 - 4 yrs		5-14 yrs		15-24 yrs		25-64 yrs		65 yrs & over		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No
Bere	14	6%	27	13%	16	7%	105	49%	54	25%	216
Oileán Chléire	6	5%	21	17%	11	9%	69	56%	17	14%	124
Sherkin	1	1%	10	9%	27	24%	59	52%	17	15%	114
Árainn Mhór	24	5%	76	15%	45	9%	225	44%	144	28%	514
Toraigh & Inis Meáin	7	5%	10	7%	20	13%	95	63%	19	13%	151
Inishbofin	4	3%	22	14%	13	8%	88	55%	33	21%	160
Inis Mór	43	5%	86	10%	120	14%	461	55%	135	16%	845
Inis Meáin	5	3%	13	8%	13	8%	86	55%	40	25%	157
Inis Oírr	15	6%	26	10%	19	8%	143	57%	46	18%	249
Clare and Inishturk	13	6%	32	14%	21	10%	115	52%	40	18%	221
Island Total	132	5%	323	12%	305	11%	1446	53%	545	20%	2,751
Ireland Total	356,329	8%	623,261	14%	580,250	13%	2,493,019	54%	535,393	12%	4,588,252

² Durse, Long, Whiddy and Heir in County Cork and Clynish, Inishlyre and Inis Bigil in County Mayo

2.3 Dependency Ratio⁹

Dependency ratios are utilised to give an indication of the age structure of a population with young (0-14 yrs) and old (over 65 yrs) shown as a percentage of the population of working age (i.e. those aged 15-64 yrs). The total dependency ratio is the sum of the young and old ratios.

- The total dependency ratio for the Island population is 57.1, much higher than the dependency ratio for Ireland at 49.3. Árainn Mhór has the highest dependency ratio at 90.4 followed by Bere Island at 78.5. Conversely Toraigh (31.3) and Sherkin (32.6) have total dependency ratios considerably lower than the ratio for Ireland.
- Six islands have a young dependency ratio less than that for Ireland, while nine islands have an old dependency ratio higher than Ireland which means in effect that they have a higher older population than the mainland.
- Dependency ratios for the smaller islands i.e. with a population numbering under 50 are not available. However empirical evidence from health care professionals indicates they do have a high older population.

In summary the islands generally have less children and more older persons than the average for Ireland as can be seen in Table 3.

Table 3: Dependency Ratios for the Island Populations

Island	Dependent Population		Dependency Ratio	
	0-14 yrs & Over 65 yrs	0-14 years	65+ years	Total
Bere	95	33.9	44.6	78.5
Oileán Chléire	44	33.8	21.3	55.0
Sherkin	28	12.8	19.8	32.6
Árainn Mhór	244	37.0	53.3	90.4
Toraigh & Inis Meáin	36	14.8	16.5	31.3
Inishbofin	59	25.7	32.7	58.4
Inis Mór	264	22.2	23.2	45.4
Inis Meáin	58	18.2	40.4	58.6
Inis Oírr	87	25.3	28.4	53.7
Clare and Inishturk	85	33.1	29.4	62.5
Island Total	1,000	26.0	31.1	57.1
Ireland Total	1,514,983	31.9	17.4	49.3

2.4 Households by Composition⁹

- The number of one parent households in the islands (10.3%) is similar to the national figure (10.9%). The rate varies between islands as illustrated in Table 4.
- The number of people living alone on the islands is higher (39%) than the national average of 24%.

Table 4: Households by Composition

Island	Living Alone		Lone Parent Households		Total Households	
	No.	%	No.	%	No.	%
Bere	32	35	13	14	92	
Oileán Chléire	13	27	4	8	49	
Sherkin	26	55	4	9	47	
Árainn Mhór	77	36	26	12	212	
Toraigh & Inis Meáin	21	37	4	7	57	
Inishbofin	43	55	4	5	78	
Inis Mór	135	41	33	10	330	
Inis Meáin	29	41	5	7	71	
Inis Oírr	33	32	15	14	104	
Clare and Inishturk	32	40	8	10	81	
Island Total	441	39	116	10	1,121	
Ireland	392,000	24	179,761	11	1,654,208	

2.5 Employment⁹

- Employment figures for people who live on the islands (40%) is less than the national average (50%) but varies considerably from island to island as illustrated in Table 5.
- Unemployment is higher among the island population at 16% compared to 12% nationally.
- A higher number of retired people live on the islands (19%) compared to the national proportion (13%).

Table 5: Employment

Island	At Work		Unemployed or looking for First Job		Student		Looking After Home/Family		Retired		Unable To Work due to Sickness or Disability	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Bere	94	54	12	7	10	6	10	6	43	25	6	3
Oileán Chléire	55	57	6	6	8	8	9	9	15	15	3	3
Sherkin	45	44	8	8	28	27	5	5	15	15	2	2
Árainn Mhór	90	22	70	17	39	9	66	16	120	29	26	6
Toraigh & Inis Meáin	35	26	44	33	12	9	16	12	16	12	8	6
Inishbofin	58	43	29	22	4	3	13	10	23	17	7	5
Inis Mór	300	42	99	14	88	12	79	11	118	16	28	4
Inis Meáin	55	40	24	17	11	8	22	16	19	14	8	6
Inis Oírr	91	44	44	21	14	7	25	12	25	12	9	4
Clare and Inishturk	85	48	26	15	15	9	14	8	31	18	5	3
Island Total	908	40	362	16	229	10	259	11	425	19	102	4
Ireland Total	1,807,360	50	424,843	12	408,838	11	339,918	9	457,394	13	156,993	4

2.6 Education⁹

- The proportion of the island population who have either no formal education or primary education only (32%) is considerably higher than the national average of 15%. This varies between islands as is illustrated in Table 6. For six of the islands, Árainn Mhór, Toraigh, Inishbofin, Inis Meáin, Inis Oírr and Clare Island and Inishturk, the percentage of the population in this group is more than double that of the national percentage.
- The number achieving third level qualifications (18%) of the Island population is lower than the national average of 25%.

Table 6: Education

Island	Persons with No Formal or Primary Education Only		3rd Level Qualification	
	No.	%	No.	%
Bere	37	23	30	19
Oileán Chléire	17	20	31	36
Sherkin	7	9	23	31
Árainn Mhór	162	46	27	8
Toraigh & Inis Meáin	58	49	19	16
Inishbofin	40	33	27	23
Inis Mór	133	22	113	19
Inis Meáin	47	38	14	11
Inis Oírr	59	31	47	25
Clare and Inishturk	64	41	24	15
Island Total	624	32	355	18
Ireland Total	456,896	15	739,992	25

2.7 Health and Disability-Self Reported Figures⁹

- Less than 2% of the Island population report their health as bad or very bad which is slightly higher than the national rate of 1.5%.
- The total number of persons with a disability is 401 persons (15%) compared to 13% nationally, of whom 47% are aged 65 years and over, see Table 7.

Table 7: Self Reported Health and Disability

Island	Health Bad or Very Bad		Disability Age 65 + yrs		Total Persons with Disability	
	No.	%	No.	%	No.	%
Bere	3	1.4	19	63.3	30	13.9
Oileán Chléire	0	0.0	3	37.5	8	6.5
Sherkin	2	1.8	3	17.6	17	14.9
Árainn Mhór	16	3.1	53	55.2	96	18.7
Toraigh & Inis Meáin	4	2.6	13	43.3	30	19.9
Inishbofin	3	1.9	12	48.0	25	15.6
Inis Mór	11	1.3	46	39.7	116	13.7
Inis Meáin	2	1.3	15	60.0	25	15.9
Inis Oírr	4	1.6	13	50.0	26	10.4
Clare and Inishturk	8	3.6	10	35.7	28	12.7
Island Total	53	1.9	187	46.6	401	14.6
Ireland Total	69,661	1.5	204,069	34.3	595,335	13.0

2.8 General Medical Services (GMS) / Medical Card Eligibility⁹

In 2014, 39% of the population of Ireland were eligible for medical cards.

- Co Donegal – 55% (highest in Ireland)
- Co. Mayo – 49% (2nd highest in Ireland)
- Co. Galway – 40%
- Co. Cork – 38%

On the islands medical card eligibility ranged from 100% on Inis Bigil to 17% on Bere Island.

Table 8: GMS Eligibility

County	Island	Population	Number with GMS Eligibility	% with GMS Eligibility
Donegal	Árainn Mhór	514	389	76%
	Toraigh	151	105	70%
Mayo	Clare	168	51	30%
	Inis Bigil	25	25	100%
Mayo/Galway	Inishbofin & Inishturk	213	119	56%
Galway	Inis Mór	845	476	56%
	Inis Meáin & Inis Oírr	406	253	62%
Cork	Bere	216	36	17%
	Oileán Chléire	124	33	27%
	Sherkin	114	30	26%
Total		2,776	1,571	55%

Data was not available for smaller islands as many of these residents attend GPs on the mainland.

- Mayo – Clynish & Inishlyre
- Cork – Whiddy, Heir, Long, Dursey

2.9 Ethnicity and Language⁹

- In the islands most of the population (90%) is made up of white Irish. This is higher than the national average of 84%.
- The Irish language is spoken by the majority of residents of Inis Oírr (98%) while on other islands such as Clare Island and Inishturk this falls to 23%. Nationally 41% of the Irish population can speak the Irish language, rising to an overall figure of 71% on the islands.

Table 9: Ethnicity and Language

Island	White Irish		Population who can Speak Irish	
	No.	%	No.	%
Bere	175	85	84	40
Oileán Chléire*	92	76	88	74
Sherkin	87	81	50	44
Árainn Mhór*	466	94	435	86
Toraigh & Inis Meáin*	145	97	138	94
Inishbofin	143	90	46	29
Inis Mór*	682	89	646	79
Inis Meáin*	133	88	133	86
Inis Oírr *	242	97	233	98
Clare and Inishturk	192	91	49	23
Island Total	2,357	90	1,902	71
Ireland Total	3,821,995	84	1,774,437	41

*Gaeltacht Islands (Árainn Mhór, Toraigh & Inis Meáin, Inis Mór, Inis Meáin, Inis Oírr, Oileán Chléire)

2.10 Computers and Broadband⁹

- Access to computers (58%) and broadband/internet on the islands (55%) is considerably less than on the mainland as can be seen in Table 10.

Table 10: Access to Computers and Broadband

Island	Households with Computer	%	Households with Broadband/ other Internet Connection	%	Total Households
Bere Island	60	66	59	65	91
Oileán Chléire	38	78	38	78	49
Sherkin	35	76	32	70	46
Árainn Mhór	115	54	107	50	212
Toraigh & Inis Meáin	27	47	25	44	57
Inishbofin	43	58	39	53	74
Inis Mór	181	56	176	55	321
Inis Meáin	32	45	27	38	71
Inis Oírr	60	58	62	60	104
Clare and Inishturk	45	56	45	56	80
Island Total	636	58	610	55	1,105
Ireland Total	1,199,298	73	1,184,915	72	1,649,408

For more comprehensive census information on particular islands see Appendix 2.

2.11 Island Primary Care Services

Local community health offices were asked to provide information on primary care services provided to the island communities in their area. This was verified with information collected from the healthcare providers to the islands. While many services indicated that they would provide a service to an island if required, some local feedback indicated that both island communities and healthcare providers on the island were not aware of this option.

The following section looks in more detail at the individual profiles of each island. In relation to visiting services, this information was sourced from service managers who indicated that their service would be available on the basis of assessed need. However in some cases these services had not visited the island for some time. There is an information gap around service availability which needs to be addressed so people living on the islands can access clear and concise information on services available to them.



Health Services Highlights

- Toraigh has a resident nurse who is available 24/7 and a GP that visits the island fortnightly.
- Toraigh is one of the two islands in this review with a first responder scheme. There are 2 defibrillators located on the island.
- Home-help services are provided on the island.
- Services which would visit if required include occupational therapy, speech and language therapy, dietician services, podiatry services and school health services.

Demographic Highlights - (National figures in brackets)^P

- 94% of the island speaks Irish (41%).
- The dependency ratio of 31.3% is also considerably lower than the National average (49.3%).
- A third, 33% are unemployed, the highest unemployment rate of all the islands (12%).
- 19.9% of the population self-reported that they have a disability (13%).
- 44% households have access to the internet (72%).



Health Services Highlights

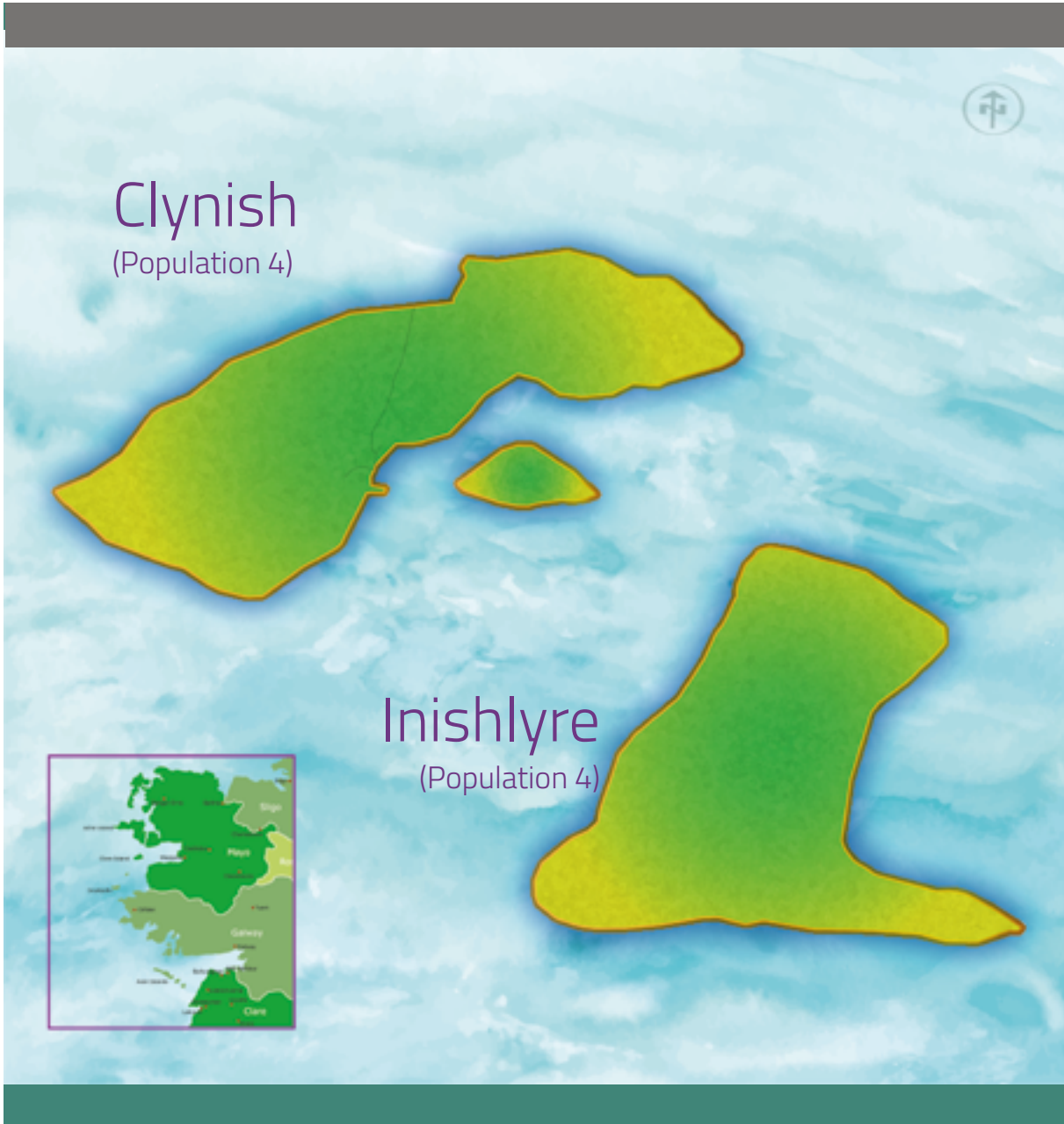
- Árainn Mór has a resident GP and visiting nurse 5 days per week and planned essential calls at the weekends.
- Home-help services are provided on the island.
- There are 7 defibrillators located on the island; volunteers are trained but no first responder scheme.
- Services which would visit if required include occupational therapy, speech and language therapy, dietician services, dental services and school health services.

Demographic Highlights - (National figures in brackets)^P

- 86% of the island speak Irish (41%).
- Árainn Mór is the most deprived island -20.4* (0.2).
- The island has a very high dependency ratio 90.4% (49.3%).
- There is a higher percentage of lone parent families 12.3% (10.9%).
- There is a high percentage of people living alone 36.3% (23.7%).
- 18.7% of the population self-reported that they have a disability (13%).
- 17% are unemployed (12%)
- 50% households have access to the internet (72%).

^PIn simple terms, the Pobal HP Deprivation Index is a method of measuring the relative affluence or disadvantage of a particular geographical area using data compiled from various censuses. A scoring is given to the area ranging from approximately -35 (being the most disadvantaged) to +35 (being the most affluent)







Health Services Highlights

- Clare Island has a resident nurse that provides a 24/7 hours service and a GP that visits the island once a week.
- Home help services are provided.
- Although there is no formal first responder scheme on the island, volunteers have been trained, there is an active Order of Malta unit on the island and there are 2 defibrillators located on the island.
- Services that would visit if required include podiatry services and school health services.

Demographic Highlights - (National figures in brackets)^P

- 23% of the islands speak Irish (41%).
- The dependency ratio 62.5% is considerably higher than the National average (49.3%).
- 14.8% are unemployed (12%).
- 12.7% of the population self-reported that they have a disability (13%).
- 56% households have access to the internet (72%).



Health Services Highlights

- Inishturk has a resident nurse that provides a 24/7 hours service and a GP that visits the island every four weeks.
- Although there is no formal first responder scheme on the island, volunteers have been trained and there are 2 defibrillators located on the island.
- A podiatry service is provided on the island.

Demographic Highlights* - (National figures in brackets)⁹

- 23% of the islands speak Irish (42%).
- The dependency ratio 62.5% is considerably higher than the National average (49.3%).
- 14.8% are unemployed (12%).
- 12.7% of the population self-reported that they have a disability (13%).
- 56% households have access to the internet (72%).

* Includes Clare Island



Health Services Highlights

- Inishbofin has a GP service 3 sessions per month and resident public health nurse providing services 24/7.
- There are 2 defibrillators located on the island and an active Order of Malta unit but no formal first responder scheme.
- Services that would visit if required include physiotherapy, occupational therapy and podiatry services.
- No home support service.

Demographic Highlights - (National figures in brackets)^P

- 29% of the island speaks Irish (41%).
- The islands dependency ratio of 58.4% is considerably higher than the National average (49.3%).
- There is a high percentage (55.1%) of people living alone (23.7%).
- 21.6% are unemployed (12%).
- 15.6% of the population self-reported that they have a disability (13%).
- 53% households have access to the internet (72%).



Health Services Highlights

- Inis Mór has a resident GP and a nurse five days a week with planned essential calls over the weekend.
- There are 9 defibrillators located on the island. Volunteers have been trained but no formal first responder scheme.
- Inis Mór has a Community Nursing Unit (Arás Rónáin) comprising 12 beds, 10 of which are long stay and 2 short stay/convalescent/palliative beds.
- Plans are underway to consolidate all the island health services on one site at Arás Rónáin
- Home-help services are provided on the island.

- Services that would visit if required include physiotherapy, occupational therapy, speech and language therapy, psychology, podiatry services and school health services.

Demographic Highlights - (National figures in brackets)^P

- 79% of the island speaks Irish (41%).
- The dependency ratio of 45.4% is lower than the national average (49.3%).
- 14% are unemployed (12%)
- 13.7% of the population self-reported that they have a disability (13.0%).
- 55% households have access to the internet (72%).



Health Services Highlights

- Inis Meáin has a resident nurse that provides a 24/7 hours service and a GP that visits the island three times a week for a two hour session.
- Although there is no formal first responder scheme, there is an Order of Malta group and there is one defibrillator located on the island.
- Home-help services are provided on the island.
- Services that would visit if required include physiotherapy services, occupational therapy, speech and language therapy, podiatry services and school health services.

Demographic Highlights - (National figures in brackets)^P

- 86% of the island speaks Irish (41%).
- The proportion of those aged 65 years or older 25.0% is double the National average (12.0%).
- The dependency ratio 58.6% is also considerably higher than the National average (49.3%).
- 17% are unemployed (12%).
- 15.9% of the population self-reported that they have a disability (13%).
- 38% households have access to the internet (72%).



Health Services Highlights

- Inis Oírr has a resident GP and practice nurse and a public health nurse that visits 3 days per week.
- There are 3 defibrillators located on the island and while there is no formal first responder scheme, volunteers have been trained.
- Services that would visit if required include physiotherapy, occupational therapy, speech and language therapy, psychology, podiatry and school health services.

Demographic Highlights - (National figures in brackets)^P

- 98% of the island speaks Irish (41%).
- There is a high percentage of lone parent families 14% (10.9%) and people living alone 32% (23.7%).
- 12.0% are unemployed (12%).
- 10.4% of the population self-reported that they have a disability (13%).
- 60% households have access to the internet (72%).



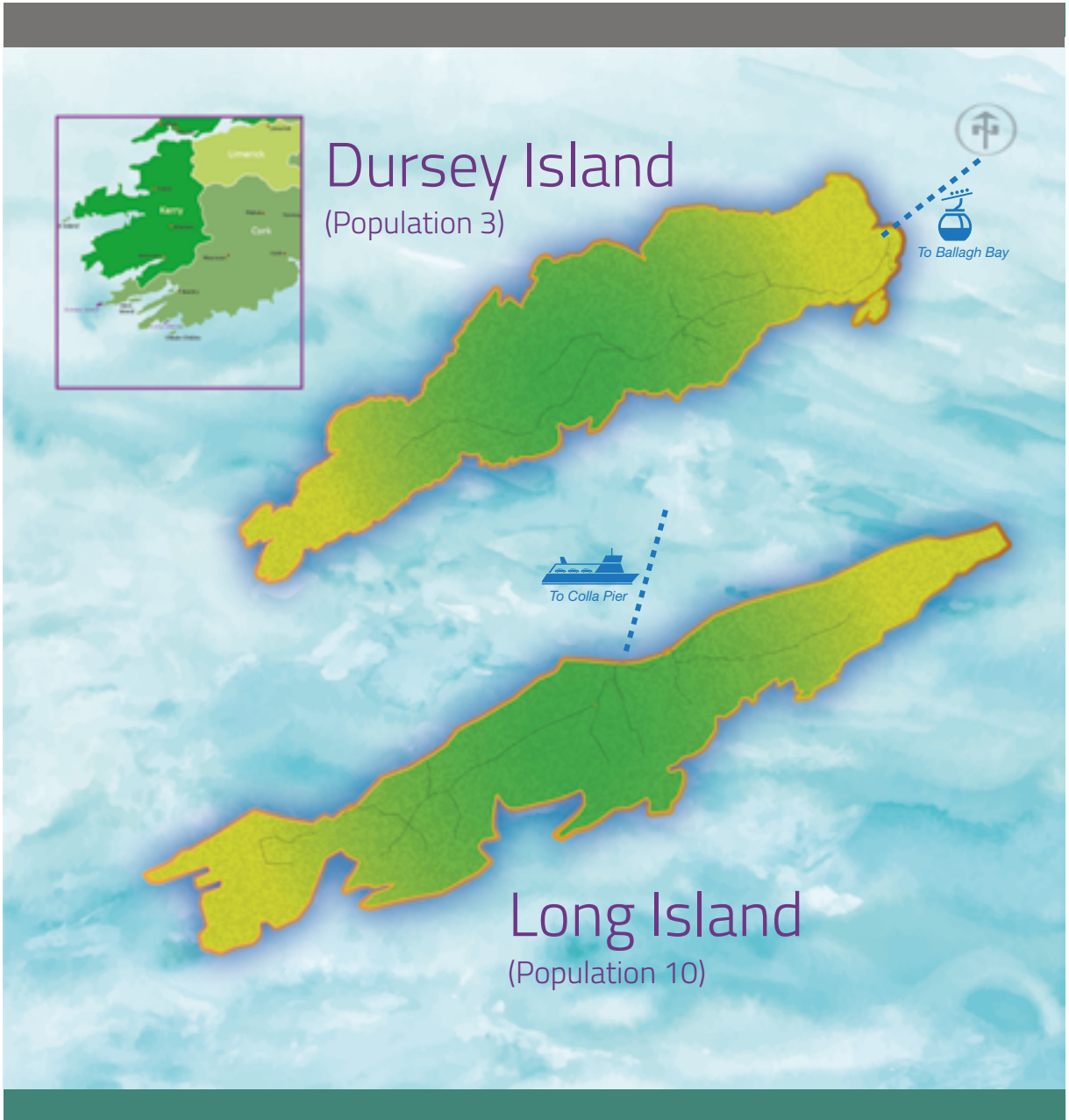


Health Services Highlights

- Bere island has a nurse five days a week and planned essential calls over the weekend and a GP service every 4 weeks
- Although there is no formal first responder scheme, volunteers have been trained and there are 3 defibrillators located on the island.
- Home-help services are provided on the island
- Services that visit if required include occupational therapy, speech and language therapy and school health services.

Demographic Highlights - (National figures in brackets)^P

- 40% of the islanders speak Irish (41%).
- The island dependency ratio of 78.5% is considerably higher than the National average (49.3%).
- There is a high percentage (34.8%) of people living alone (23.7%).
- There is a low unemployment rate of 6.9% (12%).
- 13.9% of the population self-reported that they have a disability (13%).
- 65% households have access to the internet (72%).



Heir (Hare) Island
(Population 29)

Key Services

- Defibrillator (1)
- Shop

To Cunnamore

The image features a map of Heir (Hare) Island, which is colored in shades of green and yellow. An inset map in the top left shows the island's location within Ireland, with counties Limerick, Kerry, and Cork labeled. A key services box in the bottom left lists 'Defibrillator (1)' and 'Shop'. A ferry route icon in the top right shows a boat and a dashed line leading to 'Cunnamore', with a north arrow above it.



Health Services Highlights

- There is a formal first responder scheme on the island and there are 2 defibrillators located on the island.
- Services that would visit if required include public health nurse, home help and occupational therapy.

Demographic Highlights - (National figures in brackets)^P

- 44% of the island speaks Irish (41%).
- The islands dependency ratio of 32.6% is considerably lower than the National average (49.3%).
- There is a high percentage of people living alone 55.3% (23.7%).
- 7.8% are unemployed, one of the lowest unemployment rates on the islands (12%).
- 14.9% of the population self-reported that they have a disability (13%).
- 70% households have access to the internet (72%).



Health Services Highlights

- Oileán Chléire has a resident nurse that provides a 24/7 hours service and a GP that visits the island every 6 weeks.
- Although there is no formal first responder scheme, volunteers have been trained and there are 2 defibrillators located on the island.
- Home-help services are provided on the island.
- Services that would visit if required include occupational therapy, speech and language therapy, podiatry services and school health services.

Demographic Highlights - (National figures in brackets)^P

- 74% of the island speaks Irish (41%).
- The dependency ratio 55.0% is also considerably higher than the National average (49.3%).
- 6.2% are unemployed, one of the lowest employment rates of all the islands (12%).
- 6.5% of the population self-reported that they have a disability (13%).
- 78% households have access to the internet (72%).

Current Primary Care Service Summary

Table 11 shows a summary of the current primary care services to the islands with the exception of the core PCT services of occupational therapy, physiotherapy and home support, the details of which are described below. It can be seen that these services vary considerably from island to island. In the table services are categorised as either mainland or visiting, which indicates the usual mode of delivery, but managers of services indicated that they would endeavour to provide the service on the island where a need for this was identified. With regard to podiatry it will be noted that some island services are described as privately provided; this may involve some subsidisation on the part of the HSE or people may pay the full amount which does vary from island to island. A HSE (free for eligible patients) podiatry service is available on the mainland and on some islands.

Occupational Therapy

In general the occupational therapy service (OT) aims to provide an island based service to people with assessed need, with those assessed as high priority seen within two weeks. On some islands the OT has regular scheduled visits (Inis Mór, Inis Meáin and Inis Oírr). On some islands however it had been some time since an OT has visited. People attend the service on the mainland as well and the OT service tries to accommodate people who may be attending other services on the mainland at the same time. Issues for the provision of this service on islands include the transport, maintenance and storage of equipment and the lack of space for assessments and group work. Staff may have to walk or rely on the nurse for transport to people's homes when they visit islands.

Physiotherapy

This service is generally provided on the mainland with only the Aran Islands and Inishbofin having any regular scheduled visiting service. This can be problematic for people who may not be able to leave the island due to problems with mobility or accessing transport. However the service would aim to provide an island based/ domiciliary service if assessed as necessary.

Home Support Service

There are two main challenges in the provision of this service on many islands, namely the distance offshore of some islands which make it difficult to provide the service from the mainland and the fact that by their nature island communities are small and may not have the capacity within their community to provide the service. Some islands may have home support workers living there but these individuals may not be able to provide the service to new clients and/or there may be problems with the available funding for the service. On some islands there are currently no home support workers and thus the service is not available.

Adult Mental Health Services

There are regular scheduled outpatient clinics on Inis Mór, Inis Meáin and Inis Oírr led by a Psychiatrist and a Clinical Nurse Specialist. On other islands people would access this service (outpatient clinic and ongoing support from the multidisciplinary team) on the mainland although the mental health multidisciplinary team is available to patients and health care professionals for support outside clinic times e.g. telephone support. The mental health team/community mental health nurse would visit people on the islands if they are assessed as having a prioritised clinical need.

Child and Adolescent Mental Health Service (CAMHS)

This service is usually provided on the mainland, although if assessed as necessary it could be provided on the island.

Table 11: Island Primary Care Services

Island	Donegal		Cork	
	Árainn Mhór	Toraigh	Bere	Oileán Chléire
Population	514	144	216	124
Distance from Mainland (km)	5 (Ailt an Chorráin)	14.5 (Machaire Rabhartaigh)	3 (Castletownbere)	13 (Baltimore)
Health Centre	Yes	Yes	Yes	Yes
GP	Resident	Fortnightly	Monthly	Every 6 weeks
Nurse	Daily ^c	24/7	Daily ^c	24/7
Accommodation for Nurse	N/A	Yes	N/A	Yes
Ambulance	Yes	No	No	No
First Responder Scheme	No ^e	Yes	No ^e	No ^e
Defibrillators (number)	7	2	3	2
Speech & Language Therapy Services	Visiting	Visiting	Visiting	Visiting
Dietician Services	Visiting	Visiting	Mainland	Mainland
Psychology Services	Mainland	Mainland	Mainland	Mainland
Podiatry Services	Visiting (private)	Visiting (private)	Mainland	Visiting (HSE)
Dental Services	Island (annual)	Mainland (annual)	Mainland	Mainland
Audiology Services	Mainland	Mainland	Mainland	Mainland
School Health Services	Visiting	Visiting	Visiting	Visiting
Ophthalmology Services	Visiting (annual)	Mainland	Mainland	Mainland

^aGP uses Community Centre^bAlso Practice Nurses^cPlanned essential calls at weekends^dOrder of Malta^eTrained volunteers but no formal scheme

Cork				
Whiddy	Heir	Long	Dursey	Sherkin
20	29	10	3	114
3.4 (Bantry)	1 (Cunnamore Pier)	3 (Colla)	2 (Ballyaghboy)	4.1 (Baltimore)
No	No	No	No	No
Mainland	Mainland	Mainland	Mainland	Mainland
Visits from ^c Mainland	Visits from ^c Mainland	Visits from ^c Mainland	Visits from ^c Mainland	Visits from ^c Mainland
N/A	N/A	N/A	N/A	N/A
No	No	No	No	No
No ^e	No ^e	No	No	Yes
1	1	None	None	2
Visiting	Visiting	Mainland	Mainland	Visiting
Mainland	Mainland	Mainland	Mainland	Mainland
Mainland	Mainland	Mainland	Mainland	Mainland
Mainland	Mainland	Mainland	Mainland	Mainland
Mainland	Mainland	Mainland	Mainland	Mainland
Mainland	Mainland	Mainland	Mainland	Mainland
Mainland	Mainland	N/A	N/A	Mainland
Mainland	Mainland	Mainland	Mainland	Mainland

^aGP uses Community Centre^bAlso Practice Nurses^cPlanned essential calls at weekends^dOrder of Malta^eTrained volunteers but no formal scheme

Table 11: Island Primary Care Services

Island	Mayo			
	Clare	Inishturk	Inis Bigil	Inishlyre
Population	168	53	25	3
Distance from Mainland (km)	5 (Roonagh)	14.5 (Roonagh)	1.6 (Dorans'Point)	2 (Resident own transport)
Health Centre	Yes	Yes	Noa	No
GP	Once per week	Monthly	Every 3 weeks	Mainland
Nurse	24/7	24/7	Visits from ^c Mainland	Visits from ^c Mainland
Accommodation for Nurse	Yes	Yes	N/A	N/A
Ambulance	Yes ^d	No	No	No
First Responder Scheme	No ^d	No ^e	No	No
Defibrillators (number)	2	2	None	None
Speech & Language Therapy Services	Mainland	Mainland	Mainland	Mainland
Dietician Services	Mainland	Mainland	Mainland	Mainland
Psychology Services	Mainland	Mainland	Mainland	Mainland
Podiatry Services	Visiting (HSE)	Visiting (HSE)	Mainland	Mainland
Dental Services	Mainland (annual)	Mainland (annual)	Mainland	Mainland
Audiology Services	Mainland	Mainland	Mainland	Mainland
School Health Services	Visiting	Mainland	N/A	N/A
Ophthalmology Services	Mainland	Mainland	Mainland	Mainland

^aGP uses Community Centre^bAlso Practice Nurses^cPlanned essential calls at weekends^dOrder of Malta^eTrained volunteers but no formal scheme

Mayo		Galway		
Clynish	Inis Mór	Inis Meáin	Inis Oírr	Inishbofin
4	845	157	249	160
2.4 (Resident own transport)	19.5 (Ros Á Mhíl)	20.8 (Ros Á Mhíl)	23.5 (Ros á Mhíl)	11 (Cleggan)
No	Yes	Yes	Yes	Yes
Mainland	Resident ^b	3 times per week x2 hrs	Resident ^b	3 Weds per month
Visits from ^c Mainland	Daily ^c	24/7	3 days per week ^c	24/7
N/A	Yes	Yes	Yes	Yes
No	Yes	No	No	Yes ^d
No	Noe	Nod	Noe	Nod
None	9	1	3	2
Mainland	Visiting	Visiting	Visiting	Mainland
Mainland	Mainland	Mainland	Mainland	Mainland
Mainland	Mainland	Mainland	Mainland	Mainland
Mainland	Visiting (private)	Visiting (private)	Visiting (private)	Visiting (private)
Mainland	Mainland	Mainland	Mainland	Mainland
Mainland	Mainland	Mainland	Mainland	Mainland
N/A	Visiting	Visiting	Visiting	Mainland
Mainland	Mainland	Mainland	Mainland	Mainland

^aGP uses Community Centre ^bAlso Practice Nurses

^cPlanned essential calls at weekends

^dOrder of Malta

^eTrained volunteers but no formal scheme



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Chapter 3

Policy Context

Chapter 3

3.0 Policy Context

There are a number of different strategies that govern the provision of healthcare services to Ireland at a national level. The key strategies relating to the provision of healthcare are briefly described below.

Primary Care: A New Direction was published in 2001 and it remains the current primary care strategy for Ireland¹⁰. This strategy places primary care at the heart of the Irish health and social care system. The strengths of Irish General Practice, which include prevention of ill-health, rehabilitation, continuity of care and ease of access, are recognised and drawn upon. The strategy emphasises the importance of collaboration and communication between healthcare professionals in the community and the hospitals. In an effort to improve communication and collaboration, primary care teams were established following the publication of this strategic report. A Primary Care Team consists of General Practitioners, Nurses/Midwives, Physiotherapists, Occupational Therapists, Community Pharmacists, Social Workers and Speech and Language Therapists. Dentists, Dieticians, Podiatrists, Community Pharmacists and Psychologists are part of health and social care networks. The primary care strategy highlights the cost-effectiveness of a strong primary care service and the importance of a team-based approach to health care with an emphasis on preventing disease and promoting population health.

Future Health: A Strategic Framework for Reform of the Health Service 2012-2015 sets out a plan to fundamentally reform Ireland's health services. The goal was to introduce a single-tier health service, supported by Universal Health Insurance in accordance with the principles of social solidarity.

The Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group provides a framework for new governance and organisational structures in order to improve service delivery and ensure the public receive “the right service, at the right time, in the right place, by the right team”¹¹.

A Vision for Change published in 2006, describes a model for Irish Mental Healthcare that is largely community-based, easily accessible, multi-disciplinary and holistic in its approach¹¹. Healthcare professionals work together in Community Mental Health Teams (CMHT) and provide services to defined areas of the population with the aim of providing care as close to home as possible. The population served by each CMHT is usually decided based on geography.

Healthy Ireland - A Framework for improved Health and Wellbeing: 2013-2025 is Ireland's current Health Strategy which aims to empower all sectors of society to improve health and wellbeing¹². This strategy emphasises a partnership approach between government and communities, where everyone can play their part in health improvement in order to reduce inequalities in society; to increase the proportion of people who are healthy at all stages of life; to create an environment that promotes health and protects the public from threats to their health and wellbeing.

Realising our Rural Potential, the Action Plan for Rural Development, which was published in January 2017, outlined the government vision for the sustainability and development of rural populations in Ireland¹³. Key recommendations include improving rural transport provision, enhancing rural GP services, and combatting rural isolation by improving connectivity.

The National Positive Ageing Strategy provides direction for all future age-related policy in Ireland¹⁴. This strategy aims to promote the health and wellbeing of Irish people as they age. In tandem with the Irish National Dementia Strategy, it advocates for health and social care services to be provided as close to home as possible¹⁵.

The eHealth Strategy for Ireland aims to improve population health and wellbeing, improve efficiency within the health service, and to contribute to the Irish economy through the use of technology¹⁶. Electronic health (eHealth) involves the integration of all healthcare related data, including patient healthcare records, devices and sensors which can monitor health, and administrative data, with the aim of facilitating information-sharing across the healthcare sector and ultimately providing a more patient-centred service.

Creating a Better Future Together: The National Maternity Strategy 2016-2026 provides the overarching framework for the provision of a woman-centred, nationally consistent, safe and high quality maternity service that emphasises health and wellbeing for mother and baby at all stages of the antenatal and postnatal period¹⁷. This strategy aims to promote multi-disciplinary care with GPs, public health nurses and community midwives working together to provide services as close to home as possible, whilst being supported by a hospital-based service for managing more complex pregnancy-related issues.

Two further documents have been published by the Irish College of General Practitioners and while not policy documents nevertheless are worthwhile mentioning. These are the “ICGP Vision for the future of Irish Rural General Practice” and also “Bridging the Gap”^{7,8}.

Island Development Policy

The Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs (DAHRRGA) has as a key goal to support the Irish language, to strengthen its use as the principal community language of the Gaeltacht, and to assist the sustainable development of island communities.

DAHRRGA funds and works closely with Údarás na Gaeltachta (ÚnG), being the regional development agency for the Gaeltacht. ÚnG was established in 1980 and is responsible for the economic, social and cultural development of the Gaeltacht. The overall objective of ÚnG is to ensure that Irish remains the main communal language of the Gaeltacht and is passed on to future generations. The authority endeavours to achieve that objective by funding and fostering a wide range of enterprise development and job creation initiatives, and by supporting strategic language, cultural and community based activities. In 2016 DAHRRGA funding to ÚnG amounted to €18.510m. The Gaeltacht Islands* benefit in part from the ÚnG program of investment in business, employment, social and cultural initiatives.

ÚnG also acts as the implementation body for implementing the Governments 20-Year Strategy for the Irish Language 2010-2030 in the Gaeltacht, including the Gaeltacht islands. The strategy promotes a holistic, integrated approach to the Irish language which is consistent with international best practice. Apart from the role of ÚnG within the Gaeltacht, DAHRRGA has overarching responsibility for implementation of the 20-Year Strategy for the Irish Language 2010-2030, which would also cover the non-Gaeltacht islands.

Under the terms of the Anglo-Irish Agreement 1999 DAHRRGA provides co-funding for two cross-border agencies: Foras na Gaeilge (FnG) and The Ulster-Scots Agency, created to support community organisations and cultural events promoting Irish and Ulster Scots respectively. In order to achieve these objectives DAHRRGA provides 75% of the funding of FnG in its work of supporting the Irish language on an all-island basis.

DAHRRGA also agrees Irish language schemes with Public bodies, Government Departments, semi-state bodies and other organisations, including the HSE, covered by the terms of the Official Languages Act 2003. The impact of these schemes is aimed at strengthening the language services that the state provides to citizens. Island communities including Gaeltacht and non-Gaeltacht islands gain language rights from these schemes in dealing with state bodies. Additionally, and to underpin the commitments agreed in the language schemes, the DAHRRGA funds and works closely with the Office of the Language Commissioner.

DAHRRGA has a capital budget for the islands as well as the Gaeltacht. This allows it to support infrastructure projects such as road repairs and harbour developments on both Gaeltacht and non-Gaeltacht islands. The DAHRRGA provides most of the funding for the selected infrastructure projects, with the construction works undertaken by the relevant County Councils. In 2015 the DAHRRGA capital budget for islands amounted to €644,000; however in 2017 the Department allocation was increased to €2.643m to enable funding for a major harbour improvement project on Inis Oírr, County Galway.

The Department current budget, which amounted to €5.9m in 2015, is largely used to support transport services for the offshore islands. This involves supporting passenger and cargo ferry services to the inhabited offshore islands, as well as funding an all-year round air service for the Aran Islands, County Galway and a limited helicopter service for Toraigh, County Donegal. Departmental support for ferry and air transport services has expanded substantially over the last 15 years from a handful of ferries to 25 ferries and air services in 2016.

Additionally DAHRRGA provides funding support to development bodies on the non-Gaeltacht islands (see Non-Gaeltacht islands scheme below) through Comhar na nOileán (see Island Organisations below). A small number of miscellaneous island projects are also funded out of the DAHRRGA current budget for example the Department provides joint funding with Cork County Council towards the running of a BA Course in the Visual Arts on Sherkin Island.

Island Organisations

Comhar na nOileán is the Integrated Local Development Company with responsibility for the offshore islands of Ireland and the Galway Gaeltacht. It employs community workers and has a representative on Comhdháil Oileán na hÉireann. Comhar also has 10 members, including island representatives and agencies such as HSE, local authorities and elected members. It is responsible for implementing policy and oversees funding, e.g. Leader funding.

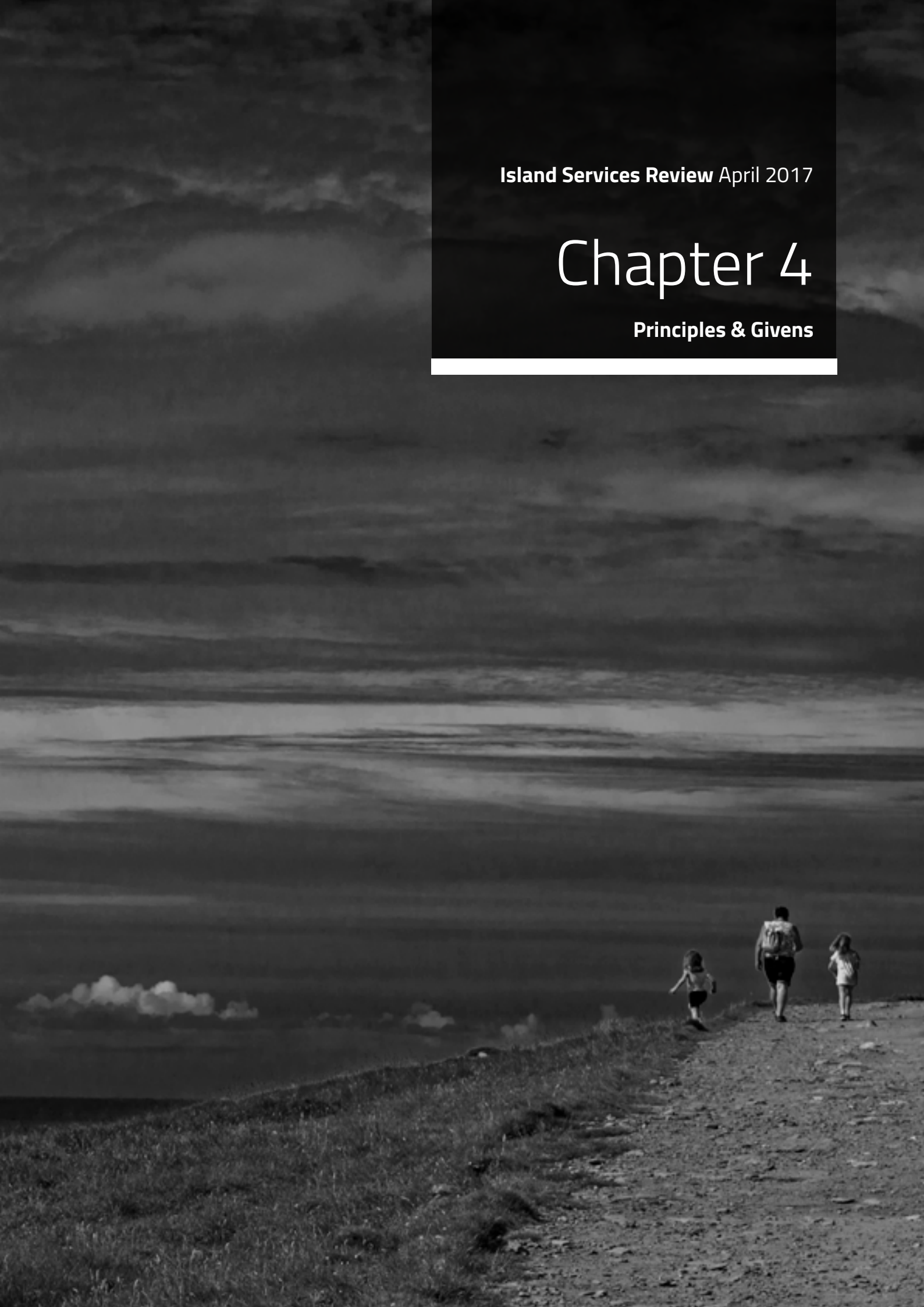
Comhdháil Oileán na hÉireann is the Irish Island Federation and is linked to the European Small Islands Federation. It has 10 members and is an island representative body which lobbies for island communities.

There are very active community development organisations on all the islands, with the exception of Clynish and Inishlyre, which do not have island specific organisation but are both affiliated to Comhdháil Oileán na hÉireann and are members of the Mayo Islands Committee. There are a number of funded schemes which are managed on islands by these organisations. The Community Employment (CE) programme is designed to help people who are long-term unemployed to get back to work by offering part-time and temporary placements in jobs based within local communities. The Rural Social Scheme (RSS) is aimed at low-income farmers and fishermen/women who must also be in receipt of a social welfare payment. In return, people participating in the RSS provide services that benefit rural communities. The Community Services programme supports community businesses to provide local services and create employment opportunities for people. It provides funding support to community companies and co-operatives. It focuses on communities where public and private sector services are lacking, either through geographical or social isolation or because demand levels are not sufficient. An Island based organisation is the employer for this scheme.

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Chapter 4

Principles & Givens



Chapter 4

4.0 Principles

The World Health Organisation Alma Ata Declaration in 1978 placed primary care at the centre of all health services⁵.

In producing the recommendations for this report for the development of sustainable healthcare for the Irish islands, the WHO principles of primary care, as outlined in the introduction, provided the overarching blueprint for the recommendations. However, further principles were considered in the development of this report in acknowledgement of the unique nature and inherent challenges associated with providing healthcare to the Irish island populations.

The principles adopted in this report were:

- We recognise that one size does not fit all; islands face specific complex health and social care challenges which may require complex solutions.
- We may need to be flexible and develop a range of different models of delivery within which to work.
- We need to be clear about the “absolute givens”, which are the assumptions upon which this report is based (see below).
- We will collaborate with people through active engagement and participation and consider all points of view.

Against a backdrop of limited resources within the health services, we recognise that we have a duty to make the most efficient use of resources. Within this context, where there is agreement about the way forward we should adopt it, but we are aware that difficult decisions may have to be made in the event that an agreement cannot be reached.

4.1 Givens

The report was based on the following assumptions:

- Patients should receive the same standards of care for common conditions regardless of where they live, however not every service can be delivered on islands or in remote rural areas.
- We are working within a budget so there is a real challenge about how we do things differently within current resources.
- We will strive to preserve what works well within the current model of care provided to the islands, and we will address the elements that don't work.
- While there are many positive elements within the current model of care provided to island populations, we recognise that it does not entirely meet the needs of the population. Furthermore, as the island populations are ageing, it is anticipated that the current model of care will not meet the needs of future generations. It is apparent that we need to plan for change now in order to adequately meet the future needs of the island populations.

Non Gaeltacht Islands Scheme

The Non Gaeltacht Islands Scheme provides core funding to nine islands, (Bere, Sherkin, Whiddy, Dursey, Heir, Long, Inishbofin, Clare Island & Inishturk) to represent these island populations and to provide a range of services to their communities. The funding allows the island development companies to manage an office and to employ staff. They provide a range of important local services, they coordinate or facilitate community development activities and projects and they provide advisory services as well as directing community projects and schemes on the islands. In West Cork there is already an existing interagency group, the West Cork Islands Interagency Group, which brings a number of relevant statutory organisations together on a regular basis. The Mayo Islands Committee advocates for the island communities with statutory organisations such as the County Council and manages available project funding. In Donegal a sub-committee of the County Council is responsible for island development.

Local plans are available at county level¹⁸⁻²¹ and in some cases at island level, and needs assessments²²⁻²⁴ have been carried out on some areas.

*** Gaeltacht Islands**

County Donegal

Árainn Mhór

Toraigh

Inis Meáin,

Gabhla

Inis Fraoigh

County Mayo

Inis Bigil

County Galway

Inis Mór

Inis Meáin

Inis Oírr

Inis Bearachain

Inis Treabhair

Inis Gainimh

County Cork

Cléire



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Chapter 5

Vision for Primary Care

Chapter 5

5.0 Vision

The vision for Primary Care in Ireland was clearly outlined in the Primary Care Strategy of 2001¹⁰. In this report it recommended that primary care become the central focus of the health system.

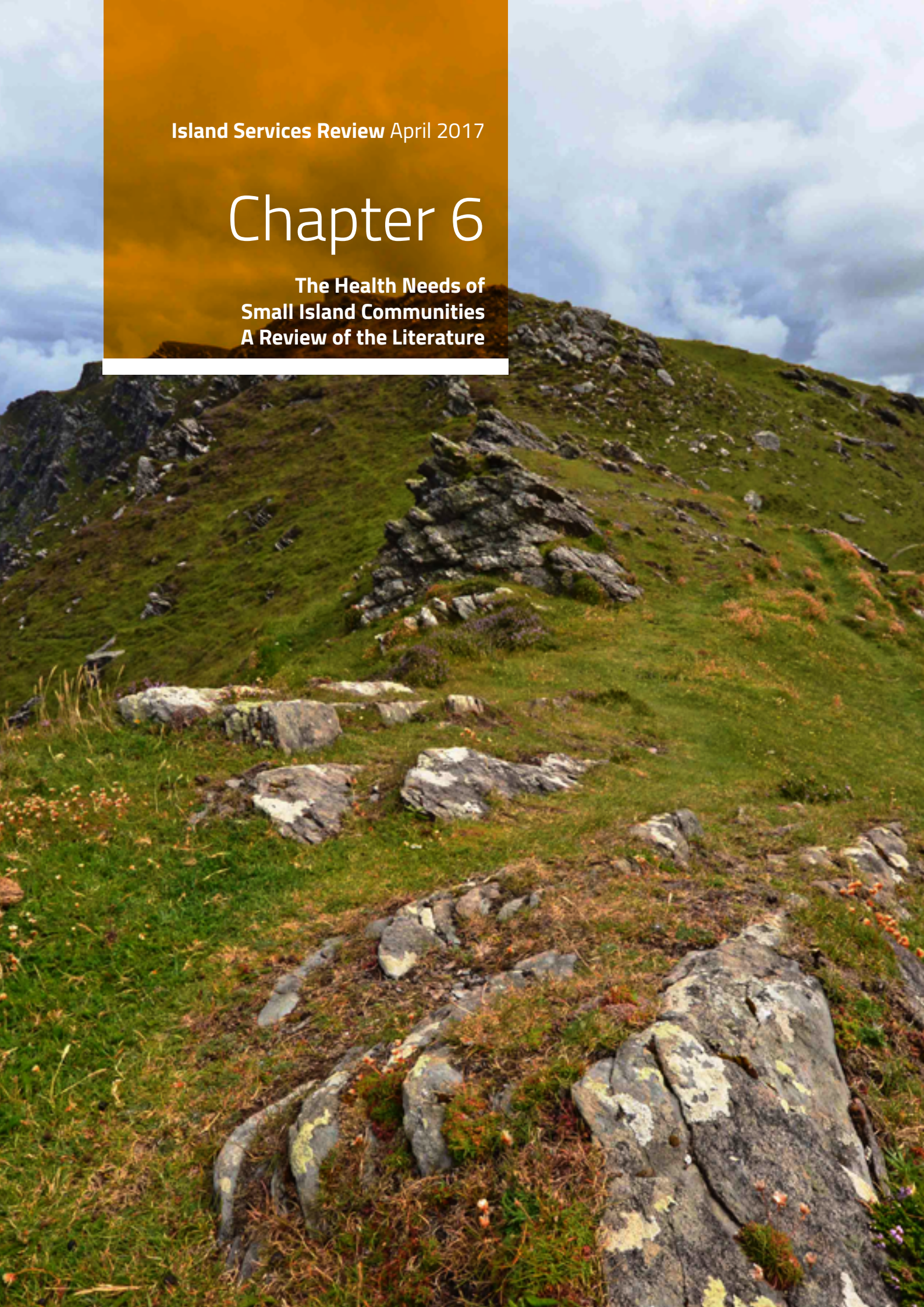
Our vision for the islands is:

- To deliver appropriate and good quality primary care services as close to home as possible, and strive to minimise the travel that people do to access healthcare.
- To acknowledge the challenges of providing healthcare to small island populations within budgetary limitations, as well as the difficulties in recruiting and retaining staff and building resilience in our services.
- To work closely with island communities in a partnership approach and building on current links.
- To work in ways that are positive and supportive, building on our assets, valuing the people we work with, and working together to solve these problems.
- To support people to be in control of their own health, preventing ill health and making best use of services.
- To promote the use of technologies to improve professional and public access to diagnostic tests, information and advice, enabling remote consultations for patients and helping to counter some of the isolation of island living that can affect access to services.

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Chapter 6

**The Health Needs of
Small Island Communities
A Review of the Literature**



Chapter 6

6.0 The Health Needs of Small Island Communities A Review of the Literature

6.1 Introduction

This chapter presents a review of the literature on the health needs of small island communities as a prelude to consideration of options for the delivery of a high quality and fair health system to small island communities off the coast of Ireland.

6.2 Defining Small Island Communities

In the context of this report, we consider small islands as “islands which lie offshore a much larger island state or continental mainland [and] demonstrate a condition of economic and political dependency².” By definition, these places are small in area and population, are rural and peripheral, highly dependent on agriculture, fishing and tourism, and lacking in essential services². Many such islands have suffered from emigration, particularly of young people, over long periods of time, resulting in islands having an older population profile than that seen on the mainlands^{3,4}.

Of course, many of the population, economic and social characteristics which serve to define small island communities may be equally applicable to their rural hinterlands on the mainland. Accordingly, in the review of the literature which follows, considerable attention has been paid to relevant literature on remote and isolated rural mainland locations as well as literature specifically dealing with small islands. This approach does not in any way detract from the unique nature of small islands whose very insularity and challenges of accessibility place them in a special category when it comes to the delivery of health services²⁵.

6.3 Healthcare and Small Island Communities

Island populations face specific healthcare challenges. Their defining population characteristics, economic challenges, as well as geographical isolation, create unique demands for the delivery of a quality and fair health service. These demands are compounded by supply difficulties in attracting and retaining healthcare professionals, and providing healthcare services in the face of poor communication services and other public service deficiencies²⁶⁻²⁹.

6.4 Review of Literature

The aim of this chapter is to review the literature pertaining to health needs of small island communities and to look at innovative ways of providing health services to such communities. As there is limited information in the literature relating to this topic, the search was extended to include healthcare and models of care provided in rural or remote regions.

6.5 Methodology

A review of the international academic literature and policy documents was carried out in order to establish the extent and breadth of the current research evidence pertaining to the issues affecting service demand and service delivery in, small islands and remote rural areas. The search strategy was designed to identify the challenges inherent in providing services to such populations as well as any examples of evidence-based good practice in service planning, service delivery and community involvement.

6.6 Results

The outstanding conclusion to emerge from the search, consistent with the finding of Gould and Moon, is that very little has been published on healthcare policy or the challenges of delivering healthcare to small island communities³⁰. Gould and Moon state that most of the relevant studies deal with healthcare issues on larger-scale islands, while the specific challenges of smaller islands offshore from the mainland with well-developed healthcare systems have been overlooked⁴⁴.

These authors note that a dominant theme of the small amount of relevant literature on health issues of small island communities concerns the 'penalty' in service provision for such communities⁴⁴. This occurs through multiple effects: having to provide a certain standard of service to meet legal and professional requirements, although population numbers on an island may be low; the need to cater for fluctuating populations of temporary residents during the summer time; high proportions of elderly patients whose care can be more complex; costs of transporting goods to islands; and the need to pay incentives to recruit and retain doctors and other healthcare professionals to positions within island communities^{44,45}.

Another theme to emerge is that healthcare professionals on small islands must provide a much broader range of services to their patients and such professionals are often required to fulfil multidimensional roles⁴⁶. For example, a study from Scotland notes that healthcare professionals working within communities in remote rural areas and islands deal with patients who present with diverse health and social problems⁴⁶. In other areas on the mainland, these issues might be dealt with by a range of services and professionals.

A district nurse, in a study of Argyll, Scotland, provided a flavour of her multi-faceted work⁴⁶: "There is a complete lack of services around here. I end up doing everything. I have to drop off medicine to people because there's no pharmacy. I have to arrange carers. We just have to cobble everything together."

The issue of clinical governance thus becomes a challenge in delivering healthcare to remote islands. The literature defines clinical governance as “the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers³³⁻³⁴.”

The key roles of the GP and PHN/RGN/PN are central to the development of healthcare services and the enhancement of the nurse practitioner role merits further discussion. The literature highlights the key role that nursing can play in remote areas and the possibilities for enhanced team working. The role of Clinical Nurse Specialists and Advanced Nurse practitioners in relation to the island role needs to be more fully explored³⁵⁻³⁶.

6.7 Health Policy and Small Irish Islands

Current government policy is to support island communities in staying on the islands. The Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs advances as one of its key goals the need to “support the economic and social development of our offshore islands” and its mission includes the aim of supporting “the sustainable development of the islands”¹³.

The Department states that a developed framework of public services is needed for maintaining island populations and it aims to achieve this through investment in island public services such as broadband and transport and subsidisation of service access¹³.

The HSE is undertaking a re-organisation of our healthcare services in order to come into line with international best practice³⁸⁻³⁹. The emphasis of recent Irish health strategies has been on placing the patient at the centre of all care and providing care as close to home as possible³⁹. This starts with an emphasis on empowering patients to look after their own health and by improving the availability and accessibility of community-based healthcare structures. When a patient is in need of acute hospital care, he/she would be treated at a regional ‘centre of excellence’ by a consultant-led service³⁹. The centralisation of hospital services will provide challenges for island communities as it may make the process of accessing acute hospital services more challenging. The National Ambulance Service is undergoing reconfiguration in order to improve response times and the services provided to patients⁴¹. Furthermore, there is a focus on improving the emergency capabilities of the ambulance services through the delivery of life support services by the Community First Responders Scheme should an emergency occur in a more remote or rural setting⁴¹. These measures are important in order to ensure adequate emergency care services for island communities.

'Healthy Ireland: a Framework for Improved Health and Wellbeing 2013-2025' is an initiative being led by the government to improve the health and wellbeing of the Irish population¹². The core concept of this framework is that everyone has the right to good physical and mental health and wellbeing and that every member of Irish society must play a role in achieving this. It is expected that such improvements in health and wellbeing will be delivered through specific actions that have been grouped together under the following six themes¹²:

- 1). Governance and Policy – actions to improve health and wellbeing will be prioritised and supported through legislation, regulation and policy direction.
- 2). Partnerships and Cross-Sectoral Work – a “whole of society” approach is advocated within the framework. The creation of working partnerships between sectors of society and collaboration between government departments, statutory agencies, local authorities, the private sector, the education and health sectors and communities are encouraged and supported in actions to improve health and wellbeing.
- 3). Empowering People and Communities – initiatives, strategies and actions that positively influence the environment in which Irish people work and live are to be supported. An environment that encourages resilience by empowering individuals and communities to make healthy choices and to take responsibility for their own health is striven for.
- 4). Health and Health Reform – a competent workforce that contains workers from many different areas of health and social care that work together in teams, with clear lines of communication between those providing care within the community and those providing care in the hospitals, is central to delivering an effective health service.
- 5). Research and Evidence – where possible, decisions related to funding, initiatives, actions and strategies will be based on evidence and in line with international best practice.
- 6). Monitoring, Reporting and Evaluation – a framework has been developed in order to monitor the progress made in achieving the set targets of Healthy Ireland.

A central goal of the Healthy Ireland Framework is to reduce health inequalities for the Irish population. Health equity suggests that everyone should attain their full health potential, regardless of where a person lives, what they do for a living, or how much money they earn⁴². It involves promoting equal access to healthcare services, fair distribution of resources needed for health, and removal of barriers to accessing healthcare services⁴². However, it appears that working towards equality in health for the Irish island populations will require a flexible and innovative approach, as the challenges inherent in providing equal access to services, and the removal of barriers to the provision of adequate healthcare services to island populations are dominant themes within the international literature.

6.8 Challenge of Meeting Island Population Health Needs

The outward migration of young people to urban areas leaves higher numbers of older people in the more remote and rural settings⁴³. It is long recognised that we are now living longer but with more long-term illnesses⁴⁴. The extent of having multiple long-term illnesses increases progressively with age⁴⁵. The knock-on effect is that healthcare practitioners have to deal more often with one or multiple illnesses in a patient which can result in an increase in the level of healthcare service utilisation^{46,49}. These problems are particularly serious for small islands where ageing is combined with low income and accessibility problems⁴⁸.

It is widely recognised that some of the major determinants of health such as physical and social isolation, access to transport services, poor housing and lower than average earnings, impact disproportionately on rural communities⁴⁹. Coupled with this is the fact that it is often more expensive to provide services in rural areas⁵⁰.

As age increases, older people tend to become more susceptible to bereavement, loss of independent transport such as being able to drive their own car, lack of mobility and loneliness. These are exacerbated in rural areas by poor public transport services and isolation. Rural dwelling and older age are both associated with a higher risk of exclusion from society, with accessibility identified as playing a significant contributory role⁵¹.

Mental illness is diagnosed at a lower rate in rural areas when compared urban areas. However, with an increasing older population, the number of people with dementia in rural areas is likely to increase, and the evidence indicates that rural areas are not well equipped to deal with these increasing numbers⁵².

6.9 Service Provision

Providing sufficient healthcare services to island populations is challenging. There is a critical minimum level of services that must be provided in order to satisfy day-to-day and emergency requirements of island populations. This is against a backdrop of remoteness and reduced accessibility such as availability of a GP to ensure continuity of care, access to health education and the provision of basic life support skills. These issues can be resolved by employing more healthcare professionals or by educating and empowering community members to impart this knowledge to their peers⁴⁹.

The difficulties with employing staff to care for a small island community include having to employ extra staff so that routine working hours and emergency commitments outside of office hours can be met, due to the constraints limiting legal working hours, thus leading to higher cost³⁰. The current GMS contract for GPs is based on a 24/7 model with the GP responsible for sourcing any locum cover.

The centralisation of services often means remote populations have a further distance to travel to access healthcare services. Adverse weather conditions and poor travel options, including limited access to public transport, are well recognised barriers to accessing healthcare.

There is conflicting evidence regarding health status for populations of rural and remote areas in Ireland when compared with the international literature⁴². In Ireland, rural living appears to provide some health advantages with lower death rates secondary to cancer, heart and lung diseases whereas internationally, poorer health outcomes for conditions such as diabetes and asthma are experienced by rural populations when compared with their urban counterparts⁵³. This is thought to be due to them seeking medical advice at a later stage of their illness⁵⁴. There is evidence to support the view that rural populations tend to have a poorer prognosis and survival outcome for certain cancer diagnoses if they live further away from their general practitioner, in part due to transport restrictions⁵⁵. Prolonged travel time to access healthcare services can be physically, emotionally and financially draining. The cost of travel will most often fall to the patient and this may be considered socially discriminatory in that patients who do not have ready access to transport are forced to set aside more time and money in order to attend medical appointments than their urban counterparts³⁰.

In a review of rural healthcare models in Australia, the issues of access and mobility are viewed as central⁵⁷. Healthcare systems servicing rural populations cannot be seen apart from the transport system that either takes services to the people or brings patients to those services⁴².

6.10 Manpower

Leading on from the above challenges, the recruitment and retention of healthcare professionals is a long recognised challenge in remote areas^{7,8,49,50,57}. Difficulties include not only the requirement for possession of a broad range of skills and knowledge to work in remote areas, but also the opportunity to keep these skills up-to-date by attending courses and continuous medical education (CME)^{52,58}.

“Skills decay” is recognised as an issue in remote areas where exposure to certain illness or injuries that would be required in order to maintain skills, may be infrequent⁵⁹. This issue coupled with the difficulties of accessing appropriate CME courses, the costs associated with travelling to and attending such courses, as well as arranging appropriate locum cover to replace the healthcare professional in their absence, act as significant disincentives for medical professionals to operate in remote areas⁴⁹.

The burden of providing care outside of office hours, a sense of professional isolation, the blurring of boundaries between professional and home life, higher costs of living, the difficulty of finding work for a spouse, are again all barriers to medical professionals relocating to rural and remote communities^{49,51}.

6.11 Options for New Models of Provision for Ireland’s Island Communities

Accessing services is the foundation of health. The literature reviewed above clearly demonstrates that distance from services and support can have a great impact on rural and island dwellers’ health.

In order to get timely services to people and get people to services across primary, community, secondary/specialist and social care, access needs to be improved across the spectrum, from emergency survival to the delivery of routine services. More creative and flexible solutions will be necessary to ensure that the needs of island populations are met in the best possible manner.

6.12 Education: Undergraduate and Postgraduate

According to Strasser et al., the likelihood of practising in rural and remote areas is influenced by three factors: the doctor coming from a rural background; positive experience of working in medicine in rural settings through targeted teaching and placements as an undergraduate student; and further suitable training at the postgraduate level⁶⁰.

WONCA (World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians) suggest promoting medicine as a career option to secondary school students in rural areas and offering them financial and educational support to pursue training in medicine⁶¹. Living a significant distance away from a hospital means that the rural healthcare practitioner is often the first port of call for a wide range of health needs. Larkins et al. recognise the broader knowledge and skills required of the rural practitioner⁶². The trend of doctors choosing to specialise in a particular area of medicine is a challenge for rural medicine and it is recommended that postgraduate training should focus on the generalist skills required to practise in rural and remote areas⁴⁹.

Access to continuous medical education (CME) is needed in order to fulfil professional registration requirements for healthcare professionals, as well as to keep their skills and knowledge up to date. High quality continuous medical education that is targeted towards the needs of rural practitioners can increase confidence, reduce the sense of professional isolation, increase job satisfaction and this in turn leads to improved retention rates of professionals in remote areas⁴⁹.

6.13 Self-Management

An effective primary healthcare system with an emphasis on educating patients about how they themselves can manage their chronic illnesses can reduce the workload and need for emergency reviews outside of normal working hours⁶³. For example, education regarding self-management of chronic obstructive pulmonary disease (COPD) in one large trial based in a number of centres in Canada reduced the need for GP visits, hospital admissions and the requirement for emergency reviews⁶³. In remote and rural Scotland, self-care is also emphasised and supported through the provision of education and support from the service provide 24/7 by the NHS, which is responsible for distributing health advice and information via phone and web-based services⁴⁹.

6.14 Community Resilience

'Community Resilience' has been defined as "a collective and collaborative response within communities to promote independence"⁶⁴. The introduction of the 'extended community care team' (ECCT) is one way of increasing resilience in depth and ensuring a minimum range of services are available at a local level⁶⁴. It is suggested that the ECCT would include community nurses and possibly paramedics, as well as a wider team including social care and volunteers in the form of community health workers⁶⁴.

Members of the ECCT could visit and undertake reviews of patients who are at high risk of emergency hospitalisation and provide risk assessments for difficulties such as falls and then communicate with the most appropriate healthcare practitioner, such as the GP who may be based at a distant location, to decide whether further action is necessary⁶⁴. Anticipatory care such as this may reduce levels of emergency call-outs and hospitalisations outside of office hours⁶⁴.

Kendrick & Conway support a move from reactionary care, where care is provided in response to an illness or an emergency, to anticipatory care, where attempts are made to anticipate challenges and address them before they become problematic in an effort to avoid hospitalisation, and community health workers can play a role in this^{64,65}. An example of this may be through members of a community receiving training in, and providing education sessions to, patients on how to self-manage their chronic diseases such as chronic obstructive pulmonary disease or congestive cardiac failure⁶⁴.

Community First Responders (CFR) are voluntary members of a community who are given training to deal with a limited number of medical emergencies. Their use is rising in more rural and remote parts of the UK and Ireland where access to emergency services is less readily available^{41,66,67}.

6.15 Telehealth

Telehealth is the term used to describe the supply of health services from a different location⁶⁸. It can be used for the exchange of information in many different forms: for example, the sharing of blood test results and X-rays or the use of email, telephone or videoconferencing⁶⁸.

Telecare describes the use of digital and mobile technologies to provide services from a distant location⁶⁸. These services can range from blood pressure monitors to alarms that can be used by older people in the event of a fall at home, with the aim of providing a safer home environment^{68,69}. The aim of telecare is to reduce the level of hospital admissions through the proactive management of Healthcare and it has the potential to improve chronic disease management within the home setting⁶⁹.

Electronic health or “e-Health” is a broad term which, according to the Department of Health, “involves the integration of all information and knowledge sources involved in the delivery of healthcare via information technology-based systems. This includes patients and their records, caregivers and their systems, monitoring devices and sensors, management and administrative functions; it is a fully integrated digital ‘supply chain’ and involves high levels of automation and information sharing”⁶⁹.

The British Medical Association’s report “Healthcare in a Rural Setting”, reports that the use of telehealth and telecare supports the community-based model of care and reduces the need for patients to travel for hospital care⁴⁹. “The Telehealth Benefits and Adoption: Connecting People and Providers across Canada” wrote that approximately 47 million travel miles were saved as a result of the employment of telehealth initiatives. More than 260,000 telehealth sessions took place in 2010, of which 94,000 were with rural Canadians⁷⁰. Telehealth can provide access to hospital-based services that may not be readily available in isolated locations; it supports healthcare practitioners in their decision-making process as it can provide a point of contact with hospital consultants; and it encourages health and social care professionals with different training and expertise to work together to provide care^{49,55}.

The Irish eHealth Strategy aims to empower patients to self-manage their own chronic conditions from their own homes⁶⁹. Mac Farlane et al. believe it to be a potential solution to the difficulties of providing healthcare to remote populations in Ireland⁷¹. Limitations of the development of tele healthcare in Ireland include poor IT infrastructure and a perception by healthcare professionals that they are not equipped with the skills to use tele healthcare effectively⁷². This is in keeping with the international literature⁷³. Other barriers to its use include lack of access to appropriate equipment and training and an assumption that the required equipment is too expensive⁵⁵.

The Irish e-Health Strategy recognises that significant funding will need to be injected into developing the infrastructure in the first instance, but believes that in the long-term it has the ability to be cost-effective and to provide significant economic benefits⁶⁹. E-learning involves the use of the internet to gain knowledge⁴⁹. This provides an easily accessible, flexible, tailored approach for healthcare practitioners to address their learning needs at a time that suits them. The disincentives of travelling and absence from work are overcome with this method and the Australian literature supports the fact that it has improved the perception of rural medicine and reduced risk of professional isolation^{49,74,75}. MacFarlane et al. found that in Ireland healthcare professionals felt it denies them the opportunity to network and may contribute further to a sense of professional isolation⁷².

6.16 Multidisciplinary Team Approach

An integrated, team-based approach to rural healthcare is advocated in the Scottish Government's report on delivering services for remote and rural healthcare⁶⁴. In this report, as previously mentioned, the concept of an "Extended Primary Care Team" (EPCT) is proposed. The EPCT should operate from one location in order to enhance communication and a team approach. This is a similar team based approach which is envisaged in the Irish system of primary care teams and networks as outlined in the primary care strategy¹⁰.

As previously described in this paper, the more rural and remote a medical practice is, the wider the range of services it is likely to provide. Owing to this, and due to difficulties with recruitment and retention of staff in island and remote locations, there is a need for a wider scope of practice and greater flexibility in the roles of healthcare practitioners⁷⁶. This may take the form of an advanced nurse practitioner, a GP with a special interest or a community health worker providing health education.

In Australia, there is a government-funded initiative to support the extended role of paramedics by offering services within the community that are complementary to those offered by the GP⁷⁶. A review by Thompson et al. has found a high level of patient satisfaction with this initiative⁷⁷. It provides services closer to home for rural populations and it can be cost-effective⁷⁷.

Against this backdrop, there must be robust support networks for accessing the appropriate specialist doctor's opinion when required, the safe and efficient transfer of patients to hospital when required, the development of protocols and shared care pathways for the management of illness and evacuation of patients off islands when required. Additionally, due consideration must be given to a patient's circumstances, including where they live and how easy it is for them to get back to the hospital, when planning their discharge and any subsequent investigations or medical follow-up required for the patient⁶⁴.

6.17 Conclusion

The Healthy Ireland Framework aims to improve the health and wellbeing of the Irish population, and places particular emphasis on empowering Irish people to take responsibility for their own health¹². Such strategies are inclusive of the Irish island populations and yet, as previously discussed, these island populations face specific challenges when it comes to accessing healthcare services. Therefore, consideration needs to be given to developing specific policies to meet the unique needs of Irish island communities. A sustainable, cost-effective model of healthcare that provides care for small, dispersed populations requires a flexible and integrated approach across the primary and secondary care sectors in partnership with the communities.

Healthcare providers strive to provide care close to home. This starts with community resilience and a multidisciplinary team approach with an emphasis on care within the community. Such care should be provided against a backdrop of agreed healthcare pathways and open lines of communication with, and ease of access to hospital care as required. Literature on the healthcare needs of island, and specifically Irish island communities, is relatively sparse and further research is needed in this area.



Island Services Review April 2017

Chapter 7

What Currently Works Well

Chapter 7

7.0 What Currently Works Well

Ireland has a strong primary care sector with dedicated GPs, PHNs/RGNs/PNs and Allied Healthcare Professionals who continue to provide a high quality service despite resource challenges⁷.

General practice deals with the vast majority (90-95%) of health issues encountered by the Irish population with high levels of satisfaction being described by patients of their experience with the doctor that they attend most often^{10,79}. However, cuts to funding, difficulties with recruitment and retention of staff, a deficiency in infrastructural supports, the provision of emergency cover and the cost of providing locum cover all threaten the viability of providing a high quality primary care service to island communities².

A recent ICGP report⁷, which describes the challenges faced in providing GP care to rural areas in Ireland, recognises the essential role of the island GP, and the ICGP has advocated for the unique role of the island GP to be recognised and sustained through the provision of contractual, allied health professional and infrastructural supports⁷.

In preparing this report on the islands, a consultation process was undertaken with the island communities, as well as interviews with healthcare staff who currently provide care to the island populations. Those consulted gave a lot of positive feedback on things that were working well but also described areas where they felt that improvements were needed. Of note, there was a lot of valuable feedback about other services that are not core to primary care, e.g. the fire service, and while it is not included in this report, it will be passed on to the relevant services.

7.1 A Team Approach

The team approach varied in all practices as some “teams” were small in number but there was an acknowledgement that “wider” teams, including the full primary care team, were crucial in maintaining and developing high quality care.

Islanders Voices:

- *“We really value our nursing service”*
- *“It’s good to have the visiting GP service”*

7.2 GPs/PHNs/RGNs/PNs

Healthcare services vary considerably between the islands but in general the feedback from the public was very positive in relation to the frontline primary care service received from GPs and PHN/RGNs/PNs. This was particularly the case where the staff were resident or visited the island on a regular basis. GPs and nurses work closely together and this team approach is very beneficial for patients.

It is recognised that the continuity of care provided in general practice, where there is a co-operative relationship between the patient, their GP and the wider healthcare professional team, reduces referrals to hospital and the need for admission into hospital and enables patient-centred, cost-effective and holistic care to be delivered⁷⁹. Such care is greatly valued by the Irish population and was one of the recurring themes encountered in the feedback gathered for this report. The community greatly valued the personal service received from GPs/PHNs/RGNs/PNs and the dedication and commitment of staff to provide a caring, high standard level of care both in and out of hours.

7.2.1 Issues Raised by GPs

- Management of long-term conditions and the supports needed for patients.
- Lack of respite or long-stay care facilities. Only Inis Mór has a long stay facility with 10 long stay beds and 2 short stay/convalescent/palliative beds.
- The recruitment of GPs to replace those who retire and the issues of remuneration, continuing medical education and locum cover.
- Surge capacity during peak tourist seasons and the inability to get locum cover or assistance when required.

GP Voice:

- *“It is important to help older people to carry on living at home as long term care means they have to leave the island and their family”*

7.2.2 Issues Raised by PHNs/ RGNs/PNs

- Concerns about the PHN/RGN assigned to cover other duties on the mainland both sporadically and long term.
- Support for the nurse in the event of his/her illness, dealing with difficult situations, and working in some situations as a lone professional.
- Issues around non-resident PHN/RGNs being able to travel in poor weather; this also affects the nurse travelling out to stay on the island.
- Inability of patients to travel to the mainland in bad weather.
- Surge capacity during holiday seasons where the population of some islands can increase dramatically.
- Lack of home support service on many islands.

Islanders Voices:

- *“It would be good if we weren't getting a different nurse every few months”*
- *“The nurse needs to be replaced from time to time so she can go for training”*

7.3 Access to Other Primary Care Services

This varies considerably between the islands. In general, patients receive a referral to other primary care services on the basis of assessed need, and islands have the same access to services on the mainland as the rural population.

Access to occupational therapy (OT) was generally good with the therapists visiting the islands as necessary. Physiotherapy is provided on the Aran Islands and on Inishbofin three times a year but on most other islands patients have to travel to the mainland. During the consultation process with the Project Manager, many services indicated a willingness to travel to islands to provide a service but in some cases neither the islanders nor the island health professionals seemed to have been aware of this service option.

7.3.1 Specific Issues

- Long waiting times for appointments to access some primary care services; rural communities on the mainland also face similar issues.
- Some patients have experienced difficulty in travelling for these services. For example, some patients report difficulty in travelling for rehabilitation physiotherapy, particularly after a stroke or major surgery.
- Access to Psychology Services/Child and Adolescent Mental Health Services (CAMHS) is hampered due to long waiting times and distance to travel. Again, similar issues are experienced by the mainland rural communities.

Islanders Voices:

- *“Some older people that need physiotherapy would not be able to get on the ferry so the service needs to be on the island”*

7.3.2 Home Helps

The provision of home help to those who need it is a key element in maintaining people in their own homes as long as possible. There is a particular difficulty in recruiting home helps on some of the islands. In some cases this is because there are simply not enough people on the island to provide this service. In some situations home helps travel from the mainland to the islands.

7.4 Ante Natal Care

This service is provided on the islands and care is shared between the GP and the hospital. Some women choose to travel to the mainland to access a female GP. Women are encouraged to leave the island two weeks before their due date and can access the hospital obstetric service when needed.

Islanders Voices:

- *“People have to stay on the mainland for treatment or during pregnancy and might have to rent somewhere to stay”*

7.4.1 Specific Issues

- Costs incurred by the women in the latter stages of pregnancy, and their families who have to rent accommodation on the mainland, can put some families under financial pressure.
- Birth plans need to be specific and agreed with expectant mothers living on islands early in the pregnancy to ensure safety of mothers and babies.
- Ideally antenatal wards should be aware of all women who live on the islands and are due to deliver babies.
- The same issue applies to patients travelling for cancer services and palliative care.
- As is the case for most rural populations, women must travel to access breast cancer screening and some women also travel to the mainland to access a female GP for Cervical Check.

7.5 Palliative Care

Feedback from the consultation process regarding service provision was very positive. Palliative care teams visit patients on the islands as required, and provide support to the island GPs and nurses in caring for people at home.

7.6 Medication Management

GPs who are either resident on islands or who visit the islands on a regular basis have dispensing contracts for their patients with medical cards. Some GPs provide the medication for their patients and some utilise a community pharmacy on the mainland. Some nurses on the islands are currently dispensing under GP instruction by telephone or by receipt of faxed prescriptions. A protocol is in place in West Cork for Oileán Chléire.

There are issues of concern in instances where the nurse practices under a medication protocol, prescribes, dispenses, or administers and maintains drugs in their possession. These issues must be resolved. Of note, a medication protocol must be devised for each condition, e.g. diabetes or tissue viability, or service need, e.g. immunisation. There are educational courses in relation to medication management available in Scotland that could be explored. Standardisation in relation to medication management is needed and consultation with community pharmacy and all relevant healthcare professionals involved.

7.6.1 Specific Issues:

- Prescriptions for patients may be delayed by a significant amount of time in bad weather when the ferry is cancelled.
- Private patients must obtain their medications from a pharmacy on the mainland as the GP cannot dispense medications for patients who do not have a medical card.
- Access to medications on the islands is very limited and this can present difficulties for visitors who forget to bring their medication or who run out of their medication when on the island.
- Availability of over the counter medications on the island is very limited.
- The enhancement of the role of the PHN/RGN in relation to dispensing could be explored with an emphasis on training with an agreed protocol and list of drugs.

7.7 Cost of Providing Primary Care Services

As with all healthcare services, there is a cost involved in service provision. Community nursing and GP services as highlighted in this chapter provides the majority of healthcare to Island communities and the cost of these have been examined. Nursing and GP service provision and arrangements vary greatly between Islands particularly in terms of whether services are provided on a sessional, weekday or 24/7 basis. The cost of providing other primary care services such as occupational therapy, physiotherapy etc. have not been included as they are almost exclusively obtained and provided for by mainland services or on a case by case, needs led basis. Information on costs per annum for GPs are indicative, are based on direct costs including average annualised capitation fee, dispensing fees and rural practice allowances (where applicable) on a per capita or GMS eligible person basis. Costs for nursing services include basic pay costs per annum and exclude allowances.

- The cost of GPs was approximately €311 per capita or €555 per eligible person on GMS.
- The cost per capita of an Island PHN/RGN was approximately €223 per capita.

It is important to note that no account has been taken of island populations during surge capacity on peak visiting seasons.

When compared to a mainland population, figures from the HSE Primary Care Reimbursement Service (PCRS) annual report in 2015 identify that the average GP cost per eligible person per scheme was €226.07 nationally. In terms of public health nursing costs, as a general comparator, the direct basic pay cost for one rural community healthcare area in 2015, per capita was €29. It is not possible to ascertain the cost per eligible person on GMS as public health nursing services are provided on a population basis rather than on GMS eligibility.

Island demographics and economies of scale that are not possible within island populations affect the cost per head as do service and population needs. In essence, given the variability of service arrangements and the relative absence of standardisation of access, the variability in costs across Islands and the higher than national average costs per head is to be expected.

Notes: *Figures used to provide indicative costs were obtained from relevant providers across the islands.*

7.8 Conclusion

The outstanding conclusion from the consultation process with the island communities and healthcare workers is that there are many examples of high quality care being provided to the island communities. It is hoped that this report will build on the things that work well and provide a framework for raising the standard of healthcare provided to all of the islands in a sustainable manner. In the chapters that follow, we will outline the challenges to providing a fair and high quality primary care service to island communities, as well as discussing potential solutions to these challenges.



Island Services Review April 2017

Chapter 8

Themes & Challenges

Chapter 8

8.0 Themes and Challenges

8.1 Introduction

Members of the island communities have a very different experience of health and social care services than their urban counterparts in that they often have to travel a significant distance in order to access care.

The healthcare needs of the island communities must address issues such as the seasonal fluctuations in population, their ageing populations and the resulting higher complexity of care needs. This ageing population has significant implications for transport and access to health services, the management of long-term illnesses, the management of emergencies, the availability of home care services, and workforce planning. The recurring themes from the consultation process are described below.

Theme 1: The Irish Language

The Irish language is part of our unique cultural heritage and one of the features that attracts visitors to our Irish-speaking islands. Many residents of the islands speak Irish and for some it is their first language. Nationally there is a commitment to provide information to communities in Irish, as per the Official Languages Act 2003⁸⁰. The HSE is committed to the provision of services in Irish and improving the language capabilities in staff working with Irish speaking populations.

Islander Voices:

- *“Irish is our first language and when will the HSE have more services in Irish?”*

Theme 2: Improving the Islanders Experience of Healthcare

While the consultation process that was undertaken resulted in a lot of positive feedback on the health and social care services provided to the islands, it is clear that there remains plenty of room for improvement. It is apparent that there is a lack of consistency in the primary care services provided to the island populations. This lack of consistency has been noted across a range of issues including access to services, continuity of care, the prevention of hospital admissions, medication management and patient satisfaction.

Access to services was highlighted as an issue for many patients. In some cases this was due to prolonged waiting lists and in others the lack of clarity about entitlement for services. The logistical difficulties of leaving the island pose a significant barrier to accessing healthcare services with islanders often foregoing appointments on the mainland due to financial pressures, the time commitment involved, lack of transport, poor health or mobility, or bad weather. The consultation process described a system where, in the event that a patient was unable to make it to an appointment on the mainland due to bad weather or due to limitations in ferry services or accessing transport on the mainland, the patient was sometimes discharged from the service and ultimately required a re-referral. Such challenges have caused unacceptable delays in accessing services for many of the islanders.

Islander Voices:

- *“People would rather pay for the service on the island (podiatry) because it costs more to travel to the mainland for the free service”*

Theme 3: Improving the Islanders Access to Healthcare

Transport

In all the consultations with island communities concerns about travel and transport were common themes.

Islander Voices:

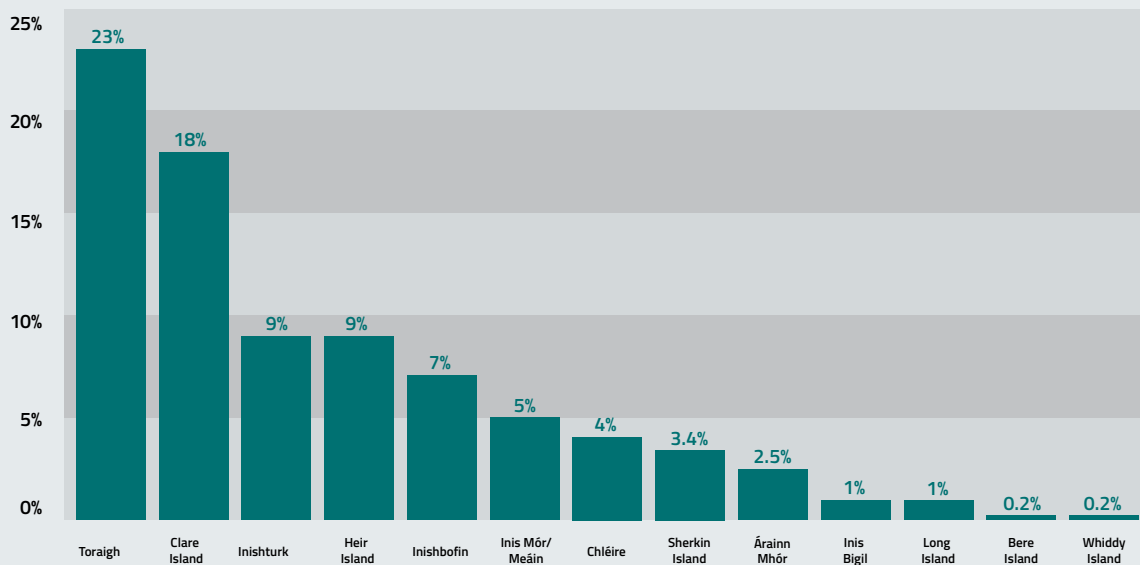
- *“The ferry has been unable to sail a number of times over the winter”*
- *“Knowing that you can get off the island if you need to is very important”*

The main transport service to and from the islands is by ferry. An air service operates to the Aran Islands and has been highly valued by the island community over the last 30 years. A helicopter service also runs fortnightly to Toraigh. From 2016 the service will run weekly between November and March each year. This additional service was introduced in response to the sailing difficulties to Toraigh over the winter months. Transport links on the mainland are also vital as some ferries dock in isolated areas where there is no public transport. If ferries are delayed for some reason there is an issue around missing scheduled public transport and the subsequent delay in getting to appointments. The piers on some of the islands are also not easily accessible for people with a disability, reduced mobility or who are wheelchair users because for example there are steep steps to access the ferry from the pier.

With unpredictable weather it is difficult for people to be confident about accessing healthcare when and where they need it on the mainland, and also a challenge for healthcare staff to travel over to the islands. Keeping appointments on the mainland can be very difficult to organise depending on the season and time of day. Early morning or late afternoon appointments can mean that an overnight stay is required with the added cost that entails. The rural transport companies have a large role to play in ensuring adequate transport facilities are available to the people who live on the islands.

Transport difficulties for healthcare staff in travelling to the islands can result in services being cancelled at short notice if the weather is poor or the ferry cancelled. As can be seen in Figure 1, 23% of ferries to Toraigh were cancelled in 2015 which resulted in serious implications for those who lived on that island. This is a challenge for healthcare professionals, particularly nurses and GPs, who may have to deal with emergencies in the case of delays in emergency services travelling from the mainland.

Figure 1: Number of Cancelled Subsidised Ferries 2015



Figures courtesy of: Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs

Theme 4: Emergency and Out of Hours Care including Medical Evacuation

Emergency Care

In an emergency situation, immediate care is required and the limitations of the first response service on the islands are apparent. There are varying numbers of people on the islands with training in first aid and CPR, but only Toraigh and Sherkin have a formal first responder scheme. In the absence of a formal arrangement, the burden often falls on GPs and PHNs/RGNS. At present these individuals carry out emergency care and seek to keep their skills up to date. Emergency care is not the formal role of the GP/PHN/RGN but in a remote setting by the very nature of their location they may be called upon to provide it and should have access to the necessary equipment such as oxygen and stretchers. The development of first responder schemes should be a priority on all of the islands.

Out of Hours GP /PHN/RGN Services

Out of hours services are provided in many different ways to the islands. Some islands participate in GP co-ops such as Nowdoc and Southdoc. However on other islands, the resident GP provides 24/7 out of hours services and arranges locums for when they are not available. In particular situations, where the GP or nurse is resident on the island, they may be contacted directly by patients when the need arises. This informal arrangement has worked well for some staff; however feedback from other staff indicates that a more structured out of hours arrangement would be preferable. Such an arrangement would be more likely to be sustainable going forward.

For nurses who are available out of hours a formal triage system would provide some security and address personal safety issues. The calls would be recorded and the record available if required at a later date. The nurse should not be the first point of contact out of hours. Management support needs to be available for nurses who are on call out of hours as a lone worker for advice and back up. The terms and conditions for PHNs providing 24/7 service differs between the West and the South, with the former providing time off in lieu for hours worked and also payment, and the latter providing payment only for hours worked. Standardisation of these terms and conditions is desirable.

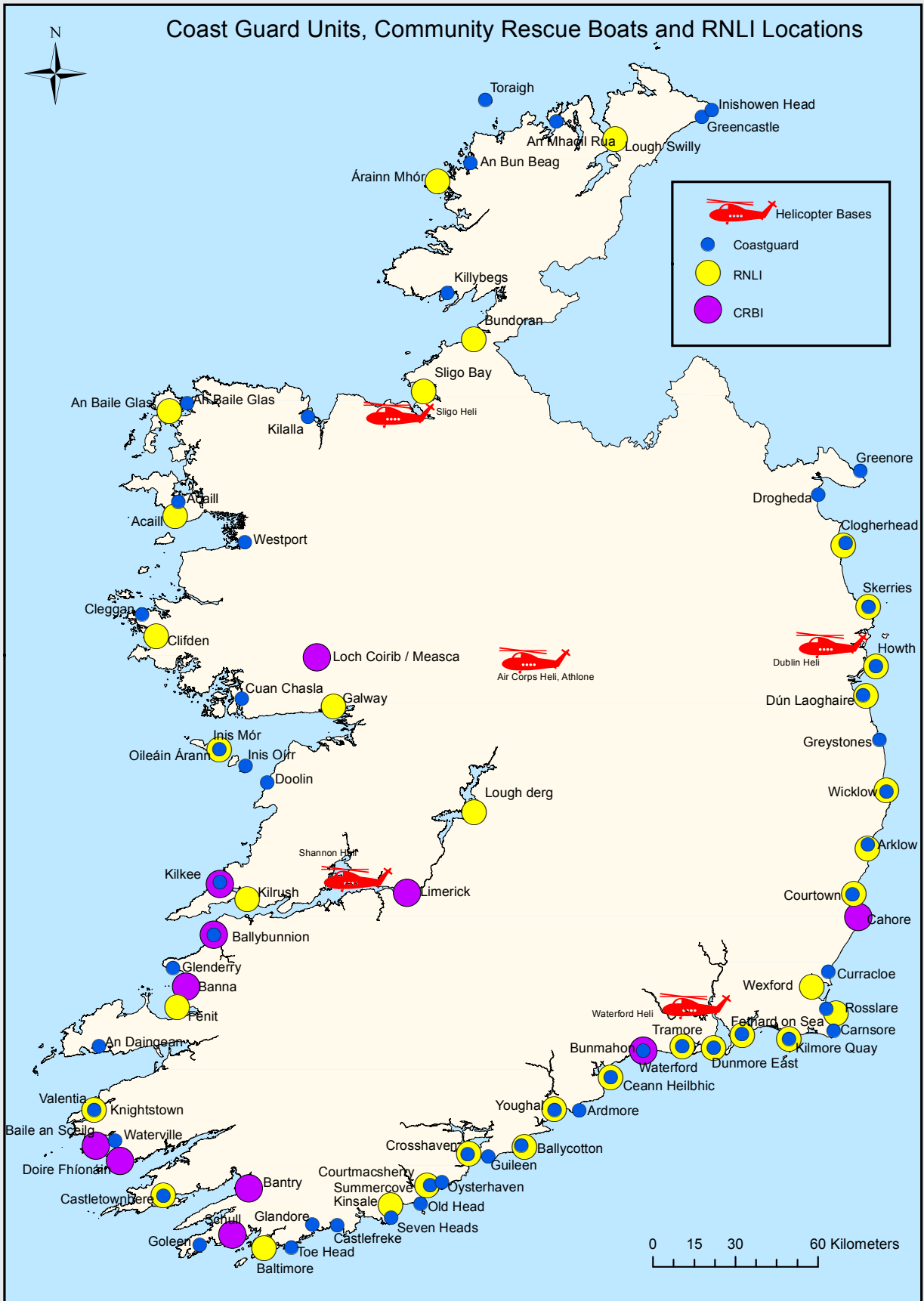
Medical Emergency Response and Transport

The transfer of patients in an emergency situation requires careful lifting/handling and transport by trained personnel. Emergency evacuation of patients is through the Aero-Medical Dispatch Service (AMDS) previously known NACC. This is co-ordinated through HSE National Ambulance Service. Health professionals contact AMDS directly and the public can contact emergency services and the triage service they provide by dialling 999 or 112. For patients and visitors an awareness of how to access this service is vital and information needs to be widely available to residents and visitors. This should be displayed in prominent locations on the various islands.

The priority of the AMDS is to transport patients rapidly and safely with appropriately trained staff to the most appropriate centre for secondary or tertiary care. On receiving a call there is an immediate triage of the situation and then the AMDS will contact the medical/nursing professional on the island if they are available. A decision is then made on the most appropriate form of evacuation which will either be a helicopter or a lifeboat depending on the situation. To launch a lifeboat or helicopter, the coastguard is contacted and organises the appropriate service. Ambulance services are organised to meet the transport if required and transfer the patient to secondary/tertiary care.

The location of the helicopter and RNLI stations are illustrated in Map 2 below. This gives an indication of distances to be travelled to provide emergency evacuation. During daylight hours it takes approximately 15 minutes to scramble a helicopter and at night approximately 45 minutes. In the event of poor weather conditions careful decisions are made around the safety of launching either the lifeboat or helicopter.

Map 2: Location of the Helicopter Bases and Coastguard Stations



Includes Ordnance Survey Ireland data reproduced under OSI Licence number 030601.

Source: www.dttas.ie

Note there is also a HSE/Dept. of Defence aeromedical service based in Custume Barracks, Athlone

Lifeboats

Traditionally the lifeboat service (RNLI) has provided an excellent service in cases of medical evacuation of patients from some islands. These lifeboat crews are volunteers who willingly give their own time and often put their own lives in danger to help transport ill patients. The AMDS contacts the coastguard to seek assistance from the lifeboat service in cases necessitating medical evacuation. The volunteers also help helicopters to land by providing landing lights. In severe weather conditions helicopters may not be able to fly or land and lifeboats may be the only option for evacuating patients.

Air Transport

In the Aran Islands a service was provided by plane to evacuate semi-urgent cases. This has been discontinued but medical personnel on the island would like to see this service re-introduced to alleviate pressure on the helicopter service. However issues around patient safety, cost, and lack of medical personnel travelling with patients would hinder any return to the previous system.

Transport to the Helicopter

Patients have to be transported from their home or accident site to the evacuation site. These patients need to be moved by trained individuals who are skilled in lifting and handling techniques. The transport must be appropriate and safe and each island has a different system of doing this. Árainn Mhór has the use of an ambulance to transport patients to the evacuation site and a trained emergency medical technician who works in a voluntary capacity to drive the vehicle when needed. Inishbofin and Clare island have Order of Malta ambulances, and on Inis Mór the GP has an adapted jeep which can take a stretcher. There is a more informal arrangement on other islands where patients are transported by non-adapted vehicles which may be unsuitable to the task. Discussions around this gap in service need to take place with the statutory agencies such as the HSE and the Department of Transport.

Islanders Voices:

- *“The emergency evacuation service works well and is reassuring for the community”*



Theme 5: Workforce

Workforce Planning

In the provision of day to day primary care on the islands, the key personnel are the GP and public health nurse. For more extensive services the wider primary care team may either travel to the island or see patients on the mainland. Healthcare services to the islands face significant challenges in the recruitment and retention of healthcare professionals. Succession planning is documented as a significant difficulty in remote and rural areas at an international level, as well as being noted here in Ireland during the consultation process that was undertaken for this report^{7,30,64}.

Further challenges identified in the recruitment and retention of staff are the broad set of skills and poorly defined job description that is required of island healthcare professionals. In order to offer such a wide set of skills, the healthcare professional requires regular training and practice of newly acquired skills to keep their knowledge up to date. Such exposure is not easily obtainable when working with island populations as the small population numbers means that healthcare professionals encounter situations where they get the opportunity to apply specialised knowledge or skills less frequently. This is known as “skills decay”⁵⁹.

The continuous training that healthcare professionals need to engage in to fulfil professional registration requirements can be problematic to obtain due to difficulties in leaving the island owing to a heavy workload, difficulties in obtaining a locum, or due to the financial burden of leaving the practice in order to receive training. HSE national generic recruitment processes have not worked well for island settings in the past and more targeted recruitment drives held locally are recommended.

General Practitioners

GPs provide a frontline service to the entire population and provide a holistic service to a defined population from cradle to grave. They diagnose and treat acute and chronic conditions, offer preventative and end of life care, act as gatekeepers to secondary care and are public health advocates⁶.

At present, some of the larger islands such as Árainn Mhór, Inis Mór and Inis Oírr have resident GPs. Other islands have visiting GPs, while some GP services are accessed on the mainland. Work life balance is very difficult to maintain when living on an island where a GP is available 24/7. This applies to nurses who live on islands also. The key issues are around the three “Rs” of recruitment, remuneration and retention. Recruitment for resident GPs is difficult because of professional, and in some cases, social isolation. The size of the population covered is often not big enough to make it financially viable without particular incentives. Retention of staff again is an issue, often due to poorly defined job descriptions and onerous out of hour’s commitments. Forward planning for healthcare workers on the islands is a priority so that appropriately trained and experienced staff are available to fill jobs as they become vacant.

It is difficult to get information on current GP workloads to be able to make decisions on the best way that care can be provided. To provide sustainable and affordable healthcare, new models of team working may be necessary and the skills necessary for delivering healthcare to island populations explored. In conjunction with the ICGP, the role of the island GP and the provision of GP services to island populations need to be explored. Consideration needs to be given to the training and skills required and the supports that would make this service sustainable.

Primary care in remote settings is different to providing services in more urban environments and one proven way of making General Practice more sustainable is to provide undergraduate training in rural health care for doctors, nurses and allied health professionals. This could provide a cohort of appropriately trained individuals who could rotate through rural and island practices maintaining their skills and developing the speciality of rural healthcare. The role of the GP on an island is a much extended role, and could be extended further to encompass care of long term conditions and promotion of health and wellbeing. This would entail negotiation of a new contract.

Forward planning to fill future vacancies should occur in a timely manner. Recruiting assistants with an interest in working on the island long term would allow time to ensure they fulfil criteria needed to fill the permanent post. Flexibility around incentives for island GPs needs to be considered. The provision of an agreed salary to GPs and the right to locum cover to ensure regular breaks are just some of the incentives that might attract island GPs.

Island Nurses

PHNs/RGNs/PNs currently provide nursing care to patients with complex health and care needs within a community setting. They have a key role in delivering public health services and are regarded as the pivotal point of contact in the community. The work of an island nurse is not the same as the work of a PHN/RGN/PN on the mainland. The population is much smaller on an island and the skill set needed is different. Many nurses carry out important additional roles in the community in relation to support and advocacy and work closely with their GP colleagues. They need the ability to work independently and be more self-reliant than nurses on the mainland. The role for an island nurse will require additional training to extend the role and scope of practice. An initial assessment of the needs of the population should be made and nurses up-skilled to meet those needs.

A specific job description for an Island Nurse needs to be developed so that the necessary skill mix will be available and opportunities provided for ongoing maintenance of these skills. The roles of the Clinical Nurse Specialist (CNS) and Advanced Nurse Practitioner (ANP) need to be explored for island communities. To make the role sustainable on an island the current workload needs to be examined and possibilities explored such as an enhanced role in managing long term conditions and health improvement. Other work for the PHN service could be carried out remotely which would make the role more sustainable and cost effective. The same issues in relation to recruitment, retention and remuneration apply to the nurses as to the GPs. No health professional should work in isolation both from a governance and professional accountability viewpoint^{33,34}.

From an islanders point of view the most important issue is that their nursing service is ring-fenced so that the nurse is committed to the island and the uncertainty around the availability of the nurse is removed. To achieve this it may be that a cohort of nurses needs to be available to rotate through the islands to ensure continuity of service and maintenance of skills.

Practice Nurses

The role of the practice nurse lies in delivering a wide range of nursing procedures, whilst working closely with the GP. A role for a specialist practice nurse on the islands could include the delivery of chronic disease management programmes and the delivery of specialist clinics such as family planning. Such a role has proved a considerable asset on the two islands where a practice nurse is in place.

Primary Care Team

The primary care team includes services such as physiotherapy, occupational therapy, speech and language therapy, dietetics, dental services, community mental health nurse, pharmacy and home support services, which are accessible to all eligible patients on the basis of assessed need. If patients require these services, they should be provided as close to home where possible, but in reality many patients have to travel to access these services on the mainland.

Healthcare Assistants

As mentioned previously in this report the availability of home helps on the islands is varied. It is difficult to recruit and maintain a home help service. Currently some home helps are employed through an agency but a more sustainable process would be to contract directly through the HSE, provide fixed contracts for fixed hours, and have the homecare assistant role expanded and reporting directly to the island nurse. Local recruitment is important as it is more likely to be sustainable in the long term.

The addition of healthcare assistants to the primary care team would greatly enhance the primary care delivery on the islands as it would provide greater support for older people and enable them to remain at home for longer.

Only one island has a long-stay facility so, as people living on the islands cannot exercise their right to access long-term residential care on the island, an equitable solution would be more flexibility in relation to the provision of home care support. This option would be in keeping with current Irish policy that advocates “ageing in place”^{14,15}.

Theme 6: Infrastructure

Infrastructure

Infrastructure is the term used to describe “the basic physical and organisational structures and facilities (e.g. buildings, roads, power supplies) needed for the operation of a society or enterprise”⁸¹.

Buildings and Facilities

Currently the physical infrastructure of Primary Care Centres varies considerably from island to island. Some islands have purpose-built centres whereas Inis Bigil utilises a community centre. All HSE Primary Care premises are the responsibility of the Estates Department of the HSE. The Estates Department ensures that the facilities are adequate and oversees essential maintenance and repair. A commitment has been secured for a new Health Centre on both Inishbofin and Inis Mór. All premises, whether belonging to the HSE or another agency, need to be fit for purpose and accessible to the multidisciplinary team. Any new premises should have broadband capacity.

A review of all Health Centres will be one of the recommendations of this report to inform our understanding of needs on infrastructure and maintenance.

Equipment

Equipment for Health Centres on the mainland varies considerably. As previously mentioned, the services offered by GPs differ from island to island with a number of GPs on the islands providing additional services such as minor surgery, suturing and cryotherapy. However, at a minimum, a standard inventory of essential equipment required needs to be developed for islands. For visiting GPs with a mainland surgery, funding and/or provision of equipment for the island surgery would lead to improvements in the range of care that could be provided on the island e.g. ECG machine, suturing equipment.

Accommodation for Resident Staff

Some healthcare staff are resident on the islands for a period of time. Accommodation for resident healthcare staff, and also locum staff, needs to be adequate and appropriate. Additional accommodation may be required in winter time to allow for difficulties in travel.

E-health

The use of e-Health and technology presents opportunities for new ways of delivering services to people living on islands^{68,70}. It is not a substitute for face to face consultations and can only work where clear pathways and protocols have been developed. It needs to be simple and easy to use and be of real value to both patients and professionals. The development of e-Health depends on a robust infrastructure which will enable the use of broadband technology for connectivity⁶⁹. As can be seen by the health profiles, the number of homes connected to broadband from island to island, and also the speed of the connection and the quality of connectivity, varies considerably. Progress on providing adequate broadband services to the islands is an essential cornerstone to providing a high quality health service to the island populations.

Islander Voices:

- ***“Should improve technology to allow video streaming and telehealth consultations”***
- ***“Technology like Skype would be good for the island and might mean not having to travel as much for healthcare appointments”***

All primary care centres need to be connected to the HSE networking system. Such a move would also serve to enhance communication and partially address the issue of professional isolation. There is a national commitment to develop broadband services particularly to all rural areas and this has a very important role in addressing social isolation.



The concept of using e-Health is in relation to:

- Individuals accessing information from healthcare sites and patient support websites to empower patients to manage their own care.
- Communication between health professionals through the HSE network / email system.
- Remote monitoring of long term conditions e.g. diabetes, heart failure and other telemedicine possibilities. Currently a telehealth project is being trialled in Donegal to monitor patients remotely who have diabetes and who are being commenced on insulin therapy. This project is proving to be a very successful initiative.
- GPs and PHNs/RGNs accessing digital data from tertiary facilities; blood results, ECGs and images can be transferred electronically. Issues around firewalls and access need to be resolved.
- Access to specialist advice by videoconferencing or e-mail.
- In the future electronic patient records will improve communication between the multidisciplinary team.

Theme 7: Challenging Conditions**Mental Health**

Both healthcare professionals and the public raised concerns about the accessibility of mental health services. This is not specifically related to living on islands as many of these issues are relevant to remote rural areas on the mainland as well.

- Long waiting times for psychology, cognitive behaviour therapy and local mental health teams.
- Dealing with crises in adult, child and adolescent mental health out of hours.
- Difficulties in accessing old age psychiatry and alcohol counselling.
- Mental health promotion (as part of community resilience programme) for all age groups to counteract potential isolation especially in the winter months.
- Accessible and affordable primary care counselling services.
- Clear pathways for referral to mental health services for people with acute need.
- Regular support, which could include telehealth options, for people who are managing a long term mental health condition.
- Support for older people and their families in managing mental health issues in older age such as dementia.

Long-Term Conditions

Currently, there are varying numbers of people with long term conditions resident on the islands. The Irish population as a whole is ageing and with older age comes more long term illnesses and a greater need for primary care services⁴⁴. This is a particularly worrying issue for island populations who already have higher numbers of older people living within their communities but who may not have ready access to primary care services.

Living with a long-term condition is challenging for any patient but for the island populations there are added difficulties:

- Access to the wider primary care team is more difficult if patients are less mobile and not feeling well.
- The current GP contract does not cover management of long term conditions.
- Access to support groups and information is limited.
- Medication management is a challenge especially in unpredictable weather.
- Attendance at frequent or multiple appointments for primary or secondary care can put an extra burden on patients.
- Patients with no medical card have to pay for all services and transport.

Ante Natal Care

Ideally the maternity unit should be particularly aware of any expectant mothers nearing full term on offshore islands as a matter of course. Careful planning is required for the safety of mother and baby, and birth plans need to be put in place which takes into account the particular issues arising for mothers who live on islands.

Medication Management

Safe availability and management of medications; routine, emergency and over the counter medications, whether prescribed or not, need to have clear governance in relation to island communities. People resident on islands and those visiting do not have the same access to pharmacy as people living on the mainland. Prescribing, dispensing and administration of medication on islands needs a full review in association with relevant healthcare professionals.

Theme 8: Interfaces

Interfaces with Secondary/Tertiary Care

Health in the broadest sense is about complete physical, mental and social wellbeing⁶². For that reason, maintaining health involves many different sectors and organisations. Working together with these other agencies is outside the scope of this report, but is accepted as a fundamental necessity to promote the health of the community.

In relation to health services, the links between primary and secondary care are very important. Local hospitals provide care for patients with long term conditions, planned care and emergency care. In some cases this works very well and patients and professionals are happy with the service provided, but in other areas there are issues highlighted in relation to appointment times, lack of co-ordination of appointments and the late cancellation of clinics. Notably, many of these issues also occur in relation to patients who live in remote and rural areas on the mainland, but are particularly difficult for those living on the islands.

Islander Voices:

- ***“A member of staff should be appointed in each HSE area to act as a point of contact for islanders when issues arise”***

Communication pathways and care pathways need to take into account the specific challenges of getting to appointments and co-ordinating appointment times within the confines of public transport timetables. Appointments need to be made a reasonable time in advance to allow for travel and accommodation arrangements to be made. Discharge planning is another key issue as arrangements must be made to transport patients out of hospital and back onto the island. Further arrangements need to be made for any ongoing care which may not be available at a weekend or may need further co-ordination.

For inpatients, particularly the frail elderly, a review of upcoming appointments may facilitate review while in hospital to prevent further travel. Previously an outreach service was available for geriatricians to visit the elderly at home if they were immobile and unable to travel. Due to workload issues this has been discontinued in many areas. The appointment of a community geriatrician would be one way of addressing this gap in service. A recommendation will be made for representatives from secondary care to be invited to participate in local planning teams for islands.

Theme 9: Visitors and Surge Capacity

Visitors to the Islands

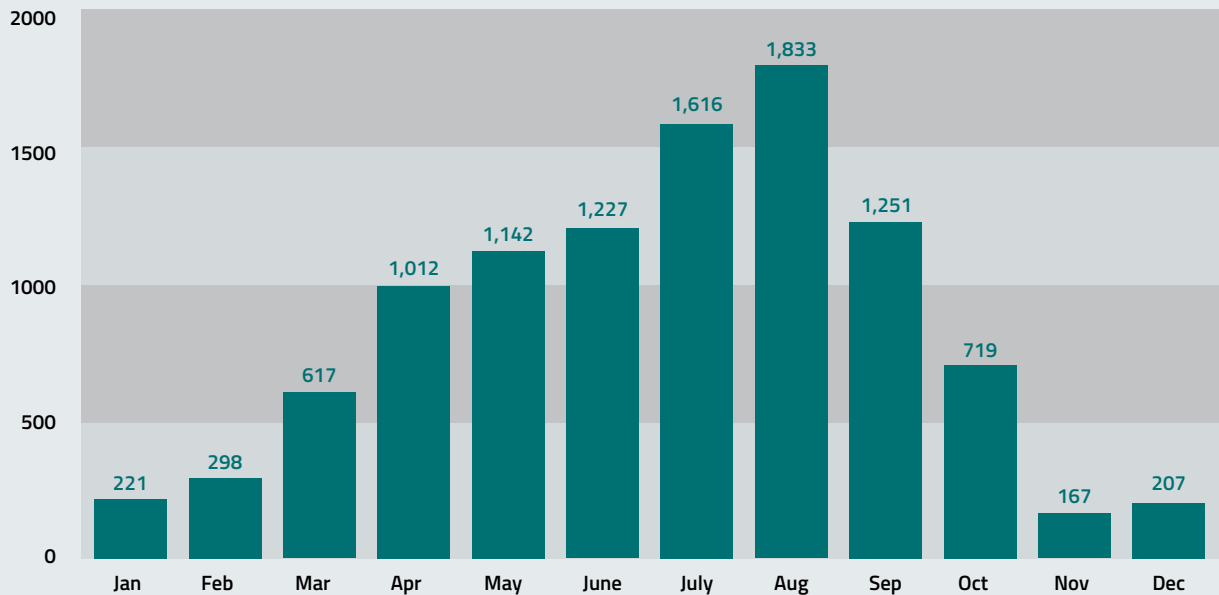
Many islands experience a large increase in their populations, particularly during the summer months, due to tourism. The success of the Wild Atlantic Way has ensured that many visitors are attracted to the stunning scenery of the west of Ireland and that the visitor season now extends for a much longer period than previously. Extra resources such as the new pier in Doolin make it easier for visitors to access the offshore islands. This is a vital part of the economy of islands and is greatly valued. However for any area, a sudden large increase in the resident or visiting population puts a strain on services and can cause an increase in accidents, illnesses and can result in an unmanageable workload for staff. Unfortunately, it has proved impossible to get accurate figures on visitor numbers for the purposes of this report. In 2015 the ferry services funded by the Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs recorded visitor numbers of 245,000 to the islands as illustrated in Table 12 below. This does not include private ferry companies, air transport, and private boat transport. It is estimated (based on capacity and frequency of ferries) that up to 200,000 people visited Inis Oírr in 2016 and up to 2,500 people visit Inis Mór daily during the main holiday season. 132,233 people visited Dún Aonghasa on Inis Mór in 2016. The total population of the islands is 2,846 so even a conservative estimate of visitor numbers of 245,000/year would indicate an 8,600% increase in numbers.

Table 12: Number of People Transported on Subsidised Ferries 2015

2015	Sailings	Islanders	Others	Total
Donegal				
Toraigh	1,532	5,456	8,313	13,769
Árainn Mhór	4,803	21,484	38,832	60,316
	6,335	26,940	47,145	74,085
Mayo				
Inis Bigil	722	1,644	919	2,563
Inishturk	1,017	4,158	4,474	8,632
Clare Island	1,325	8,632	9,316	17,948
	3,064	14,434	14,709	29,143
Galway				
Inishbofin	1,365	10,741	34,610	45,351
Inis Oírr/Inis Meáin	1,417	24,153	26,847	51,000
	2,782	34,894	61,457	96,351
Cork				
Bere Island	8,698	37,169	31,844	69,013
Sherkin	5,398	17,132	41,754	58,886
Whiddy	3,245	5,845	7,473	13,318
Oileán Chléire	1,877	11,369	29,020	40,389
Long Island	816	992	719	1,711
Heir (Hare) Island	4,424	3,347	10,765	14,112
	24,458	75,854	121,575	197,429
Total:	36,639	152,122	244,886	397,008

*Figures courtesy of: Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs. *In 2015, subsidised services were only provided to Inis Oírr and Inis Meáin, with private operators operating the route to Inis Mór*

Figure 2: Visitor Numbers to and from the Aran Islands by Air 2015



Cork County Council operates a cable car service to Dursey Island and they provided an accurate count of the number of visitors to the island in 2015. The resident island population was 3 and the visitor number was 12,234. This figure further highlights the substantial numbers of visitors that are likely to be travelling to the island. There are also Irish Colleges on some of the islands which have students in the summer months who are resident for several weeks at a time.

Surge Capacity

The fluctuation in visitor numbers brings challenges for healthcare as there is a much greater potential for accidents or serious illness. Surge capacity is a measurement of the ability to manage a sudden influx of patients⁸³. It is dependent on a well-functioning system and the variables of space, supplies, staff and any special considerations such as transport⁸³. To adequately discuss surge capacity it is first necessary to get accurate data on visitor numbers and this is a recommendation for going forward. Accurate data collection on visitor numbers and estimation of surge capacity will enable appropriate contingency planning for each island.

Staffing numbers for the summer months need to be reviewed and the busiest islands may require an extra doctor, nurse and healthcare assistant to help out at the peak of the tourist season. An Emergency Medical Technician (EMT) could also be provided to the larger islands for the busiest months of the summer. Surge capacity is also an issue in the Health Centres to ensure adequate consultation space for increased numbers of patients.

8.2 Conclusion

The consultation process has provided essential insights into the challenges faced in providing an equitable and high quality primary care service to the islands. It is apparent that the service currently provided has many positive elements and is greatly valued by the islanders. However, the service provided is not uniform across the islands and there are many areas identified in this chapter where the service could be improved. The consultation process described a somewhat fragmented, unpredictable and reactionary service where island healthcare professionals are working extremely hard to provide a holistic high quality service in the absence of adequate resources.

The issues highlighted make working in such conditions less than attractive and therefore the recruitment and retention of staff is likely to remain a challenge until such elements of the service are addressed. Furthermore, the island populations need to be supported in their right to easier access to healthcare. Improved transport links, flexibility of outpatient appointments along with the increased use of technology to minimise the burden of travel are all options and possible solutions that need further exploration. The recommended approach is for a flexible multi-disciplinary primary care team that has open lines of communication and agreed care pathways with secondary care and that is supported by adequate infrastructure and resources.



Island Services Review April 2017

Chapter 9

Conclusions, Key Messages
and Recommendations

Chapter 9

9.0 Conclusions, Key Messages and Recommendations

9.1 Conclusions

The ultimate goal of primary healthcare is better health for all⁸⁴.

The WHO describe the essential elements to achieving this goal which include working to reduce social exclusion and health inequities by striving to offer universal healthcare coverage, through the provision of a widely accessible, patient-centred service that is seamlessly integrated with other health and social care sectors, that advocates for improvements in health, and empowers patients to look after their own health where possible⁸⁴.

There are many primary care services to the islands that currently provide an excellent service. There are also services that require further development. This report will form the basis for a plan which will address the issues raised during the consultation process. The recommendations in this chapter are designed to address the challenges identified during the consultation process and are accompanied by an implementation plan for Year One to ensure adequate progress is made in working to provide a quality health service to the island populations.

There is a need to provide a vision for the development of sustainable healthcare for our island populations. The increasing complexity of needs and the changing nature of care are just some of the challenges that must be met.

9.2 Recommendations

A coherent and streamlined approach to the health and wellbeing of the island populations necessitates many different departments and communities working together.

Recommendations:

- Government policy to be “Island proofed” so that policies take into account the impact on island residents.
- A National Forum be convened and tasked with implementing the recommendations in this report. This forum will include representation from island communities both from the public and from resident healthcare professionals, relevant government departments, the HSE and other relevant bodies.
- The HSE Annual National Service Plan henceforth should contain specific objectives relating to the delivery and development of services to the islands including actions to implement the recommendations of this review.

9.3 Irish Language

The HSE recognise and respect the importance of the Irish language in the unique cultural environment of island communities.

Recommendations:

- Under the Official Languages Act 2003 a language scheme is to be agreed by the HSE
- Primary care services should be available in Irish for those who require them.
- Development of service resources (e.g. assessment tools) in Irish is recommended.
- Each healthcare setting requires a list of people available who can speak Irish, in particular where the healthcare team covers a Gaeltacht population.

9.4 Community Healthcare Organisations (CHO) and Hospital Groups/Integrated Care

Many of the islands have excellent services provided by primary care and the hospital groups but there needs to be better integration.

Recommendations:

- Local interagency fora will be established in CHOs* which will include island community representation, HSE (including the National Ambulance Service), GPs, Island Nurses, Local Authorities, Royal National Lifeboat Institution (RNLI), Coastguard, An Garda Síochána and the Fire Service. These fora will be tasked with implementing the plans emerging from this review and the national forum and will report to the Chief Officer of the CHO.
- Primary care services will be provided on islands in accordance with assessed clinical need and eligibility. This information on these services will be widely available to people living on islands and to relevant health professionals involved.
- HSE personnel to promote the health needs of island communities through existing interagency fora including the Local Community Development Committees.

**Where CHO encompasses island populations*

9.5 Workforce Planning

Forward planning for the provision of an appropriate and highly skilled workforce must be a priority for the future.

General Practitioners:

- The Irish College of General Practitioners (ICGP) and HSE should work with island GPs to identify GP training needs and the GP training curriculum should reflect the extended range of services that GPs are required to provide to island communities.
- GPs need to be provided with adequate locum support to enable them to take leave and to attend on-going training on a consistent basis. Planning needs to incorporate the provision of a rota for the GPs involved.
- The engagement of GPs in Primary Care Teams on islands should be encouraged and supported.
- Continuity of GP care for people living on islands should be planned for and adequately resourced through forward workforce planning.

Nursing:

- A specific job description for an island Public Health Nurse (PHN) will be developed to recognise a new nursing role in response to documented need. This position will be developed to enhance the nursing role in improving primary care service delivery.
- The job description for an island nurse will take account of specific needs of island populations and their geographical location, the possible professional and social isolation that may be encountered, and the challenges of accessing the island on a year round basis.
- The role needs to be sustainable and for smaller islands may need to incorporate elements of flexibility to carry out tasks for the PHN service while working on the island.
- A specific island nurse training programme to be developed in conjunction with Nursing and Midwifery Planning and Development Units.
- The governance and maintenance of skills of island nurses requires review.
- Locum cover needs to be available to enable the nurse to attend training days and to maintain supervision.
- Governance pertaining to lone working needs to be reviewed and satisfactory senior management support should be readily available in case of illness/difficult situations.

Primary Care Team (PCT):

- Primary care for island populations should be delivered by a Primary Care Team.
- The Primary Care Team should undertake activities on islands to promote health and wellbeing and raise awareness about services.
- In Primary Care Teams that have islands as part of their area, consideration should be given to holding meetings on the island at regular intervals.
- The HSE will consider the recruitment and training of Healthcare Assistants (HCA) on islands to work as part of a team with the island nursing service.
- The HCA should be contracted for fixed hours but with a wider remit than that of a mainland HCAs.
- A pool of HCAs should be trained and available to ensure adequate support for those who live on the islands.

9.6 Community Resilience

The HSE are committed to working with people living on islands to improve their health and wellbeing by actively engaging with them and working in partnership with community development organisations already established on the islands.

Recommendations:

- The HSE will develop and implement a plan in partnership with individual island communities to promote the health and wellbeing of island communities, based on identified needs, national priority programmes and Healthy Ireland goals.
- The HSE will work with island communities to build capacity for community resilience to ensure that people can be cared for as close to home as possible.

This will include efforts to:

- ⚡ Identify opportunities for island communities to avail of training in basic life support/CPR/manual handling/anticipatory care/management of long term conditions.
- ⚡ Develop, encourage, support and provide on-going training and governance for a Community First Responder Scheme.
- ⚡ Recruit a Community First Responder Scheme Co-Coordinator.

9.7 Self Management Support

Self management of long term conditions promotes resilience. Primary Care Networks must promote, encourage and support individuals to manage their own conditions. Educational programmes are available to individuals for improving their understanding and managing their particular condition. Voluntary groups and support groups are widely available and accessible through internet technology.

Recommendations:

- The system of care within island communities should support self care, anticipate health needs to avoid crises in chronic diseases and have the capacity to respond to emergency situations.
- Primary Care Teams will support individuals to self manage their own care.

9.8 Long -Term Conditions

Many long term conditions, e.g. respiratory disease, diabetes, and cardiac conditions, result in frequent hospital admissions. Routine monitoring of these conditions by a multidisciplinary team can prevent some hospital admissions and result in avoiding clinical crises. Currently long term condition management is not part of the GMS contract for GPs.

Recommendations:

- An integrated system will be developed between primary, secondary and tertiary care to incorporate robust care pathways for long-term condition management.

9.9 Mental Health

The issue of mental health could be significant for an aging isolated population. Psychological supports within primary care should be enhanced, and as the HSE develop the Assistant Psychologist posts consideration should be given to the island populations. There is also an Advanced Nurse Practitioner role in mental health being explored in the community.

Recommendations:

- Mental health promotion should be a priority area for island communities.
- Psychological supports should be enhanced in primary care.
- Support for people with long term mental health conditions should be provided on the island as much as is feasible

9.10 Anticipatory Care

Evidence has shown that the most frequent reason for admission of patients to community hospitals is for rehabilitation following a fall or secondary to chronic obstructive airways disease. A falls prevention assessment and intervention can reduce this need and use of pulmonary rehabilitation where appropriate will also reduce the need for hospital admission.

Recommendations:

- Those CHOs and Hospital Groups with islands as part of their population should have specific island health action plans which ensure integrated care for patients with long-term conditions.
- Antenatal care plans need to be developed in conjunction with expectant mothers at an early stage in the pregnancy.

9.11 Planned Care

GPs and PHNs/RGNs are key to the referral of patients within the primary care network to services such as occupational therapy, mental health services, physiotherapy, etc. The GP is also essential to referral to secondary and tertiary services.

Agreed care pathways should be available for all patients and services should be provided in an integrated fashion and as locally as possible. If care is required in a secondary or tertiary facility cognisance should be given to co-ordinating appointments and facilitating access based on travel schedules.

Recommendations:

- The particular needs of people living on islands should be addressed in relation to health related and hospital appointments.
- Hospitals and Primary Care Teams need to review the service provided to island communities taking into account the difficulties of travel and the need to plan ahead.

9.12 Emergency Care

Clear and concise pathways for acute illness and emergency care should be available for each island for both residents and visitors. Crucial to emergency care is the ability to provide immediate care and to transport the patient off the island in a timely and safe manner if required.

Recommendations:

- Each island should have a specific, up to date, standardised medical evacuation policy developed by the Aero-Medical Liaison Officer of the National Ambulance Service.
- There will be prominently placed public information for all residents and visitors to all islands about the emergency procedures.
- There should be a major accident plan specific to each island and the key stakeholders should attend regular practice scenarios.
- The Ambulance Service Aero-Medical Liaison Officer will carry out regular routine debriefing with health professionals and island communities in relation to emergency evacuations that have occurred.
- An annual audit of island emergency evacuations will be carried out.
- Health professionals working on islands should have access to regular training and up-skilling in the management of medical emergencies and medical evacuation.
- Discussions will commence on transport of patients to areas of medical evacuation.

9.13 Out of Hours Care

Out of hours service must be provided as locally as possible. There are on-going national negotiations to review the GP contract and out of hours commitments. Special assistance should be provided to island GPs taking into account the unique challenges that they face and the onerous commitments that they are required to make both in and out of hours.

Recommendations:

- The pathway for management of out of hours' GP service to be clarified. In areas where there is an out of hour's service then ideally this should be the first point of contact.

9.14 E-Health

The development of e-Health depends on a robust infrastructure which will enable the use of broadband technology for connectivity. As can be seen by the health profiles, the number of homes connected to broadband varies considerably from island to island. Also the speed of the connection and the quality of connectivity varies considerably. There is a national commitment to develop broadband services particularly to rural areas.

Recommendations:

- The HSE recognises the need for adequate broadband connectivity for islands and will work with relevant agencies to ensure that this remains a priority nationally to improve the delivery of health care.
- The HSE will work to develop telemedicine services for islands with a view to:
 - ⌘ Facilitating the delivery of video link consultations.
 - ⌘ Providing devices that promote mobile assessment and enhanced service delivery on islands in line with best practice.
 - ⌘ Improving multidisciplinary working.
 - ⌘ Providing online training and education.
- The HSE will work with relevant agencies to promote the improvement of mobile phone coverage.
- The HSE will provide adequate technological support for all Primary Care Professionals providing services on islands to include access to the HSE network, email, fax, phone and mobile devices.
- Multidisciplinary Primary Care Team working will be supported and enhanced by developing the use of telemedicine options (e.g. video-conferencing, Skype) and some meetings taking place on islands each year.
- Primary Care Teams working on islands will have access to shared electronic records. As electronic records may not be developed for some time, the development of patient held records may be considered.

9.15 Physical Infrastructure

Currently the physical infrastructure of Health Centres varies considerably from island to island. All premises should be fit for purpose and accessible to the multidisciplinary team. Any new premises should have broadband capacity.

Recommendations:

- HSE should review their primary care facilities on the islands and prioritise their capital plans to include purpose built premises, working in collaboration with Local Authorities and other agencies to share facilities.
- All HSE premises should be fit for purpose.
- In the development of new primary care centres on designated islands, the HSE will consider the provision of accommodation for GP locums and nurses.
- Accommodation for nurses and locum nurses providing 24/7 service on islands will be improved and standardised and include access to the internet.
- In consultation with island Primary Care Teams a standard inventory of essential equipment required for individual island health centres will be developed.
- New primary care centres will be developed on Inishbofin and Inis Mór.
- An island-specific primary care centre will take into account any additional provision for emergency care situations.
- The need for a back-up generator in the event of prolonged power cuts will be assessed for each island primary care centre.
- Transport arrangements of patients on islands will be reviewed by the local interagency group in conjunction with the appropriate Rural Transport Company

9.16 Medication Management

Safe availability and management of medications; routine, emergency and over the counter medications, whether prescribed or not, need to have clear governance in relation to island communities.

Recommendations:

- On islands which have a 24/7 nursing service and no resident GP, the role of the island nurse in the implementation of a protocol for dispensing medications on islands will be developed. This will include a standard list of medications to be available and acceptable governance around fax prescribing by the GP and subsequent nurse dispensing.
- Community pharmacy will be engaged to streamline the process of medication provision for long term conditions and repeat prescriptions.
- The role of a nurse prescriber will be considered in the development of the island nurse job specification.
- Community resilience programmes will address issues about anticipatory care regarding over the counter medicines and repeat prescriptions.

9.17 Service Level Agreements with External Agencies

Many healthcare services are provided by external agencies contracted to the HSE.

Recommendations:

- For CHOs and hospital groups serving island populations, all service level agreements with external agencies will be island proofed i.e. agencies will be required to describe how the service will be delivered to the islands.

9.18 Data Collection

During the preparation of this report, it proved difficult to obtain accurate information on the islands in relation to some key indicators. Some issues in relation to data collection that arose in this process include the standardisation of data collection systems to allow for comparison from island to island.

Recommendations:

- Each island needs to be considered separately by Central Statistics Office (CSO) in the presentation of census information.
- Local inter-agency groups will ensure data is collated in relation to their islands, updated and reviewed.
- Data collection systems to be developed to make it possible to determine and monitor health service needs and activity on islands.
- Data systems to be put in place to collect accurate information on visitor numbers to clarify the surge capacity of clinical personnel required.

9.19 Implementation Plan Year 1

To facilitate the immediate task of addressing the key issues in this report, an implementation plan for Year 1 has been included. This sets out the key priorities which need to be addressed and provide a roadmap for where further discussions and collaboration are recommended.

Table 13: Implementation Plan-Year 1

Commitment	Rationale	Who	Timescale	Costing
A National Forum will be convened and tasked with implementing the recommendations in this report.	A coherent National Strategy is required.	HSE/Department of Health. This forum will include representation from island communities, relevant government departments, and the HSE, and will require a National Project Manager.	1 st quarter 2019	Business case to be developed for appointment of Project Manager
Multi Agency Partnerships will be formed in each CHO area to promote the health and well being of island communities.	A partnership approach to the needs of island communities is essential in accordance with Healthy Ireland goals.	Each CHO which has islands as part of it's population will convene an interagency forum including community representation, GPs, HSE (both community and acute services), An Garda Siochana, Fire Service and Local Authority. These groups will report to the Chief Officer of the relevant CHO.	A Working Group will be formed in the 4 th quarter of 2018.	No cost increase
All information received from the consultation process in compiling this report and details of current services will be made available to the local implementation groups.	All collated information will be available to inform the decision making around services for the islands.	Steering Group	4th quarter 2018	No cost increase
Commencement of the process for developing a new job specification for an Island Nurse.	Specific role for an Island Nurse to be developed.	HSE to initiate the process	1st quarter 2019	No cost increase
Individual health action plans will be developed for each island.	Each island has specific needs and unique issues.	Interagency Forum	2 nd quarter 2019	Costing determined when action plan developed
Island Primary Care facilities will be reviewed.	All healthcare premises need to be fit for purpose.	HSE	1 st quarter 2019	Review has no cost increase; any future development plan to be costed

Commitment	Rationale	Who	Timescale	Costing
New Primary Care facilities will be developed on Inishbofin and Inis Mór.	These developments have been approved.	HSE	A plan for completion of these facilities to be signed off in 2018.	Costing completed for individual facilities
Introduction of an updated Irish language scheme (as per Official Languages Act 2003).	Each CHO will implement a local plan and provide support for staff to improve language skills, facilitate access for people to Irish speaking staff and to develop service resources (e.g. assessment tools) in Irish.	HSE	1 st quarter of 2019	No cost increase
An integrated system will be developed between primary, secondary and tertiary care to incorporate robust care pathways for long term condition management.	Currently many services are fragmented.	HSE	Initial work commence in 1 st quarter of 2019.	No cost increase
A common template will be developed to collect activity data in relation to primary care workload on the islands.	Information is currently fragmented and difficult to gather.	HSE	1 st Quarter 2019	No cost increase
Discussions will commence with the National Ambulance Service about transport of patients to medical evacuation sites.	Safe transport of patients	HSE	1 st Quarter 2019	Costs to be determined when specific plans are developed.

9.20 Conclusion

The nature of primary care is changing in line with our ageing population and the associated increasing complexity of need. Primary care forms the foundations of the Irish Health Services and it needs to be protected and nurtured in order to provide an equitable health service to the island populations in line with international best practice.

A Steering Group was established in order to develop an evidence-based framework for providing a sustainable primary healthcare service to the Irish islands. The consultation process has painted a picture of a disorganised, inefficient and disjointed health and social care service that does not recognise the additional challenges that islanders must sometimes face in order to receive the same level of healthcare as that of a person on the mainland. Furthermore, it is apparent that GPs and island nurses, along with other members of the primary care team, are working relentlessly to provide islanders with an adequate health and social care service against a backdrop of limited resources and a distinct lack of forward workforce planning. Such a model of care is unsustainable going forward and the populations of the islands, along with their healthcare workers, have called for this long-standing issue to be imminently addressed.

The Irish Government has pledged to protect and support the island populations. Furthermore, Irish policy supports the provision of care as close to home as possible for the people of Ireland, no matter where they live. For the island populations, achieving this goal is dependent on empowering people to engage in health-promoting and self-caring activities against a backdrop of a supportive environment with a well-resourced primary care team who work collaboratively with the secondary and tertiary care services, and other sectors of society, in order to provide a fair and accessible healthcare service for the island populations.

Both the roles of an island general practitioner and an island nurse need to be acknowledged as specialist jobs in their own right, and be supported with adequate training, a clear job description, resources and robust and agreed care and communication pathways, with adequate workforce planning and remuneration being addressed.

It is recognised that a “one size fits all” approach will not work and more innovative and flexible methods of providing healthcare will need to be considered which should be built upon a strong infrastructure. In order to deliver a specific plan to meet the needs of the population of each island, it is recommended that a specific island forum be established for each island and a health needs assessment be performed in order to identify the unmet healthcare needs for each island.

The irreplaceable heritage of the Irish islands needs to be protected and treasured. This report describes our vision for the provision of a high quality and equitable health service for the island populations, and will serve as a framework to lead change and support the islanders in their choice to remain living on the islands.

Island Services Review April 2017

Appendices

Terms*

Mean: This is another word for the average. It is defined as the sum of the observations divided by the number of observations.

Median: This is the middle value in a range of values which have been put in order of lowest to highest. It is used instead of the mean if the data is skewed.

Range: The range is described as the smallest and largest observations.

Interquartile range: This is the range where 50% of the observations lie.

Normal distribution: This describes data which have a symmetrical distribution, with a characteristic 'bell' shape. If you were to depict the data on a chart the chart would look symmetrical.

Skew: This is used to describe data which does not have a symmetrical distribution. If you were to depict the data on a chart the chart would look lopsided or "skewed".

*Definitions adapted from Public Health textbook on <http://www.healthknowledge.org.uk/>

Appendix 1

This section gives an explanation of how to interpret the following spine graphs. For people who want further explanation there is an excellent video referenced below.

How to interpret the Spine tool

A spine chart is a data visualisation technique to present a number of indicators for an area. Each indicator's statistics are scaled so that the indicator's Ireland average (mean) value forms one dark vertical central line on the chart. An area's value for each indicator is presented as a circle against a shaded background showing the range and inter-quartile range of the local authority values across Ireland.

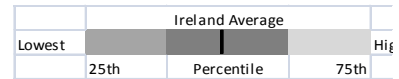
To watch a training video on Spine Tool interpretation click the link below:

<http://www.youtube.com/watch?v=480Mswgcg8M>

Appendix 2

Figure 1: Toraigh and Inis Meáin

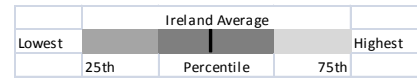
Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range
Demographic Indicators					
1 Age 0-4	7	4.6	7.8	0.9	
2 Age 5-14	10	6.6	13.6	6.6	
3 Age 15-24	20	13.0	13.0	7.4	
4 Age 25-64	95	63.0	54.0	43.8	
5 Age 65 and over	19	13.0	12.0	12.6	
6 Total Population	151				
7 Dependency Population & Ratio	36	31.3	49.3	31.0	
8 White Irish	145	96.7	84.5	76.0	
9 All other Ethnicity	5	3.3	15.5	2.8	
10 Population who do not speak Irish	8	5.4	57.4	1.7	
11 Lone Parent Households	4	7.0	10.9	5.1	
12 One Person Households	21	36.8	23.7	26.5	
Environment Indicators					
13 Households built pre 1960	33	57.9	23.8	25.0	
14 Households with No Central Heating	4	7.0	1.6	0.0	
15 Households Rented from Local Authority	4	7.0	7.8	1.0	
16 Water Public Main	6	10.5	75.6	10.5	
17 Water Group Scheme with Local Authority	14	24.6	8.8	4.0	
18 Water Group Scheme with Private source	27	47.4	2.8	0.0	
19 Water Other Private source	8	14.0	9.8	0.0	
20 Households with Computer	27	47.0	73.0	45.0	
21 Households with Broadband/other internet connection	25	44.0	72.0	38.0	
22 Total Households	57				
Economic Indicators					
23 Deprivation		-13.5	0.2	-20.4	
24 At Work	35	26.1	50.1	21.7	
25 Unemployed or looking for first job	44	32.8	11.8	6.0	
26 Student	12	9.0	11.3	3.0	
27 Looking After Home/Family	16	11.9	9.4	5.0	
28 Retired	16	11.9	12.7	11.9	
29 Unable To Work due to Sickness or Disability	8	6.0	4.4	1.9	
30 Other employment status	3	2.2	0.4	0.0	
31 Unskilled & Semi Skilled	38	25.2	16.3	13.0	
32 Persons With no formal or primary Education only	58	49.2	15.2	9.0	
Health Indicators					
33 Health Bad or Very Bad	4	2.6	1.5	0.0	
34 Persons with Disability Age 0-14 years	0	0.0	8.9	0.0	
35 Persons with Disability Age 15-24 years	1	3.3	7.5	0.0	
36 Persons with Disability Age 25-44 years	2	6.7	20.2	0.0	
37 Persons with Disability Age 45-64 years	14	46.7	29.1	15.0	
38 Persons with Disability Age 65+ years	13	43.3	34.3	17.6	
39 Total persons with disability	30				

Figure 2: Árainn Mhór

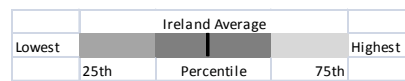
Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range	Island High
Demographic Indicators						
1 Age 0-4	24	4.7	7.8	0.9		6.5
2 Age 5-14	76	14.8	13.6	6.6		16.9
3 Age 15-24	45	9.0	13.0	7.4		24.0
4 Age 25-64	225	44.0	54.0	43.8		62.9
5 Age 65 and over	144	28.0	12.0	12.6		28.0
6 Total Population	514					
7 Dependency Population & Ratio	244	90.4	49.3	31.0		90.4
8 White Irish	466	93.8	84.5	76.0		97.2
9 All other Ethnicity	31	6.2	15.5	2.8		24.0
10 Population who do not speak Irish	66	13.1	57.4	1.7		74.8
11 Lone Parent Households	26	12.3	10.9	5.1		14.4
12 One Person Households	77	36.3	23.7	26.5		55.3
Environment Indicators						
13 Households built pre 1960	89	42.0	23.8	25.0		59.3
14 Households with No Central Heating	1	0.5	1.6	0.0		14.3
15 Households Rented from Local Authority	9	4.2	7.8	1.0		11.3
16 Water Public Main	142	81.6	75.6	10.5		85.0
17 Water Group Scheme with Local Authority	44	67.0	8.8	4.0		80.3
18 Water Group Scheme with Private source	14	20.8	2.8	0.0		47.0
19 Water Other Private source	12	5.7	9.8	0.0		54.0
20 Households with Computer	115	54.0	73.0	45.0		78.0
21 Households with Broadband/other internet connection	107	50.0	72.0	38.0		78.0
22 Total Households	212					
Economic Indicators						
23 Deprivation		-20.4	0.2	-20.4		11.0
24 At Work	90	21.7	50.1	21.7		57.0
25 Unemployed or looking for first job	70	16.9	11.8	6.0		33.0
26 Student	39	9.4	11.3	3.0		27.2
27 Looking After Home/Family	66	15.9	9.4	5.0		16.0
28 Retired	120	29.0	12.7	11.9		29.0
29 Unable To Work due to Sickness or Disability	26	6.3	4.4	1.9		6.3
30 Other employment status	3	0.7	0.4	0.0		2.2
31 Unskilled & Semi Skilled	128	24.9	16.3	13.0		25.2
32 Persons With no formal or primary Education only	162	45.9	15.2	9.0		49.2
Health Indicators						
33 Health Bad or Very Bad	16	3.1	1.5	0.0		4.0
34 Persons with Disability Age 0-14 years	3	3.1	8.9	0.0		25.0
35 Persons with Disability Age 15-24 years	2	2.1	7.5	0.0		13.0
36 Persons with Disability Age 25-44 years	8	8.3	20.2	0.0		18.0
37 Persons with Disability Age 45-64 years	30	31.3	29.1	15.0		47.1
38 Persons with Disability Age 65+ years	55	55.0	34.3	17.6		63.3
39 Total persons with disability	96					

Figure 3: Clare and Inishturk

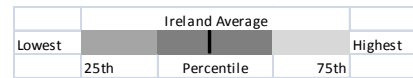
Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range	Island High
Demographic Indicators						
1 Age 0-4	13	5.9	7.8	0.9		6.5
2 Age 5-14	32	14.5	13.6	6.6		16.9
3 Age 15-24	21	10.0	13.0	7.4		24.0
4 Age 25-64	115	52.0	54.0	43.8		62.9
5 Age 65 and over	40	18.0	12.0	12.6		28.0
6 Total Population	221					
7 Dependency Population & Ratio	85	62.5	49.3	31.0		90.4
8 White Irish	192	91.4	84.5	76.0		97.2
9 All other Ethnicity	18	8.6	15.5	2.8		24.0
10 Population who do not speak Irish	160	74.8	57.4	1.7		74.8
11 Lone Parent Households	8	9.9	10.9	5.1		14.4
12 One Person Households	32	39.5	23.7	26.5		55.3
Environment Indicators						
13 Households built pre 1960	33	41.3	23.8	25.0		59.3
14 Households with No Central Heating	2	2.5	1.6	0.0		14.3
15 Households Rented from Local Authority	9	11.3	7.8	1.0		11.3
16 Water Public Main	21	26.3	75.6	10.5		85.0
17 Water Group Scheme with Local Authority	33	41.3	8.8	4.0		80.3
18 Water Group Scheme with Private source	10	12.5	2.8	0.0		47.0
19 Water Other Private source	13	16.3	9.8	0.0		54.0
20 Households with Computer	45	56.0	73.0	45.0		78.0
21 Households with Broadband/other internet connection	45	56.0	72.0	38.0		78.0
22 Total Households	80					
Economic Indicators						
23 Deprivation		-6.2	0.2	-20.4		11.0
24 At Work	85	48.3	50.1	21.7		57.0
25 Unemployed or looking for first job	26	14.8	11.8	6.0		33.0
26 Student	15	8.5	11.3	3.0		27.2
27 Looking After Home/Family	14	8.0	9.4	5.0		16.0
28 Retired	31	17.6	12.7	11.9		29.0
29 Unable To Work due to Sickness or Disability	5	2.8	4.4	1.9		6.3
30 Other employment status	0	0.0	0.4	0.0		2.2
31 Unskilled & Semi Skilled	55	24.9	16.3	13.0		25.2
32 Persons With no formal or primary Education only	64	40.8	15.2	9.0		49.2
Health Indicators						
33 Health Bad or Very Bad	8	3.6	1.5	0.0		4.0
34 Persons with Disability Age 0-14 years	1	3.6	8.9	0.0		25.0
35 Persons with Disability Age 15-24 years	2	7.1	7.5	0.0		13.0
36 Persons with Disability Age 25-44 years	4	14.3	20.2	0.0		18.0
37 Persons with Disability Age 45-64 years	11	39.3	29.1	15.0		47.1
38 Persons with Disability Age 65+ years	10	35.7	34.3	17.6		63.3
39 Total persons with disability	28					

Figure 4: Inishbofin

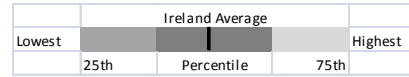
Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range	Island High
Demographic Indicators						
1 Age 0-4	4	2.5	7.8	0.9		6.5
2 Age 5-14	22	13.8	13.6	6.6		16.9
3 Age 15-24	13	8.0	13.0	7.4		24.0
4 Age 25-64	88	55.0	54.0	43.8		62.9
5 Age 65 and over	33	21.0	12.0	12.6		28.0
6 Total Population	160					
7 Dependency Population & Ratio	59	58.4	49.3	31.0		90.4
8 White Irish	143	89.9	84.5	76.0		97.2
9 All other Ethnicity	16	10.1	15.5	2.8		24.0
10 Population who do not speak Irish	109	69.0	57.4	1.7		74.8
11 Lone Parent Households	4	5.1	10.9	5.1		14.4
12 One Person Households	43	55.1	23.7	26.5		55.3
Environment Indicators						
13 Households built pre 1960	37	50.0	23.8	25.0		59.3
14 Households with No Central Heating	6	8.1	1.6	0.0		14.3
15 Households Rented from Local Authority	7	9.5	7.8	1.0		11.3
16 Water Public Main	55	74.3	75.6	10.5		85.0
17 Water Group Scheme with Local Authority	5	6.8	8.8	4.0		80.3
18 Water Group Scheme with Private source	4	5.4	2.8	0.0		47.0
19 Water Other Private source	3	4.1	9.8	0.0		54.0
20 Households with Computer	43	58.0	73.0	45.0		78.0
21 Households with Broadband/other internet connection	39	53.0	72.0	38.0		78.0
22 Total Households	74					
Economic Indicators						
23 Deprivation		-10.2	0.2	-20.4		11.0
24 At Work	58	43.3	50.1	21.7		57.0
25 Unemployed or looking for first job	29	21.6	11.8	6.0		33.0
26 Student	4	3.0	11.3	3.0		27.2
27 Looking After Home/Family	13	9.7	9.4	5.0		16.0
28 Retired	23	17.2	12.7	11.9		29.0
29 Unable To Work due to Sickness or Disability	7	5.2	4.4	1.9		6.3
30 Other employment status	0	0.0	0.4	0.0		2.2
31 Unskilled & Semi Skilled	30	18.8	16.3	13.0		25.2
32 Persons With no formal or primary Education only	40	33.3	15.2	9.0		49.2
Health Indicators						
33 Health Bad or Very Bad	3	1.9	1.5	0.0		4.0
34 Persons with Disability Age 0-14 years	1	4.0	8.9	0.0		25.0
35 Persons with Disability Age 15-24 years	0	0.0	7.5	0.0		13.0
36 Persons with Disability Age 25-44 years	3	12.0	20.2	0.0		18.0
37 Persons with Disability Age 45-64 years	9	36.0	29.1	15.0		47.1
38 Persons with Disability Age 65+ years	12	48.0	34.3	17.6		63.3
39 Total persons with disability	25					

Figure 5: Inis Mór

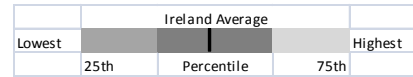
Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range	Island High
Demographic Indicators						
1 Age 0-4	43	5.1	7.8	0.9		6.5
2 Age 5-14	86	10.2	13.6	6.6		16.9
3 Age 15-24	120	14.0	13.0	7.4		24.0
4 Age 25-64	461	55.0	54.0	43.8		62.9
5 Age 65 and over	135	16.0	12.0	12.6		28.0
6 Total Population	845					
7 Dependency Population & Ratio	264	45.4	49.3	31.0		90.4
8 White Irish	682	89.2	84.5	76.0		97.2
9 All other Ethnicity	83	10.8	15.5	2.8		24.0
10 Population who do not speak Irish	156	19.0	57.4	1.7		74.8
11 Lone Parent Households	33	10.0	10.9	5.1		14.4
12 One Person Households	135	40.9	23.7	26.5		55.3
Environment Indicators						
13 Households built pre 1960	134	41.7	23.8	25.0		59.3
14 Households with No Central Heating	9	2.8	1.6	0.0		14.3
15 Households Rented from Local Authority	6	1.9	7.8	1.0		11.3
16 Water Public Main	273	85.0	75.6	10.5		85.0
17 Water Group Scheme with Local Authority	22	6.9	8.8	4.0		80.3
18 Water Group Scheme with Private source	2	0.6	2.8	0.0		47.0
19 Water Other Private source	0	0.0	9.8	0.0		54.0
20 Households with Computer	181	56.0	73.0	45.0		78.0
21 Households with Broadband/other internet connection	176	55.0	72.0	38.0		78.0
22 Total Households	321					
Economic Indicators						
23 Deprivation		-6.0	0.2	-20.4		11.0
24 At Work	300	41.9	50.1	21.7		57.0
25 Unemployed or looking for first job	99	13.8	11.8	6.0		33.0
26 Student	88	12.3	11.3	3.0		27.2
27 Looking After Home/Family	79	11.0	9.4	5.0		16.0
28 Retired	118	16.5	12.7	11.9		29.0
29 Unable To Work due to Sickness or Disability	28	3.9	4.4	1.9		6.3
30 Other employment status	4	0.6	0.4	0.0		2.2
31 Unskilled & Semi Skilled	166	19.6	16.3	13.0		25.2
32 Persons With no formal or primary Education only	133	22.4	15.2	9.0		49.2
Health Indicators						
33 Health Bad or Very Bad	11	1.3	1.5	0.0		4.0
34 Persons with Disability Age 0-14 years	8	6.9	8.9	0.0		25.0
35 Persons with Disability Age 15-24 years	14	12.1	7.5	0.0		13.0
36 Persons with Disability Age 25-44 years	14	12.1	20.2	0.0		18.0
37 Persons with Disability Age 45-64 years	34	29.3	29.1	15.0		47.1
38 Persons with Disability Age 65+ years	46	39.7	34.3	17.6		63.3
39 Total persons with disability	116					

Figure 6: Inis Meáin

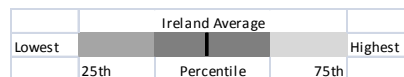
Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range	Island High
Demographic Indicators						
1 Age 0-4	5	3.2	7.8	0.9		6.5
2 Age 5-14	13	8.3	13.6	6.6		16.9
3 Age 15-24	13	8.3	13.0	7.4		24.0
4 Age 25-64	86	55.0	54.0	43.8		62.9
5 Age 65 and over	40	25.0	12.0	12.6		28.0
6 Total Population	157					
7 Dependency Population & Ratio	58	58.6	49.3	31.0		90.4
8 White Irish	133	87.5	84.5	76.0		97.2
9 All other Ethnicity	19	12.5	15.5	2.8		24.0
10 Population who do not speak Irish	17	11.0	57.4	1.7		74.8
11 Lone Parent Households	5	7.0	10.9	5.1		14.4
12 One Person Households	29	40.8	23.7	26.5		55.3
Environment Indicators						
13 Households built pre 1960	28	39.4	23.8	25.0		59.3
14 Households with No Central Heating	1	1.4	1.6	0.0		14.3
15 Households Rented from Local Authority	1	1.4	7.8	1.0		11.3
16 Water Public Main	9	12.7	75.6	10.5		85.0
17 Water Group Scheme with Local Authority	57	80.3	8.8	4.0		80.3
18 Water Group Scheme with Private source	0	0.0	2.8	0.0		47.0
19 Water Other Private source	1	1.4	9.8	0.0		54.0
20 Households with Computer	32	45.0	73.0	45.0		78.0
21 Households with Broadband/other internet connection	27	38.0	72.0	38.0		78.0
22 Total Households	71					
Economic Indicators						
23 Deprivation		-6.0	0.2	-20.4		11.0
24 At Work	55	39.6	50.1	21.7		57.0
25 Unemployed or looking for first job	24	17.3	11.8	6.0		33.0
26 Student	11	7.9	11.3	3.0		27.2
27 Looking After Home/Family	22	15.8	9.4	5.0		16.0
28 Retired	19	13.7	12.7	11.9		29.0
29 Unable To Work due to Sickness or Disability	8	5.8	4.4	1.9		6.3
30 Other employment status	0	0.0	0.4	0.0		2.2
31 Unskilled & Semi Skilled	23	14.6	16.3	13.0		25.2
32 Persons With no formal or primary Education only	47	37.9	15.2	9.0		49.2
Health Indicators						
33 Health Bad or Very Bad	2	1.3	1.5	0.0		4.0
34 Persons with Disability Age 0-14 years	3	12.0	8.9	0.0		25.0
35 Persons with Disability Age 15-24 years	0	0.0	7.5	0.0		13.0
36 Persons with Disability Age 25-44 years	3	12.0	20.2	0.0		18.0
37 Persons with Disability Age 45-64 years	4	16.0	29.1	15.0		47.1
38 Persons with Disability Age 65+ years	15	60.0	34.3	17.6		63.3
39 Total persons with disability	25					

Figure 7: Inis Oírr

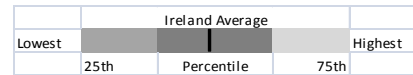
Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range	Island High
Demographic Indicators						
1 Age 0-4	15	6.0	7.8	0.9		6.5
2 Age 5-14	26	10.4	13.6	6.6		16.9
3 Age 15-24	19	8.0	13.0	7.4		24.0
4 Age 25-64	143	57.0	54.0	43.8		62.9
5 Age 65 and over	46	18.0	12.0	12.6		28.0
6 Total Population	249					
7 Dependency Population & Ratio	87	53.7	49.3	31.0		90.4
8 White Irish	242	97.2	84.5	76.0		97.2
9 All other Ethnicity	7	2.8	15.5	2.8		24.0
10 Population who do not speak Irish	4	1.7	57.4	1.7		74.8
11 Lone Parent Households	15	14.4	10.9	5.1		14.4
12 One Person Households	33	31.7	23.7	26.5		55.3
Environment Indicators						
13 Households built pre 1960	26	25.0	23.8	25.0		59.3
14 Households with No Central Heating	6	5.8	1.6	0.0		14.3
15 Households Rented from Local Authority	1	1.0	7.8	1.0		11.3
16 Water Public Main	56	53.8	75.6	10.5		85.0
17 Water Group Scheme with Local Authority	33	31.7	8.8	4.0		80.3
18 Water Group Scheme with Private source	7	6.7	2.8	0.0		47.0
19 Water Other Private source	1	1.4	9.8	0.0		54.0
20 Households with Computer	60	58.0	73.0	45.0		78.0
21 Households with Broadband/other internet connection	62	60.0	72.0	38.0		78.0
22 Total Households	104					
Economic Indicators						
23 Deprivation		-6.0	0.2	-20.4		11.0
24 At Work	91	43.8	50.1	21.7		57.0
25 Unemployed or looking for first job	44	21.2	11.8	6.0		33.0
26 Student	14	6.7	11.3	3.0		27.2
27 Looking After Home/Family	25	12.0	9.4	5.0		16.0
28 Retired	25	12.0	12.7	11.9		29.0
29 Unable To Work due to Sickness or Disability	9	4.3	4.4	1.9		6.3
30 Other employment status	0	0.0	0.4	0.0		2.2
31 Unskilled & Semi Skilled	54	21.7	16.3	13.0		25.2
32 Persons With no formal or primary Education only	59	31.4	15.2	9.0		49.2
Health Indicators						
33 Health Bad or Very Bad	4	1.6	1.5	0.0		4.0
34 Persons with Disability Age 0-14 years	3	11.5	8.9	0.0		25.0
35 Persons with Disability Age 15-24 years	3	11.5	7.5	0.0		13.0
36 Persons with Disability Age 25-44 years	3	11.5	20.2	0.0		18.0
37 Persons with Disability Age 45-64 years	4	15.4	29.1	15.0		47.1
38 Persons with Disability Age 65+ years	13	50.0	34.3	17.6		63.3
39 Total persons with disability	26					

Figure 8: Bere

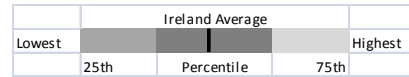
Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range	Island High
Demographic Indicators						
1 Age 0-4	14	6.5	7.8	0.9		6.5
2 Age 5-14	27	12.5	13.6	6.6		16.9
3 Age 15-24	16	7.0	13.0	7.4		24.0
4 Age 25-64	105	49.0	54.0	43.8		62.9
5 Age 65 and over	54	25.0	12.0	12.6		28.0
6 Total Population	216					
7 Dependency Population & Ratio	95	78.5	49.3	31.0		90.4
8 White Irish	175	85.0	84.5	76.0		97.2
9 All other Ethnicity	31	15.0	15.5	2.8		24.0
10 Population who do not speak Irish	125	59.8	57.4	1.7		74.8
11 Lone Parent Households	13	14.1	10.9	5.1		14.4
12 One Person Households	32	34.8	23.7	26.5		55.3
Environment Indicators						
13 Households built pre 1960	54	59.3	23.8	25.0		59.3
14 Households with No Central Heating	13	14.3	1.6	0.0		14.3
15 Households Rented from Local Authority	3	3.3	7.8	1.0		11.3
16 Water Public Main	10	11.0	75.6	10.5		85.0
17 Water Group Scheme with Local Authority	4	4.4	8.8	4.0		80.3
18 Water Group Scheme with Private source	21	23.1	2.8	0.0		47.0
19 Water Other Private source	49	53.8	9.8	0.0		54.0
20 Households with Computer	60	66.0	73.0	45.0		78.0
21 Households with Broadband/other internet connection	59	65.0	72.0	38.0		78.0
22 Total Households	91					
Economic Indicators						
23 Deprivation		0.0	0.2	-20.4		11.0
24 At Work	94	53.7	50.1	21.7		57.0
25 Unemployed or looking for first job	12	6.9	11.8	6.0		33.0
26 Student	10	5.7	11.3	3.0		27.2
27 Looking After Home/Family	10	5.7	9.4	5.0		16.0
28 Retired	43	24.6	12.7	11.9		29.0
29 Unable To Work due to Sickness or Disability	6	3.4	4.4	1.9		6.3
30 Other employment status	0	0.0	0.4	0.0		2.2
31 Unskilled & Semi Skilled	46	21.3	16.3	13.0		25.2
32 Persons With no formal or primary Education only	37	23.3	15.2	9.0		49.2
Health Indicators						
33 Health Bad or Very Bad	3	1.4	1.5	0.0		4.0
34 Persons with Disability Age 0-14 years	1	3.3	8.9	0.0		25.0
35 Persons with Disability Age 15-24 years	0	0.0	7.5	0.0		13.0
36 Persons with Disability Age 25-44 years	1	3.3	20.2	0.0		18.0
37 Persons with Disability Age 45-64 years	9	30.0	29.1	15.0		47.1
38 Persons with Disability Age 65+ years	19	63.3	34.3	17.6		63.3
39 Total persons with disability	30					

Figure 9: Oileán Chláire

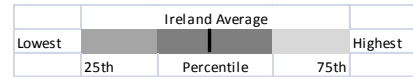
Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range	Island High
Demographic Indicators						
1 Age 0-4	6	4.8	7.8	0.9		6.5
2 Age 5-14	21	16.9	13.6	6.6		16.9
3 Age 15-24	11	9.0	13.0	7.4		24.0
4 Age 25-64	69	56.0	54.0	43.8		62.9
5 Age 65 and over	17	14.0	12.0	12.6		28.0
6 Total Population	124					
7 Dependency Population & Ratio	44	55.0	49.3	31.0		90.4
8 White Irish	92	76.0	84.5	76.0		97.2
9 All other Ethnicity	29	24.0	15.5	2.8		24.0
10 Population who do not speak Irish	30	25.2	57.4	1.7		74.8
11 Lone Parent Households	4	8.2	10.9	5.1		14.4
12 One Person Households	13	26.5	23.7	26.5		55.3
Environment Indicators						
13 Households built pre 1960	25	51.0	23.8	25.0		59.3
14 Households with No Central Heating	5	10.2	1.6	0.0		14.3
15 Households Rented from Local Authority	1	2.0	7.8	1.0		11.3
16 Water Public Main	40	81.6	75.6	10.5		85.0
17 Water Group Scheme with Local Authority	5	10.2	8.8	4.0		80.3
18 Water Group Scheme with Private source	1	2.0	2.8	0.0		47.0
19 Water Other Private source	2	4.1	9.8	0.0		54.0
20 Households with Computer	38	78.0	73.0	45.0		78.0
21 Households with Broadband/other internet connection	38	78.0	72.0	38.0		78.0
22 Total Households	49					
Economic Indicators						
23 Deprivation		10.6	0.2	-20.4		11.0
24 At Work	55	56.7	50.1	21.7		57.0
25 Unemployed or looking for first job	6	6.2	11.8	6.0		33.0
26 Student	8	8.2	11.3	3.0		27.2
27 Looking After Home/Family	9	9.3	9.4	5.0		16.0
28 Retired	15	15.5	12.7	11.9		29.0
29 Unable To Work due to Sickness or Disability	3	3.1	4.4	1.9		6.3
30 Other employment status	1	1.0	0.4	0.0		2.2
31 Unskilled & Semi Skilled	17	13.7	16.3	13.0		25.2
32 Persons With no formal or primary Education only	17	19.8	15.2	9.0		49.2
Health Indicators						
33 Health Bad or Very Bad	0	0.0	1.5	0.0		4.0
34 Persons with Disability Age 0-14 years	2	25.0	8.9	0.0		25.0
35 Persons with Disability Age 15-24 years	1	12.5	7.5	0.0		13.0
36 Persons with Disability Age 25-44 years	0	0.0	20.2	0.0		18.0
37 Persons with Disability Age 45-64 years	2	25.0	29.1	15.0		47.1
38 Persons with Disability Age 65+ years	3	37.5	34.3	17.6		63.3
39 Total persons with disability	8					

Figure 10: Sherkin

Island Key:



Indicator	Local Number	Local Value	Ireland Avg	Island Low	Island Range	Island High
Demographic Indicators						
1 Age 0-4	1	0.9	7.8	0.9		6.5
2 Age 5-14	10	8.8	13.6	6.6		16.9
3 Age 15-24	27	24.0	13.0	7.4		24.0
4 Age 25-64	59	52.0	54.0	43.8		62.9
5 Age 65 and over	17	15.0	12.0	12.6		28.0
6 Total Population	114					
7 Dependency Population & Ratio	28	32.6	49.3	31.0		90.4
8 White Irish	87	80.6	84.5	76.0		97.2
9 All other Ethnicity	21	19.4	15.5	2.8		24.0
10 Population who do not speak Irish	62	54.4	57.4	1.7		74.8
11 Lone Parent Households	4	8.5	10.9	5.1		14.4
12 One Person Households	26	55.3	23.7	26.5		55.3
Environment Indicators						
13 Households built pre 1960	24	52.2	23.8	25.0		59.3
14 Households with No Central Heating	4	8.7	1.6	0.0		14.3
15 Households Rented from Local Authority	4	8.7	7.8	1.0		11.3
16 Water Public Main	36	78.3	75.6	10.5		85.0
17 Water Group Scheme with Local Authority	5	10.9	8.8	4.0		80.3
18 Water Group Scheme with Private source	0	0.0	2.8	0.0		47.0
19 Water Other Private source	1	2.2	9.8	0.0		54.0
20 Households with Computer	35	76.0	73.0	45.0		78.0
21 Households with Broadband/other internet connection	32	70.0	72.0	38.0		78.0
22 Total Households	46					
Economic Indicators						
23 Deprivation		10.6	0.2	-20.4		11.0
24 At Work	45	43.7	50.1	21.7		57.0
25 Unemployed or looking for first job	8	7.8	11.8	6.0		33.0
26 Student	28	27.2	11.3	3.0		27.2
27 Looking After Home/Family	5	4.9	9.4	5.0		16.0
28 Retired	15	14.6	12.7	11.9		29.0
29 Unable To Work due to Sickness or Disability	2	1.9	4.4	1.9		6.3
30 Other employment status	0	0.0	0.4	0.0		2.2
31 Unskilled & Semi Skilled	15	13.2	16.3	13.0		25.2
32 Persons With no formal or primary Education only	7	9.5	15.2	9.0		49.2
Health Indicators						
33 Health Bad or Very Bad	2	1.8	1.5	0.0		4.0
34 Persons with Disability Age 0-14 years	1	5.9	8.9	0.0		25.0
35 Persons with Disability Age 15-24 years	2	11.8	7.5	0.0		13.0
36 Persons with Disability Age 25-44 years	3	17.6	20.2	0.0		18.0
37 Persons with Disability Age 45-64 years	8	47.1	29.1	15.0		47.1
38 Persons with Disability Age 65+ years	3	17.6	34.3	17.6		63.3
39 Total persons with disability	17					

Appendix 3

Spine Charts References

(1-39)	Data taken from the Census of Ireland 2011 www.cso.ie
(1-5)	The number and percentage of population by age group as a percentage of the area
(6)	Total population of area 2011
(7)	Dependency ratio – the proportion of the population in the 0-14 and 65 years and over age groups as a proportion of the 15-64 age group
(8-9)	The percentage of persons of white Irish, and all “other ethnicity”. Percentage of the population of this area whose ethnic status is white Irish and all other ethnicity
(10)	Population of this area who do not speak Irish as a percentage of the total population
(11)	Percentage of lone parent households over the total number of households
(12)	One person households as a percentage of all households
(13)	Households built pre 1960 as a percentage of all households
(14)	Households with no central heating as a percentage of all households
(15)	Households rented from Local Authority as a percentage of all households
(16-19)	Water supply of households as a percentage of all households
(20-21)	Broadband and computer availability per household as a percentage of all households
(22)	Total number of households in the area
(23)	Deprivation by Electoral Division, Trutz Haase Deprivation Index 2011. This is a composite measure based on the Census of Ireland 2011 – for more detailed information on composition data see www.pobal.ie . A scoring is given to the area based on a national average of zero and ranging from roughly -40 (being most disadvantaged) to +40 (most affluent). For more information see www.pobal.ie
(24-32)	Percentage of persons aged 15 and over by economic status whether skilled or unskilled and those with primary education only
(33)	Percentage of persons who reported that their health is either bad or very bad
(34-38)	Percentage of persons in this area who state they have a disability by age group
(39)	Total number of persons who state they have a disability

Appendix 4

Membership of Steering Group

Name	Title	Address
Dr. Marion Broderick	General Practitioner	Inis Mór, Co. Galway
Mr. Paddy Crowe	Bainisteoir, Comhar Caomhán Teo	Inis Oírr, Co. Galway
Dr. Louise Doherty	Specialist in Public Health Medicine, North West	Office 3, Nurses Home, Letterkenny General Hospital, Co. Donegal
Mr. John Hayes, Chair	Chief Officer, CHO 1	An Clochar, College Street, Ballyshannon, Co. Donegal
Ms Violet Hayes	Director of Public Health Nursing Services, CHO 4	HSE Community Services, Skibbereen, Co. Cork
Ms Susan Kent	Deputy Chief Nursing Officer	Department of Health, Women's Health & Primary Care Services, Hawkins House, Dublin 2
Dr. Noreen Lineen Curtis	General Practitioner, ICGP Representative	Achill, Co. Mayo
Ms. Maeve MacDermott	Project Manager, CHO 1	Primary Care Development Unit, HSE, JFK House, JFK Parade, Sligo
Ms Helena Maguire	Primary Care Specialist, National Primary Care Office	Ardaghowen, The Mall, Sligo
Mr. John Meehan	Senior Operations & Improvement Manager, National Mental Health Office	An Clochar, College Street, Ballyshannon, Co. Donegal
Mr. P.J. Ó Ceallaigh/ Mr. Gearóid Ó Maelearcaidh	Representative, Dept. of Arts, Heritage Regional, Rural and Gaeltacht Affairs	Na Forbacha, Galway Co. Galway
Dr. Diarmuid O'Donovan	Director of Public Health, West	Merlin Park Hospital, Galway
Mr. JJ O'Kane	Manager, Older Persons' Services, CHO 2	Lá Nua, 2nd Floor, Ballybane Neighbourhood Village, Castlepark Road, Galway.
Mr. Paudie O'Riordan	Area Operations Manager, National Ambulance Service	HSE, St Mary's Hospital Complex, Castlebar, Co. Mayo
Mr. Maurice Power	CEO, Saolta Hospital Group	University College Hospital, Newcastle Road, Galway
Mr. John Walsh	Island Community Representative and Project Coordinator, Bere Island Projects Group	Community Centre, Bere Island, Co. Cork
Dr. Peter Wright	Director of Public Health, North West	An Clochar, College Street, Ballyshannon, Co. Donegal

Appendix 5

Terms of Reference of the Review

1).	To establish agreed criteria for the provision of sustainable primary care services to the Island communities.
2).	To establish the current level of services provided, current service provision arrangements and agreements, and the available facilities.
3).	To determine, by examining best practice and maximizing ICT benefits, how high quality, safe services could be provided in a more integrated, sustainable and cost-effective manner and to make recommendations for same.
4).	To recommend the range and level of services that should be provided for the Islands, recognizing the unique needs of island communities.
5).	To identify the current cost of providing primary care services to Island communities and the costs of proposed recommendations.
6).	To prepare a report and recommendations.

Appendix 6

Island Voices: Consultation with Island Communities

Island communities have been engaged in a number of ways with this review, including:

- Representation on the review steering group by two members of Comhdháí Oileáin na hÉireann who live on islands.
- Public meetings carried out on islands.
- Engagement with the managers and workers of community development organisations on each island.
- Engagement of the project manager with various island committees who represent island communities at local and national level.

The table below outlines the dates of the island public meetings/consultations and the numbers of people attending the meetings.

Island	Date of Meeting	Number Attending
Toraigh	14/01/2016	20
Inis Oírr (2 groups-informal)	16/02/2016	4 and 3
Oileán Chléire	08/03/2016	35
Heir Island	09/03/2016	8 plus 2 older people visited at home
Bere Island (2 groups)	10/03/2016	9 and 5
Inis Bigil	19/04/2016	8
Clare Island	20/04/2016	5
Inishturk	21/04/2016	12
Inishbofin	11/05/2016	23
Árainn Mhór	14/06/ 2016	30
Inis Mór	08/11/2016	30
Inis Meáin	09/11/2016	22
Inis Oírr	10/11/2016	20

In addition the project manager attended meetings as outlined below to gather information and promote awareness of the national review.

Name of Committee	Date
Comhdháil Oileán na hÉireann	16/02/2016
West Cork Islands Interagency Group	11/12/2016
Mayo Islands Committee	18/12/2016

Consultation with Health Care Professionals

- Telephone or face to face interviews with nurses and GPs on the islands.
- Meeting with Directors and Asst Directors of PHN Service: 23rd May 2016.
- Teleconference with HSE Primary Care Unit Pharmacists: 16th June 2016.
- Meeting with Aero-Medical Dispatch Service and NowDoc Manager: 23rd August 2016.

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