

Community health service provision in Ireland

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Profile of Ireland

By April 2008, the population in Ireland reached 4.42 million, which is the highest recorded since 1861. Our population growth exceeds that of any other country in Europe, with figures since 2002 showing an annual growth of around 2%. Natural increase outstripped net migration for the first time since 2004 and contributed to just over half (54%) of the population increase in 2008. The number of births at 73,815 is the highest since 1980.

Life expectancy in Ireland is also at its highest level ever, at 76.8 years for men and 81.6 years for women. This is an increase from an overall expectancy of 58 years during the 1920s. Much of this gain is attributable to reduced mortality of infants and children, and improved control and management of infectious diseases.

The number of people aged 70 and over stood at 324,530 in 2006. This is projected to increase to 363,000 by 2011 and to 433,000 by 2016.

Primary Care Services

Primary care is the first point of contact that people have with the health and personal social services. In Ireland, the face of Primary Care, for many people, is the local family doctor. The Health Strategy 2001 sets out a new direction for primary care as the central focus of the delivery of health and personal social services in Ireland. It promotes a team-based approach to service provision which will help to build capacity in primary care and contribute to sustainable health and social development. The aims of the proposed developments are to provide

- a strengthened primary care system which will play a more central role as the first and ongoing point of contact for people with the health-care system;
- an integrated, inter-disciplinary, high-quality, team-based and user-friendly set of services for the public; and
- enhanced capacity for primary care in the areas of disease prevention, rehabilitation and personal social services to complement the existing diagnosis and treatment focus.

Primary care is the appropriate setting to meet 90-95 per cent of all health and personal social service needs. The services and resources available within the primary care setting have the potential to prevent the development of conditions which might later require hospitalisation. They can also facilitate earlier hospital discharge. Primary care will become the central focus of the

health system. The development of a properly integrated primary care service can lead to better outcomes, better health status and better cost-effectiveness.

This will ensure a more equitable, accessible, appropriate and responsive range of basic health and personal social services for all. It will also enable primary care to lessen the current reliance on specialist services and the hospital system, particularly accident and emergency and out-patient services. The introduction of an inter-disciplinary team-based approach to primary care provision is the evidence supported method of achieving effective and efficient services at local level. Members of the primary care team will include GPs, nurses/midwives, home helps, physiotherapists, occupational therapists and administrative personnel. A wider network of other primary care professionals such as speech and language therapists, social workers, community pharmacists, dieticians, community welfare officers, mental health services, disability services, dentists, chiropodists and psychologists also provide services for the population of each primary care team. Teams are based in single locations where possible and are easily accessible.

There will be an increased emphasis in the Primary Care Team on prevention and rehabilitation as well as the traditional focus on diagnosis and treatment. Liaison between primary and secondary care services will be improved. The primary care team will have better direct access to hospital services. Discharge planning will also be improved, with the development of individual care plans and the identification of key workers for individuals when appropriate.

There are currently 111 of these teams in place with a further 420 planned which are in various stages of development. In line with international best practice, we continued to reconfigure our hospitals and community services during 2008, to achieve our long-term objective of making sure we have sustainable services for future generations.

Primary care teams will follow national guidelines for the treatment of a number of chronic diseases including diabetes, cardiovascular disease, asthma and COPD.

GP Out of Hour Services (GP CO-OPS)

The out-of-hours services provided by General Practitioners (GPs) provide essential medical cover and act as a means of managing demand for health services. Under the current GMS contract, which covers approximately one third of patients, GPs are obliged to be contactable outside of normal working hours.

Historically, if a patient required urgent medical after hours care, the patient could expect care in the form of a telephone call, a visit to the GP's surgery or a home visit. Single-handed GPs often provided all of their own out-of-hours cover or in rotation with other local GPs. The advent of publicly-funded GP co-ops in Ireland, commencing in 1999 with two pilot schemes, provided a basis for a more formalised, managed approach to out-of-hours GP services with benefits accruing to patients, GPs and the employing agencies. The success of these pilots resulted in their extension in the pilot areas and in the establishment of new co-ops in other regions.

Today over half of the GPs in the country participate in out-of-hours co-ops. The development of these co-ops was an attempt by GPs and employing agencies to jointly provide an easily accessible out of hours service for patients and to minimise the out of hours commitment of

individual GPs. Availability of an out-of-hours coop in an area is regarded as an important condition of service to attract general practitioners to particular posts.

There are currently 13 Co-ops in operation with differences in size, management structures, payment mechanism, hours of duty and levels of service. There are varying models currently in operation, which are funded directly by grants or indirectly via claims reimbursed through a central processing agency.

GP services continued to see an expansion in the number of contacts made out of hours. In 2008, 920,132 contacts were made to the 13 out of hours services, nine of which provide 24-hour availability. Of these contacts, approximately 15% relate to patients over 65 years old.

Older People Services

We are beginning to see the value for patients and clients by shifting more care to community-based services and away from predominantly acute hospital delivered services. The establishment of Community Intervention Teams, which is a nurse led service to provide rapid response from community services to patients so that unnecessary referrals to A&E and/or hospital admission can be avoided, is an example of our commitment to keeping people at home, if at all possible, during their acute illnesses. Similarly, long stay nursing units developing a capacity to provide intravenous treatment for elderly patients, thereby reducing the need to move them to an acute hospital setting, is a major step towards comprehensive community-based services.

Throughout 2008, more than 55,000 people received homehelp services which are support services provided in a person's own home. In total we provided 11.96 million hours of homehelp, up 10% since 2006. Also in 2006, a new Home Care Package (HCP) Initiative was introduced by the Minister for Health and Children. These packages, which complement existing mainstream provision, include services such as public health nursing (PHN), Home Help, Physiotherapy etc. to assist people stay at home in their own communities; and to relieve pressures on the acute hospital and long-term residential systems. Packages are designed to be as flexible as possible to best meet the needs of the individual.

An initiative called the Winter Initiative has been a great focal point for many successful programmes which have built excellent bridges between hospital and community services. It ensures that significant resources are directed to services for older people in the community, thereby helping to avoid hospital admission and to provide a fast-track service to assist them to leave hospital as soon as they are ready for discharge.

Services for older people can ensure independence and quality of life for older people by maintaining them in their own homes for as long as possible. This is in keeping with the results of research which shows that the vast majority of older people wish to be cared for in their own homes. In addition to exceeding targets for home help hours by 1.5% by the end of 2008, the Health Service Executive was providing home care packages to 8,990 clients at any one time (public health nursing, home help, physiotherapy etc.) with approximately 11,987 people benefiting in 2008 (an additional 400 people compared to 2007). During 2008, 180,000 additional home help hours were also provided by the HSE. (This excludes home-help hours provided under

the HCP Initiative). Additional community posts including nurses and therapists were put in place to support this increase in service provision as part of the development funding provided in 2008.

Pending government enactment of the legislation, significant progress was made in preparing for the implementation of the *Nursing Home Care Support Scheme – 'A Fair Deal'*, including the development of a national common summary assessment record for care needs assessments. The new Scheme- 'A Fair Deal'- aims to ensure that nursing home care is affordable for all who need it and fair to all.

In 2008, the Expert Advisory Group on Older People recommended adopting the Teaghlach (household) Model of residential care. This requires the reorientation of residential care from the traditional institutional model to a more person centred one where the older person is actively involved in how care is provided.

The Free Travel Scheme operated by the Department of Social and Family Affairs, allows people who are aged 66 years or over and who are permanently residing in the State, to travel free of charge on most public transport services. This is seen as a critical support to provide independence for older people living in their community. Certain incapacitated people under age 66 are also entitled to free travel. Permanent residents of some Islands may avail of Free Travel on scheduled private air services between the Islands and the mainland. Free Travel is also available on Cross-Border bus and rail journeys between the Republic of Ireland and Northern Ireland. Old age pensioners are also entitled to free electricity, free TV license and fuel subsidies.

Community and Voluntary groups provide such services as day care services and meals-on-wheels services. One of the important functions of day care centres is to offer older people the chance to meet with their peers, and to provide them with a focus for social interaction. Older people can also avail of the practical facilities of day centres, such as meals, baths and showers, medical room, and other health and recreational services. Day services are a significant part of the provision of care for older people and have been so for many years.

Now a key element of community-based services for older people, meals-on-wheels are helping many thousands of people to remain in their own homes, who might otherwise need long-stay residential care. This service is available to people in the community who are unable due to age, illness or disability to cook their own meals. The meals-on-wheels service is central to the promotion of community and domiciliary care for older persons, and has considerable potential to impact positively on the service recipients' health, social interaction and general well-being.

It is estimated that between 4 and 5% of older people will require long term residential care and the aim is to provide this in small local community nursing units as close to people's homes as possible.

Health Services in Rural Areas

The RAPID Programme is a Government initiative, which targets 45 of the most disadvantaged areas in the country. The Programme aims to ensure that priority attention is given to the 45 designated areas by focusing State resources available under the National Development Plan. The Programme also requires the Government Departments and State Agencies to bring about better co-ordination and closer integration in the delivery of services.

In 2008, a total of €4.6m was allocated to 120 projects across 32 RAPID areas. Each project received an amount of €100,000 to target services to those aged 65 and over, living in disadvantaged urban areas. The funding is equally divided between the HSE and the Department of Community Rural and Gaeltacht Affairs.

The CLÁR programme (Ceantair Laga Árd-Riachtanais), launched in October 2001, is a targeted investment programme in rural areas. CLÁR complements both the RAPID programme for disadvantaged urban areas and RAPID 11, the programme for provincial towns. CLÁR provides funding and co-funding to Government Departments, State Agencies and Local Authorities in accelerating investment in selected priority developments. These investments support physical, economic and social infrastructure across a variety of measures.

A total of 31 CLÁR projects were sanctioned in 2008 at a cost of €9 million. The projects focused on the refurbishment and improvement of health centres, day services and transport provision within local communities in rural areas.

Nurse Prescribing and IV Cannulation

The past year has marked a number of landmarks in the implementation of nurse and midwife medicinal product prescribing. A total of 57 nurses and midwives have registered and have the authority to prescribe medicinal products. In one year, registered nurse prescribers in twenty health service providers reported writing 2,962 prescriptions for 2,485 patients involving 4,300 individual medicinal products. Nurse and midwife prescribing has been received positively in all areas where it has been introduced, and numerous benefits recognised, including improved services to patients through reduced waiting times and utilising the skills of nurses and midwives more effectively. Prescriptive authority has enabled nurses to provide holistic episodes of care more efficiently. Nurses and midwives with prescriptive authority can meet patient needs in a timely manner, leading to better patient outcomes. This initiative supports the effective use of skills, enhances the quality of care delivered to patients while at the same time supporting the retention of a highly skilled workforce in local areas.

In addition, a new initiative has been commenced whereby patients in Community Nursing Units will be able to receive rehydration therapy and IV antibiotics in their residence without having to be transferred to Emergency Departments for such treatment. A wide ranging training plan on IV therapy has already commenced for nursing personnel in the Community Nursing Units. The nursing staff will work with the local Medical Officers to ensure that patients are provided with the widest range of services, including IV therapy, in the Community Nursing Units. The HSE are focusing on five areas initially and it is planned to rapidly expand the service throughout the country in 2009.