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PROVIDING LEADERSHIP

SUPPORTING MEMBERS

PROMOTING EXCELLENCE

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Introduction

Nursing Homes Ireland is the representative organisation for the private and voluntary nursing homes sector. This sector, and the care our members provide, are intrinsic to healthcare delivery in Ireland. Having high quality nursing home care available to those who need it is an essential part of a well-functioning health service which delivers the care people need in a way that is affordable, accessible, and of the highest standard.

The sector plays a critical and key role in healthcare delivery and job facilitation.

The private and voluntary nursing home sector, through its 437 homes:

- Is providing care and a 'home from home' for 22,000+ persons
- Accounts for 80% of all long-term care beds in the country
- Provides direct employment to 24,000+ persons
- Facilitates direct and indirect employment to approx. 44,000 persons
- Is a very significant employer, with these dedicated health and social care settings acting as economic dynamos within urban and rural communities. In many instances the private or voluntary nursing home is the largest employer within the community, playing a key role in supporting local goods and services providers.
- Provides diverse, wide-ranging employment that includes nurses, carers, caterers, admin staff, and ancillary workers. The 437 private and voluntary nursing homes also play a lead role engaging local health and social care professionals including GPs, therapists, dieticians, physiotherapists.
- Has collectively invested up to €2 billion developing high quality specialist healthcare facilities that meet robust regulatory requirements.

Nursing homes provide a more appropriate and affordable alternative for individuals whose specialist care needs would otherwise have to be met in an acute hospital setting. Significantly the costs of providing this care in an acute hospital are a multiple of between five and eight times the cost of providing nursing home care.

Economy & healthcare delivery – sector contribution

The 24,000 persons directly employed by the private and voluntary nursing home sector contribute over €185 mⁱ to the exchequer on an annual basis through direct taxation paid. Hundreds of millions is also paid directly by the sector on an annual basis to the State through payment of commercial rates, water charges, VAT and other associated contributions to economy offered by a service providers who operate on a round-the-clock basis.

The Nursing Home Support Scheme (Fair Deal) is the principle means of financial support for persons availing of the specialist care of nursing homes and is a co-payment scheme. The Department of Health review of the scheme informed resident contributions amounted to approximately €293 million in 2014. At the end of 2014 the average weekly contribution from residents was €294 from a person in a private nursing homes and €285 from a person in public homes.

The 437 private and voluntary nursing homes provide dedicated, specialist, round-the-clock care to meet the healthcare requirements of our ageing population. They play a vital and critical role within Ireland's healthcare sector. The nursing home sector is vital for health and social care delivery. Timely access to the specialist care provided within our local communities by nursing homes is critical to enable acute hospitals focus on delivering the medical care they specialise in. At year-end 2014, 80% of persons medically fit for discharge from such settings – 573 persons – were awaiting long-term nursing careⁱⁱ.

Speaking in respect of the Fair Deal scheme before the Oireachtas Health Committee in February 2015, Tony O'Brien, HSE Director General outlined the critical importance of efficient running of the Fair Deal scheme for wider healthcare delivery. "There is a direct correlation between the increase in waiting time [Fair Deal] and the increase in numbers on the waiting list for the scheme, the number of delayed discharges in hospitals and the numbers recorded as waiting for admission on hospital trolleys each day," he informed the Committee.

The review of the Nursing Home Support Scheme (Fair Deal) published in July 2015 stated the average weekly cost of care in a private or voluntary nursing home was €893 at year end 2014. The average cost in a public home was €1,390 (a 58% price differential between both sectors). The weekly cost of care within the acute hospital sector is circa €6,000. For every 1,000 of the population who cannot access nursing home care and remain in acute care, the State is incurring a *per week* cost of €6m. The comparable cost of accommodating the very same population in appropriate private nursing home care is €893,000. The cost savings and benefits to the Exchequer, on an annualised basis, are enormous – circa €265m.

As evident, the reality is the State wishes to purchase care from the private and voluntary nursing home sector for fee that is average 58% below that provided to public nursing homes. The NHSS review recommended the HSE be required to publish the cost of care per its nursing homes on an annual basis. The issue surrounding the substantial fee differentials between the sectors has been long-standing. "We have to ask why 50% additional costs pertain in public long-term institutions and facilities for the care of the elderly which do not apply in the private sector," former Minister for Health James Reilly stated in November 2011.

The significant growth in requirement for nursing home services

“We’re going to need in my view to lift the budget cap on Fair Deal and get people out of hospital quicker because what we are doing now is crisis management,” Minister for Health Leo Varadkar, January 2015ⁱⁱⁱ

“The Fair Deal scheme must become demand-led. It is as simple as that. The scheme is perfectly constructed to be demand-led. It has a tight access point and stringent eligibility criteria. We will need more money,” Minister with Responsibility for Older Persons Kathleen Lynch, February 2015^{iv}

“It [Fair Deal] is perfectly set up to be a demand-led scheme. The problem with it is that there is lots of demand and insufficient resources, and that is a direct result of demographic change within society,” Tony O’Brien, HSE Director General, February 2015^v

“Within the overall long-stay population, it is anticipated 23,965 people will be in receipt of support under the Nursing Home Support Scheme by end 2015. This is estimated to grow to 33,070 by 2024,” Review of the Nursing Home Support Scheme, A Fair Deal, July 2015

Significant improvements in living standards and in medical and health care are leading to substantial increase in the older populations. While this is to be welcomed, it also presents significant challenges surrounding our requirements to meet the health and social care needs of our older population.

The HSE Service Plan 2015 pinpoints the challenges arising with ageing population that will have most significant impact upon capacity of our acute hospitals to deliver services. It states: *“There are forty eight acute hospitals that form the seven hospital groups that provide the broad range of inpatient, outpatient, emergency and diagnostic services providing acute services for a population of almost 4.6m. The analysis of demographic change shows that Ireland is ageing faster than the rest of Europe. It is this growth in ageing which has the highest impact on demand for services.”*

Minister for Health Leo Varadkar has stated the increase in ageing population is leading to enormous demands and cost pressures upon the health service^{vi}.

The evidence illustrates population is rapidly ageing and will grow substantially in coming years.

- The ‘older population’ – persons aged 65+ - is set to increase from 585,700 in 2014 to 732,000 by 2021 and 803,000 by 2024.
- The CSO states the ‘very old population’ - persons aged 80+ - “is set to rise even more dramatically” in the years ahead^{vii}. The population projection for persons aged 80+ for year 2021 is 175,100, which will represent a 37% increase on 2011 population level (2011: 128,000 – 2021: 175.)
- Approximately 22% of persons aged 85+ require the continuous care of nursing homes. This is prompted by the levels of frailty and complexity of the medical needs for persons within this age cohort. This group is forecast by CSO to increase by 46% to 2021^{viii}.
- The ESRI projects the population aged 65+ with severe disabilities will increase by 56% to 2021 from 2006 levels (from a population cohort of 94,400 to 147,677)^{ix}

The very significant growth in numbers growing older, particularly amongst the very old population, is leading to rapid increases in growth in demand for long-term residential care. A series of separate analyses over a prolonged period all point to considerable growth in requirement for long-term residential care.

- The recently published Department of Health *Review of the Nursing Home Support Scheme, A Fair Deal* states: “It is anticipated that 23,965 people will be in receipt of support under the Nursing Homes Support Scheme by end 2015. This is estimated to grow to 33,070 by 2024.”
- “On balance it would appear that a minimum of an additional 7,600 beds (over 1,000 beds per year) will be required between now and 2021,” Department of Health briefing papers to Minister Varadkar upon his appointment (released September 2014).
- “Demographics indicate increased demand for long-term residential care....In Monetary terms, it is estimated that these demographic pressures equate to an additional funding requirement of the order of €200m per annum over the coming years,” Department of Health briefing papers to Minister Varadkar upon his appointment.
- The ESRI has projected need for additional 13,324 long-term care places – 888 annually –to meet growth in requirement 2007 - 2021^x
- The Centre for Ageing Research & Development in Ireland (CARDI) has projected the numbers requiring this specialist care will increase between 12,270 and 14,502 to year 2021.^{xi}
- The World Health Organization and European Observatory on Health Systems and Policies projects the numbers in long-term residential care in 2016 will be 31,725
- BDO analysis of the nursing home sector is projecting shortfall of approximately 8,000 nursing home beds by 2021.^{xii}

The nursing home population has correspondently grown with increased requirement for nursing home care.

- According to Census 2011, 26,265 persons resided in nursing homes
- By comparison, the nursing home population in 2006 was 21,553, indicating a 21.8% growth in the five year period.
- At end of year 2014, there were 28,705 registered beds in the nursing home sector^{xiii}.

In recent years, the private and voluntary sector has ‘stepped forward’ to meet the growth in demand. Supply rose from 14,946 beds in 2003 to 20,590 in 2009. The NHI Annual Private Nursing Home Survey 2014/2015, undertaken by BDO, stated 437 private and voluntary nursing homes provide total of 22,342 beds.

As the Department of Health’s review of the Fair Deal scheme states, a very important consideration is presently 90% of frail older people in Ireland live at home, with 80% living well and independently. It is a small fraction of older persons who require the specialist, continuous care provided by nursing homes – 4% or one in 20 persons aged 65+.

The review further states: “Even under the most optimistic scenario, absolute numbers needing residential care will increase over the coming years and we need to plan for that. It is clear that net additional long-term and short-term residential beds will be needed in light of the forecast increase in the number of older people.”

Requirements

Multi-annual funding for the Nursing Home Support Scheme (Fair Deal) to enable timely access to nursing home care

“The Fair Deal is unsustainable in its present form...there will have to be changes,” Minister Kathleen Lynch, February 2015^{xiv}

This submission outlines the intrinsic role timely access to nursing home care fulfils in enabling healthcare delivery within the acute hospital sector. Recognised by Department of Health Ministers Varadkar and Lynch, as well as HSE Director General Tony O’Brien, the scheme must be resourced to ensure this objective is fulfilled. Such measure will ensure efficient spend of health budget and deliver considerable cost savings by deterring prolonged, unnecessary stays within acute hospitals.

With the numbers requiring nursing home care to grow by circa 1,000 additional persons per year in tandem with an older population that is rapidly increasing, the Fair Deal scheme must be placed on sustainable footing.

In April, the Department of Health Emergency Taskforce announced additional funding of €74million to support timely access to nursing home care for year 2015 and timely discharge of persons from acute hospitals.

The introduction of multi-annual funding for the Fair Deal scheme can ensure ‘stop-gap’ measures such as those announced last November and April to address Fair Deal funding shortfalls and crises in health service are no longer warranted. Such a measure can enable Government / Department of Health continually assess level of requirement for nursing home care and provide the required funding accordingly.

Providing funding that is in keeping with requirement can focus attention on ensuring the significant majority of persons medically fit for discharge within acute hospitals can avail of nursing home care within an appropriate and dignified timeframe. As recognised by Department of Health Ministers, its Emergency Taskforce and HSE, this is of critical importance to enable acute hospitals focus on acute care and to address perennial issue of overcrowding and waiting lists within these settings. It is also important to note Fair Deal is the ultimate ‘money follows the patient scheme’, providing transparency within a massive outlay of the health budget.

With requirement for the support of the scheme ever increasing, Government must ensure funding is available to enable timely access for persons who require this specialist care.

The introduction of multi-annual funding for the Fair Deal scheme will ensure timely access to nursing home care, reduce waiting time for financial approval, reduced delayed discharges in acute hospitals and play a lead role in addressing perennial trolley crises. Access to the more cost-effective nursing home care deliver substantial savings in State health expenditure.

Ensure sustainability in delivery of nursing home care – a funding framework that addresses sustainability & capacity issues

The private and voluntary nursing home sector requires an evidence-based cost of care model that acknowledges the true cost of providing residential nursing home care. This essential element is currently absent from the framework for ‘negotiations’ between the NTPF, which is responsible for setting fees on behalf of the State, and individual nursing homes. The procedures applied to negotiations with nursing home providers must be fair, transparent and consistent.

The National Treatment Purchase Fund (NTPF) enjoys a dominant position in its ‘negotiations’ with nursing home operators on the price to be paid for nursing home care. In a normal ‘market’, price is usually greater than cost, enabling a service provider to reinvest. However, given the State’s dominant market position, as a result of the Fair Deal, nursing homes do not operate in a normal ‘market’.

Recent improvements in the economy are welcome. However, it is critical to recognise cost pressures persist within the wider business and nursing home sectors. NHI’s Annual Survey 2014/2015 outlined significant increases in operating costs that providers have incurred between years 2009 – 2014. These included:

- Staff cost accounts for 61% of turnover in private and voluntary nursing homes. The national average staff cost per registered bed was found to have increased by 18% since 2009, and was at €27,130.
- The increase in pay rates for nurses in 2014 averaged 7.32% and for healthcare assistants by 5.41%.
- Annual food cost per resident increased by 13.4%.
- It is also critical to recognise upward trends in costs for energy consumption and commercial rates are adding significantly to cost pressures upon nursing home providers.

Failure to introduce a payment framework that recognises the reality of the costs for provision of dedicated healthcare for persons with highly complex healthcare requirements is threatening the sustainability of private and voluntary nursing homes. The number of private and voluntary nursing homes in Ireland has decreased by nearly 4% over the last five years, despite the increasing demand for nursing home care to support the needs of Ireland’s ageing population^{xv}.

The Department of Health review of the Nursing Home Support Scheme (Fair Deal), undertaken by Deloitte, recognises Fair Deal prices negotiated have not been in keeping with CPI increases. It states: “They [the NTPF] have provided us with the following information on the changes in prices in the period 2010 to 2013. This indicates that the increase in prices negotiated (1.71%) has been lower than the increase in the CPI over the same period (3.79%).”

This is a very serious anomaly within a business environment and brings sustained pressures upon operators tasked with providing complex healthcare for older persons.

Fair Deal should be a reasonable rate based on ROI and capex and not an arbitrary decision by NTPF e.g. county averages. There should also be an agreed annual indexation mechanism to increase rates based on legitimate cost increases. The NTPF previously included a CPI measure so there is precedent there.

There is requirement to ensure appropriate framework is in place to support providers to expand and deliver the employment required to meet care needs of older persons. It is imperative any proposed increase in the minimum wage is recognised within pricing agreements that are agreed between State and nursing home providers. Private and voluntary nursing homes, which are largely entirely dependent upon price paid by State for provision of services, will be unable to absorb labour cost increases if they are not legitimately recognised. Failure to recognise the costs associated with increase in minimum wage could threaten capacity of nursing home in service provision.

Private and voluntary nursing homes are economic dynamos within urban and rural communities across Ireland. The appetite exists amongst existing providers to develop additional bed numbers to meet the significant growth in requirement for residential care. Given the very significant challenges facing the public sector and likely reduction in capacity (outlined further within this submission), it is imperative the appropriate funding framework is in place to ensure the viability of private and voluntary sector providers and to enable them create the capacity and jobs that will meet growth in requirement for this dedicated care within our local communities.

The current low rate of fees being imposed upon nursing homes by monopoly purchaser of care – the NTPF acting on behalf of the State – is threatening the sustainability of providers and deterring new builds to meet increasing requirement for the specialist care they provide.

Nursing Home Support Scheme (Fair Deal) rates must be evidenced-based and based on ROI and capex. They should not be an arbitrary decision by the NTPF, for example, the dominant usage of ‘county averages’ to arrive at prices for care.

An annual indexation mechanism to increase rates based on legitimate cost increases is a requirement.

Low Pay Commission – proposals in respect of Minimum Wage

The private and voluntary nursing home sector is unique in that its income is effectively set by the State through the Nursing Home Support Scheme (Fair Deal), a statutory scheme of financial support for those requiring nursing home care.

In that regard private and voluntary nursing homes operate within a constrained economic environment as their income is fixed. A monopoly purchaser of care – the NTPF (National Treatment Purchase Fund) – is operating on behalf of the State to derive fee payable for residents supported by the NHSS (Fair Deal) in respect of long term residential care in nursing homes. Failure to agree a fee with the NTPF effectively results in the exclusion of the nursing home from the Fair Deal scheme. Legitimate requests by members for necessary increases in fees for residents supported by the NHSS are not being acknowledged by the NTPF, a body that enjoys a dominant position in the negotiations under the NHSS.

As a consequence, providers feel compromised during the ‘negotiation’ process. As stated within this and repeated submissions to the Department of Health and Government, a payment framework that recognises cost realities of meeting the complex care requirements of older persons requiring long-term residential care is imperative.

The nursing home sector is concerned at the implications of a proposed increase in the national minimum wage. This is especially the case for an industry that is very labour intensive – 61% of costs relate to labour costs. It follows that in the absence of increased funding under the NHSS (Fair Deal) any increase in labour costs, imposed under the national minimum wage, threatens the sustainability of current nursing home provision at a time of increased demand. Any proposed increase in labour costs will bring a significant increase in operating costs for nursing home operators directly imposed upon them by the State, which also has responsibility for fee setting.

In effect you will have one arm of the State (low pay commission) imposing increased costs to nursing homes and this must be immediately recognised and funded by another arm of the State (NTPF/HSE).

It also worth noting the ‘ripple effect’ of pay increases on salaries that are above the national minimum wage. This is the domino impact that would cause the greatest impact on our sector. This issue comes on the back of other increases to employment costs that have been driven by Government. Furthermore members have confirmed to us that should the ‘base’ of the national minimum wage be raised, then this will result in upward pressure on all role levels of base pay.

Nursing homes are struggling to compete with incentives offered by HSE beyond traditional pay packages, leading to a crisis in the recruitment of nurses (as further outlined within this submission). NHI has no principled objection to a modest increase of the minimum wage but this is on the proviso that the consequent increase in labour costs are reflected in the fees payable to nursing homes and any proposed increase is linked to payments under the NHSS (Fair Deal). It would be imperative for fees payable to nursing homes to reflect the increase with immediacy. Labour costs account for the majority of private and voluntary nursing home turnover - 61%.

The introduction of any proposed increases in the Minimum Wage, without corresponding direct increased funding, threatens the sustainability of the private and voluntary nursing home sector in an already fragile market.

Failure of the State to recognise with immediacy the required increase in fees payable to nursing homes due to proposed increases in the national minimum wage and the corresponding increases rise in all wage levels could threaten the sustainability and capacity of nursing homes. As outlined within this submission, it is critical private and voluntary nursing homes can operate within a sustainable financial environment to meet growing requirement for long-term residential care.

Income derived by nursing homes is effectively controlled and set by the State. Any increase in Minimum Wage will be set by the State and this must be recognised with immediacy in fees payable to nursing homes under the Nursing Home Support Scheme.

EIIS

The nature of our sector means significant capital expenditure is required by nursing homes to expand capacity to meet the requirements of Ireland's ageing demographic. The extension of the Employment Investment and Incentive Scheme (EIIS) in Budget 2015 to the nursing home sector is a welcome measure in this regard. EIIS will support the creation and retention of employment in small and medium sized nursing homes within the sector. Despite the fact that the extension of EIIS to the nursing home sector was announced in budget 2015 no commencement date has been set to date.

Part of this value added aim includes a positive impact on Exchequer cash flows such as increased payroll taxes, corporation tax, as well as savings on social protection payments. Banks have expressed confidence in the nursing home sector as being a positive one in which to invest but they are actively seeking upwards of 30% equity investment in short financing periods, which is unrealistic for small and medium sized enterprises. This is presenting a funding gap which is not currently being met to fulfil further investment and expansion within the sector.

The commencement of EIIS to facilitate the nursing home sector will be a positive move towards enabling the sector to fulfil its potential to increase the additional beds required and to create sustainable jobs in urban and rural communities across Ireland.

However, NHI has concerns regarding the restrictive nature of the scheme may impact on the development of the increased numbers of bed required to meet the rapid increase in ageing population in coming years.

The restrictions will result in nursing home owners within the sector being excluded from availing of the Scheme and hinder their ability to further develop capacity required to meet population's long-term residential care requirements.

Lift the restriction on employee numbers to enable all providers avail of the scheme and develop capacity to meet demand.

Set immediate commencement date for extension of EIIS to the nursing home sector

Required resourcing to support Clinical Adaptation

On a long-standing basis NHI has been bringing forward representations to Government regarding the impact of delays in clinical adaptation and registration of nurses with NMBI upon the nursing home sector. This has presented crisis, with suitably qualified nurses being identified for Irish nursing posts but subsequently choosing employment in another country due to extraordinary delays. This has severely impacted upon recruitment within the sector and significantly hampered job creation within it.

NMBI has consistently informed NHI – arising from our representations to the Board because of crisis – it is under resourced and this impacts upon its ability to process the level of applications for registration. This has led to an extraordinary delays, with applications being in the system for one year plus^{xvi}. The nurses identified have significant contribution to make towards fulfilling nursing posts and healthcare delivery in Ireland.

The shortage of suitably qualified Irish nurses is presenting requirement for our sector to recruit overseas nurses that will require facilitation on the National Clinical Adaptation Programme. The HSE has committed to extend the programme to November 2015 and despite the RCSI (Royal College of Surgeons in Ireland) being far advanced in delivering an assessment model that will provide an alternative to clinical adaptation, demand will necessitate HSE and RCSI programmes to ensure timely adaptation.

NHI is aware the Department of Health has requested, as part of the Estimates process, further funding to continue programme in 2016. It is imperative the required resourcing is provided to facilitate the recruitment of overseas nurses to the Irish nursing home sector.

Provide the HSE with funding required to ensure the continuation of the National Clinical Adaptation Programme to facilitate the recruitment of overseas nurses to the nursing home sector.

Ensure the NMBI is sufficiently resourced to process nurse registration applications in a timely manner.

Public bed provision

“To maintain current provision and address current capacity issues – requirement of €834m; To keep a 20% public presence for residential provision up to 2023 will cost a further €850m,” HSE presentation, All Ireland Gerontological Nurses Association, May 2013

“Even if we had the full €500m we couldn’t provide all the works in one year. It has to be done over a number of years,” Minister Kathleen Lynch re costs associated to enable HSE nursing homes meet National Physical Environment Standards (deadline for compliance July 2015), August 2015^{xvii}

At a time of sustained pressure upon health spend and with the Department of Health projecting additional required spend of €200m per annum in coming years to meet increasing requirement for health services due to ageing demographic, the question must be asked if spend outlined is most appropriate use of scarce public resources.

HIQA has informed NHI 92 public nursing homes have outstanding works required to meet the statutory/regulatory physical environment standards^{xviii} and Minister Lynch stated in January 80 homes require “considerable investment”^{xix}.

As stated within Fair Deal review, the fee paid to public nursing homes for provision of care is 58% beyond that provided to private and voluntary counterparts. The average cost per week is up to €2,500^{xx}.

As outlined, the substantial works required to meet physical environment standards will add hundreds of millions to the costs of public sector provision. Given continued constraints upon health and general exchequer spending, it is highly questionable if Government can commit the capital funding necessary to deliver the extensive works. At a time of straitened financial circumstances, it is legitimate to ask the question would such spend be an appropriate use of scarce public resources? The efficiency of public builds must also be questioned. Kenmare Community Nursing Unit, a 40 bed unit, was built at an extraordinary cost of €8m – €200,000 per bed^{xxi}.

In its review of the Fair Deal scheme commissioned by Department of Health, Deloitte identified private nursing home providers will be required to meet the challenges of meeting capacity requirements for long-term residential care. It stated in report to inform review of the Nursing Home Support Scheme: “We are aware from discussions with HSE Estates that they face a significant shortfall between capital requirements and their available budget (although we still await details from the figures on the figures involved)...This leads to the conclusion that it is likely that the majority of increased capacity is likely to be required from private operators, either existing or new entrants. There is undoubted willingness expressed by such operators to be part of the solution and, at a simple level, if each of the 400+ current facilities increased its bed supply by 20 then this would result in 8,000 additional beds.”

By any comparative measure, private and voluntary nursing homes represent the best value option available to Government for providing long-stay care for older people now and into the future.

From a capital and operational funding perspective, encouraging and supporting the private and voluntary sector to develop the nursing home beds now required to meet current and future older person care needs represents a more effective use of limited Exchequer resources.

Role of Nursing Homes in primary care

At the opening of Mount Carmel Community Hospital in September 2015 HSE National Director of Social Care Pat Healy stated requirement to develop a sustainable model of care for older people. NHI supports HSE and Government objective to enable persons’ avail of primary care in settings that are removed from acute hospitals. With 437 dedicated healthcare facilities in communities across the country that are stringently regulated and employing 24,000+ skilled staff, the private and voluntary nursing home sector has enormous untapped potential to enable Government and our health service fulfil such objective.

NHI has communicated with Department of Health and Government on a long-standing basis private and voluntary nursing homes, with their expertise and through their dedicated health settings within our local communities, could be further utilised to provide other care services and bring significant savings to State spend on healthcare. This can be utilised in provision of:

- Transitional Care
- Intermediate Care
- Home Help
- Day Care Services
- Independent Living
- Rehab services

NHI and our Members have the expertise, appetite and willingness to engage with State regarding the provision of primary care services that are critical for healthcare delivery.

Given the considerable pressures presently and forthcoming that are being placed upon health and social care services due to ageing demographic, immediate engagement with our sector is required to plan for forthcoming requirement and utilise potential of these dedicated healthcare facilities to deliver primary care.

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- ⁱ Average earnings €36,079 and average tax contribution €7,891, Small Firms Association
 - ⁱⁱ HSE Performance Report December 2014
 - ⁱⁱⁱ Marian Finucane Show, RTE Radio One, 11th January 2015
 - ^{iv} Dáil Éireann, 25th February 2015
 - ^v Oireachtas Health Committee 12th February 2015
 - ^{vi} Minister Varadkar speech to Seanad Éireann 30th January 2015 re HSE Service Plan 2015.
 - ^{vii} CSO Population and Labour Force Projections, 2016-2046
 - ^{viii} CSO Population and Labour Force Projections, 2016-2046
 - ^{ix} Projecting the Impact of Demographic Change on the Demand for and Delivery of Health Care in Ireland, 2009
 - ^x Projecting the Impact of Demographic Change on the Demand for and Delivery of Health Care in Ireland, 2009
 - ^{xi} Future demand for long-term care in Ireland, 2012
 - ^{xii} *Health's Ageing Crisis: Time for Action – A Future Strategy for Ireland's Long-Term Residential Care Sector, 2014*
 - ^{xiii} HIQA Annual Report 2014
 - ^{xiv} Dáil Éireann 12th February
 - ^{xv} *NHI Annual Private Nursing Home Survey 2014/2015*, June 2015
 - ^{xvi} Dr Maura Pidgeon, NMBI CEO, presentation to Oireachtas Health Committee 16th July 2015
 - ^{xvii} *Evening Echo*, 14th August 2015, Nursing home crisis.
 - ^{xviii} Response dated 3rd July 2015 to NHI Freedom of Information request.
 - ^{xix} *Newstalk Lunchtime*, 13th January 2015
 - ^{xx} *Elderly Care Services HSE Midlands*, May 2012
 - ^{xxi} HSE press release, May 2014: *Minister for Health Officially Opens Kenmare Community Nursing Unit*