



SUBMISSION TO
DEPARTMENT OF
HEALTH 2017 HEALTH
SERVICE CAPACITY
REVIEW

SEPTEMBER 2017

EMPOWERING MEMBERS

LEADING & PROMOTING THE SECTOR

INFLUENCING POLICY

Introduction

Recent Governments' commitments to 'shift' and re-orientate the focus to meeting our healthcare needs through primary and community care is welcome. Enhanced community care is vital to support and enable our acute hospitals to focus upon delivery of acute care. A continuum of care that ensures our older population can avail of the specialist care they require at each appropriate stage is essential. Planning for, resourcing and ensuring the availability of quality services within the continuum will be integral to ensure we treat our older persons with the dignity befitting of a society that appropriately respects its older population.

The ageing of the population is to be celebrated. However, it presents major challenges now and for the future of our health service.

We welcome the "wider scope" extended to this reviewⁱ, with key elements of primary and community care being encompassed within it. Planning and resourcing of our health services to meet our present and future healthcare demands must focus upon ensuring primary and community care has the capacity and resourcing necessary to ensure specialised care can be provided in our local communities, away from acute settings.

With over 440 specialist healthcare providers operating within communities across Ireland, the private and voluntary nursing home sector has an essential role to fulfil in meeting population healthcare needs within our local communities. Nursing home care is imperative within a proper functioning health service.

NHI welcomes this opportunity to input to this important and critical review of health service capacity to meet future requirements.

About Nursing Homes Ireland

Nursing Homes Ireland (NHI) is the representative organisation for private and voluntary nursing homes. 448 private and voluntary nursing homes across Ireland are providing care to 24,000 persons. They are directly employing in excess of 25,000 dedicated, caring and committed staff to facilitate round-the-clock care within home-from-home, dedicated healthcare settings.

NHI has consistently advanced a continuum of care that ensures our older population can avail of the specialist care they require at each appropriate stage is essential for healthcare delivery. Within such a continuum, nursing home care has a critical role to fulfil. Private and voluntary nursing homes lead in meeting our older population's long-term residential care needs. Circa 80% of such care is provided by private and voluntary providers. A sustainable private and voluntary nursing home sector is vital to enable us meet our healthcare needs within the community.

The growing requirement for nursing home care

What constitutes old? Is the traditional definition of persons being aged 65+ still legitimate? As per traditional analysis, the briefing paper informing of this consultation assesses the growth of the population aged 65+.

It should be noted the already small cohort of persons aged 65+ availing of nursing home care is decreasing. The 2011 Census informed 4.1% of this cohort were availing of nursing home care – approximately one in 25 persons. This reduced to 3.7% in the 2016 Census – fewer than one in 25.

Nursing home care is focussed upon meeting high dependency, 24/7 clinical, health and social care needs of older persons. It is the 'older-old' population who are most dependent upon this specialist healthcare. Over half the persons availing of nursing home care (56%) are aged 85+ⁱⁱ, while the average age of a nursing home resident in Ireland is 82.9 yearsⁱⁱⁱ.

Considerable challenges will be presented for the health service in meeting the healthcare needs of our rapidly increasing older-old population. As advanced within the briefing paper, the number of people over the age of 85 will double in the next 15 years.

Despite the decrease in the cohort of older persons availing of nursing home care, the Census informed of a 9.4% increase in the numbers residing within nursing homes over the five-year period 2011 to 2016, with the Census registering the numbers increasing from 20,802 in 2011 to 22,762 in 2016.

The CSO analysis *Population and Labour Force Projections 2016 – 2046* is projecting a 49.6% growth in the population aged 85+ over the ten-year period 2016 to 2026, from 69,900 people in 2016 to 104,600 by 2026. The projected growth over the period 2016 to 2031 is 95%, from 69,900 to 136,600.

The Alzheimer Society of Ireland states there are approximately 48,000 people living with dementia in Ireland. This number is expected to increase significantly in the coming years, rising to 68,216 people by 2021 and to 132,000 people by 2041. It should be noted the majority of people with dementia (63%) live at home in the community^{iv}. But a cohort with high dependency care needs who require 24 / 7 person-focussed, specialist care are supported by nursing homes.

The growing requirement for nursing home care has been well-flagged. Within its report *Projecting the Impact of Demographic Change on the Demand for and Delivery of Health Care in Ireland*, published October 2009, the ESRI projected additional requirement for 13,324 long-term residential care places over the period 2007 to 2021. Within its report *Future Demand for Long-Term Care in Ireland*, the Centre for Ageing Research and Development in Ireland predicted requirement for an additional 12,270 places between the years 2006 - 2021.

By year-end 2016, 23,142 persons were availing of Nursing Home Support Scheme (Fair Deal) financial support. A further 400 persons were on the waiting list, resulting in 23,542 persons either being financially supported by the scheme or approved but awaiting financial

support. If the 95% growth in population aged 85+ to the year 2031 is reflected in numbers requiring the support of the scheme, this will present requirement for an additional 22,364 places, effectively doubling the numbers that require the support of the scheme to 45,906. The scheme budget would effectively double. Reflecting the €940 million budget allocation for 2017, the budget requirement would be circa €1.88 billion in today's figures.

The role of nursing home care within the wider health service

The 'shift' in focus by successive Governments to meeting our healthcare needs through primary and community care is welcome and vital for the provision of a sustainable health service. Increased community care is vital to support acute hospitals in focussing upon delivery of acute care. Within the continuum of care that must be in place to meet our populations healthcare needs within the community, nursing home care has an essential role to fill. A sustainable nursing home sector, with the capacity and resourcing necessary to meet 24/7 high dependency healthcare needs, is imperative to enable acute hospitals facilitate timely discharges back into the community. This enables acute hospitals focus upon provision of acute care and alleviates pressures upon these settings that presently operate to maximum capacity.

In 2015, 13.3% of inpatient bed days within our acute hospitals were for persons aged 85+ and over half, 53%, were for persons aged 65+^v. 20.8% of extended bed days within our acute hospitals in 2014 were by persons aged 85+^{vi}.

A major contributor to the current chronic and ongoing crisis in our acute hospitals is the number of beds occupied by patients who have completed their acute care, but have not been discharged, because arrangements for their post hospital care needs have not been put in place. This care may involve ongoing care in step-down facilities, long term residential nursing home care or the provision of home care packages.

On a consistent basis, HSE Performance reports inform two-thirds of persons 'delayed-discharged' within our acute hospitals are awaiting long-term nursing care. At year-end 2016, of the 436 persons clinically fit for discharge, 312 (71.6%) were awaiting such care.

An Taoiseach Leo Varadkar informed of the critical role of nursing homes in facilitating timely discharges and 'freeing-up' hospital beds in November 2015. Then Minister for Health, he stated measures to enable more timely access to nursing home care had created capacity within the health service equivalent to a medium-sized hospital.

Inadequate resourcing of Fair Deal in 2014 led to a substantial increase in the number of persons awaiting Fair Deal financial support. In October 2014, a crisis was presented for the health service. 2,135 persons were approved for Fair Deal but were awaiting financial approval due to the under-resourcing of the scheme, with the waiting period being 15 weeks. By consequence, the number of people classified as delayed discharged within our hospitals stood at 782 at the end of October and rose to 800 during December.

In April 2015 recognising pressures arising within our acute hospitals and A & E departments, then Minister for Health Varadkar announced an additional €74 million in

funding to support timely discharge of acute hospital patients back to community care, principally nursing home care. €44 million was committed to Fair Deal and a further €30 million was allocated to enable persons avail of transitional care within nursing homes. In November, Minister Varadkar informed Dáil Éireann with regard to the measure: “We have freed up approximately 265 beds every day to be used by patients, which is a capacity increase equivalent to a medium-sized hospital.”

The HSE’s end of year Performance Report stated: “The number of beds lost through Delayed Discharge during the year 2015 was reduced by 24.7% over the course of the year – a gain of 5,432 bed days.”

This submission further advances the opportunity provided within healthcare provision to utilise nursing homes and the staff employed within them to provide complimentary services within the community expanded beyond the traditional long-stay residential, which could include home care, meals-on-wheels, independent living.

Workforce planning

As previously advanced within this submission, the cohort of older people availing of nursing home care has reduced but in tandem with considerable increase in our older population, the number of people availing of nursing home care has increased. Over half of the persons availing of it are aged 85+, with a 49.6% growth in this cohort of the population anticipated over the ten-year period 2016 to 2026.

Persons presenting for nursing home care are presenting with higher dependency care requirements. Within its end of year Performance Report 2015, the HSE stated: “There is a trend emerging that people are applying for the scheme later in life than in previous years and consequently average lengths of stay are decreasing. In 2015, 68.1% of applicants were aged 80 years and over whereas in 2012, 66.6% of all applicants were aged 80 years and over.”

The average length of stay in nursing homes halved over the four-year period 2011 to 2014. The Review of the Fair Deal scheme states: “When the scheme first commenced the average length of stay was approximately 4 years and at end 2014 had reduced to 1.9 years in private and in public facilities for those who had entered long-term residential care since the scheme commenced.” The considerable reduction in length of stay and increase in the age of persons presenting for nursing home care is reflective of persons with higher dependency and complex care needs presenting for nursing home care.

This presents considerable challenges for nursing home care and wider healthcare provision. Nursing home care is person-focussed care. The NHI Annual Survey 2014 /2015 informed an average 3.67 care hours per day was devoted to each resident. This represented a 0.27% increase on the levels noted in the 2009 / 2010 annual survey. The Care and Welfare of Residents in Designated Centres for Older People stipulate the number and skill mix of staff be appropriate to the care needs of the residents. Higher dependency care needs present requirement for increased staff and in staffing skillset to meet residents’ needs.

The growing number of older people requiring healthcare services will necessitate a workforce with the appropriate skill mix to meet their clinical, health and social care requirements.

As advanced within *Exploring Nursing Expertise in Residential Care for Older People in Ireland*:^{vii} “Care of the older person is increasingly acknowledged as a nursing speciality requiring specific professional knowledge, skills and career structure. However, working with older people does not always enjoy the same status within nursing as other areas such as the intensive care unit or other acute care environments.”

Strategy must be developed to plan for the growing demand for healthcare and associated professionals to meet our older population’s needs.

NHI has long advanced policy and related stakeholders should be brought around the table by the Department of Health through a Statutory ‘forum’ that will consider, advise and push for the appropriate policy, planning, funding and delivery of health services for older people.

Such a forum should have a central role in advancing a workforce plan that is adopted by the State and key stakeholders to ensure we bring into effect a plan that supports us in meeting the rapid growth in requirement for clinical expertise within the health service, giving key consideration to increasing need for clinical gerontological care.

Access to GP & Care Services in the Community

It is critical healthcare services are made available to older persons on a per-need basis. Good GP and nursing care are key elements to reduce admissions to hospital by older persons.

A collaborative approach between GP services, primary / community care services and nursing homes is essential to meet the health needs of our population within the community and to reduce acute hospital admissions. A GPs contract must categorically state the obligations and duties of the GP to persons in the community and also those within residential care. It should promote a mutual enhancement of a collaborative relationship that will protect and promote the care given to older people.

Enhancing geriatric services within our local communities can reduce the number of admissions to nursing homes. As advanced by Members of the Oireachtas Health Committee, there is requirement for enhancement of geriatric services in the community. This must include greater access to geriatricians, consultant geriatricians, community intervention teams. Access to these healthcare specialists can help deter admissions of nursing home residents to hospitals. Providing nursing home residents with access to acute episodic care will deter admissions to hospitals.

In 2016, 27,633^{viii} referrals were advanced to Community Intervention Teams. The roll-out of these specialist care teams has been fractured, with one HSE Community Healthcare Organisation – CHO 1, incorporating Cavan, Donegal, Leitrim, Sligo – still not having a CIT in

place. The intervention provided by such teams can play a pivotal role in keeping care within the community and removed from acute hospitals.

Primary care services and Community Intervention Teams are integral to primary care delivery and must be resourced and supported to provide care within communities across the country. Engagement between individual care practitioners and teams operating within the community and with nursing homes must be continually developed. Successful, cooperative engagement can prevent admissions to acute hospitals, enabling older persons to receive care within the nursing home.

The continuum of care previously referred to must not only be cognisant of 'demand' but must also ensure that residents retain access to therapies and services that are fundamental to support person's healthcare needs. Deterring access to these services is an abuse of their rights and can lead to further health complications that lead to dependence upon acute services.

Residents in nursing homes must have access to the same healthcare and health opportunities that they would be entitled to if they were living in their own homes. Nursing home residents must retain the same entitlements to specialized equipment, therapies and access to allied health professionals as they would if they were living in their own homes.

In its report *Who Cares? An Investigation into the Right to Nursing Home Care in Ireland*, the Office of the Ombudsman highlights the exclusion of therapies and social programmes under the Fair Deal scheme. It states this appears at odds with "what (in the words of the Department [of Health]) is commonly understood as long-term nursing home care". It says the failure to encompass costs for such services is not consistent with obligations under the Health Act.

The HIQA report *Designated Centres for Older People: An analysis of inspection findings during the first 15 months of inspections* states inadequate access to care services such as physio, chiropody, occupational therapy and others highlights a "wider funding and access issue" in particular for private nursing homes.

Furthermore, in 2013 an unpublished HSE audit of access to therapies for older people in nursing home care came to public attention. It assessed access to physiotherapy, speech and language therapy, occupational therapy and dietetics. It revealed the vast majority of nursing home residents do not have access to these essential public health services. Furthermore, it exposed huge geographical inequalities in access, inequalities between residents in public and private nursing homes, as well as discrimination based on medical card status.

Such therapies are re-enabling and life-saving for persons in nursing home care. Older persons in nursing homes must be capable of accessing such services in a short timeframe from the comfort of the nursing home. The State has a responsibility to ensure persons in such care have timely access to such life enabling and saving therapies.

Sustainable nursing home care: Essential to meet our healthcare needs

24/7 care in an acute hospital is circa €7,000 per week by comparison with the average cost being €900 in a private and voluntary nursing home. For every 100 persons who are within an acute hospital setting unnecessarily, the cost per week is €700,000 and over an annual period €36.4m. The equivalent fees paid by State to private and voluntary nursing homes (long-term or transitional) would be average €90,000 per week or €4.68m per annum.

Private and voluntary nursing homes are the majority providers of nursing home care, providing effectively 80% of such care. The Dementia Services Information and Development Centre report *An Irish National Survey of Dementia in Long-Term Residential Care* states: ““A key finding from this survey is the fact that the private sector is the main provider of specialist long-term care to persons with dementia.” It’s analysis of 469 HSE, private and voluntary nursing homes further informs: “Curiously, HSE operated facilities which receive the highest payments for care from the Nursing Home Support Scheme (Fair Deal), because they are said to accommodate those with highest dependency needs, were more restrictive than other providers in relation to admission criteria, and were more inclined to refuse admission to those not independently mobile.”

There has been a substantial drop in the number of persons availing of care within HSE nursing homes. At year-end 2011, 5,397 persons were financially supported by Fair Deal within such homes. By year-end 2016, 4,767 persons were financially supported, representing an 11% reduction.

A sustainable, financially viable private and voluntary nursing home sector is fundamental to ensure we meet a critical component of our population’s healthcare needs: nursing home care. To enable the sector meet the considerable growth in requirement in the years ahead, an evidence-based funding model that recognises the true costs of high dependency care needs is essential.

Independent analysis of the nursing home sector advances such a requirement. Within its analysis that was commissioned by the Department of Health, *Potential Measures to Encourage Provision of Nursing Home & Community Nursing Unit Facilities*, DKM Economic Consultants state: “Our consultations and analysis indicate that the main barrier to new investment in nursing homes is how the pricing model of the Fair Deal Scheme is operated with regard to private nursing homes. This manifests itself in terms of:

- Uncertainty around future income streams;
- Inadequate income levels to enable a return on investment in many parts of the country outside Dublin;
- Lack of reference to dependency levels of residents.”

It further states: “While the [Fair Deal] scheme has delivered many benefits and is a significant advance on what was in place heretofore, its current pricing model operates in an ad hoc manner, lacks rationale, consistency and fairness, only applies to the private sector, and in the long run is unsustainable.”

The Dementia Services Information and Development Centre analysis states: “For private providers, the current funding model (NHSS) acts as a disincentive to develop specialist care units. A new funding model is required and the private sector needs to be incentivised if they are to continue to provide the main bulk of specialist dementia long-term care.”

Within its review of the Fair Deal pricing processes, undertaken as part of the wider Fair Deal review, Deloitte stated: “Going forward, we are of the view that a methodology to set prices should be established, taking into account factors such as size of home, acuity of patients, operating cost structures etc.”

Arising from the review of Fair Deal, an interdepartmental working group was tasked with implementing recommendations emanating from the review and to consider and make recommendations regarding the pricing mechanism applied to support nursing home care. The report was scheduled for completion and presentation to Department of Health 1st June 2017 and we call for publication of this long-awaited review of the Fair Deal pricing.

Expanding care services in the community

As well as meeting the 24/7 specialised healthcare requirements of 24,000+ high dependency care persons, private and voluntary nursing homes also have essential roles to fulfil beyond traditional long-stay residential care. In tandem with long-stay care, nursing homes fulfil a critical role in the provision of respite, transitional and rehabilitation care. Given the growing requirement that will be placed upon the State to meet a range of care needs within the community, opportunities presented to further utilise these health settings must be actively explored and supported in public policy. Nursing homes are highly regulated healthcare settings employing staff that include nurses, carers, activity co-ordinators, chefs. They are highly regulated primary care hubs within our communities, employing teams of highly-skilled staff to provide person-focussed clinical, health and social care. Nursing homes are meeting older persons clinical, care, rehabilitative, physical and cognitive, dietary needs. Focus should be placed upon enabling people within the wider community to be enabled to avail of specialist care or activities that are essential to their health and wellbeing that the nursing home can facilitate. Utilising nursing homes and the staff employed within them can present opportunity to provide complimentary community services such as respite, rehabilitative, home care; meals-on-wheels, independent or assisted living.

NHI reiterates it has, on a long-standing basis, called upon the Government to bring stakeholders around the table to inform the policy, planning and resourcing required to meet older person’s healthcare requirements. The capacity review would feed into such a forum, which would assess the growing requirement for older person care and inform State regarding policy, planning and resourcing.

Within its report *Quality and Standards in Human Services in Ireland: Residential Care for Older People*, published 2012, the National Economic & Social Council advanced requirement for such a forum. It recommended the establishment of “a problem solving group” to bring stakeholders such as nursing home providers, HIQA and the Department of

Health together to “ensure services continue to be provided at an optimum level for older people”.

Conclusion

This capacity review is a vital body of work and it is critical the analysis undertaken is utilised to help shape health planning, policy and resourcing. The planning, policy and resourcing must be cognisant of requirement to plan for the considerable growth in requirement for nursing home care. This must encompass engagement with the sector and stakeholders to plan and implement:

- A fit-for-purpose funding model that will encompass the costs of high-dependency care and place nursing home providers on a sustainable footing;
- In tandem with long-stay care, nursing homes fulfil a critical role in the provision of respite, transitional and rehabilitation care. Given the growing requirement that will be placed upon the State to meet a range of care needs within the community, opportunities presented to further utilise these health settings must be actively explored and supported in public policy;
- Utilise nursing homes and the staff employed within them to provide a range of primary care services and complimentary services within the community that are expanded beyond traditional long-stay residential care. This can include home care, meals-on-wheels, independent living;
- A collaborative approach between GP services, primary / community care services and nursing homes is essential to meet the health needs of our population within the community and to reduce acute hospital admissions;
- There is requirement for enhancement of geriatric services in the community, to include geriatricians, consultant geriatricians, community intervention teams. This can help deter admissions of nursing home residents to hospitals. Providing nursing home residents with access to acute episodic care can deter admissions to hospitals;
- The State has a responsibility to ensure persons receiving nursing home care have timely access to life enabling and saving therapies;
- The growing number of older people requiring healthcare services will necessitate a workforce with the appropriate skill mix to meet their clinical and healthcare requirements. Strategy must be developed to plan for the growing demand for healthcare and associated professionals to meet our older population’s needs;
- Stakeholders must be brought around the table by Government to inform the policy, planning and resourcing required to meet older person’s healthcare requirements.

ENDS

ⁱ Department of Health, ‘Background to the Health Service Capacity Review in Ireland’, May 2017

ⁱⁱ *NHI Annual Survey 2014 / 2015*

iii *Health in Ireland Key Trends 2016*, Department of Health

iv Alzheimer Society of Ireland

v Activity in Acute Public Hospitals in Ireland, 2015 Annual Report, HSE & Healthcare Pricing Office

vi Activity in Acute Public Hospitals in Ireland, 2014 Annual Report, HSE & Healthcare Pricing Office

vii All Ireland Gerontological Nurses Association / NHI / UCD, 2013

viii HSE Annual Report 2016