

## **MIDWEST HOSPITAL CAMPAIGN STATEMENT- NOELEEN MORAN**

**Our campaign has been engaging with the public petitions committee since 21 June 2022.**

**We have made continuous submissions to it, creating a comprehensive record of the situation facing the people of Clare, Limerick and Tipperary in the aftermath of our hospitals being downgraded to model 2 and our A& Es closed.**

**We have qualified every assertion we have made with submissions of local media reports, national media reports, Hiqa reports, Deloitte reports, our own campaign testimonies from local surveys we conducted.**

**Over 400,000 people are currently reliant on just one Emergency Department at University Hospital Limerick. Our region has only one constantly overcrowded ED and no model 3 hospital, making it distinct from every other health region. It is the most disadvantaged health region in the country, by far.**

**Hiqa identified this point in its unannounced inspection of UHL report where it found the hospital non-compliant with national standards. The Management of UHL committed to the exploration of a model 3 hospital for the region in its response but no follow up on this has occurred as far as we are aware.**

**When we questioned the abandonment of the proposal for a model 3 hospital in a meeting with the Taoiseach, Leo Varadkar we were told that model 3 hospitals were unsafe and not the preferred model yet in his own constituency, Dublin West, Leo Varadkar insisted (in an newspaper article printed in 2014), Connolly hospital, Blanchardstown, a model 3 hospital, "would not close on his watch" as he directed more funding towards their ED. There are 10 Emergency Departments within 1 hours drive of Connolly hospital. There is a clear double standard going on here.**

**Patient dignity does not exist in the corridors of UHL ED. Lives are being lost, both by those who attend the ED, who are not reached in time to be given the care they need because of the levels of overcrowding, and by those who are afraid to attend despite urgently needing care and die at home as a consequence.**

**In our correspondence with the petitions committee we have received communications from UHL management, The HSE and the department of health. All, tell us that a 10 year old government policy document entitled " Securing the Future of Smaller Hospitals, A framework for development"(FEB 2013) sets out the roles for smaller hospitals and locks us in to this situation.**

**We don't believe that there is any politician in the country who is unaware of what is happening at UHL.**

**11,000 people from across the Midwest marched in Limerick last January, after a calamity of a winter season. 15,000 signed our petition calling for our a&es to be reopened because the public recognise, like us, that this could be any member of their families a mother, father, sister, brother, son or daughter, grandparent or grandchild sick in need of care at any given point, put at risk because of the failings of the healthcare strategy in the Midwest. Our communities know that people are dying as a consequence, because people we know have died because of this failed health strategy. Family members of the deceased are present with us today.**

**Simon Harris the former health Minister acknowledged, on leaving his brief in Health, in an interview to a local paper in Clare that the people in the Midwest had been failed.**

**Stephen Donnelly, the current Health Minister, also accepted this, BEFORE, he became health minister.**

**Many politicians attend our public protests but there is no follow-up action from them to address the situation.**

**This time last year we met with health spokespersons from various parties, because we were extremely worried that the Christmas period was going to be a very serious situation. Sadly we were not wrong.**

**Shannondoc out of hours GP service collapsed. There was panic. UHL had to declare a major internal incident. Surgeries were cancelled.**

**This year we have seen trolley numbers trending higher than ever before, indicating this situation is not improving. On the 23 Oct 23 a new record was set with 130 members of the public being left waiting on trolleys. The response has been to argue over the metrics, with the Minister for health favouring changing from the long accepted INMO Trolleywatch figures to the lower Trollygar numbers. Massaging the figures won't do anything for patient care.**

**The response has been to cut funding to the health budget.**

**The response has been to introduce a hiring freeze.**

**The response has been to introduce a dispersion policy for the elderly to discharge them to nursing homes, regardless of how far they are from their homes or family network. We know, given the levels of overcrowding in Uhl, this will disproportionately impact our communities.**

**Politicians are the policy makers.**

**Everyone knows what is happening.**

**Why the inaction in addressing this?**

**Without a serious change in policy direction the situation in the Midwest will continue to get worse. That is why we ask you to heed our petition and recommend the upgrading of our hospitals to Model 3 and the reopening of our A&Es.**

## **CLARE STATEMENT - MARIE MCMAHON**

**514 dead. That is a shocking and unforgivable number. Yet, that is the minimum number of deaths the Mid West Hospital Campaign estimate has happened in our region at the only Emergency Department, University Hospital Limerick since our petition with over 15,000 signatures was first submitted to this committee on 21 June 2022.**

**Our conservative estimate is based on extensive research carried out by Dr Chris Moulton (consultant in Emergency Medicine, European Society for Emergency Medicine, Senior Lecturer in Emergency Medicine at the University of Manchester from 1994 to 2000, Vice President of the Royal College of Emergency Medicine) and Dr Cliff Mann RIP (former President of the Royal College of Emergency Medicine, NHS National Clinical Advisor for Accident and Emergency Care). This research was carried out in England in 2019, a country where the emergency department set up is very similar to that in Ireland. Further research by other experts in Emergency Care has been carried out since which supports the findings of Dr Moulton and Dr Mann.**

**Based on the outlined research 514 is the minimum estimate of those who have died as a direct result of delays in the Emergency Department at UHL since this petition was presented to this department. A damning indictment on any Government and any health department that could ignore 5 dying in such a timeframe but over 500 in one small region of the country is unforgivable. It had and has become far too easy to ignore but no more.**

**Despite extensive lobbying, our political representatives from Clare, Limerick and North Tipperary have failed to endorse our simple request -**

**the reinstatement of our Emergency Departments in Ennis, St. John's and Nenagh. Almost all, from across the region both in the**

**Dáil and the Seanad have remained silent on the reintroduction of our Emergency Departments. There has been much deflection, we need more elective hospitals (without an Emergency Department), more private hospitals, care in the community, ambulance protocol etc.**

**Not one political representative from our region has EVER acknowledged that this region has only ONE hospital for a population of over 400,000+ Compare and contrast with the present furore with regard to Letterkenny Hospital which is a model 3 and yet in that region there is an emergency department for every 120,000. Some political representatives have told us they have spoken to the current health minister Stephen Donnelly or officials or colleagues but yet never give us any detail. Words are cheap. We need action. To date there has been very little. This Campaign has done and continues to do the research, this Campaign has worked out just how deprived and starved our area is in comparison to others when it comes to Emergency Department provision. We have had to do our own research without the help or support of any regional politicians who have numerous resources including fully funded staff to assist them. Yet they reassure the population of this region that they are on our side.**

**Stephen Donnelly and many others have talked repeatedly about the investment in UHL and how facilities are better there than the likes of Portlaoise, Tullamore and Waterford ( all with Emergency Departments). Portlaoise where the population of that region have a choice of 11 other Emergency Departments to choose from in the same timeframe it would take me and many, many, others in Clare to reach UHL. Likewise Tullamore where there is a choice of 10 others for the population while those in Waterford have a choice of 3 others in the same timeframe. Why are the people of this region treated as 2nd class citizens? This Campaign wrote to Stephen Donnelly on 5 July following his visit to Clare and Limerick. A reply was received dated 19th July which failed to address most of the issues we raised. The Campaign responded on 19th August and we are still waiting for an answer.**

**As previously alluded to a substantive number of people living in the region live over 1 hour travel time from Limerick. This does not account for delays in ambulance availability or indeed the difficulties with Shannondoc. No wonder people have said time and time again 'Do not take me to Limerick ED if I am ill. I would rather die in my own home in my own bed than on a trolley'.**

**I would suggest that there are very few families living in the region who have not experienced themselves or know of someone who has had a traumatising experience in UHL ED.**

**Since 21 June 2022 there have been a total of 38,143 on trolleys and chairs up to and including date of this submission, 13 November, in UHL ED. Since January 2023 many days have been recorded as having over 100 on trolleys and chairs in UHL with a new record set on 23rd October 2023 of 130. These figures are counted and published by INMO who have been doing this since 2004. They only count trolleys Monday - Friday so therefore Saturdays, Sundays and Bank Holidays are NOT counted by them. This is something we stress when weekly, monthly and yearly figures are counted and it is important that this is recognised. The Campaign takes a weekly average of Mon-Fri and averages out a figure for Saturday and Sunday.**

**In recent months there have attempts made to dispute these figures by government politicians and Health personnel. Why now when those figures have never been disputed for over 18 years? I think we know what the answer to that is.**

**We in the Mid West region know the reality of having to attend the Emergency Department of UHL. Sadly it is our reality and lived experience.**

## **LIMERICK STATEMENT -HILARY TONGE**

**I have lived in Ennis Co Clare for 40 years, My children were born in Ennis General. Those were the days when we had maternity services, now women from Clare travel to Limerick or Galway to have their Clare Babies. That's if they do not give birth in an Ambulance on the way. And We all remember we had an ED.**

**Ennis hospital still is a great hospital with great staff but it is not getting the resources it deserves, it has far more potential.**

**There was a huge campaign in 2009 to save Ennis General from being downgraded, but we were told we were getting a centre of excellence. and here we are.**

**Everyone in County Clare recognises the value of Ennis General Hospital and that it is vital that it is upgraded, and our A&E reopened in the interests of patient safety. The reopening is consistently side-lined despite all the promises to address the crisis; the situation has only worsened.**

**We are told in Ennis all the time that UHL is only a half an hour away but the reality is different, when you call for an ambulance,**

**For example, one sportsman last year waited for 4 hours injured on a pitch in Cusack Park before an ambulance could reach him in Ennis town! and sadly that is not an isolated incident.**

**The change in ambulance protocol has had no impact because they closed beds at Ennis when it was downgraded. Now we have 3 beds currently set aside for ambulances.**

**The Medical assessment unit again provides a fantastic service but the hours have not been extended to 24/7 as promised.**

**8am to 8pm is not good enough. Especially when they do not accept children under 5. While the HSE is on our radio telling us RSV can be serious for children under 4. We have no alternative but to go to UHL.**

**People in Clare need answers!!!!**

**But I am here today to stand in for my colleague from Limerick who cannot be with us and the campaign in limerick have prepared this statement which I will now read**

**Since the reconfiguration of hospitals in the Mid West over a decade ago when three A & Es were closed to make way for a "centre of excellence" A & E to be based in University Hospital Limerick, the people of the mid west have been failed. In Limerick, since 2016 alone, according to the 2022 census the population has grown by 8% and the number of people aged 65 and over in the county increased by an enormous 23%.**

**In the past St Johns A & E which was one of the small A & Es closed, would have catered largely for the population of Limerick City with the rest of the county attending University Hospital Limerick. This has been removed and is having a very detrimental effect on the health of the densely populated working class estates in Limerick. The elderly population in these areas often express their horror at having to attend the overcrowded conditions in UHL, many saying they would rather die at home than lie on a trolley for days on end. This is a shocking indictment of the health service in the Mid West.**

**Limerick is a growing city. It is home to many multi nationals and the workers that follow them. Project Ireland 2040 envisages population growth of 50-60% for Limerick by 2040. Nowhere in health planning for the Mid West is this huge population growth catered for. One hospital will not be able to cater for this, let alone cater for the whole population of the Mid West in the three counties of Limerick, Clare and Tipperary.**

**We in Limerick feel badly let down by the health service being provided for our people.**



## **TIPPERARY STATEMENT- TRICIA DELANEY**

**Good afternoon, members. My name is Tricia Delaney, and I am a representative of Nenagh Needs Its A&E, a grassroots organisation fighting for the restoration of vital Emergency Department services in our local hospitals, including Nenagh. In 2009, Nenagh Hospital, along with Ennis Hospital and St John's Hospital Limerick, witnessed a downgrading of their Emergency Departments to the status of Local Injury Units. This decision had severe consequences for our communities, as it meant that only basic injuries could be treated locally, while more serious cases were diverted to University Hospital Limerick.**

**Regrettably, the promised expansion of patient capacity at UHL, the central hub for ED services, has not materialized in the fourteen years since the downgrade. Today, despite the heroic efforts of staff on the ground, UHL's Emergency Department stands as the worst-performing in Ireland by numerous metrics, consistently facing severe overcrowding and posing a clear threat to patient safety.**

**The dire situation in UHL has resulted in vulnerable and sick individuals, including the elderly, enduring shameful conditions. Patients often spend days on trolleys before receiving the necessary treatment or being transferred to a hospital ward. Expert evidence has highlighted cases where patients suffered long-term health consequences or tragically lost their lives due to extended stays in UHL's Emergency Department.**

**This crisis is not just a matter of statistics; it profoundly affects our community. More than 15,000 concerned citizens have signed a petition, a collective plea for the restoration of full Emergency Department services at Nenagh Hospital, Ennis Hospital, and St John's Hospital Limerick. The people have endured fourteen years of broken promises and failed attempts to address this escalating crisis.**

**Any solutions put forward by the Department of Health and the HSE, have proven to be nothing more than "patchwork" efforts and have failed. The people of the Midwest deserve more than temporary fixes. It is time for comprehensive, sustainable solutions that prioritise the health and well-being of our community.**

**We are well aware that many within government, the HSE, and political classes on all sides, view our demands as naive. However, in the fourteen-year period since the ill-fated hospital reconfiguration, neither the HSE nor the government has presented any effective solutions to address the dire overcrowding at University Hospital Limerick's Emergency Department. This overcrowding poses an immediate threat to the safety and well-being of well over 400,000 people in North Tipperary and across the Midwest.**

**In conclusion, on 24 June 2022, Minister for Health Stephen Donnelly spoke to Tipp FM Radio. When pressed on the success or failure of reconfiguration, he responded, and I quote, 'it clearly hasn't worked'. So, we come here today not only as advocates for change but representing a community that has borne the brunt of a failed reconfiguration. We urge government to listen to the words of its own minister when he admits that reconfiguration has not worked, to consider the 15,000 voices represented in our petition and take decisive action. The restoration of full Emergency Department services at Nenagh Hospital, Ennis Hospital, and St John's Hospital Limerick is not just a demand; it is a lifeline for the people who signed this petition.**

**Ends**