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Your Ref: SCC19R-I-0234  
25<sup>th</sup> June 2020

Ms. Aileen Fallon,  
Clerk to the Special Committee on Covid-19 Response  
Leinster House,  
Dublin 2

By Email

Dear Ms Fallon,

Thank you & the members of this Special Committee on Covid -19 Response for allowing me to provide this written submission. I feel it is timely, appropriate & relevant that there is consideration into the future relationship between the state & nursing home providers in particular the private nursing sector.

I attach my submission on the topic. If you have any queries, please let me know.

I work as the owner & Director as a Health & HR Consultant, Life Coach & Broadcaster in the west of Ireland, mainly in Galway City & County & Co Mayo.

I have worked in the public, private, voluntary & not for profit health services here in Ireland & also abroad ranging over 40 years. My public service included management of Acute, Services for Older People, Psychiatric services, Ambulance services as well as central services such as HR, Finance, Corporate & Public Affairs, Fo I, Pension Appeals & support to the local political system in the former Western Health Board & the HSE West. I was Secretary to the Western Regional Forum.

Since leaving the HSE, I have worked in the private health sector in a variety of settings such as homecare, nursing homes, intellectual disability, and ambulance service, private healthcare skilnet group as an employee & as a Consultant. I produce & present my own music radio show, & co host a current affairs show on Kinvara Community Radio, Kinvara Co Galway.

My academic qualifications include a Degree (Hons) in Public Management from the Institute of Public Administration, Diplomas in Accountancy, Training & Development, Employee Assistance, Life Coaching, Radio Production. I have recently been conferred the Distinguished Toastmaster. Award from Toastmasters International.

I am member of the Association for Coaching, Fellow of the Health Management Institute of Ireland (HMI), Member of the HMI Faculty & am Secretary of the HMI West Regional Group & Vice President of the West's Awake Toastmasters Club, Claremorris, Co Mayo.

I am an active member of my local community including member of the committee for the Claregalway & District Day Care Centre, Community Alert Group, Area Residents Association & Parish Volunteer.

I wish Deputy McNamara, Chairperson & members of this Special Committee & your team all the best with their deliberations.

Thank you.

God Bless & Be Safe

Seamus Gallagher

Submission by Seamus Gallagher, Health & HR Consultant, Life Coach & Broadcaster, Galway

## **Submission to the Special Committee on Covid-19 Response 25<sup>th</sup> June 2020**

Older People in Ireland.

Deputy McNamara , Chairperson & Members, Thank you for allowing me to provide this submission which I feel are relevant & need consideration into the future relationship between the state & nursing home providers in particular the private nursing sector.

### **1 Introduction- Seamus Gallagher, B.A. (Hons), F.H.M.I., DTM.**

1.1 I work as the owner & Director as a Health & HR Consultant, Life Coach & Broadcaster in the west of Ireland, mainly in Galway City & County & Co Mayo.

1.2 I have worked in the public, private, voluntary & not for profit health services here in Ireland & also abroad ranging over 40 years. My public service included management of Acute, Services for Older People, Psychiatric services, Ambulance services as well as central services such as HR, Finance, Corporate & Public Affairs, Fo I, Pension Appeals & support to the local political system in the former Western Health Board & the HSE West. I was Secretary to the Western Regional Forum.

1.3 Since leaving the HSE, I have worked in the private health sector in a variety of settings such as homecare, nursing homes, intellectual disability, and ambulance service, private healthcare skilnet group as an employee & as a Consultant. I produce & present my own music radio show, & co host a current affairs show on Kinvara Community Radio, Kinvara Co Galway

### **2. Theme for my submission:**

2.1 I feel that the relationship between private nursing homes & the state is quite complex & needs review. I feel that residents in private nursing homes are not treated in the same way or equally as residents in public nursing homes.

#### **Outline of my Submission:**

2.2 In the following document I wish to outline details on the older population in Ireland, numbers living in residential care, the organisation of care for those who are unable to live at home in the community, how it is organised, managed numbers, costs etc. & the various organisations of the state involved in the administering, regulating, funding etc. of the scheme.

### **3 Basic principles**

3.1 Services for older people who are no longer able to live at home & require residential 24 hour care.

3.2 All residents regardless of where they are cared for are treated in in an equitable manner & are provided with professional & caring manner. Equal treatment, must be provided care, method of charging, access to a comprehensive range of professional services including appliances.

### **4 Older People in Ireland :( reference 1& 2)**

4.1 According to the census, 2016 the population of Older people in Ireland is 609,310 .or 12.8 % of the population 4,761,865. The CSO has predicted that the over 65 population will increase to nearly 1.6 million by 2051. The vast majority of older people live in their own homes in the community. Over 23,000 Older people or 4 % of older people can no longer

live in their own homes in the community & as a result are cared for in residential care where their medical & living needs are cared for.

## 5 .Organisation of Residential Services in Ireland (Reference 3)

5.1 Residential services for older people are organised through the Nursing Homes Support Scheme – (NHSS) or Fair Deal which was introduced in 2009, under the Nursing Home Support Scheme Act 2009, with the aim of providing access to long term-residential care for all who are deemed to be in need. The scheme is administered on behalf of the state by the HSE.

5.2 The NHSS provides financial support towards the cost of long-term residential care. Once an individual has been assessed as needing long-term residential care (i.e. care which requires a 24 hour nursing presence) a financial assessment is carried out to determine the financial contribution that the individual should make towards the cost of their care. An individual's contribution is based on their means, and the State, through the Health Service Executive (HSE), pays the balance of the costs of care in public, private and voluntary nursing homes approved under the scheme

Table 1- Number of clients in residential care 2016 is as follows

No	Sector	Numbers	%
1	Private & Voluntary	18,172	79
2	Public	4,828	21
3	Total	23,000	100

Source Nursing Homes Support Scheme Trends and Figures –October 2017 Department of Public Expenditure and Reform (Reference 4)

Table 2 -Total cost of the NHSS in 2016 was € 1.26bn funded as follows

No	Source	Amount	%
1	Exchequer	931	74
2	Private Client	272	21
3	Public Income	65	5
Total		1268	100

Source Nursing Homes Support Scheme Trends and Figures –October 2017 Department of Public Expenditure and Reform (Reference 4)

## 6 . Private Nursing Homes:

6.1 There are over 450 private nursing homes in Ireland who provide residential services to older people many of which are family owned & managed businesses & also nursing homes which are part on an overall nursing home group.

## 7 . State organisations involved with private nursing homes (Reference 3)

- 7.1 The Health Services Executive (HSE) has statutory responsibility for administering the scheme. The role of the HSE includes the preparation of guidance material and application forms, accepting applications, assessing an applicant's care needs, conducting a financial assessment to determine the level of contribution 16 from the resident and disbursing payments to approved nursing homes in respect of the State contribution towards the cost of care. administers the NHSS on behalf of the state

- 7.2 Health Information & Quality Authority (HIQA)- all nursing homes both public and private must register with the Health Information and Quality Authority (HIQA) and comply with the conditions and requirements laid down by HIQA in this context. Fees are payable by operators of nursing homes for initial registration, for variations of conditions of registration and an annual fee is also payable by each registered provider. Under the Health Act, 2007 HIQA can inspect nursing homes for registration purposes and to ensure quality standards are being met
- 7.3 The National Treatment Purchase Fund (NTPF) negotiates the total price paid to each private and voluntary nursing home for residents in receipt of support from the Nursing Homes Support Scheme. The NTPF is independent in the performance of its functions. A nursing home cannot participate in the scheme unless it has agreed a price with the NTPF.
- 7.4 The Revenue Commissioners are the appointed agents for the HSE in the collection of the repayable monies under the optional loan element of the scheme.

## 8 . Public residential centres

8.1 In the main they are owned & managed by the HSE. They form part of the range of health & social services provided by the HSE throughout the country. Other services provided for older people include GP care, meals on wheels, day care, day hospital, home help, community nursing visits to the home with access to acute hospital & the wide range of services provided by the HSE.

- 8.2 All nursing homes both public and private must register with the Health Information and Quality Authority (HIQA) and comply with the conditions and requirements laid down by HIQA in this context. Fees are payable by operators of nursing homes for initial registration, for variations of conditions of registration and an annual fee is also payable by each registered provider. Under the Health Act, 2007 HIQA can inspect nursing homes for registration purposes and to ensure quality standards are being met
- 8.3 Unlike private nursing homes, the state itself determines the charges in the HSE residential centres.

## 9 Summary

9.1 The state through the Health Information & Quality Authority (HIQA) regulates both private & public nursing homes.

9.2 The state through the National Treatment Purchasing Fund (NTPF) agrees on the price with private and voluntary nursing homes for long term residential care services provided under the NHSS

9.3 The state through the HSE administers the Nursing Home Support Scheme

9.4 The state itself provides residential services to older people through the HSE

9.5 All these organisations are bodies set under legalisation &/or regulation & are effectively “arms” of the state.& operate independently of each other in accordance with their legal remit, regulations etc. & are funded by the exchequer.

9.6 As a result the “state” in its totality administers the residential services for older people, is a provider of services, regulator of services, and sets charges for services in both public & private nursing homes. It could be contended the state in providing services itself is

in competition with the private nursing operators, while at the same time it is regulating them & setting the price at which they are being paid to care for their residents. I feel these are complex if not contradictory relationships & need to be reviewed.

## 10 Other Areas of Concern for private nursing homes owners:

10.1 Private nursing home owners have raised a number of concerns:

### 10.2 Medical cover

10.2.1 GPs provide medical care for their patients when they become residents in nursing homes but due to the demands on their practices they are not always in a position to provide a timely response to care of their patient in a nursing home. As a result residents are required to attend the A/E department in the local acute hospital which can be overcrowded leading to delays in treatment of the resident & placing them in an appropriate environment & leaving them exposed to health risks. GP practices should be funded & staffed by the Department of Health to ensure that they can treat residents when it's appropriate clinically, in the nursing home which is their home & prevent unnecessary admissions to overcrowded A/E Departments & hospital wards

### 10.3 Access to health professionals:

10.3.1 Residents in public nursing homes have easier access to a wide range of health professionals employed by the HSE such as physiotherapists, occupational therapists, social workers, psychologists etc. However in some parts of the country this may not be the case as the HSE has difficulty in recruiting such staff to such areas

10.3.2 Residents in private nursing homes have difficulties in accessing such health professionals as they are not readily available to provide such services. The reasons put forward by the HSE include the fact that they have long waiting lists for such services & therefore are unable to attend to residents in private nursing homes. As a result a resident in a private nursing home is treated differently.

### 10.4 Costs/Charges in Public V Private Nursing Homes

10.4.1 There is a considerable difference in the costs charged for residents in a public nursing home versus in a private nursing home. As pointed out previously the prices charged in private nursing homes is determined by the NTPF, while in public nursing homes it is set by the state. Therefore there is an anomaly here.

10.4.2 The HSE in its Press Release of 27th February 2020, acknowledges the difference in charges & sets out the following :

10.4.2.1“ A number of factors contribute to these costs including;

- 10.4.2.2 Reductions in the number of long-stay public beds to comply with health and safety, fire regulations and HIQA compliance with residential care standards, while fixed costs such as lighting, heating, maintenance costs have increased.
- 10.4.2.3 Provision of residential care services in locations that are not viable for private providers - many of these units are smaller centres which would not be profitable for a private provider to supply e.g. Achill Island, Donegal etc.
- 10.4.2.4 Public nursing homes generally have higher nurse staffing ratios in place than private nursing homes.

10.4.2.5 A review of NHSS published in 2015, recommended that a 'Value for Money and Policy' review be undertaken by the Dept. of Health. The work on the VFM is currently on-going.

10.4.3 Private nursing owners contend that they have costs such as repayments of loans on construction & commissioning of their buildings, extensions & alterations to buildings to meet HIQA requirements & Regulations. Such expenditure in public nursing homes are met from the Capital Budget of the HSE & does not result in any revenue charges.

10.4.4 Private nursing home owners contend that not all costs associated with the care of their residents are fully met through the prices determined by the NTPF & in effect their income is fixed & set by the state.

## 10.5 Private Nursing Home role in the community:

10.5.1 Private nursing homes provide residential services to the older in the community & surrounding areas. They also provide employment opportunities, purchaser of goods & services to the local community & a wide range of other supports, as set out in Appendix 1. Private nursing home owners feel that they are not always recognised by society for the vital contribution they provide to the community including being the possibly the largest employer in the area. They contend that if an industry with a similar workforce seem to have higher regard in the community.

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## Appendix 1

### Role of a private nursing home in the Community

