



IRISH MEDICAL  
ORGANISATION  
Ceardchumann Dochtúirí na hÉireann

**Submission to the Department of Health  
Review of the Nursing Homes Support Scheme**

**July 2012**

## **IMO Submission to the Department of Health: Review of the Nursing Homes Support Scheme**

The Irish Medical Organisation (IMO) is the representative body for the medical profession in Ireland and in its mission statement is committed to the development of a caring, efficient and effective health service. The IMO has for many years advocated for access to adequate health services for our elderly population through position papers on Elderly Care, IMO annual budget submissions and submissions to the Department of Health including the Submission on the National Positive Ageing Strategy and the Submission on the Review of the Health Act 2007 (Care and Welfare of Older People in Designated Centres) Regulations.

The IMO welcomes the Review of the Nursing Homes Support Scheme and would like to raise the following issues with regard to the scheme:

### **1. Sustainability of the Nursing Home Support Scheme**

Elderly citizens, like other age groups, are entitled to services from the health and social service sectors which are delivered in a fashion which respects their dignity and autonomy, which value the contributions which they have made, and continue to make, to society and which reflect their own views and choices.

Under the terms of the Nursing Home Support Scheme, senior citizens are expected to contribute towards their care in residential homes - up to 80% of their assessable income (ie pension) and 5% per annum of the value of any assets including one's principle residence (capped at 15% or the first 3 years of care). The IMO believe the Scheme is unfair on many older people who have contributed to the health system all their lives through taxes and taking little from it in return, yet when they need services most are forced to contribute a further percentage of their assets including their home. The Scheme is also unfair on those who have worked hard to provide for families throughout their lives. Patients enter long-term care only when all other avenues have been explored. Older people and their families have often made Herculean efforts to stay at home for many years and often a family member has taken substantial time out of their working life to care for a relative at home. The Scheme is also unfair on those with lower incomes. Elderly people whose sole income is the state pension are left with just €46 per week to pay for any personal requirements not covered by the Scheme.

Like the rest of Europe, Ireland's population is ageing. In 2011 495,559 people (10.8% of the Population) are over 65 and 58,416 were 85 years and over (1.27% of the population).<sup>1</sup> The number of people over the age of 65 is set to double over the next 30 years with the greatest proportional increase occurring in the 85+ age group.<sup>2</sup> By 2013 the number of people over the age of 65 is set to rise by 8% while the 85+ age groups is set to increase by 14%.<sup>3</sup>

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<sup>1</sup> Central Statistics Office, Census 2011 Results Interactive Tables, [www.cso.ie](http://www.cso.ie)

<sup>2</sup> Department of Health, Health in Ireland Key Trends 2011,

<sup>3</sup> DoH, Review of Expenditure

The IMO are concerned about the ability of the State to meet demand for the Scheme. In 2011, the second full year of the Scheme, the budget over ran by €24.6million (representing 755 patients) which has to be financed from the 2012 allocation.<sup>4</sup> Meanwhile approval rates for the scheme have dropped from 100% in 2009 and 2010 to 75% in 2011 and 68% up to April this year.<sup>5</sup>

Older people have the right to equal access to and equal resourcing of health care, including long-term community and residential care. Neurodegenerative disease (stroke, dementia etc.) is the most common reason for admission to nursing home care, therefore nursing home care should be an integral part of the health services.

Demand for community and long-term care must be properly assessed and adequate resources-including capital investment, operational funding and manpower-must be provided to meet that demand. To cope with Ireland's ageing population a fairer and more equitable system of funding long-term care is required. The principle of solidarity must be applied to the funding of long-term care where the cost is spread over a wider population and access to the service is based on medical need, with minimal bureaucracy.

## **2. Cost of Long-term Residential Care in Public and Private Nursing Homes and Effectiveness of current methods of negotiating/setting prices**

The majority of long-term care beds are provided by the private sector with just 1 in 4 beds provided by the public sector.<sup>6</sup> The average cost of long-term care in a private or voluntary nursing home is €877 per week<sup>7</sup> while the average cost of care in a public nursing home is 50% higher. In search of value for money, the model of care provision under the Nursing Homes Support Scheme is to shift from public provision to private provision with the closure of between 555 to 898 public beds in 2012 and all new funding is to go to the private system.<sup>8</sup> Although private nursing homes can manage care for some older people, patients with higher medical need and/or higher dependency levels benefit from more intensive nursing and therapy support provided for in the public sector. HSE long-stay units have a higher proportion of maximum dependant older people – 60% compared with 35% in private nursing homes.<sup>9</sup>

In addition, public nursing homes are struggling to comply with National Quality Standards. There has been a sustained and regrettable lack of capital investment in public nursing homes, operational funds have been greatly reduced and the moratorium on recruitment is having a significant impact on appropriate staffing levels. Many public nursing homes have run into difficulties or closed as in the case of St Francis, Loughloe House and Sir Patrick Duns.

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<sup>4</sup> HSE National Service Plan 2012

<sup>5</sup> G. Deegan Big fall in number approved for Fair Deal, Irish Times 26 June 2012

<sup>6</sup> HSE Annual Report and Financial Statements 2011

<sup>7</sup> National Treatment Purchase Fund,, Annual report 2011

<sup>8</sup> HSE National Service Plan 2012

<sup>9</sup> HSE, Cost of Care in approved facilities downloaded from

[http://www.hse.ie/eng/services/Find\\_a\\_Service/Older\\_People\\_Services/nhss/costs.html](http://www.hse.ie/eng/services/Find_a_Service/Older_People_Services/nhss/costs.html)

There is a clear need to provide a significant increase in the proportion of care and investment in public nursing homes.

Since the introduction of the Nursing Home Support Scheme both public and private nursing homes have seen their funding greatly reduced and tendering arrangements have failed to incorporate up-to-date gerontological knowledge, failing to provide therapy services as well as aids, incontinence wear and other services.

Funding levels under the Nursing Home Support Scheme must be gerontologically informed and adequate to meet both the complexity of care and to comply with National Quality Standards.

### **3. Balance of funding between long-term residential care and community-based services**

Older people consistently state a preference to live their lives in their own homes. Should they develop a disability, they still wish to be supported at home. The IMO strongly endorses the Home Care Package initiative as a viable alternative to residential care for Ireland's older citizens, and again demand for community-based care must be properly assessed and adequate resources provided. Currently the majority of home care packages are also provided by private care providers. The IMO welcomes plans to develop national standards to be applied to the delivery of Home Care Packages. Again funding for home care packages must ensure that standards are attained.

The contribution made by carers must be recognised and supported. Carers need help to care for an older person if they so choose, and to continue to care for as long as they wish and are able to do so, without jeopardising their own health and wellbeing, financial security, educational opportunities or reducing their expectations of a reasonable quality of life. Every effort must be made to support carers through adequate financial support and by offering backup domiciliary care, suitable and flexible day-care services, and respite care in a suitable residential setting to enable carers to have a break.

Medical cover for elderly patients living in nursing homes and in the community also requires urgent review including:

- Clarification and funding of medical support needed for complex and frail older people under the GMS contract;
- Development of adequate primary care teams and networks;
- Access to geriatrician and therapy supports.

### **4. Extension of Scheme to Community-based Service and to other sectors (Disability and Mental Health)**

The IMO opposes any plan to extend the Nursing Homes Support Scheme to Community-based Services and to other sectors such as Disability Services and Mental health Services.

An extension of the Scheme to Community-based services for the elderly and other sectors would effectively mean that individual home-owners in need of care would be forced to give up to 15% of the value of their home for the privilege of remaining in it. And again for those whose sole income is the

state pension, just €46 would remain to cover the personal requirements, bills and the extra costs of living in and maintaining a home.

The Government has a duty to care for the most vulnerable citizens including the elderly, those with disabilities and those with mental illness. Given the direct relationship between poverty and both disability and mental illness, the extension of the Scheme to Disability and Mental Health Services will further accentuate existing health inequalities.

## **5. Recommendations for Future Operation and Management of the Scheme**

To cope with Ireland's ageing population a fairer and more equitable system of funding long-term care is required. The principle of solidarity must be applied to the funding of long-term care where the cost is spread over a wider population and access to the service is based on medical need, with minimal bureaucracy.