

Save The Mid

Cookstown Council briefing paper – Westland's
Residential & Transforming Your Care

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10/23/2012

Good evening and thank you for allowing me the time to address the council tonight, I will take this opportunity firstly to say that although I will briefly cover the main aspects of my knowledge of Westland residential and health centre I will also urge all members that the crisis we live in is very real and the council will find that help will always be given to those who ask for it.

It is not too easy to condense the information I have, I don't deal in the it's not fair argument, if something is wrong and I can factually prove it I will fight it and help other who are wishing to fight back to save services in the Mid Ulster area.

Transforming Your Care as published is a done deal, 99 proposals but what is actually happening is not one, it is passed by the assembly, although the council did not respond to the initial consultation on this there is still the opportunity now to lobby to retain what can be saved. There are 3 current consultations that can be responded to in regards to Westland's that I will forward, and a full report of evidence of what I have in due course. I don't believe in done deals, if done deals were done deals Mid Ulster would be a closed shop by now, now doctors and consultants are hinting that the Causeway will shut its doors before the Mid Ulster ever does.

I fully believe Westland residential will be saved in the interim, Westland's Health centre as a whole is currently under review for services provided by the Trust that is where our focus will have to be in the future.

In separate meetings and consultation Magherafelt Council and the Northern Trust have come to agreement over services to be removed from the Westland's site to the would be Mid Ulster Health Centre, currently the Mid Ulster Hospital. Cookstown council will need to meet with Magherafelt Council and find out exactly what has been agreed, I have the summarized minutes of the Northern Trust and Magherafelt council and also in my meeting with Sean Donaghy he stated Magherafelt Council approached him.

What is being planned for the Mid Ulster Hospital site will have a huge impact on any service being delivered in Cookstown, and it time that the Council get their speak in.

Services included to be removed from Westland's currently include:

- Older People, Mental Health Dementia Clinics - Dr M Mannion, these session are all day weekly and will be transfer to the Mid Ulster Hospital
- Mental Health Older People's Team - Base and Clinics, these

The Westland site is also used for: adult day care and adjoining family support, all of which are under review.

Primary and secondary health care in interrelated and dependent upon each other, we cannot expect further cuts in any provision in the Mid Ulster area without facing adverse impact in the community.

The health of the community is dependent upon swift early intervention in both acute and primary care, something that all of us in this room know is lacking, for the entire Mid Ulster area and the more affected Cookstown council receiving care means travelling further to wait longer, or stay at home alone.

I have taken the time this past week and spoken to community nurses and homes help's; issues that have been raised:

- People who stay at home are at the bottom of the list for help as the focus is on to make the figures better for Antrim Hospital patients.
- Over 50 people are waiting for electric bed currently
- Home helps have spoken of band parades leaving them unable to access patient's
- Too much management structures are on place instead of actual front line work
- Carers are pushing the pen before helping the patient's
- The quickest way to kill a patient is to keep moving him or her around, residential homes are essential for these patients
- Trust workers currently cannot meet the demand placed on them, they are over worked

This is an endless list, some of what has been sent to TYC review already by Save The Mid and questioned at board level with the Trust.

What will TYC mean for Cookstown (explain TYC); I am sure you have had the same presentation I have sat through wondering how they reached that conclusion from the Compton review. It will mean no localised health services base as provided by the NHSCT, these will be based in Magherafelt, with a further review in place to take services to Toome and Antrim.

Older people will be confined to their homes, I sat in a meeting in Moneymore not so long ago where the Housing Exe were saying there is no demand for sheltered housing, this was during TYC consultation, there is something seriously wrong when the Housing Exe are saying this while the DHSSPS are planning to shut residential comes.

TYC, what needs answered is what is plan B, plan B to the failure to implement Developing Better Services and the Comprehensive Spending Review 2008 was shut life saving services including A&E's and maternities across the country, this was never to do with staff or money, this was purely to do with bad governance. The same governance that now has created TYC to cover their own mistakes.

TYC wanted fact based evidence, unfortunately they did not use fact based evidence, they used fake maths in percentages and ratios to try and make areas like Mid Ulster unimportant, the information I will send you will prove we are very important and more so the Cookstown area as its borders do not meet districts with acute care readily available.



1. Clonmore, Newtownabbey
2. Joymount, Carrickfergus
3. Greenisland, Co. Antrim
4. Lisgarel, Larne
5. Rosedale, Antrim
6. Pinewood, Ballymena
7. Westlands, Cookstown
8. Rathmoyle, Ballycastle
9. The Roddens, Ballymoney

Current Profile of statutory residential homes in NHST

In the run up to the first TYC consultation Save The Mid through survey monkey reached out to patients on their experiences, these responses were brought to the TYC review, Northern Trust, Patient Client Council Local MLA's and the Health Minister.

The patient client council had a similar survey that only reached 5 patients from this area; our survey reached over 60 people directly. 19 from the Cookstown Council area.

Comments that were received concerning this area that are a snapshot of the current reality and future are:

I have been to Antrim A&E with two elderly people who had sustained minor head injuries and had to wait in total seven hours in one attendance to be seen. The MIU in Mid Ulster was closed so really defets the purpose of the MIU. I have seen people lying on trollies, sitting on chairs being treated in the corridor and even people lying on the floor. One question I would love to ask, how is this justified when managerial jobs are being created, Support Services have a new assistant manager post made, along with a general manager post, Even the Acting Director of Support Services had a new post made for her in Ballymena. Enough is Enough put the money into patient care and cut the management

I have sent in a complaint to Antrim . Father fell and had head injury . Lay on trolley from 10 pm on a Monday night in a& e until 9 am sat in short stay in chair recliner .. Waiting for ct scan. He got scan about 11 am tues . He had bleed in brain and was admitted to hospital after I was advised to urgently contact my family . He died in Antrim on sat 20 th August. I have compared it to a scene from tv prog mash .

As i was a health care worker my-self and i knew the hospital system i knew were i could access drinks of water or juice, for my elderly father who has vascular dementia. As staff were under alot of pressure and stress with the amount of patients arriving at A+E. I felt it was like a cattle market or organised chaos .My father was sent for a scan as he had hit his head we had to bypass mid-ulster were we went first and they have a scanner but because of the new rule layed out by the N.H.T. the journey on to Antrim casused my father more stress as i know due to experience with working with him. Stress regarding my fathers condition can have an effect on his behaviour which can make him aggressive, FOOD needs to be provided to people waiting more than four hours, or at least be able to be purchased the staff need to be more aware of the conditions they are dealing with. He went there with a physical condition ie: minor head injury which i felt could have been treated in mid-ulster hospital which was a scan.

The new A&E at Antrim, will not help, the council were agreed that Antrim was too far to travel when they shut the Mid, the new A&E at Antrim wont solve the problem as its not built any closer. It's still in the same place only this time with more reliance on the ambulance service, how many more home alone or deaths can we expect when patients are dying of brain bleeds in hospitals. I also received serious adverse incident reports that show several of these instances.

Key Facts:

In the Northern LHE, it is projected that there will be an overall population growth rate of 8.8% between 2009 and 2023. This is mainly being driven by the increase in the number of older people, which is expected to rise by 42% in the same period.

Westlands, Cookstown

Westlands in Cookstown was opened in 1970. It provides accommodation for 29 people. There are 26 permanent beds and 3 beds which are used for intermediate care. The unit provides day care to frail older people.

Westlands Residential Care Home is a two storey purpose built residential home which shares a large site in Cookstown with 2 Day Care Centres, also provided by the Northern Health and Social Care Trust.

The home is registered to provide residential care to 29 elderly persons. 24 of the beds are allocated for permanent residents while 3 are dedicated to "Step Up / Step Down" (intermediate care) and the remaining 2 beds are for respite care.

"Step Up" (explain this and how it is a fundamental aspect of TYC and should be retained) prevents unnecessary hospital admissions and "Step Down" supports discharge from hospital.

All of the bedrooms are single accommodation and facilities include 3 bathrooms and 4 toilet areas, 4 lounges, library area, laundry, kitchen, dining room, offices, stores and garden with a patio area at the rear of the building.

RQIA

Relatives Views

The inspector met with two relatives visiting the home at the time of this inspection. Both were very complimentary about the provision of care in the home and their relationship with staff.

Both declared that they had good confidence with the home and no concerns were expressed.

Staff Views

The inspector met with five members of staff of various grades on duty at the time of this inspection. All spoke positively of their roles, duties, the staff teamwork and morale and the managerial support. Staff declared that they felt a good standard of care was provided for and no concerns were expressed about same.

Residents Views

During this inspection, the inspector met with a large number of residents. All were keen to express their praise and gratitude for the provision of care, and the kindness and support received from staff.

A number of residents also commented positively on the new provision of activities in place, which they declared that they enjoyed. Some of the comments made included;

"I am very happy here"

"The staff are all lovely and friendly"

"It is a very good place to live"

"I have no problem living here"

No concerns were expressed.

Finance

The decision to remove residential homes will not be cash saving, it is classed as cash releasing, in where the cash used in residential areas will be spent elsewhere. £70 million has been floated about to configure TYC.

TYC will see the creation of 16 new boards that will have to be administrated with this, and £70 million when split between 5 health trusts does not leave much left.

Money commissioned for the Northern Boards area is not being spent, some £213 million is being is diverted to other health trusts and private companies.

	BHSST	NHSST	SEHSST	SHSST	WHSST	Total Actually received
	£	£	£	£	£	£
BHSST	566,000,000	146,000,000	135,000,000	77,000,000	46,000,000	970,000,000
	£	£	£	£	£	£
NHSST	2,000,000	510,000,000	1,000,000	1,000,000	2,000,000	516,000,000
	£	£	£	£	£	£
SEHSST	-	6,000,000	361,000,000	10,000,000	2,000,000	379,000,000
	£	£	£	£	£	£
SHSST	43,000,000	3,000,000	1,000,000	443,000,000	1,000,000	491,000,000
	£	£	£	£	£	£
WHSST	-	8,000,000	-	4,000,000	437,000,000	449,000,000
	£	£	£	£	£	£
Non-Trust (Private)	34,000,000	28,000,000	24,000,000	20,000,000	21,000,000	127,000,000
	£	£	£	£	£	£
Total Commissioned by LCG	645,000,000	701,000,000	522,000,000	555,000,000	509,000,000	2,932,000,000

Fire Code Works

The Below shows current firecode scores for Mid Ulster Buildings published in 2012, after researching tenders for Firecode works, according to my search the last tender was in 2007, to the amount of £52,000.

Facility	Facility Type Score (A)	Firecode Compliance Score (B)	A X B	Risk Rating
Westlands, Cookstown - Residential	4	4	16	High
Westlands, Cookstown - Day Centre	3	3	9	Medium
Maghera, Coleraine Rd	3	3	9	Medium
Magherafelt, Hospital Rd - Day Centre	3	2	6	Medium
Westlands, Cookstown - Adult Centre	3	4	12	Medium
Magherafelt, Hospital Rd - Adult Centre	3	4	12	Medium
Tullagh, Westland Rd Cookstown - Family Centre	3	2	6	Medium
Magherafelt, Hospital Rd, Family Centre	3	2	6	Medium
Loughview Resource Centre - Family Centre	3	3	9	Medium
Cooksotwn, Orritor Rd - Health Centre	2	4	8	Medium
Fairhill Magherafelt - Health Centre	2	4	8	Medium
Social Services Orritor Rd Cookstown - Offices	2	4	8	Medium
Community Social Services, Magherafelt - Offices	2	2	4	Low
Oaktree Therapy Unit, Magherafelt - Offices	2			
Salaries & Wages, Mid Ulster Hospital	1	3	3	Low
Community Social Services, Kings Street Magherafelt - Offices	2	4	8	Medium
Maghera Comm Social Services, Maghera - Offices	2			

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NOTICE TO CONTRACTORS

Project Title	Firecode Works
Trust Name and Address	Northern Health and Social Care Trust Estate Services Bush House, Bush Road Antrim BT41 2QB
Location of Works/Services	Westlands Residential Home Westlands Road, Cookstown BT80 8BX
Applications are invited from Contractors who are registered with Health Estates and Constructionline and who wish to be considered for inclusion on a Select List of Contractors to be invited to tender for the following project:	
Description of Works/Services	The project will be carried out under GC Works/2 (1998) and will comprise of: Building Contractors are sought for fire upgrading work, including replacement doors, compartmentation, fire stopping, alarm and detection systems and associated electrical attendances.
Approximate Cost	£52,000.00 – 9 weeks duration
Contract Period	
Contact Details (Name, Phone number, email address)	W M McNeill, Head of Building Tel: 028 9442 4608 Email: mervyn.mcneill@northerntrust.hscni.net
Closing date for Applications	Applications should be returned by 12 noon on Friday 19 October 2007.
Additional Information	Contractors must provide the following: <ol style="list-style-type: none"> 1. Constructionline Registration Number 2. Details of Tax Exemption Certificate (CIS5) or (CIS6) under the Inland Revenue Construction Industry Scheme. 3. Health and Safety Management system – name of accreditation body and reference/certificate number, or written confirmation from an accreditation body that accreditation is being sought. (Buildsafe – NI Initiative) 4. Details of similar projects undertaken during the past 5 years to include client, Contact name, telephone number, and a brief description of project. 5. Details of management structure. 6. Confirmation that they have or can obtain

The alternative to the provision of statutory residential services at Westland's is the provision of home help care provided by the Trust or by other independent businesses.

Figures are showing that the average amount of time spent helping patients has dropped year on year within the Trust:

- NHSCT on average have 408 occupied places in statutory homes – the largest population of all health trusts.
- NHSCT had 2,408 care packages in 2011, largest of all trusts
- NHSCT had 26,415 statutory care contact hours in 2011, largest of all trusts
- Average statutory care contact hours has fell from 10.7 in 2009 to 8.1 in 2011
- NHSCT has seen a rise of 179 clients from 2009 to 2011 receiving home help / domiciliary care
- over the last 3 years has also seen the largest increase of all trust in receiving intensive home help/domiciliary care, 313 people

TYC propose to do more in the community, with figures like these it already shows that in the community in already stretched and needs expended not reduced.

The ideals of TYC are pretty simple, any GCSE student could have wrote the 99 proposals that are in place. The council did miss a step in not responding to the creation of TYC but with that said they can now make amends and submit to the population plans. I can only speak on behalf of a group as a council your are representing Cookstown District.

To save Westland's as a single issue will not be enough; all the services at Westland's including the clinics must be supported to be retained as these are the support clinics for these older people. Residential, Adult and family care all run from Westland's, we know from what is printed that the buildings have not been maintained, the domino effect of when one service goes so will the rest. It is history fulfilling itself

If we want to look at the trust and their commitments, on Thursday the board are going to agree to sell the Greenisland site, 3 years after it was nominated to close. It will be sold for sheltered accommodation, form what I am seeing for £250,000. There are automatically 30 fewer residential places in the Trust.

Ferrand House in Antrim housed 20 permanent resides, in June of this year this facility was closed due to flooding.

At the moment we can now show a shortfall of 50 permanent statutory residential beds

Thompson house patients should be by now moved to ward 2 but at the loss of several beds, how many will be dependent on what the Trust are willing to provide, this is not enough if we want more care in the community then Mid Ulster & Westland's can be utilised for step up, Occupational Therapy and or respite. These are non-consultant led services that will directly help patients in Westland's if they need help and support.

There are several areas in which this can be fought; the EQIA from 2009 showed that for resident's and staff section 75 would weigh heavily in saving this service. The EQIA must be done locally and not be allowed to be a trust wide one like they did before.

Where are we now is not a comment that I am willing to listen to from anyone in government, we have no acute services, we are now losing primary services, we have one of the worst ambulance response times in Northern Ireland and the UK, Antrim Hospital is over crowded, Craigavon Hospital is cited now as being dirty. What else are we going to put elderly people through before we say stop and we matter?

(Give Conclusion)

SAVE THE MD