NHI Report: The Experience of Nursing Home Staff of Residents Access to Services.

February 2023

Nursing Homes Ireland
2051 Castle Drive,
Citywest, Dublin 24,
D24 K299.
t. (01) 469 9800
e. info@nhi.ie

NHI Report: The Experience of Nursing Home Staff of Residents Access to Services

Contents:

Acknowledgements:

This report was compiled by Deirdre Shanagher, Strategic Clinical Nurse Expert with Regulatory Compliance NHI. Significant input was provided by Amy Hackett, MSc Ageing and Public Policy who undertook to research this topic in part fulfilment of the MSc course requirements while studying at University of Galway and taking up a placement with NHI in during June and July 2022 where she was supervised by Deirdre. Amy's academic supervisor was Professor Eamon O'Shea, University of Galway. Amy's research is the basis for this report.

We would like to acknowledge the contribution of the NHI National Nursing Committee, who overseen the development of this work. Several members of the committee also participated in the focus group interview.

We would also like to acknowledge the respondents of the supplemental survey. Their responses are a key part of this report.

Summary:

Nursing home residents as community dwelling citizens are entitled to access community services in the same way as their other community dwelling peers. NHI is aware from calls from family members of nursing home residents and from concerned members and colleagues over a long number of years that access to these services is not consistent. Long waiting times, lack of prioritisation and in some cases denial of services have been consistently reported to NHI. This report aims to provide a snapshot of the situation from the perspective of nursing home staff who assist and advocate for residents to access these services when they need them.

A focus group was conducted with members of the NHI National Nursing Committee. This was followed by a survey sent to members that yielded 53 responses. Integration of the nursing home sector, resident quality of life and Fair Deal was highlighted as key themes via the focus group. These findings were supported by the survey that outlined some positive experiences but mostly poor experiences by staff in accessing the range of primary care services on behalf of nursing home residents on the basis of where the reside. The survey also indicated that nursing home residents are not prioritised by the HSE to receive services despite being entitled to.

The following recommendations are made:

1. Policy, specifically Sláintecare policy and action plans needs to specifically be inclusive of the requirements of nursing home residents.
2. Policy around the provision of nursing home care to older people needs to be reviewed. This includes a comprehensive review and overhaul of the Fair Deal Scheme. Policy needs to be reflective of the total care needs of residents and be inclusive of activities and engaging with local communities.
3. Ongoing engagement between NHI, the private and voluntary nursing home sector and the HSE is required in effort to address the national and local inequities that exist.

4. Recommendations of the COVID-19 Nursing Home Expert Panel Report need to continue to be prioritised, resourced and implemented.
5. The GP GMS contract needs to be reviewed and fully take into consideration the requirements and resourcing of nursing home residents and the GP Lead role as outlined with the COVID-19 Nursing Home Expert Panel Report.
6. The Chronic Disease Management Programme for the over 70 age cohort must be extended to include older persons in the residential care setting.
7. Ways to support the development of teamwork among health and social care professionals need to be explored and implemented. This includes access to specialist advice and support via an Integrated Referral Management System, Tele-medicine and Virtual Clinics.

In addition, the following is also required:

1. Ongoing awareness raising about the provision of nursing home care. Awareness about the funding models, what's included and excluded under Fair Deal needs to be more widely available.
2. The perspectives of nursing home residents and their families would be important to capture and highlight.
3. Work is needed in relation to addressing the stigmas linked with accessing nursing home care and in relation to those living and working in nursing homes.
4. Ongoing work is needed in relation to ageism and addressing biases that exist in relation to ageing.

Introduction:

Irelands ageing population is growing at a rapid rate due to advances in living standards, technology, and treatment of medical conditions. Older people living with multiple illnesses are also now accessing nursing home care later in life. This is to be celebrated. However, this achievement brings about its own challenges in areas such as pensions, housing and health and social care services (NHI, 2017).

The Census 2016 indicates that 22,762 or 3.6% of older people (aged 65 and over) are living in a nursing home (COVID-19 Nursing Homes Expert Panel Report, 2021). Currently there are over 530 nursing homes in Ireland that are owned and operated by a mix of public, private and voluntary providers. Public nursing homes are run by the Health Service Executive (HSE). The remainder, and majority, are run by a mix of private and voluntary providers.

Nursing homes are community based and provide specialised clinical, health and social care services 24/7 (NHI, 2022). The Health information and Quality Authority (HIQA) is the regulatory body for designated centres for older people in Ireland. HIQA is responsible for the registration and inspection of nursing homes in Ireland (HIQA, 2022).

There is a growing body of knowledge on models of care utilised and applied withing Irish Nursing Homes. Some literature indicates how the medical model is dominant, while other literature argues that there is a blend of the medical and social model of care. Undoubtedly at the height of the COVID-19 pandemic the medical approach to care came to the forefront. However, in light of vaccinations and a sense of being able to live with COVID-19, a return to and welcome focus on addressing social care needs is being seen once again within nursing homes.

The statutory funding model to support people to access nursing home care is known as the Nursing Home Support Scheme (NHSS) or Fair Deal scheme. It has been in place since enactment by the Oireachtas of NHSS Act 2009 (NTFP, 2019). The HSE administers the NHSS with the contract for care being between the resident and the nursing home. Under the statutory scheme people assessed as requiring residential care pay up to 80% of their disposable income towards the cost of care (Keogh and O'Shea, 2019). Residents may also pay up to 22.5% of the value of their home if their assets are over a certain limit for the first three years of care. The weekly cost of nursing home care provided for under the Fair Deal scheme specifically excludes extra requirements or out of pocket expenses such as social activities.

The deed of agreement between the NTPF and approved nursing homes states the following in relation to what is included for residents in private and voluntary nursing homes:

"Long-term Residential Care Services"	*shall have the meaning assigned to it by the Act and shall, without prejudice to the generality of the foregoing, include:* o *Bed and board;* o *Nursing and personal care appropriate to the level of care needs of the person;* o *Bedding;* o *Laundry service; and* o *Basic aids and appliances necessary to assist a person with the activities of daily living.* *For the avoidance of doubt, Long-term Residential Care Services shall not include: inter alia* o *Daily delivery of newspapers;* o *Social programmes;* o *All therapies;* o *Incontinence wear* o *Chiropody;* o *Dry cleaning;* o *Ophthalmic and dental services;* o *Transport (including care assistant costs);* o *Specialised wheelchairs; and* o *Hairdressing and other similar services"*

Though older people are entitled to some of these services via other schemes to include medical card, these short comings of state provisions under the Fair Deal scheme go some way toward highlighting the exclusion of services that older adults accessing residential care can experience. This also displays how the Fair Deal scheme only covers the basic needs of residents and fails to see the importance of personhood, as well as residents social and emotional wellbeing in their continuum of care.

We know that older people residing in nursing homes are mostly assessed as requiring a high level of care and assistance with daily tasks such as eating, walking, and dressing. Most residents present with high dependency care needs, multiple co-morbidities and severe physical and cognitive impairment; thus, having access to services as per their entitlement is an important requirement of their care on a continual basis. However, a number of calls to NHI from family members of those accessing nursing home care combined with anecdotal feedback from member nursing homes suggest that nursing home residents regularly experience difficulty accessing services that are in theory available to them as community dwelling citizens. One company providing dietetics, tissue viability, and speech and language therapy services to nursing home residents has also expressed to NHI that referrals for these services is steadily increasing.

Accessing Primary Care Services:

All nursing home residents have access to a General Practitioner (GP) who is the gatekeeper in relation to accessing primary care services. In Ireland, if you are 70 or over you qualify for a medical card if your gross income is not more than €550 a week as a single person or not more than €1050 a week for a couple. (HSE, 2014). Consequently, the majority of nursing home residents qualify for a medical card. Under the GMS medical card scheme, the entitlements are as follows:

- General practitioner service (family doctor) and diabetes cycle of care
- Drugs, medicines and appliances that are reimbursed (cost paid back) under the general medicines scheme (GMS)
- Certain services that are part of the dental treatment services scheme (DTSS)
- Certain eye (Ophthalmic) services and appliances (HSE, 2014)

In addition, nursing home residents, as community dwelling citizens retain entitlement to community and primary care services. According to Citizens Information (2019) community services includes access to:

- Public health nurse
- Social worker service
- Other primary care community supports e.g. Occupational therapy, physiotherapy, chiropody, aids, respite, day care and home support services.

While in theory these entitlements of care exist for all older people, we know from calls received by NHI from members of the public as well as from concerned clinicians working in nursing homes across the country that actual access to these services is either non-existent or varies greatly across the country. There is often a known but unwritten understanding that nursing home residents are not prioritised to access community services in a timely manner simply because they are in receipt of nursing home care. The situation was outlined by HSE Assistant National Director for Older People and Palliative Care who stated at the Oireachtas Public Accounts Committee meeting, 14th June 2018:

> "*Let us suppose a person receives primary care services through the medical card or whatever and is provided with therapies and so on. Those services are available at a certain level. The service is a scarce resource. The service provider will be concentrating on those people who are residing alone, perhaps. Such interventions might keep people at home for longer. The fact that a person is in long-stay care, regardless of the centre and whether it is public, private or voluntary, means that person is less of a risk because of the 24-hour care and service provision".*

Another reason for this situation being as it is, is the lack of widespread knowledge about what is and is not funded when in receipt of nursing home care. Additionally, many community-based services are already poorly resourced and overstretched, making it increasingly difficult for services to reach all community-based citizens who need them. Consequently, a gross inequality and discrimination in nursing home residents' access to services results.

The challenges that present in relation to nursing home residents accessing services is already known and has already been documented. The Ombudsman (2010) report *Who Cares? An Investigation into the Right to Nursing Home Care in Ireland* states:

> *"The exclusion from the care package of therapies and social programmes appeared to be at odds with what in the words of the Department [of Health] "is commonly understood as long-term nursing home care"… It is remarkable that the NTPF, as the "designated person", appears to be given a free hand to decide which elements of "maintenance, health or personal care services" are to be covered in the agreements with the private nursing homes. It is remarkable also that, in the course of the Oireachtas passage of the NHSS Bill, there appears to have been virtually no debate on the definition of "longterm residential care services"*

HIQA have also highlighted State shortcomings in their *Overview report on the regulation of designated centres for older persons – 2018* (2019) as is displayed via the following extract:

> "*Common issues raised by registered providers during these regional meetings — and during inspections and regulatory meetings between the Chief Inspector and providers — included difficulties in accessing community allied healthcare professionals for residents, difficulties accessing support from the HSE safeguarding*

teams and access to medical card services. In Ireland, recipients of a medical card issued by the Health Service Executive (HSE) are entitled to avail of a range of health and social care services for free, including general practitioner (GP) services, prescribed drugs and medicines — some prescription charges apply — inpatient public hospital services, out-patient services and medical appliances, some personal and social care services, such as public health nursing, and other community care services.

A significant percentage of residents living in nursing homes qualify for a medical card as their weekly income is below the required qualifying thresholds. The community care services that a resident may require, and which they are entitled to avail of, can include physiotherapy, occupational therapy, chiropody, speech therapy, dietitians and social workers. In addition, the HSE provides medical and surgical aids and appliances, such as wheelchairs and walking aids, free of charge to medical card holders.

***"**However, in recent years, providers have reported significant delays and a lack of priority when seeking to access such services on behalf of residents who have a medical card. Such delays have significant consequences for residents of these centres whose health and wellbeing may deteriorate further if they cannot access the therapy they require in a timely manner. The consequences include diminished independence, such as residents unable to get out of bed because a suitable chair, which they would be entitled to receive, has not been provided.*

***"**Some providers — in recognition of the regulatory requirement to ensure a resident's healthcare needs are addressed — have secured the services of allied healthcare professionals on a fee-per-session basis which is then passed on to the resident and his or her family. Residents and families are then faced with the choice of paying for the service privately if they can afford it or seeing their relative's health and or quality of life deteriorate further".*

***"**Residents of centres for older people should not be in any way disadvantaged by virtue of living in a nursing home and services that they could have availed of free of charge in the community should equally be available to them on moving to live in a nursing home. The Chief Inspector has raised this issue at a national level with the HSE and has also informed officials in the Department of Health."*

More recently the COVID-19 Nursing Home Expert Panel (2021) acknowledged inequities in access to services for nursing home residents. The panel recommended that nursing home residents with full medical card eligibility should be provided with equality of access to services available to community-based peers

Previous Minister for Health Simon Harris also acknowledged inequities in accessing GP services at Oireachtas Committee on Health Meeting 7th February 2018 when he said:

> *"I am aware that that there is disparity in the level and frequency of medical cover being provided by GPs to GMS patients in nursing homes and that the current arrangements are no longer adequate to meet the needs of patients or nursing homes. It is my intention that the issue of GP services to nursing homes will be addressed in the context of the on-going review of the GMS and other publicly funded contracts involving GPs".*

Similarly, in a HSE unpublished Quality and Patient Safety audit report (2013) it is highlighted that significant issues around accessing primary care services for nursing homes residents in the private/voluntary nursing home sector exist. The audit outlines how nursing home residents did not have access to four essential services including physiotherapy, speech and language therapy, occupational therapy and dietetics (Burke, 2013). The findings conveyed a higher hierarchy of access where medical card holders in public nursing homes were most likely to access HSE provided therapists at no additional costs, compared to the private sector (Burke, 2013).

Additionally, access to HSE health professionals through the primary care teams varied greatly with an average of 52% having access. Some public nursing homes had professionals to access such therapies, while many private and voluntary nursing homes had to pay their staff themselves or provide the service through a private contractor (Burke, 2013).

Access to therapies through the HSE primary care teams was worse for residents in the West of Ireland as this was at just 20% (Burke, 2013). According to the same report 80% of residents had a medical card, while the remainder had to pay out of pocket. The evidence showed that one in five older people tended to pay for essential services while many

others had to do without the service or pay due to the absence of HSE provided services (Burke, 2013).

This HSE report, now nearly 10 years old, shows the incomplete provisions of primary care services for nursing home residents as well as the absence of clarity of what residents are entitled to (Burke, 2013). The evidence demonstrates the inequalities of the Irish health system on denying older people in nursing homes, especially in private/voluntary nursing homes, access to primary care provisions (Burke, 2013). This can arguably leave older people in nursing homes with a poorer quality of life as well as deterioration to their medical health.

What follows is a snapshot of the current situation in relation to nursing home residents' access to services as experienced by nursing home staff. This snapshot was elicited via focus group interview and a follow up supplemental survey conducted with NHI members.

Focus Group Interview with Nursing Home Staff:

A focus group interview took place with members of the NHI National Nursing Committee. (See appendix 1 for focus group guide used). The National Nursing Committee is made up of one elected representative from each of ten NHI regions across Ireland (NHI, 2022). Each representative holds the position of director of nursing (person in charge) or senior member in terms of nursing supervision to the person in charge (NHI, 2022). A focus group was identified as the appropriate mechanism as it was time efficient and is acknowledged as way of capturing opinions and generating insights. The key themes identified via the focus group are integration of the nursing home sector, resident quality of life and Fair Deal. These themes are presented below.

Integration of the Nursing Home Sector

Integration, or lack of integration between nursing homes and the wider health and social care system, was outlined within the focus group discussion. During the discussion, participants outlined their experiences of residents being denied services due to residing in a private home:

> "*it's very unfair that they're just cut off because they're in a private nursing home*" (participant, B)

> *"If I have a medical card and I'm living at home in my elderly years with the HSE care coming in and all that, I have access to community OT, community physio, chiropody. But I lose access to all that if I decide, even though I'm a public patient, with Fair Deal with the medical card, if I move to a private nursing home I lose that access to community OT, community physio and chiropody"* (participant, A)

> *"They lose access to, their wound care products like some of the residents coming out of the acute sector there's no wound care products for us...So, we must look at alternatives. So again, if I was living at home. The public health nurse would be able to get it for me"* (participant, D)

When accessing required services on behalf of residents, participants expressed how they would first try to access services via the HSE as opposed to initially approaching private providers:

> *"You know we wouldn't go straight to private providers; we would have to have proof that we've tried to go to the HSE for the services first …but like how long are you meant to try the HSE for, if you look at the life expectancy in a Home that's two to three years how long do you wait before something happens?"* (Participant, C)

The frustration experienced by staff trying to access required services is evident in this comment. It shows the professionalism, care and respect that nursing home staff have for nursing home residents. This is also displayed in the next comment that outlines the sense among staff that a dramatic event is required to realise change:

> *"A medical cardholder will* [need to] *take a case against the HSE for denying the access to a service because of where they live rather than their need"* (participant, A)

These quotes highlight the exclusion of many nursing home residents and the lack of integration of private nursing homes into the primary and wider healthcare system.

Resident Quality of life

Addressing quality of life appeared important to the participants in their professional roles. Factors that comprise quality of life of residents included connectedness and factors influencing an older person's decision for wanting to move/stay in a nursing home.

Connection to local communities was highlighted via the discussion. Some nursing homes indicated having strong connections built with their local community prior to the COVID-19 pandemic:

> "*We would have done your little things like maybe provided one of the meeting rooms here for the local Saint Vincent de Paul group, to have their monthly meeting. And it was purely just to try and keep a bit of connection with the local community, but obviously COVID has put a stop to that*" (participant, A)

> *"One thing we had going was that the parish priest used to say the weekly mass one day a week in the nursing home. So, parishioners from the parish could come to our oratory to attend their daily mass with the residents*" (participant, A).

In keeping with connectedness, participant A highlighted how developing new social connections through friendships and family visits was also significant to residents' quality of life:

> *"Most of them make friends within the nursing home, you know, and they have their family visit"* (participant, A)

The discussion progressed to addressing why an older person might want to move/stay in a nursing home:

> *"Even with the home care package they prefer to live in a nursing home because they're fed up worrying about the back door, the front door, the neighbour down the road being robbed two weeks ago. You know, it's not just physical care needs. It can be social, you know, feeling secure and safe and not worried like at 95 to have your house robbed"* (Participant, A)

> *"Yeah, there's security especially as you get older and also like to maintain a house or to maintain a garden and the winter's coming and you're looking at the cost of everything going up and you're probably getting very concerned you know and there's a little bit of that as well"* (Participant, C)

These aspects of security and peace of mind about not having to worry about maintaining a house is a significant factor to some residents in their quality of life.

Fair Deal

The Fair Deal scheme was discussed within the focus group. Participants highlighted how the scheme when it was first introduced was great for older people and their families:

> *"When it came out like it definitely solved the inequity in the system, you know. it was fair to most people like, you know" (*participant, A)

> "*If you go back to years ago when there wasn't a Fair Deal, OK. And families were trying to pay the difference. Like it would be five or six sons and daughters, they were all trying to make up the money. So yes, I do believe it is a great scheme"* (Participant, C)

However, in recent years the participants outlined that the scheme is no longer fit for purpose:

> "*If it's only going to cover bed and board leaving people with 20% of their pension to cover pharmacy, hair, private physio, chiropody you know. it's not realistic. It's not covered there. And then for the nursing home people running the nursing home like it's not covering the cost of care anymore*" (participant, A)

> *"It does not cover what it needs to cover*" (participant, C)

Ways of improving the scheme was provided by participant A:

> *"They need to actually look at paying for the cost of care including staff costs and for the person receiving Fair Deal, if they have access to every service then 20% of their pension is probably viable"* (Participant, A)

Issues about accessing the Fair Deal scheme for older people were also highlighted:

> *"You need to get the Fair Deal started when you're in the hospital. When you're in there you hope they'll have a look and get a bed for you. Its way easier when you're in hospital to get a bed"* (Participant, C)

This outlines the lack of funding available under the Fair Deal scheme which can have serious implications on the acute care setting also.

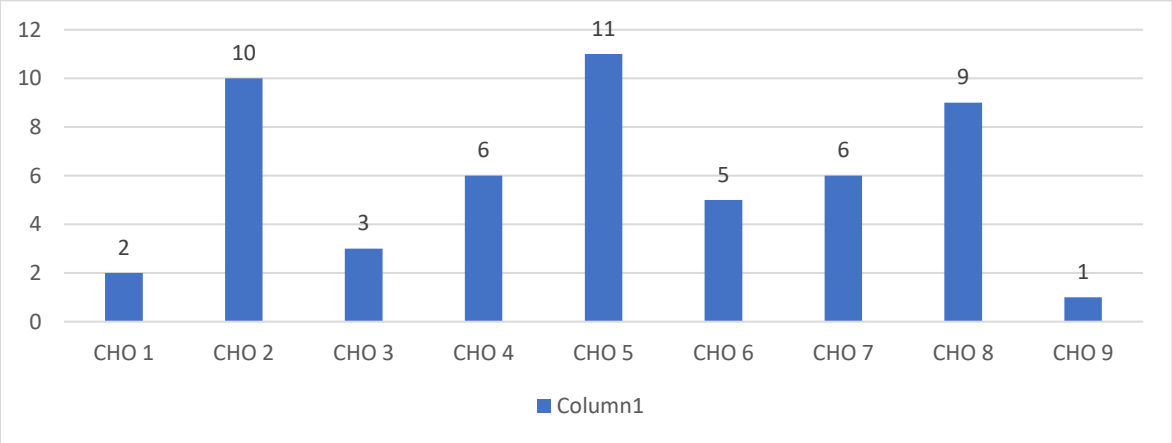
The focus group highlighted issues that exist in relation to nursing home residents accessing services. Residents being cut off because they reside in a nursing home was outlined which served to further delineate the lack of integration that exists within the

healthcare system where nursing homes are not fully integrated with the full health and social care system. Issues around quality of life were evidenced where the need for nursing home residents to feel connected to the community was outlined. The Fair Deal scheme was outlined as being of value but now out of date and not sufficient to meet the needs of people residing in nursing homes.

Survey with NHI Members:

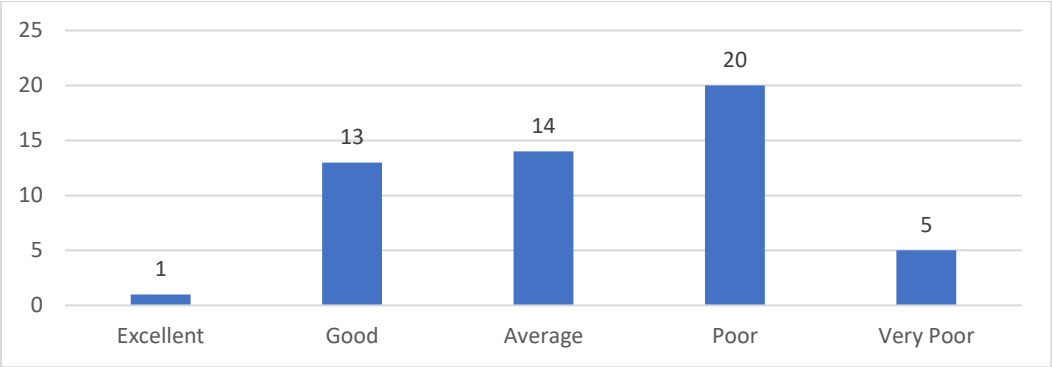
In effort to gather a more comprehensive picture of the situation in relation to NHI members experiences of nursing home residents' access to services, a survey was circulated to all NHI Members (see appendix 2). 53 responses were received. Though this response rate is low, it is deemed adequate to provide a snapshot of the situation as experienced by nursing home staff. Responses to each question is outlined below:

1. What CHO area are you in:



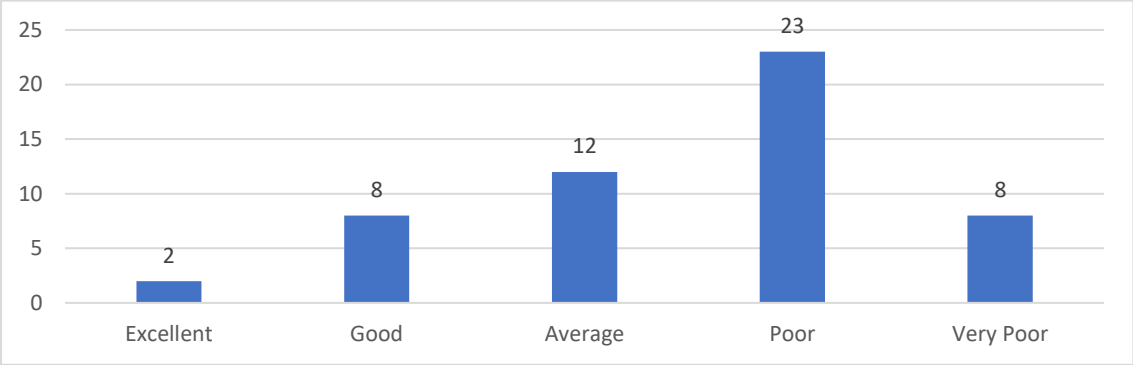
This chart displays the geographical spread of responses received. The south-east, west and midlands are best represented.

2. What is your professional experience when trying to access primary care services on behalf of nursing home residents?



While this chart indicates the majority of respondents experience as being poor. It is encouraging that 14 respondents experience was either excellent or good.

3. What is your experience of nursing home residents being prioritized when accessing primary care services?



4. Can you provide an example to illustrate your response?

There were 50 responses to this question. Ten respondents indicated that there is either excellent or good access to services for residents and that waiting lists are not that long in their experience. This somewhat correlates with the previously question in relation to accessing services. However, the majority of respondents indicated that there are long waiting times when residents are referred to services. The services most mentioned were Occupational Therapy, Speech & Language Therapy, dietician, tissue viability and dental services. Access to dressings was also

highlighted as being problematic. A sample of comments received are included below:

> *"Trying to access Physiotherapy, OT, SALT, Dietician from primary care is almost non-existent, we rely on Nutritional companies to provide a dietician, SALT and TVN, there is no charge to the resident. However, for Physio & OT services, we have to pass on the charge to the residents as we source them privately"*
>
> *"it is impossible to get tissue viability assessments if you are immobile and bed bound unless you access private services and the same for clinical nutrition unless you use a reputable nutrition supply company which really is not ethically sound but people need to access the services."*
>
> *"we have been told in the past that physio HSE services are not available for Private nursing home residents, yet they can avail of OT services".*
>
> *"Private nursing home residents are not able to access OT Dietician Tissue Viability Nurses etc as they are in public nursing homes. This is totally discriminatory as these people did not choose to go into a private facility, they chose whatever bed was available at the time. If they require dressings, they must pay on their pharmacy account when dressings are available to them at home or in public facilities."*

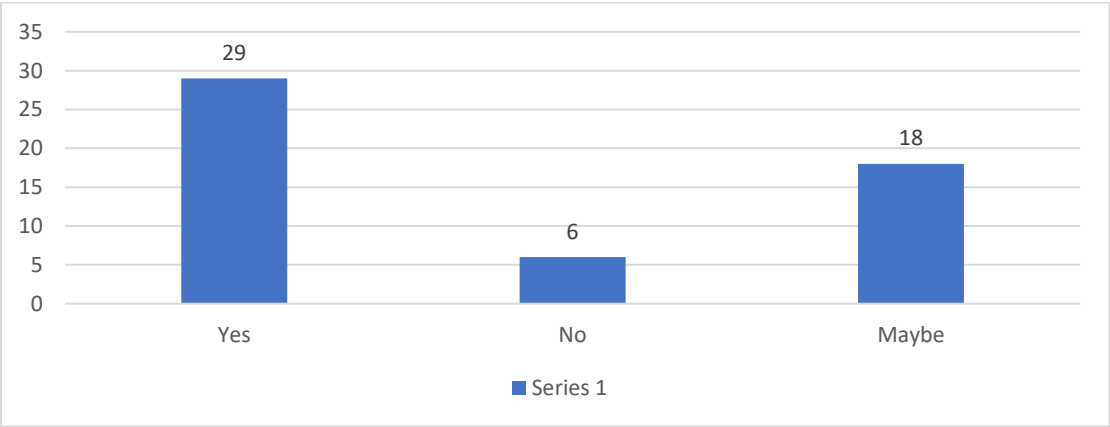
5. What are the issues (if any) that you experience when accessing GP care for nursing home residents? (E.g. delays, GP not taking on new patients, being asked to pay retainer fee etc).

   There were 52 responses to this question. There was a good mix of responses with many indicating that GP services are excellent and that good relationships exist. Overwhelmingly though, the biggest issue identified by respondents was the requirement to pay GPs a retainer fee to provide GP care to nursing home residents. Respondents also acknowledged the demands on GPs and the difficulties experienced by them in managing increasing workloads and, in some cases, the need to decline taking on new residents. There was some frustration within the comments received about the challenges that this presents in relation to ensuring that each resident has access to a GP. The disconnect between regulatory

requirements on nursing home staff in relation to GP care was also evident. These points are seen within some of the following comments:

> *"Being asked to pay a retainer by 1 GP group. Overall, the experience with our GPs is very positive. They are helpful and are always available to us."*
>
> *"GPs asking for retainer fees, GPs asking nursing homes to transfer residents to another GP as they are too busy to look after residents in nursing homes. It could be days before you hear back from a GP and this is after many follow up emails and phone calls-sometimes we have to ask families to call also to try to get the GP to respond."*
>
> *"GPs are under extreme pressure. Many of them do not have comfort of having enough time to see referred residents. Very often they are not able to call in if a resident is sick or needs assessment in person. Receiving prescriptions is a long and painful process of sending emails and calling, often, number of times."*
>
> *"GPs not taking new patients, difficulties with residents coming from outside areas accessing a local GP"*
>
> *"Some surgeries are reluctant to call out when requested. Some surgeries also refusing to do 3 monthly reviews as they are not governed by HIQA"*

6. Do you think that nursing home residents feel connected to the community and family when they are in a nursing home?

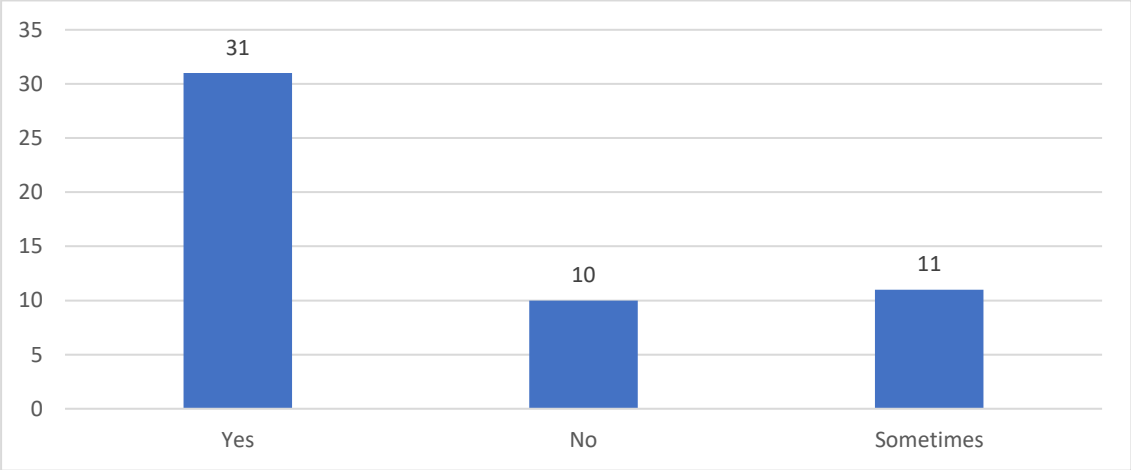


7. Please explain your answer to the previous question:

   Forty-nine responses were received to this question. Responses were mixed and outlined the efforts that nursing home staff and providers go to in effort to support connection with local communities. The impact of COVID-19 was also evidenced in responses as was the nature of illnesses that nursing home residents live with, making it difficult to know for certain what residents feel about connectedness:

   > *"Some residents have had opportunity to mix with the local community for Library services, Church and retirement groups in the past. Unfortunately, Covid restrictions over the past few years have had a severe impact on this but hopefully they can integrate again now going forward"*
   >
   > *"through links the nursing home makes - Family's and neighbours visit regular. Regular trips out for residents who are able"*
   >
   > *"It can be hard to stay connected when mobility is an issue or cognition plays a part"*

8. Are you required to access primary care services on behalf of residents privately?



   This table confirms that the majority of respondents are required to access services privately for residents.

9. If you answered yes or sometimes can you indicate how much you contribute to this per resident each year to each service (GP, Physiotherapy, OT, SLT etc)

   There were 49 responses to this question. The majority of respondents indicated that a per resident per year figure was not available as requirements varies among

residents. In addition, some services are provided by medical nutrition companies and in some areas access to therapies is available and within other areas it isn't.

10. What steps do you believe can be taken to ensure equal access to services is being delivered/met?

    Fifty responses were received to this question. Respondents indicated being aware that residents are entitled to access primary care services and overwhelmingly indicated that equality in access to services should be achieved for nursing home residents. Resourcing primary care services adequately was acknowledged as being a key aspect of achieving equality, as is breaking down stigmas linked with accessing nursing home care from private providers. Some respondents also acknowledged the lack of policy to fully support people as they age in Ireland. This is displayed within some of the comments outlined below:

    "More GPs and more healthcare professionals are needed. I think the root of the problem is that private homes are being left completely on their own, thinking maybe they have loads of funds"

    "GPs need to be incentivized to take on Nursing Home Residents. Those in Nursing Homes will have more complex medical needs so I feel GPs should have increased compensation to look after these residents"

    "Patients in nursing homes are valuable members of our aging community - If some were at home they would have immediate access to OT and physio - from the community - the community does not in practice cover Nursing homes - this is an area that should be developed - Community Liaison team - should be in place to prevent as many hospital transfers for minor procedures such as SPC changes"

    "Have policies that nursing home residents must receive equal access to services"

This supplemental survey supports the findings of the focus group in relation to nursing homes not being integrated into the wider health and social care system by virtue of the difficulties experienced in relation to accessing services on behalf of nursing home residents. It also supports the findings in relation to quality of life and further outlines the steps taken by nursing home staff to seek to address connectedness among nursing home

residents. The experience of nursing home staff that participated in the survey indicates that nursing home residents do not have equality of access to services that they are entitled to. It appears that discrimination in relation to place of residence exists in relation to nursing home residents being/not being prioritised to access services. The survey adds information in relation to the challenges that exist in relation to accessing GP services and respondents acknowledge the need for enhanced resourcing but also the need for policy to support older people to age in communities, inclusive of nursing homes.

Conclusion:

This report set out to present a snapshot of the experiences of staff in accessing services that are in theory available to nursing home residents and shine a light on the inequities that exist. Initially, a focus group with the NHI National Nursing Committee was conducted. The findings depicted three main categories which include integration of nursing home sector, resident quality of life and Fair Deal.

This was followed by a supplemental survey that was carried out with NHI members that yielded 53 responses. Though some experiences were reported as being positive, inequities in relation to access and prioritisation was highlighted. The survey also highlighted the general under resourcing of the global healthcare system and there was an acknowledgement of the demands already in place on community services. The lack of integration between nursing homes and the wider healthcare system is also outlined.

However, and ultimately what is really highlighted, is the historical lack of priority provided to older people through policy. This historical lack of clear, focused policy that fully captures the entirety of the life cycle is evident. The inequities being experienced in relation to the Fair Deal scheme and older people accessing services is just one symptom of a larger policy gap.

The inequities that exist for older people in accessing primary care services as outlined here is well known. The Ombudsman highlighted it in 2010. Previous Minister for Health, Simon Harris acknowledged it at Oireachtas Committee on Health Meeting 7th February 2018. The regulator, HIQA has reported it. The HSE is aware of it through at minimum an unpublished audit report. Staff in nursing homes are experiencing it and older people requiring long term care and their families are living it. There are many reasons why this is the case. We live in a society that has a poor history of caring for older people and we are struggling to shake that history. We live in a society that is ageing but is in denial about all aspects of ageing well and ageing naturally as part of the life cycle. Other factors are also

at play, to include stigmas, ageism and a lack of awareness about the healthcare system, the funding models and the policies or lack of policy that exists to adequately care for all of us as we age.

Recommendations:

A number of recommendations are set out below that centre on the need for meaningful steps to be taken to ensure that integration of nursing homes within the healthcare system is achieved.

1) Policy, specifically Sláintecare policy and action plans needs to specifically be inclusive of the requirements of nursing home residents.
2) Policy around the provision of nursing home care to older people needs to be reviewed. This includes a comprehensive review and overhaul of the Fair Deal Scheme. Policy needs to be reflective of the total care needs of residents and be inclusive of activities and engaging with local communities.
3) Ongoing engagement between NHI, the private and voluntary nursing home sector and the HSE is required in effort to address the national and local inequities that exist.
4) Recommendations of the COVID-19 Nursing Home Expert Panel Report need to continue to be prioritised, resourced and implemented.
5) The GP GMS contract needs to be reviewed and fully take into consideration the requirements and resourcing of nursing home residents and the GP Lead role as outlined with the COVID-19 Nursing Home Expert Panel Report.
6) The Chronic Disease Management Programme for the over 70 age cohort must be extended to include older persons in the residential care setting.
7) Ways to support the development of teamwork among health and social care professionals need to be explored and implemented. This includes access to specialist advice and support via an Integrated Referral Management System, Tele-medicine and Virtual Clinics.

In addition, the following is also required:

1) Ongoing awareness raising about the provision of nursing home care. Awareness about the funding models, what's included and excluded under Fair Deal needs to be more widely available.

2) The perspectives of nursing home residents and their families would be important to capture and highlight.
3) Work is needed in relation to addressing the stigmas linked with accessing nursing home care and in relation to those living and working in nursing homes.
4) Ongoing work is needed in relation to ageism and addressing biases that exist in relation to ageing.

Resources:

Burke, S (2013) Nursing home residents denied essential services, *SaraBurke.com* [online]. Available at: https://saraburke.wordpress.com/2013/12/09/nursing-home-residents-denied-essential-services/ (accessed 30 June 2022).

Citizen's information (2019) *community care services* [online]. Available at: https://www.citizensinformation.ie/en/health/health_services/care_in_your_community/community_care_services.html (accessed 30 June 2022).

COVID-19 Nursing Homes Expert Panel (2021) *Examination of Measures to 2021* [online]. Available at: https://assets.gov.ie/84889/b636c7a7-a553-47c0-88a5-235750b7625e.pdf (accessed 1 July 2022).

Department of Health (2011) Letter to NHI. (Available on request).

Government of Ireland (2018) Oireachtas Public Accounts Committee Meeting. Available at: https://www.oireachtas.ie/ga/debates/debate/committee_of_public_accounts/2018-06-14/6/

Government of Ireland (2018) HSE Responses to Questions from Members. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_health/submissions/2018/2018-02-07_doh-hse-responses-to-questions-from-members_en.pdf

Government of Ireland Sláintecare (2021-2023) *Sláintecare Implementation Strategy and action plan 2021-2023.* Dublin: Government of Ireland.

Health Service Executive (HSE). (2013) *Quality and Patient Safety Audit Report*. Unpublished report. Ireland, October 2012- January 2013.

HIQA.ie (2022) Older peoples services [online]. Available at: https://www.hiqa.ie/areas-we-work/older-peoples-services (accessed 7 June 2022)

HIQA (2019) Overview report on the regulation of designated centres for older persons – 2018. Available at: 2018-DCOP-Overview-Report.pdf (hiqa.ie) (accessed 16th December 2022).

HSE Health Service Executive (2019) Medical card and GP visit card: National assessment guidelines [online]. Available at: https://assets.hse.ie/media/documents/medical-cards-national-assessment-guidelines_EqBqnYt.pdf (accessed 14 July 2022)

HSE.ie (2014) *Your Guide to Medical cards and GP visit cards* [online]. Available at: https://www.hse.ie/eng/services/publications/corporate/medcardgpvisit.pdf (accessed 4 July 2022).

ICGP & NHI (2021) ICGP and NHI Joint Position Paper: Care of Older Persons in the Residential Care Setting. Dublin. ICGP & NHI.

Keogh, F and O'Shea, E (2019) Policy Dialogue on the Home Care Scheme. Ireland: Centre for Economic and social research on dementia.

National Treatment Purchase Fund (NTPF) (2019) *Review of pricing system for long term residential care facilities* [online]. Available at: https://assets.gov.ie/137039/cea970a3-4bc4-463e-a9a9-ebb20fd11b6f.pdf (accessed 27 July 2022).

National Treatment Purchase Fund (NTPF). (2013) Nursing Home Support Scheme [Deed].

NHI (2022) *Submission to the Department of Health Persons in Charge/RGN Roles and Responsibilities Working Group 2022.* Dublin: Citywest.

NHI Nursing Homes Ireland (2017) Citizens assembly submission 'How we responded to the challenges and opportunities of an ageing population' [online]. Available at: https://nhi.ie/wpcontent/uploads/2019/05/NHI_Submission_to_Citizens_Assemby_Responding_to_Challenges_Opportunities_of_Ageing_Population.pdf (accessed 21 July 2022)

NHI Nursing Homes Ireland (2021) Nursing Home Model of care post COVID-19: An NHI Roundtable event. Ireland: City West Dublin.

Ombudsman (2010) Who Cares? An Investigation into the Right to Nursing Home Care in Ireland. Available at: Who-Cares.pdf (ombudsman.ie)

Sage advocacy (2019) *A New Deal: A discussion document on funding long-term support and care* [online]. Available at: https://www.sageadvocacy.ie/media/1596/a-new-deal-discussion-document-on-funding-long-term-care-sage-advocacy-may-2019-single-pages.pdf (accessed 1 July 2022).

Sage advocacy (2020) *Delivering quality medical care in Irish nursing homes: current practice, issues and challenge* [online]. Available at: https://www.sageadvocacy.ie/media/1679/6078-report-medical-care-in-nursing-homes-web2.pdf (accessed 8 July 2022).

Shea, E.O. et al., 2017. Key stakeholders' experiences of respite services for people with dementia and their perspectives on respite service development: a qualitative systematic review. *BMC geriatrics*, 17(1), p.282.