



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

PAC-R-372

Correspondence 3.12  
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9<sup>th</sup> March 2012

Ms. Eimear Lavelle,  
Committee Secretariat,  
Committee of Public Accounts,  
Leinster House,  
Dublin 2

Dear Ms. Lavelle,

I refer to your letter regarding our attendance at the recent Public Accounts Committee meeting with the HSE and a request for information on a number of follow up issues. Please find here under for the attention of the Committee responses to the matters raised.

#### 1. Nursing Home Refurbishment

*A note providing a breakdown of the cost to date and the projected cost of refurbishing nursing homes in 2012*

#### Response:

The HSE plans to deliver on refurbishment of Care of the Elderly facilities throughout the country during 2012. Following engagement with HIQA over a period of time, a schedule of works and of locations where these works will be carried out has been developed.

There is provision for the expenditure of between €12 million to €15 million on upgrading Care of the Elderly facilities in the HSE Capital Plan. A key early focus is on fire safety upgrades and other safety measures. A number of key dates for the undertaking of these works during 2012 have been agreed between the HSE and HIQA. The scope of work has been drawn up and is being managed by the 9 HSE Estates Offices around the country.

## **2. NAMA**

*A note detailing the number of primary care centre's that have not been opened, due to an involvement by NAMA*

### **Response:**

The HSE does not have information on Primary Care Centre landlords that are 'in NAMA'.

Where the HSE are currently paying rents on established leases the rent amount is paid to the landlord as the legal agreement is between the HSE and the landlord. This cannot change without the agreement of both parties. In the normal course of events the Primary Care Centre landlord will pay down the funding debt with the rental income from the HSE. This may include bank debt or debt from other funding sources. The HSE will not be aware of the landlord's debt repayment arrangements. If the debt has transferred from a banking source into NAMA the HSE will not be aware of this, but will continue making payments to the landlord.

In a number of instances receivers have been appointed in respect of property assets controlled by landlords in lease agreements with the HSE. In these instances the HSE continue to make payments, but to the legally appointed receiver. Again, the HSE would not be aware of the receiver's debt repayment arrangements. The HSE would not be aware if the debt is now with NAMA.

In some instances a landlord may be 'in NAMA' but we would not be aware if there is debt on the property we rent or whether the debt is part of the debt transferred to NAMA.

Potential landlords who engage with the HSE in relation to provision of Primary Care Centre facilities have a number of matters to address in addition to funding arrangements – the appropriate location, meeting the scope and construction quality parameters, achieving planning and fire certification, agreement of participation by GP's, maintenance and management protocols for the centres, etc. The proposed debt funding arrangements for a specific Primary Care Centre would not be disclosed to the HSE.

The HSE has this month commenced monthly meetings with NAMA to explore property matters of mutual interest. Where potential Primary Care Centre landlords make the HSE aware of circumstances where NAMA has an interest in a development, the HSE will be in a position to engage with NAMA in support of the healthcare aspects of the proposal.

## **3. Public Nursing Home Costs**

*A note providing details of the cost of care for patients in public nursing homes in 2011, to include a breakdown of costs per home*

### **Response:**

The costs are attached in Appendix 1. The costs vary by home based upon the intensity of care provision and the historic cost base of each unit. The HSE is updating the cost of care using 2011 data and evaluating the costs per facility with a view to assessing value for money in care provision.



The following sets out a number of reasons for the variation in costs across long stay public units:-

1. Some HSE facilities are quite old and the configuration of beds can require higher staffing ratios
2. Units which did not comply with fire/safety standards have been required to close beds in recent years. This makes the cost for each remaining bed more expensive
3. Some of the more expensive homes have a high proportion of qualified nurses within their staffing mix; while this leads to a higher cost it ensures that patients (particularly patients with higher dependencies) receive a high-quality level of care.
4. The HSE has been working with the staff associations for some time on the skill-mix within public units – so as to introduce care staff working in-tandem with qualified nurses but reducing costs. Some units reflect such lower costs.
5. Some units have a high dependency on agency staff to meet minimum staffing levels. This occurs where permanent staff numbers have reduced due to retirement and the current staffing moratorium leaves the HSE in a position whereby they cannot recruit replacement staff.
6. Other factors include the maintenance and running costs of inefficient old buildings

#### 4. Medical Cards

*A note on the PCRS data records showing medical card processing times*

##### **Response:**

The Medical Card centralisation programme was introduced on a phased basis, and has moved ahead as planned. This project is a major reconfiguration of services and the requirement to utilise voluntary redeployment was pursued in the first instance. Essential redeployment was also utilised under the parameters of the Public Service Agreement. The final element of the project took place on 1 July 2011 with the centralisation of Medical Card processing for the entire country.

Since centralisation of processing became effective in July 2012, the HSE has for the first time central governance over all of the associated processes e.g. standardisation of eligibility assessment and reviews. In addition we are achieving greater visibility of the financial exposure in the medical card scheme.

At the end of January 2012, the HSE agreed with the Public Accounts Committee (PAC) that it would review the operations and processes within the central processing office with a view to ensuring that the most responsive service for the public is in place.

The project consists of a number of work streams and will focus specifically on a number of key areas including inter alia

- National Assessment Guidelines
- July 1 Centralisation & Migration
- Key Impacts of Centralisation
- Customer Application Form and Processes (New & Review)

- Communications & Engagement (Customer / GPs / etc)
- Customer Service - Experience
- Call Centre Integration & Service Delivery
- Local Health Office Support
- People & Capacity Planning
- Technology and Integration

This review commenced immediately and we plan to use it to reassess the operations and processes and to focus the probity approach which was a key element in the management decision to centralise and ensure comprehensive governance and accountability.

In recent conversations we agreed with the Minister that an interface with Revenue is a crucial part of the overall approach required to manage and operate the medical card system. Details of income and employment changes etc. will support our assessment processes so that we can provide eligibility having used supporting checks and records to manage the risk. Without such a link then we are either in the position of having to seek information from the applicant or providing medical card eligibility on a high risk basis that perhaps the applicant should not be successful. The Minister has agreed to support for the implementation of this interface and an interface with the Department of Social Protection and that this moves forward quickly.

Notwithstanding, in line with the centralisation plan, the HSE is taking a number of steps to streamline operations in the central office and to make the process for renewing a medical card simpler and easier for the public. As part of this the HSE has implemented self-assessment reviews for medical card holders who are 66 years or over. The self-assessment review model has also been extended to medical card holders under 66, who were granted their medical card on the basis of a means assessment. The HSE is also standardising eligibility periods from two years to three years for people aged under 66, with a new four year eligibility period for medical card holders aged 66 or over.

Under these new procedures, a Medical Card will remain valid, irrespective of the expiry date shown on the card, once the Medical Card holder is genuinely engaging with the HSE review process. Eligibility for services can be confirmed by any Doctor or Pharmacist, or by the Medical Card holder online at [www.medicalcard.ie](http://www.medicalcard.ie) or through the GP practice systems or in any Local Health Office or through the helpline at 1890-252-919.

The scale of the operation, and the continuing increase in demand, means that in the period July – December 2011 more than 344,668 reviews and applications have been processed. The central processing office currently issues on average over 4,000 medical cards per day. The HSE plans to issue more than 100,000 new medical cards in 2012.

PCRS are working to resolve the backlog of cases outstanding from the July to December 2011 period and are continuing to work on the new self-assessment processes to increase the number of applications and reviews completed within the agreed service levels.

Currently between 30% and 35% of all applications received by the central office are incomplete. While the application process is undoubtedly complex, more self assessment and longer eligibility periods will ease the burden on applicants. An initiative is also underway to make the application process easier for the public, the HSE is working with



the National Adult Literacy Agency (NALA) to review the medical card application form, and other associated forms and letters.

The table below, as of 1 March 2012 shows the turnaround times for “complete applications” which are submitted with full documentation, e.g. Col 3 in the table regarding the 14,386 new and review applications received week ending Friday 17 February 2012 will be due for completion by Friday 9 March 2012. With 7 days to go this percentage is at 80% completed.

## Medical Card Status As Of 01/03/2012 09:00

### Complete Applications – No Additional Information Required

Status	24/02	17/02	10/02	03/02	27/01	20/01	01/07/11 - 13/01/12
Completed	10,613 72%	11,481 80%	7,099 52%	5,685 54%	11,199 56%	6,586 55%	338,482 58%
Not Completed	4,081 28%	2,895 20%	578 8%	613 6%	461 4%	312 5%	5,816 2%
Total	14,694	14,376	7,677	6,298	11,660	6,898	344,298

### Incomplete Applications – Additional Information Required

Status	24/02	17/02	10/02	03/02	27/01	20/01	01/07/11 - 13/01/12
New Applications	832	1,163	815	2,459	725	1,179	24,194
Reviews	635	723	487	171	211	143	2,746
Total	1,467	1,886	1,302	2,630	936	1,322	26,940

## 5. Leasing Costs

*A note outlining the projected cost of leasing premises for primary care centres in 2012, to include the number of buildings being leased*

### Response:

The following Primary Care Centres are operational at the 24 locations listed below opened in 2011:

Letterkenny	Roscommon
Kinnegad	Carlow
Ballogan/Leopardstown	Ballina
Waterford City West	Galway City East
Moate	Kilkenny (Grange's Road)
Mallow	Portllington
Trim	Tramore
Newtownmountkennedy	Drumalee, Cavan

Mitchelstown	Coole, Westmeath
Gorey	Newtown, Athlone
Mountmellick	Athlone (Town Centre)
Naas	CMC House, Longford

The total lease cost for these locations during 2011 was €6.19m.

Negotiations are ongoing to deliver Primary Care Centres at a number of other locations this year (2012) and beyond. There are 18 Centres scheduled to open during 2012. These locations are:

Callan	Drogheda North
Mahon, Cork City	Longford
Macroom	Abbey - St Mary's Limerick City
Gorey (Doherty)	Castlereagh
Cavan	Pimlico (The Liberties)
Mulhuddart	Blanchardstown (Grove Court)
Ashbourne	Athenry, Co Galway
Kingscourt, Co Cavan	Monksland - Co Roscommon
Kenmare	Schull

Subject to satisfactory achievement of all operational and financial criteria these Primary Care Centres will be opened during 2012 and lease amounts will fall payable during the year. Allowing for the commencement of lease payments at different dates during the year it is anticipated that the additional rent payable during 2012 will amount to €3.5m (with a full year cost of €5.3m) in addition to the €6.19m payable for the centres already open during 2011.

## 6. Retirements

*A note providing information on the actual cost savings to be achieved from staff retirements, to include details of the cost of lump sums and the monetary loss of pension levies and pension contributions to the exchequer, the cost of pensions and the number of vacancies arising from retirements that will be filled with new recruits.*

### Response:

The net saving to the HSE of a staff member leaving is about 36% of their salary. This can drop to 26% in the context of the need to replace staff on the front line at a 10% level as was provided for in the Service Plan 2012. The reason that the saving is a low percent of the gross pay of an individual is that the HSE will pay a pension of 50% of the salary and that the pension levy and superannuation charge to staff are income in the hands of the HSE. Separately the HSE has to provide a lump sum of one and a half times the finishing salary. This scenario is based upon a retiree with 40 years service as set out in the example below;



Salary	€	%
	60,000	
Pension based upon 40 years service	- 30,000	-50%
Loss of pension levy income 7.1%	- 4,260	-7%
Loss of superannuation income 6.5%	- 3,900	-7%
Replacement factor 10%	- 6,000	-10%
Total	- 44,160	-74%
Net saving	15,840	26%

The HSE's National Service Plan 2012 is based on 3,000 whole-time-equivalent staff retiring before the end of February 2012 and being paid lump sums in 2012. There are a number of factors which have to be taken into account in costing the impact of these retirees. These are set out below. This number has now risen to in excess of 4,300. The HSE will have to run a new estimate of the costs associated with this level of retirements once the data on retirees lump sums and pensions is available. It is likely that there will be a significant growth in costs associated with this higher number of retirees. If we apply the same assumptions as used in the service plan HSE would require a further €60m for lump sums which may be offset to some extent by pay savings. We have yet to determine how many of the retirees are on payroll.

#### **Additional costs funded in the 2012 estimate**

The HSE has a normal lump sum budget of €136m. The projected cost of the people retiring in the 2012 service plan is €180m – an increase of €44m. This funding was additionally provided in the 2012 estimates process.

#### **Additional costs to be funded by the HSE payroll savings**

The data included in the Service plan 2012 is set out in the Table below, these include the following;

1. The estimated cost of funding pensions for the retirees is €68m. This has to be funded by the HSE out of payroll savings.
2. The estimate of lost salary contributions for superannuation and the pension levy amount to €18.9m. This cost has to be funded by the HSE out of payroll savings.
3. The Service Plan contains a replacement factor of €16m for critical posts. The number of posts which can be supported by this funding depends on the salaries of those being appointed. This €16m has to be funded by the HSE out of payroll savings.
4. The 2012 estimate required the HSE to surrender a net €57m in payroll savings for staff retiring.

The impact of items 1-4 above is that the HSE has to target payroll savings of €159.9m (€68m + €18.9m + €16m + €57m) in services. These payroll savings will be achieved if the numbers of staff leave with the average salary used in the plan. If the profile of staff who retire causes different average salaries etc, the figures in this analysis will change.

<b>Estimate of Effect of the ending of the Grace Period - National Service Plan 2012</b>	<b>3,500 people or 3,000 wte leaving</b>
Extra pensions cost	68.0
Lost income for pension levy and pension contributions	18.9
Replacement factor	16.0
<b>Extra recurring cost</b>	<b>102.9</b>
Extra lump sum cost <sup>(a)</sup>	44.0
<b>Total pension related cost</b>	<b>146.9</b>
Surrender to exchequer - cut to the HSE allocation in the 2012 estimate	57.0
<b>Total HSE requirement</b>	<b>203.9</b>
<b>Funded by:-</b>	
Reductions in pay costs	159.9
Extra lump sum funding	44.0
<b>Grand total</b>	<b>203.9</b>
<b>Average salary used</b>	<b>48,750</b>
<b>Average lump sum used</b>	<b>51,000</b>
<b>Average pension used</b>	<b>18,000</b>
<sup>(a)</sup> The HSE already has a lump sum budget of €136m between the statutory and voluntary sectors. The total lump sum costs for 2012 are €180m for 3,000 wtes i.e. €136m plus €44m	

## 7. Deceased Medical Card Holders

*A note outlining the amount of money that has now been recouped from GPs who over claimed €1.48 million in capitation payments for medical card holders who were deceased.*

### Response:

This is not a simple matter of handling a straight forward debt or writing to a GP to seek a refund of capitation payments made in respect of a patient that may have died a few months before the HSE received the formal death notification. There are other matters involved, not least of which is the fact that GP's claim that there are also many situations where the GP provides medical care for patients that they are not getting a capitation



payment e.g. newborn babies, and will not get a capitation payment until the baby is registered by his/her parents with the HSE, without any retrospective payment. GP's also argue that there are many more cases for which they do not get paid than cases where they were paid due to a delay in a death record. GP's are not reimbursed where the medical card is expired.

It is also not a simple matter of the HSE or the Department of Health not wishing to address financial matters relating to GP's. In the last 36 months the HSE has implemented policy changes, which have resulted in a reduction of more than €150m in capitation, and other related payments to GP's.

GPs have long since argued that the recoupment of overpayments can only be resolved in the context of an equally robust solution for payment of underpayments associated with births and reviews of eligibility. The HSE agreed that the list of eligible medical cardholders can only be maintained with the assistance of all stakeholders and recoupment's could be resolved in the context of a robust solution which deals with all issues.

This issue has now been addressed as a package. Taking all of the relevant facts into consideration with all of the interested parties involved a solution has been designed and implemented, with the result that there will be no overpayment or underpayment of capitation, with the cooperation of all of the stakeholders. (See attached Circular to GPs).

A key enabler in moving these issues forward is the centralisation of the processing of Medical Cards.

The HSE and the Department of Health and Children decided for many reasons, that fundamental change in the administration of the Medical Card Scheme was required. Therefore, it was decided to centralise the processing of medical card applications in a single office as opposed to administration across 100 locations. This project went live on 1 July 2011.

Since centralisation commenced PCRS have implemented for the first time systematic processing of death information based on the Death Event Publication Service (DEPS). Where the notification is complete, eligibility is removed immediately upon receipt and any overpayments are recouped. All duplicates based on PPS number have been both removed from a legacy perspective and prevented in the provision of new eligibility. No duplicate payment issues in respect of any client where the PPS number is present.

With centralisation in July 2011 the opportunity for better management of the registers has enabled PCRS to successfully agree GP involvement in direct maintenance of the register to remove eligibility upon death etc. Effectively, 2,300 (GPs) additional stakeholders are now directly involved in maintenance and regular certification of the register and in many cases those stakeholders have direct access to the death records concerned.

All death events are now processed and any overpayments are recouped and we also have put in place the processes for processing of births in a robust, transparent way. For the first time ever, GPs are now actively, transparently and directly involved and committed to list maintenance with the HSE. It was essential from a strategic point of view to complete the automation of recoupment's and arrears payments together and in the context of the GP project.

This development and the body of work building a foundation of single systems, single systematic reporting and full transparency for GPs which was required to get to a place where their direct assistance with management of the register could be agreed should not be underestimated.

As described, centralisation has enabled this new agreement with GPs and new systematic procedures which enable better record management such as the details of clients in long stay units. Again GPs have agreed to be involved in direct support of this aspect of record maintenance through the GP centralisation project which is now completed and live.

In summary, the HSE has taken a number of strategic decisions, the resulting actions of which, can properly address problems which have existed for longer than a decade and should be significantly better managed following the centralisation of medical card processing.

- *That the Orchard in Bray be made available to a local voluntary cancer service.*

**Response:**

The Orchard property in Bray was a home for the elderly that closed a number of years ago. The HSE's Strategy for the Orchard property is to promote the development of a Primary Care Centre for Bray on the site. It is planned to achieve this through the sale of the property on the open market with a condition that the purchaser must include a co-located primary care setting for HSE services and GPs as part of any development undertaken at the location. In line with the Primary Care Strategy the HSE will lease their portion of the centre for a defined term at a discounted rate to the current market rental rate.

The HSE's 'Dublin/Mid-Leinster' Estate Manager and Integrated Service Manager met with the Bray Cancer Support Group to explore the concept of the Group being allocated space in the Primary Care Centre also at the discounted rate. However the proposal did not suit the Group for two reasons – the timeframe for delivery of the Primary Care facility did not suit (3-4 Years) and the discounted rental rate was more than the Group were willing to pay. The Group declined to progress with the HSE's offer.

The position at present is that the HSE are out to tender for the appointment of a selling agent for the property. The selling agent, when nominated, will liaise with the HSE's legal representative to prepare documents to sell the site by public tender.

A condition of the sale will be that the site purchaser must include a co-located primary care facility for the HSE and GPs in any development on the property, thereby achieving the HSE's Primary Care objectives for Bray.



- *That a vacated building in Athenry be leased or given to local community for services.*

**Response:**

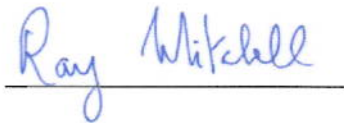
It is HSE strategy to dispose of assets that are no longer required by the healthcare service and to use the proceeds to reinvest in other healthcare facilities.

As part of this strategy the former Monivea Health Centre, Co. Galway property has been put on the market for sale by public tender. A valuation of the property identified a value range between €60,000 and €70,000. During the tender process the appointed agents, Sherry Fitzgerald Kavanagh, received a number of bids, the highest of which, €64,750, has been accepted.

The building will shortly be transferred to the purchaser on completion of the conveyancing documentation and transfer of title. The building is not available to the HSE for leasing or transfers to other parties due to the disposal process currently underway. The proceeds of the disposal will be reinvested in the healthcare service.

I trust this information is of assistance.

Yours Sincerely,



**Ray Mitchell**  
**Assistant National Director**  
**Parliamentary & Regulatory Affairs**

### **Appendix 1 - Issue 3 - Published Cost of Care for Public Homes 2010**

Name of Public Unit	Address 1	Address 2	Address 3	Average Weekly Cost €
Our Lady's Hospice	Harold's Cross	Dublin 6W		2,518
Heatherside Hospital	Buttevant	Co. Cork		2,139
Meath Community Hospital	Meath Community Unit	1-9 Heytesbury Street	Dublin 8	2,077
Bru Chaoimhin	Cork Street	Dublin 8		2,067
St. James' Hospital	James's Street	Dublin 8		1,963
Dublin South East HSE Units - Clonskeagh Hospital (Amalgamated return for Sir Patrick Dunn's, St. Broc's & Clonskeagh)	Vergemount	Clonskeagh	Dublin 6	1,936
Peamount Hospital	Newcastle	Co Dublin		1,776
St. Finbarr's Hospital	Douglas Road	Cork	Co. Cork	1,775
Lusk Community Unit	Station Road	Lusk	Co Dublin	1,769
Hospital of the Assumption	Thurles	Co. Tipperary		1,745
St. Mary's Hospital	Phoenix Park	Chapelizod	Dublin 20	1,719
St. Joseph's Hospital	Ardee	Co. Louth		1,695
Drogheda Memorial Hospital	Curragh	Co. Kildare		1,687
Aras Ronan	Inishmore	Aran Islands	Co. Galway	1,663
St. Brigid's Home	Crooksling	Brittas	West Co. Dublin	1,651
Cherry Orchard Hospital	Ballyfermot Road	Ballyfermot	Dublin 10	1,643
St. Brigid's Hospital, Shaen	Shaen	Portlaoise	Co. Laois	1,633
Donegal Town Community Hospital	Donegal Town	Co. Donegal		1,585
Baltinglass District Hospital	Baltinglass	Co. Wicklow		1,584
Leopardstown Park Hospital	Leopardstown Park	Foxrock	Dublin 18	1,520
Maynooth Community Unit	Leinster Street	Maynooth	Co. Kildare	1,520
Dr. Jack Sullivan Memorial Home	Cathedral Road	Cavan	Co. Cavan	1,491
Dalkey Community Unit	Kilbegnet Close	Dalkey	Dublin	1,487
Falcarragh Community Hospital	Falcarragh	Co. Donegal		1,475
Schull Community Hospital (St. Gabriel's)	Schull	Co. Cork		1,471
St. Vincent's Hospital	Athy	Co. Kildare		1,455
Bandon Community Hospital	Bandon	Co. Cork	Co. Cork	1,432
James Connolly Memorial Hospital	Blanchardstown	Dublin 15		1,416
St. Joseph's Community Hospital	Lifford	Ennis	Co. Clare	1,376
St Patrick's Community Hospital	Summerhill	Carrick on Shannon	Co. Leitrim	1,374
Riada House Community Unit	Care Centre for the Elderly	Arden Road	Tullamore	1,363
Carndonagh Community Hospital	Caradonagh	Co. Donegal		1,355
St Brendan's Home	Loughrea	Co. Galway		1,355
Midleton Community Hospital and Long Stay Unit (Our Lady of Lourdes)	Midleton Community Unit	Midleton	Co. Cork	1,351
St. Fionnan's Community Nursing Unit	Achill Sound	Achill Island	Co. Mayo	1,307
Rockfield Unit, Beaumont Hospital				1,296
Ashgrove House Nursing Home				1,296
Kenmare Community Hospital				1,296
St Vincent's Hospital	Mountmellick	Co. Laois		1,294
Raheen Community Nursing Unit	Raheen	Tuamgraney	Scariff	1,287
St John's Community Hospital	Ballyrivnan	Sligo	Co. Sligo	1,286
Shiel Community Hospital	Ballyshannon	Co. Donegal		1,285
Buncrana Community Nursing Unit	Maginn Avenue	Buncrana	Co. Donegal	1,282
Birr Community Nursing Unit	Birr	Co. Offaly		1,263
St. Patrick's Community Hospital	Fermoy	Co. Cork		1,262
The Royal Hospital	Morehampton Road	Donnybrook	Dublin 4	1,255
Ennistymon Community Nursing Unit	Ennistymon	Co. Clare		1,251
St. Joseph's Care Centre	Dublin Road	Longford	Co. Longford	1,246
Dunamanway Community Hospital (St. Anthony's)	Dunmanway	Co. Cork		1,244
St. Joseph's Community Hospital	Stranorlar	Co. Donegal		1,242
St. John's Hospital & St. John's Ward Ely Hosp.	Enniscorthy	Co. Wexford		1,235
Aras Mhuire Community Nursing Unit	Dublin Road	Tuam	Co. Galway	1,234
Wicklow District Hospital	Ball Alley	Wicklow		1,227
Kanturk Community Hospital	Kanturk	Co. Cork		1,204
St. Mary's Hospital	Care Centre	Mullingar	Co. Westmeath	1,201
St Joseph's Hospital	Dungarvan	Waterford	Co. Waterford	1,200
Belvilla Community Unit for Older Persons	129 South Circular Road	Dublin 8		1,199
Boyne View House	Dublin Road	Drogheda	Co. Louth	1,192
Cottage Hospital	Scarlet Street	Drogheda	Co. Louth	1,192
St. Mary's Hospital	Dublin Road	Drogheda	Co. Louth	1,192
Dungloe Community Hospital	Dungloe	Co. Donegal		1,167
St. Columbanus Home	St Margaret's Road	Killarney	Co. Kerry	1,166
Macroom Community Hospital	Macroom	Co. Cork		1,163
Abbeyleix District Hospital	Abbeyleix	Co. Laois		1,161
Cuan Ros Community Unit	Navan Road	Dublin 7		1,160
Ramelton Community Nursing Unit	Ramelton	Co. Donegal		1,153
Ofalia House Community Nursing Unit	Ofalia House	Edenderry	Co. Offaly	1,146



## **Appendix 1 - Issue 3 - Published Cost of Care for Public Homes 2010**

Clarehaven Nursing Home	St. Canice's Road	Ballygall	Dublin 11	1,141
Seanchara Community Unit	St. Canice's Road	Glasnevin	Dublin 11	1,141
St. Clare's Home	Griffith Avenue Extension	Glasnevin	Dublin 9	1,141
St. Ita's Community Hospital	Newcastle West	Co. Limerick		1,141
Kinsale Community Hospital	Kinsale	Co. Cork	Co. Cork	1,139
St Anne's Community Nursing Home	Westport Road	Clifden	Co. Galway	1,138
Youghal Community Hospital	Cork Hill	Youghal	Co. Cork	1,129
Aras Mac Dara	Community Nursing Unit	Carraroe	Co. Galway	1,125
Castletownbere Community Hospital (St. Joseph's)	Castletownbere	Co. Cork		1,120
Rock Community Nursing Unit	Ballyshannon	Co. Donegal		1,115
St. Camillus' Community Hospital	Shelbourne Road	Limerick		1,113
St Patrick's Hospital	John's Hill	Waterford		1,111
St. Joseph's Community Hospital	Millstreet	Co. Cork		1,104
Clonakilty Community Hospital and Long Stay Unit (Mount Carmel Home and Hospital)	Clonakilty	Co. Cork		1,097
Killybegs Community Hospital	Killybegs	Co. Donegal		1,096
St. Oliver Plunkett Hospital	Dublin Road	Drogheda	Co. Louth	1,093
Loughloe House	Abbey Road	Athlone	Co. Westmeath	1,089
St Vincent's Care Centre	Northgate Street	Athlone	Co. Westmeath	1,089
Sacred Heart Hospital	Old Dublin Road	Carlow	Co. Carlow	1,088
Lisdarn Unit for the Elderly	Lisdarn	Cavan	Co. Cavan	1,084
Skibbereen Community Hospital (St. Anne's)	Skibbereen	Co. Cork		1,079
St. Columba's Hospital	Thomastown	Co. Kilkenny		1,075
Dean Maxwell Community Nursing Unit	Roscrea	Co. Tipperary		1,073
St. Colman's Hospital	Rathdrum	Co. Wicklow		1,073
St Francis Community Nursing Unit	Newcastle	Galway	Co. Galway	1,072
Lifford Community Hospital	Lifford	Co. Donegal		1,071
Belmullet District Hospital (including Aras Deirbhile)	Belmullet	Co. Mayo		1,071
Regina House Community Nursing Unit	Kilrush	Co. Clare		1,061
St. Joseph's Hospital	Trim	Co. Meath		1,061
Ballyconnel Community Services	Breffni Care Unit	Ballyconnel	Co. Cavan	1,059
Virginia Community Services	Dublin Road	Virginia	Co. Cavan	1,056
St Patrick's Hospital	Cashel	Co. Tipperary		1,052
Caherciveen Community Hospital	Caherciveen	Co. Kerry		1,051
Sacred Heart Hospital	Golf Links Road	Roscommon	Co. Roscommon	1,049
Listowel Community Hospital	St Joseph's Unit	Listowel	Co. Kerry	1,031
Sacred Heart Hospital	Castlebar	Co. Mayo		1,028
Bantry General Hospital	St Joseph's Ward	Bantry	Co. Cork	1,019
St. Conlon's Community Nursing Unit	Nenagh	Co. Tipperary		1,011
Dingle Community Hospital (St. Elizabeths)	Dingle Community Hospital	Dingle	Co. Kerry	998
St. Augustine's Community Nursing Unit	Ballina	Co. Mayo		991
Gorey District Hospital	Gorey	Co. Wexford		990
Arus Carolan	Mohill	Co. Leitrim		989
St. Mary's Hospital	Castleblaney	Co. Monaghan		978
Dalton Community Nursing Unit	Claremorris	Co. Mayo		973
Castlecomer District Hospital	Castlecomer	Co. Kilkenny		965
Dungarvan District Hospital (St. Vincent's)	Dungarvan	Co. Waterford		946
Units 5 and 6 - Merlin Park Hospital	Merlin Park Hospital	Dublin Road	Galway	933
Loher/Dinis Wards - Kerry General Hospital	Kerry General Hospital	Tralee	Co. Kerry	926
McBride Community Unit	Westport	Co. Mayo		913
New Houghton Hospital	New Ross	Co. Wexford		886
Oriel House	Rooskey	Co. Monaghan		839
Cluainn Arainn Welfare Home	Tipperary	Co. Tipperary		823
Plunkett Community Nursing Unit	Boyle	Co. Roscommon		791
Arus Breffni	Manorhamilton	Co. Leitrim		785
Aras Mathair Pol Community Nursing Unit	Home for the Aged	Castlerea	Co. Roscommon	778
Cois Abhainn	Greencloyne	Youghal	Co. Cork	657
Dunabbey House	St Joseph's Hospital	Dungarvan	Co. Waterford	430