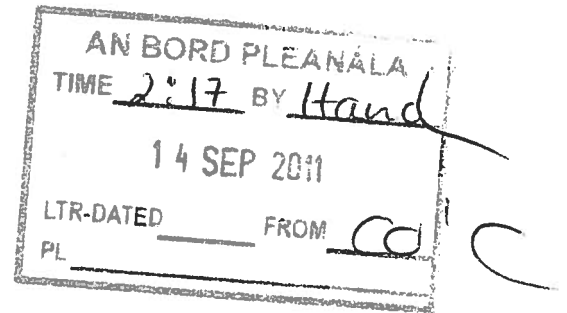
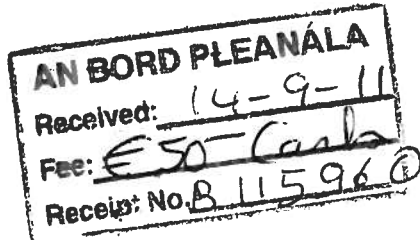




Paul MURPHY

Member of the European Parliament



Submission to An Bord Pleanála re National Children's Hospital by Paul Murphy MEP (Socialist Party/United Left Alliance)

There is a strong case for one central national children's hospital to deal with 'tertiary' cases. I welcome the decision to build such a tertiary children's hospital. However, I think that if the current plans are proceeded with, a serious retrograde step will be taken in terms of children's health in Dublin and in Ireland. This is for two central reasons:

- 1. The downgrading/closure of the other children's hospitals in Dublin.**
- 2. The location of the proposed hospital in the Mater including scope for expansion there.**

1. The downgrading/closure of the other children's hospitals

The creation of a tertiary national children's hospital is to be welcomed. However, it does not flow from that, that other children's hospitals should be closed. It is clear as will be explained in detail below that the size of the hospital being applied for is significantly smaller than what the McKinsey report recommended. Therefore most of the current services will also still be needed. The other important factor is the question of ease of access, with a need for a number of quality secondary children's hospitals to serve the population of the greater Dublin area and catchment area surrounding it. The current proposed Urgent Care Centre at Tallaght does not address this nor is there any sign yet that this is actually going to be built.

The downgrading of the National Children's Hospital in Tallaght and the closure of Our Lady's Hospital for sick Children in Crumlin, as envisaged, will impact on the health of children living in their catchment areas and beyond.

This closure/downgrading of these hospitals would mean that the over 200,000 children living in south Dublin, in Wicklow and Kildare would be left with no overnight beds for sick children or functional A&E department.

The building of a tertiary children's hospital should not entail the downgrading or closure of secondary children's hospitals. While there is a case to centralise tertiary activities in a certain hospital, the way to deliver the best possible care for children is to further develop the secondary hospitals at the same time as developing a true "centre of excellence" tertiary hospital.

Regardless of where the tertiary national children's hospital is located, the existing secondary children's hospitals should be improved rather than dismantled. In this way, with the further development of high quality secondary hospitals, together with the development of a properly funded tertiary hospital, quality healthcare could be provided for children across the country.

2. The location of the proposed hospital in the Mater

As has been repeatedly argued by a variety of stake-holders, the location of a tertiary children's hospital at the Mater is far from ideal. This is related to two factors:

- (a) Accessibility
- (b) Room for expansion

(a) The majority of children who attend the new children's hospital will be travelling from outside of Dublin – the Children's Hospital Alliance estimate this figure at 60%. In many cases, minimising the amount of time spent travelling to the hospital will be absolutely crucial. Because of this, it is my view that the accessibility of the hospital to all those who seek to use it should have been a primary concern when determining the location of the hospital.

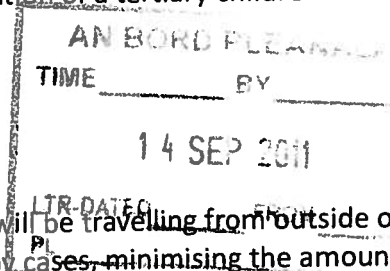
Unfortunately, the Mater site is not located nearby a major public transport route, for example a main line rail, Dart or LUAS. It seems to be unlikely that Metro North will be built there either. Therefore, all access will have to be by road, both with private cars, ambulances and buses. This poses a major problem for access, given the daily occurrence of traffic congestion, but also the extreme traffic congestion that results from special events such as events in Croke Park for example. Having the hospital located in the city centre rather than at the periphery of Dublin on a major road and preferably close to rail links could add well over an hour to many journeys from outside of Dublin.

Therefore, the strong argument in terms of location is that the hospital should have been planned and built on the outskirts of Dublin. The conclusions of Enda Murphy and James E. Killeen in their study, "Transportation accessibility issues and the location of a national facility: the case for a new paediatric hospital to serve the Republic of Ireland" should be taken seriously. For example, they argue that:

"where the facility is to serve the national population and where the bulk of journeys to it will be by car, the results suggest that a strategic location on the west side of the city will maximise accessibility."

Another problem that flows from the proposed location is the question of car parking. With distressed parents seeking to visit sick children for long periods at a time, the cost of car parking in the hospital or around the city centre may be prohibitive for many.

(b) The other major problem with the Mater site in terms of location is the limited room for expansion. The McKinsey report estimated that with high population growth and low impact of productivity gains and other factors, there would be a need for 251 non ICU beds, 81 ICU beds for national tertiary demand and 248 ICU beds and 41 day care beds for Dublin's secondary needs or a total of 621 beds. The hospital planned for the Mater is a 445 bed hospital. By reference to the McKinsey report, that is clearly only enough beds to provide for a top quality tertiary hospital and most definitely could not cater for Dublin's secondary needs too. The proposed Urgent Care Centre for Tallaght for which planning permission has not even been sought yet is



very unlikely to make up the difference. It seems that this hospital that is at a lower budget than previously planned (€650m rather than €1bn) is already significantly smaller than what would be necessary.

Therefore, if it was to go ahead an expansion would be needed almost immediately, as has been the case for all of the major hospitals in Ireland over the last number of years. Given the youthful nature of the Irish population and the increase in the live birth rate, the application should only be considered seriously in my opinion on the basis of considering the question of significant expansion - whether there is room for expansion (which as a result of the city centre location is doubtful in my opinion) and the impact of that expansion.

Conclusion

The size of the hospital being applied for at the Mater along with the urgent care centre announced for Tallaght do not even come close to the needs for Dublin and the rest of the country identified in the McKinsey report.

The Mater site is not the most appropriate site for the proposed tertiary hospital for the reasons of location and the lack of space for expansion. In addition, the decision as part of this plan to close or seriously downgrade the other children's hospitals in the Dublin region poses a real threat to children's health.

Unfortunately, the decision to build the national children's hospital at the site in the Mater has still not been properly and thoroughly reviewed. I call for the establishment of a public review body which includes representatives of the many community organisations campaigning on children's health issues and the INMO and IMO to consider the best possible location for the tertiary national children's hospital.

Appendix 1. The chart from the McKinsey report that applies today

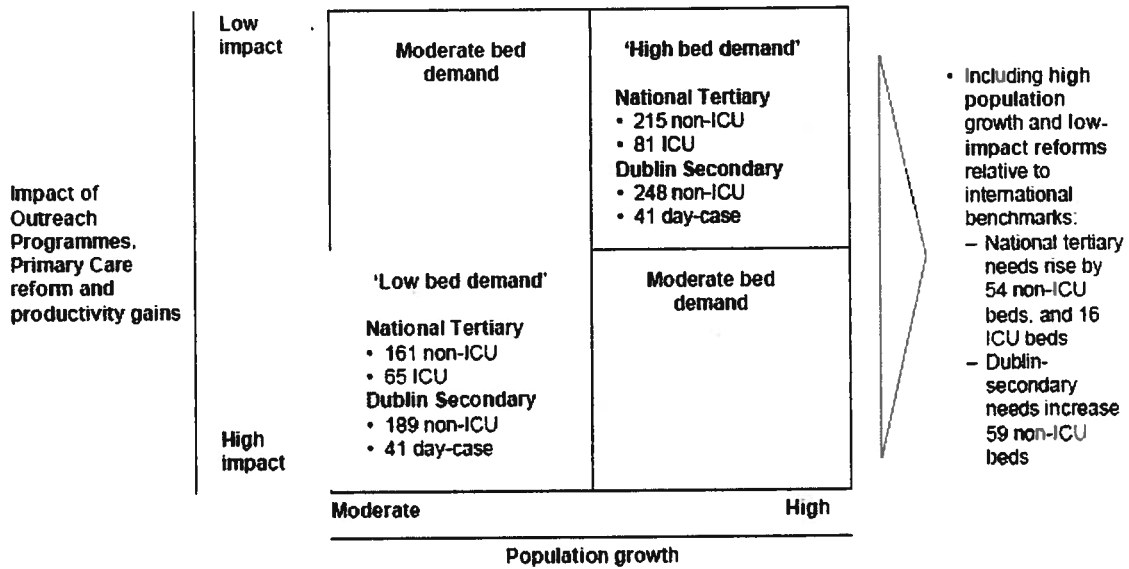
This allows for an improvement of 60 beds on actual 2003 HIPE (Hospital inpatient enquiries) data i.e. a productivity gain and we have had high population growth since 2006.

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CONSOLIDATION OF TRENDS WITH POPULATION GROWTH SCENARIOS

2020 impact

Largest demand scenario



Source: CSO, HIPE 2003, team analysis

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