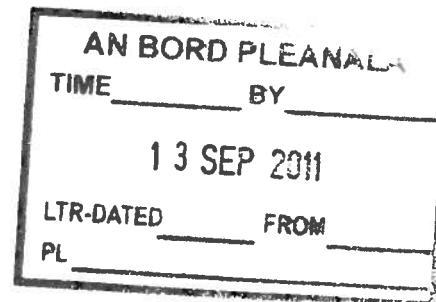




**Tallaght Hospital Action Group  
Submission to Bord Pleanala**

**SEPT 2011**

**RE: STRATEGIC INFRASTRUCTURE DEVELOPMENT  
SECTION 37E PLANNING APPLICATION FOR THE  
CONSTRUCTION OF A 392-  
BED IN-PATIENT PLUS 53 DAY CARE BED NATIONAL  
PAEDIATRIC HOSPITAL  
AT ECCLES STREET, DUBLIN 7, TO BE KNOWN AS THE  
CHILDREN'S  
HOSPITAL OF IRELAND (Ref: 29N.PC0103)**



The Tallaght Hospital Action Group, (THAG), is a community organisation formed in 1991 to lobby actively for the building of the AMNCH Hospital at Tallaght .The action group has a variety of members from the broad Tallaght and catchment area .We are not affiliated to any party political organisation. Many of our members are also part of other community groups involved in promoting and expanding community facilities in Tallaght and the surrounding areas, and some have extensive experience of participation in planning processes either in professional or voluntary capacities. During the last 20 years the action group has been involved in trying to expand and improve the facilities the Hospital provides to an ever increasing population in its catchment area.

The plans for reconfiguration of paediatric hospital services, as envisaged, will seriously impact sick children in the Greater Dublin area and beyond. The downgrading or rather dismantling of the National Children's Hospital and its replacement by a very limited 'Urgent Care Centre' and the complete closure of Our Lady's Hospital for Sick Children at Crumlin will leave the south side of Dublin and the wider catchment areas of Wicklow and Kildare with no fully functional A+E department and no overnight beds for sick children.

We do not oppose the principle of a re-organisation of paediatric hospital care but we question the deeply-flawed proposals for its implementation and the defective manner in which these proposals were formulated. We also express our concern that the emphasis by the NPDB appears to be on developing the site at Eccles St while there is very little apparent progress on the site for the Urgent Care Centre and Ambulatory Care Centre at Tallaght. We would also like it noted that in the original planning document for paediatric hospital services (RKW 2007) that 3 UCC and ambulatory care units were perceived as being needed to cope effectively with the numbers of children requiring treatment. We have serious concerns over the ability of the new Children's Hospital to be located at the Eccles St site to accommodate the needs of sick children for the Greater Dublin area and the country.

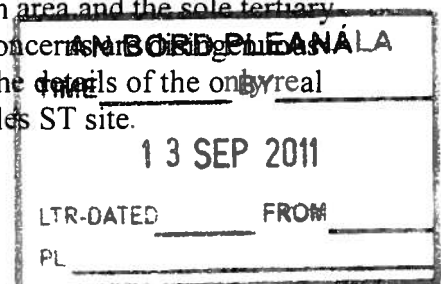
We are making this submission objecting to the granting of planning permission at Eccles St under 3 categories.

### **1. The numbers attending the hospital**

We will set out evidence which shows that under the planning procedures thus far there has been a serious under-estimation of the numbers attending the New Children's Hospital.

### **2. Access and Transport Issues**

There remain serious concerns over the capability of this inner city site to accommodate the sole 24 hour paediatric A+E facility for the Greater Dublin area and the sole tertiary paediatric facility for Ireland. The attempts to rectify these concerns are inadequate and do not stand up to independent scrutiny. We will set out the details of the only real independent study in to the access issues surrounding the Eccles ST site. These will be set out below.



### 3.Expansion Capacity

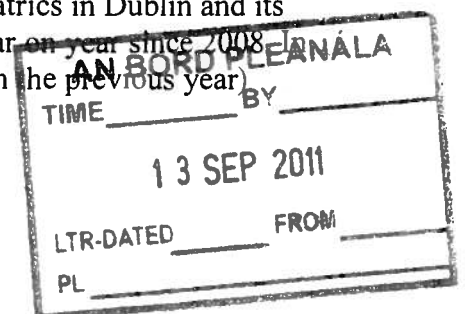
All the major hospitals in Ireland have required increases in capacity over the last number of years. This is especially evident in the Dublin area. The Mater hospital is a case in point with major upgrades required to deal with an ever increasing catchment area. This will be the case in the New Children's Hospital also. The site at Eccles St will not have the capacity to deal with any additional upgrade into the future .This will be further explored later in this submission.

### Numbers attending new hospital.

There has been a serious under-estimation of the numbers that will attend the new hospital. The RKW planning report and subsequent reports from the NPHDB have stated A+ E attendances of 122,000 annual attendances to the Eccles St A+E and the UCC in Tallaght in 2021. This is the only 10,000 more than attended the three children's hospitals in 2005 (this figure of 110,000 quoted in the RKW report).

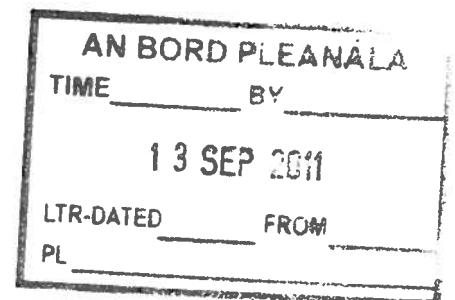
We dispute these figures based on

- The "State of the Nations Children's" (1) report published by the Department of Health and Children (21/12/10) shows that Ireland remains unique in the EU countries as having 24.8% of the population under the age of 18. This is the highest figure within the EU and we would contend that considering this unique status, international best practice comparisons in the planning of this single paediatric hospital to deliver all inpatient hospital care should be regarded as questionable.
- The CSO statistics (2) have shown an increase in the live birth rate consistently over the last number of years. In 2006 alone there was an increase of 9% and was the highest rate in 27 EU countries. This has led the Department of Education to plan to provide 100,000 extra school places over the next 10 years. The largest increases in the birth rate has been in the greater Dublin area especially Dublin North, Dublin South West and in Kildare and Limerick. This rise in the birth rate will all increase the demand on emergency care for paediatrics in Dublin and its immediate environs. A+ E attendances have increased year on year since 2008. In 2008 the numbers had increased by 5,000 attendances ( on the previous year) between the 3 children's hospitals.



- The CSO figures for 2006 show that circa 340,000 children will be served by one 24 hour A+E service. (See attached appendix No 1) With increasing birth numbers we expect the results of the 2011 census to show a higher number of children to be catered for at the sole A+E facility
- Figures from the Economic and Social Research Institute (ESRI), which were also released In June 2011 show Ireland has the highest birth rate in Europe at 17 per 1,000 of population.
- The Census data from 2011 has not been fully analysed as yet but in their preliminary findings report (3) shows that there has been a 5.3 per cent of the 2006 population over the five years. This was noted by the CSO as being “extremely strong by international comparisons”.
- The A+E department in Temple Street Hospital currently deal with in excess of 50,000 children annually. The attendances to the A+E dept in the New Children’s Hospital in Eccles Street and the UCC in Tallaght is planned by the NPDB to be in excess of 122,000 annually. The Irish Association for Emergency Medicine have raised serious concerns over this. In their publication “The Development of Paediatric Emergency Medicine” (4) published in Oct 2010 they state that due to many factors including the fact that parents are exceptionally risk adverse where their children are concerned that the attendance to A+E will exceed 80,000 annually, making the New Children’s Hospital the largest A+E department in the world.

The concerns over the potential numbers attending A+E will be further discussed under the headlines of access and the physical constraints of the site in Eccles St.

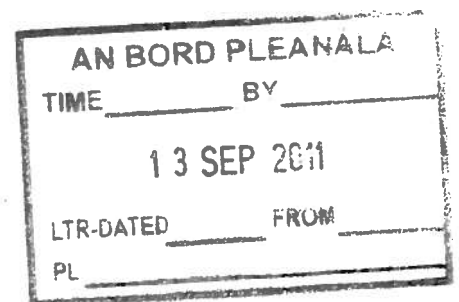


## Access and Transport Issues.

Many children will travel to the New Children's Hospital from outside the Greater Dublin Area. The Children's Hospital Alliance estimate that 60% of outpatient attendances will travel from areas outside Dublin. Many of these children will suffer from many complex medical conditions, may be immuno suppressed and may suffer from physical disabilities. While the addition of any public transport links to the area of Eccles St will be welcome it will be of no benefit to the travel arrangements of these children or their families. It is facile to suggest that an immuno suppressed child could travel on the Metro North to access the hospital. It has been stated that parents and children already access Temple St hospital for medical care and as such, access will not be problematic.

It should be noted at this point that the recently published Clinical review document (with appendices) (4) notes that the Tallaght site is "a built up area" and that it "could not accommodate a 40% increase in traffic". This is quite simply comical when you consider the built up nature of the city centre site that is Eccles Street and the increases in traffic that we will set out below. This casts the most serious questions over the veracity of the reports compiled and issued to the Clinical review team. We would at this point like to emphasise a vital point regarding access and transport.

The initial deliberations of the Joint task force from the HSE/DOHC were inconclusive in many ways on determining a site for the new hospital. This Joint Task Group commissioned the Small Area Health Research Unit (SAHRU) in Trinity College Dublin to undertake a study to identify travel times by public and private transport means, for both the national and local catchment populations. In the Clinical Review of the Eccles St site (4) however we see that "It was not possible for SAHRU as part of their report to undertake a statistical analysis of distance and travel times to the selected sites in the context of future transport developments. However the Joint Task Group decided, on the basis of the commentary in the SAHRU report in relation to future transport developments, that public transport developments would be likely to improve access via public transport means to all sites." This raises the utmost concern over the weight that was given to this report in the initial planning stages of the National Children's Hospital. In the current economic environment it is impossible to conceive large scale improvements in the public transport network. It must be noted that the availability of public transport is one of the cornerstones underpinning the viability of the development of the Eccles St site as the national Paediatric Hospital. The report that we will go on to quote in this section should therefore carry far more weight than any other research as it is based on the current transport system and not some perceived panacea to our well known Dublin City traffic quagmire.

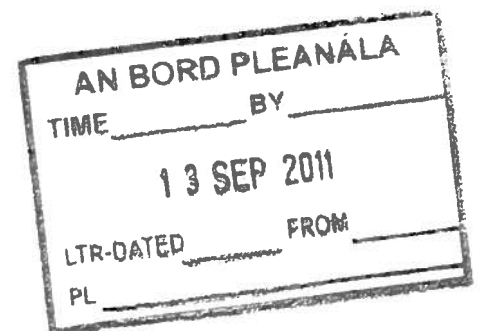


- The IAEM have stated that there could be in excess of 80,000 A+ E attendances which is an increase of 41%.
- 117,000 OPD attendances are planned for the Eccles St hospital. Temple St currently has 47,000 OPD annually. The OPD figure is a 59% increase.
- The inpatient figure (computed on inpatient bed figures at Temple St with its current 132 beds) will see an increase of 141%.

These percentages equate to sick children and their parents attempting to access Eccles St. Our concerns around **access** to the New Hospital must be taken in the context of the conditions that are anticipated as being treated in the Urgent Care Centre at Tallaght. These are listed in the report on urgent care and ambulatory care as being of a **minor nature only**. Page 53 states that minor burns, cuts, coughing and ear aches are among the conditions that will be dealt with in Tallaght. This will mean that significant numbers of acutely ill children and adolescents, or children for whom specialist diagnosis (let alone treatment) will **not** be available at the 'day centre' will face a nightmare journey across an increasingly congested city centre to the Mater site.

How effective, easy and rapid will this access be? Will conditions be as they are in 2011? The official response to this 'question' is that by the time the Hospital on the new Mater site is open, traffic infrastructure, (and particularly, public transport), will be such that access will be indeed easy and unrestricted. This is an example of what we have called **conditionality** – the assumption that certain essential pre-conditions will have been met. Anybody who has actually lived in, or traveled through, the Greater Dublin area during the last decade, and who has monitored, even in the most superficial 'lay' manner, the so-called planning of traffic infrastructural 'reform' in the area, would have little confidence that overall traffic conditions **will** improve dramatically during the next decade.

How many parents with **healthy** children have experienced situations in which they have effectively been marooned – with those children – in cars for hours in a conurbation which is vulnerable on a mega scale to the smallest 'snafu'? In February 2008 the city centre was effectively closed to traffic for several hours due to high winds causing roof tiles to be dislodged from Trinity College and due to a mechanical fault in the Port Tunnel - and its subsequent closure. The winters of 2009 and 2010 have shown us what the vagaries of the weather can do to the transport system around the country. St Patrick's Day, the Dublin City Marathon and indeed any big "match day" in Croke Park produces almost complete traffic meltdown within the capital. This is a vital consideration when remembering that the New Children's Hospital will have the only fully functioning Paediatric A+E service for the East Coast of Ireland.



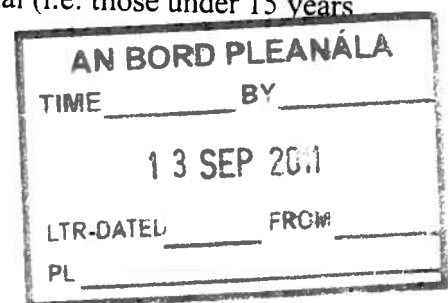
One of the 'minor' assumptions in the 'planning' process behind the current proposals is that parents will readily avail of **public transport** to convey their sick or injured children. These 'planners' have clearly never had to face the practicalities of getting a sick, cold, frightened and vulnerable child as quickly as possible to professional help. In fact, as both Tallaght and Crumlin Hospitals in their submissions to the HSE have stated, the majority of sick children actually travel by car. There is no reason to believe that this established (and understandable) behaviour will suddenly change.

Arguably, **nobody, [even those with technical expertise in the area,]** is in a position to make **an accurate and statistically 'probable' prediction as to the state and efficiency of the traffic infrastructure of the Greater Dublin conurbation, (or the City centre), say in 2013 or 2018.** Nor would we attempt here a clinical evaluation of the actual history of the attempts to address this problem. This process has taken place and is taking place in the context of an overall 'technical' culture in which, with massive expenditure and disruption, two entirely separate LUAS lines were constructed without a junction and facilities for direct passenger transfer. Achieving such a junction and extending light railway or tram public transport to the North side will now require a repetition of further massive expenditure and the unnecessary repetition of large-scale disruption. Much of this will – coincidentally – take place in and around or in the vicinity of the Mater site. And it will take place in an economic context in which large-scale public expenditure will be under review – and may be postponed, phased-down or delayed for years.

**Let us repeat:** The proposed single **day** centre at Tallaght will only treat 'minor' conditions – and only between 8.00 a.m. and 12 midnight. All other children, (including children with the most complex and maybe urgent medical needs) will be treated only at the Mater campus - **and these children WILL be transported to the new site by car.** Even if its availability, accessibility and efficiency could be guaranteed, these children will not, (and often could not), travel on public transport.

**N.B.** The RKW report on ambulatory care and Urgent Care Centres (page 36) gives the figures **per hour** of children that attend the three existing A + E departments in the three children's hospitals. These figures show that over **7,000** children currently attend south side hospitals between the hours of **12 midnight and 8am** – i.e. when the day (sic) centre will be closed. There are no proposals as to how emergency transport will be increased to accommodate this number of children.

An independent traffic and access study was produced by the Department of Geography at Trinity College, Dublin. The authors of the report have kindly given us permission to use their findings. It was published in 2007 and was undertaken using independently validated sources of information. The sources of the information used were derived from Dublin transportation models and the population figures were taken from the District electoral divisions. The study compared traffic and access relating to three Dublin hospital locations which were considered as locations for the New Hospital. The authors compared access relating to the forms of transport used to travel to the new hospital and the demographics of potential users of the hospital (i.e. those under 15 years and women aged between 15-35 years of age).



The study is called "Transportation accessibility issues and the location of a national facility: the case of a new paediatric hospital to serve the Republic of Ireland." (5) Published by Enda Murphy and James E. Killen. One of their key conclusions are that *"in choosing a location to serve the Dublin area only and where accessibility interpreted as minimisation of travel time is of overriding importance, a city location is best. However, 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"*

They also conclude that:

*"The percentage of the total population that is closest in terms of journey time by car to the Tallaght site is considerably greater than for the Mater site."*

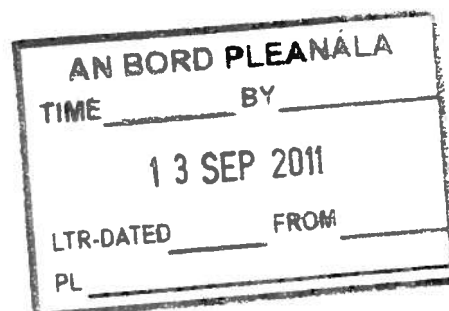
*"When the potential clients of the new hospital are considered, the figures for the Tallaght site are also considerably greater than for the Mater site."*

*"The results suggest that taking the population of the Republic as a whole, the Tallaght site is the most accessible. However, the significant secondary position of the Mater site suggests that as far as maximizing accessibility by car is concerned, there is an argument for splitting the new paediatric hospital between the Tallaght and Mater sites."*

*"in terms of access, the major finding of this study calls into question the decision to locate the new national children's hospital at the Mater site" and that "given the existing traffic conditions in the Dublin region and nationally, the importance of considering accessibility issues for all new major facilities cannot be overstated"*

The HSE/DOHC joint task force who ultimately made the decision on the location of the tertiary hospital does state that ease of access and transport is vital to the new children's hospital but fail to back up this statement. They do make reference to a transport study carried out by the Small area health unit at Trinity College but do not publish their findings. These findings are now available as quoted earlier and cast serious concerns over this initial and rushed report. Anecdotally we have gathered evidence of the length of time it would take to travel by all forms of transport to the new Children's hospital. These times vary from 1hr and 30 minutes to over 2 hours.

The issue of a **major incident response** which relied on a single A + E department cannot be ignored. If this major incident interfered with access to, or the functioning of the planned single A+E department the consequences would be catastrophic. Indeed in the Dublin context a major incident could refer to the Marathon or St Patrick's Day, a demonstration, a fire, or even civil disorder in the city centre, which would effectively close access through the City to the population on the south side of Dublin. The next port of call for an overnight bed for sick or injured children would then be in Portlaoise, Tullamore, Wexford or Drogheda.



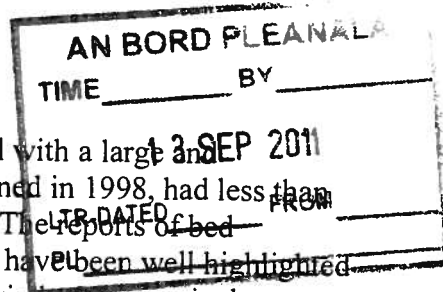


We have had conversations with the **ambulance service** who have expressed huge concerns over the safety of sick children who they will attempt to transport across the city – even under ‘normal’ conditions. They more than anybody are aware of the time factor in achieving access to diagnosis and treatment.

**Ongoing access** by outpatients and to inpatients: Hospital care is not exclusively ‘A+E’. Some ongoing conditions require outpatients to attend on a regular and/or frequent basis for treatment or monitoring - which may extend for years. Ease and speed of access are an issue for them and their parents. An issue of considerable concern to us is that the **age cohort** of inpatients as given in the report on the framework brief (Page 12) shows that **48% of children in hospital as inpatients are under the age of 4 years.** (Indeed **70%** of children are **under the age of 9.**) The report on numerous occasions speaks of care as close to home as possible, which we would strongly support. The need for the parents to be able to take turns in the care of their sick children and family members to relieve parents or guardians while a child this young is in hospital is invaluable. The travel times involved traversing the city from locations as far as Wicklow or Kildare or even from Tallaght will be considerable and this kind of support will not be available to many parents in contemporary socio-economic conditions.

### Expansion Needs.

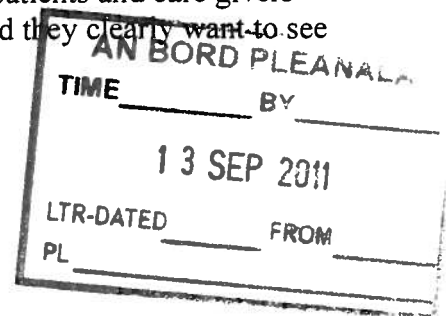
Tallaght Hospital, when planned was to have 700 beds, to deal with a large and expanding population catchment area. The hospital, when opened in 1998, had less than 520 beds. In 2011 the hospital now has in excess of 600 beds. The reports of bed shortages compared to patient throughput in Tallaght Hospital have been well highlighted in the media. Tallaght Hospital was planned and built in a period of economic downturn. It is our contention that a similar situation exists with the New Paediatric Hospital. On the Tallaght Hospital complex there, thankfully, has been the space to expand the hospitals facilities. This is not replicated at the Eccles St site. Indeed, most of the Hospitals in the Greater Dublin area have expanded their existing facilities. This is most evident at the Mater Hospital, itself, with an extensive improvement required in all areas, including increasing bed numbers and an increase in capacity of the A+E Dept. We contend that the bed numbers planned for the New Children’s Hospital will be inadequate.



The recently completed Clinical Review of the project stated that the hospitals height should be capped at 16 stories. It also raised concerns over development of research facilities and a genetics department. Both of these are seen a KEY elements to a Tertiary Paediatric Hospital. Major concerns were expressed about the ED department, radiology, patient flow and “vertical alignments”. These would seem to be major components of any hospital. The development of the UCC/Ambulatory Care centre at Tallaght was quoted as being an integral part of the plan for Paediatrics and yet no planning permission has been lodged for this. The review team also stated that. It has been reported in the media that this clinical review proffered unequivocal support of the project and yet the review reported that **“it is clear that there is an urgent need to review certain aspects of the programme.”**

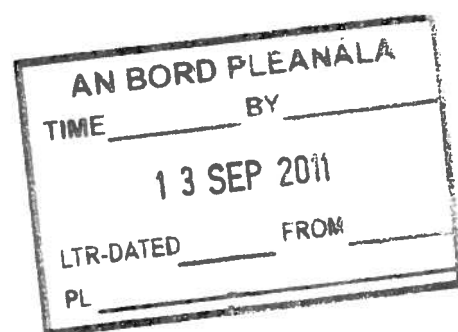
- Clinician engagement with, and understanding of, the model of care for paediatric services.
- Communication – to the public, to patients, and to staff – of the issues around access to the NPH on the Mater site.
- The development of plans for helicopter access.
- The scope and role of the Ambulatory and Urgent Care Centre at Tallaght.
- Plans for the future direction of research and education functions at the NPH.
- Some elements of the proposed NPH design.
- The role of ICT in supporting the integrated model of care.
- The relationship between the NPH and the Genetics Service.

Totemic buildings cannot of themselves deliver great, not even adequate, healthcare. The clinical review states that “The component parts of this health system, working in a coordinated manner, are to provide comprehensive paediatric health services, locally where possible, and centrally when critically ill children need a variety of speciality expertise. It should also be cost effective, allow for growth of specific services when needed, and also provide for significant opportunities for research, academic development and fundraising opportunities for the future benefit of child health across Ireland. The above represents the current level of aspiration. However, the clinical model of care does not appear to be fully understood by some of the stakeholders.” It should be noted that we were NOT included in the clinical review process. This is despite having being part of the “consultation process” with the NPDB. One must therefore question the statement made by the review team on its consultations with patients and care givers “parents are passionate and committed to the NPH project, and they clearly want to see early progression on the current selected site.”

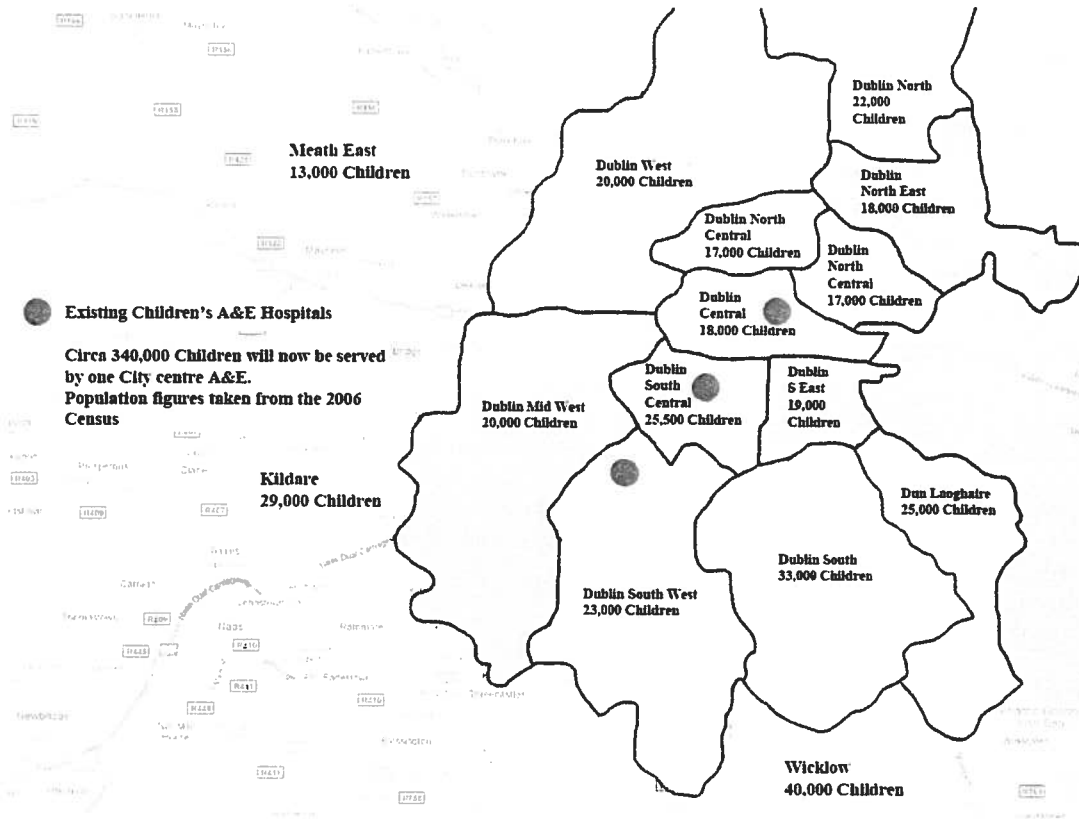


The journalist Breda O'Brien, in an article on this controversial project said "Fear of being left with nothing is understandable, but the fear of not developing the best facility to serve our children should frighten us much, much more....." This encapsulates our concerns over this project. There is much in this plan has been hurried and ill conceived. There are huge elements that appear to have not planned through at all. The retention of additional services on the south side of the city to deal with huge numbers of paediatric hospital attendances have been at best ignored or at worst been submerged in a medico politico struggle. THAG represent parents and children. We find such wrangling to be deplorable. We confirm our support for the development of paediatric hospital services at Eccles Street. However if the Mater development goes ahead as planned, serious emergencies within the Greater Dublin Region (GDA) will face unacceptable transport time risks; access and travel times from outwith the GDA will be unjustifiably prolonged for many sick children in need of tertiary care, while car parking with only one third of the internationally recommended number of spaces on the Mater campus, will remain a constant and expensive nightmare for staff and parents. A proper Model of Care – based on children's needs, not on a pre-chosen site's capacity – must be the foundation stone of a workable NPH. This would be designed to be responsive to future needs, with space to expand and embrace new technologies in the 21st century, thus fulfilling what should be the NPH's imperative, to ensure 'best outcome and best experience' for sick children and their families over the next century

- (1) [http://www.dohc.ie/publications/pdf/state\\_nations\\_children.pdf?direct=1](http://www.dohc.ie/publications/pdf/state_nations_children.pdf?direct=1)
- (2) <http://www.cso.ie/newsevents/ReportonVitalStatistics2006.htm>
- (3) <http://www.cso.ie/census/documents/Prelim%20complete.pdf>
- (4) [http://www.iaem.ie/images/stories/iaem/publications\\_position\\_statements/2010/the\\_development\\_of\\_paediatric\\_emergency\\_medicine\\_in\\_ireland\\_as\\_agreed\\_with\\_hse\\_metr\\_fprcpi\\_october\\_2010\\_final.pdf](http://www.iaem.ie/images/stories/iaem/publications_position_statements/2010/the_development_of_paediatric_emergency_medicine_in_ireland_as_agreed_with_hse_metr_fprcpi_october_2010_final.pdf)
- (5) <http://irserver.ucd.ie/dspace/handle/10197/2994?mode=full>
- (6) [http://www.dohc.ie/publications/pdf/NPH\\_vol2\\_AppendicesInc.pdf?direct=1](http://www.dohc.ie/publications/pdf/NPH_vol2_AppendicesInc.pdf?direct=1)



appendix No 1



This submission was written by Triona Murphy and submitted on behalf of the Tallaght Hospital Action Group.

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