

# Getting on



## MISSION STATEMENT:

"We believe that old age should be honoured unconditionally, that it should

- defend itself,
- retain its rights,
- subordinate itself to no one and
- rule its own domain to the last breath."

Summer 2005

The Newsletter of the IRISH ASSOCIATION OF OLDER PEOPLE - a national voluntary organisation

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Older people are "sick to death of being told by people half their age what it feels like to be sixty plus"

## EDITORIAL

In the wake of the debacle over the illegality of charges made by Health Authorities in respect of inpatient services for those in long term care, coupled with the Prime

Time expose of appalling standards of health and social care services, many older people now view their future with fear and a deep sense of foreboding. Confidence in the will or capacity of those who govern to address and do

something practical about these fears is at an all time low. There is a feeling also that much of the labour which has gone into generating trust in partnership and consultative processes has been dissipated.

This is particularly disappointing for older people who have actual experience of the social and economic damage and the long term negative effects which adversarial approaches have had on Society generally.

Older people are suffocating from endless research documentation, and most of all are sick to death of being told by people half their age what it feels like to be sixty plus.

In a population of 4.1 million people, 10% of whom are over sixty five and 5% of whom will require long term care, the estimated duration of which on average is three years, and an economy the envy of our European Partners, it should not be an insuperable task to address in a civilised manner the needs of the frail and vulnerable i.e. those who are generally voiceless and, once out of sight,

**"an economy the envy of our European Partners"**

apparently are often also out of mind.

Media attention has tended to focus on the immediate and to distract from the more important issue of how, in the long term, we as a Society propose to fund and deliver institutional care. The choices have been clearly set out in The Mercer Report and we eagerly await the Inter Departmental Committee recommendations on the identified options i.e.

- (1) Private Savings including Residential property,
- (2) Private Insurance,
- (3) Public tax-based finance,
- (4) Social Insurance.

In a recent national newspaper article, The Ombudsman, to whom older people are indebted for ensuring the resolution of some gross injustices in pension regulations and also for the much publicised report on health inequities, illustrated the dilemma facing many families - family members being placed in nursing homes only when they had become so ill that not even assisted homecare could meet their needs - all with medical cards, entitled to public care but with no public bed available forced into private nursing homes with fees up to 3,500 euro per month. There is also the proposed increase of

12.5% in V.H.I. premiums with the threat to community rating because of the age profile of contributors, i.e. the thrifty young of the fifties and sixties providing for their future health care needs are



**"...behind every paper, every process and every plan, there are people and patients."**

*Minister Harney*

now to be further penalized.

Added to this is the recent report of The Chief Executive Officer of The League of Credit Unions in which he pointed out that a figure of thirty million euro had been borrowed to meet medical needs.

The main reason given by people seeking loans was to pay for procedures such as heart surgery, hip replacements, knee and eye surgery, consultant and outpatient fees.

"These are ordinary people struggling to get a decent

and timely medical or dental service, whether social welfare recipients, low earners or financially squeezed middle class families." People, he said, could no longer endure the delay of public waiting lists.

Relating what people are saying of their actual experience to published Strategies and Action Plans one is reminded of Groucho Marx's famous remark "Who are you going to believe? Me, or the evidence of your own eyes".

It is important to record that there are some Centres of Excellence, many dedicated and committed Medical and Nursing staff battling for years against the odds. The courage of the Tanaiste and Minister for Health in grasping the nettle in relation to illegal charges must also be acknowledged.

In a recent interview the Minister stated; "With the complexity of all the administrative reforms in health, we might sometimes lose sight of the driving purpose. It comes down to this: behind every paper, every process and every plan, there are people and patients."

In all our interests we need to resist the temptation to engage in the blame game and in the words of Tom Kettle to seek to "be disillusioned with disillusionment" - for older people, hope still springs eternal.

# Home heating grants

older people prefer to "age in place"

In the knowledge that the preferred choice of older people is to "age in place" in their own homes, last year the Association made representations to Mr. Noel Ahern, Minister of State at the Department of the Environment and Local Government acknowledging that a more systemic approach in addressing the Older Persons' Agenda was beginning to emerge, e.g.,

1. information services now being provided locally by Comhairle,
2. age discrimination provisions in equality legislation,
3. the inclusion of older people in the Local Consultative Fora within the reformed system of Local Government,
4. the inclusion of older people as a target group by the Combat Poverty Agency, and
5. the myriad of local and regional organisations addressing issues relating to social exclusion now also including older people as a target group.

Most importantly for frail and vulnerable older people, glimpses of holistic community based health and social care services regretfully very patchy, but where in operation are proving a godsend for those whose wish it is to live as independently as possible.

The Association, however, suggested to the Minister that in the area of the built environment much could be done. It suggested that a system should be put in place for rapid progression of refurbishment grants, for older people "time being of the essence."

Also the development of a statutory framework in relation to Equity Release Schemes about which we have already written in detail, the aim being to protect the capital assets of elderly home owners and at the same time provide some liquidity for home refurbishment such as:

1. the installation of efficient heating systems,
2. the provision of modern and convenient bathrooms and information technology for those experiencing immobility.

We are pleased to note that a scheme to grant aid the installation of heating, funded, we understand by Minister Ahern's Department and administered by The Health Service Executive, is now in place. For further information, Area Contact numbers within The Executive are as follows:-

**HSE North Eastern Area** - Mr. Geoff Day, Assistant CEO/Community Services - 0469280567

**HSE North Western Area** - Ms. Bernie Hyland, Assistant CO Community Services - 0719820424

**HSE Midland Area** - Dr. Phil Jennings, Director of Public Health and Planning - 050621868

**HSE Mid Western Area** - Mr. James Conway, Programme Manager - 061483507

**HSE South Eastern Area** - Mr. Tom Byrne, Regional Manager - 05067751702

**HSE Southern Area** - Mr. Dave Drohan, Programme Manager - 0214923818

**HSE Western Area** - Mr. Frank Murphy, Regional Manager SFOP - 091775409

## New from the HSE

Have you heard about the new GP Visit Card? This is a new initiative providing free access to the Family Doctor. Those who are eligible will be able to visit their General Practitioner (GP) without charge, and eligibility is by a means test. Information is available at your local HSE Health Centre or on website [www.hse.ie](http://www.hse.ie).

There are also changes to the financial guidelines for the Medical Card which means more people are eligible. This information is also available at your local HSE Health Centre or on website [www.hse.ie](http://www.hse.ie). Persons aged 70 and over are entitled to a medical card regardless of their income.

# Lack of capacity to meet demand

## *Over-seventies medical card holders - waiting lists, queries re entitlement*

The main services to which standard medical cardholders e.g. over seventies have a statutory entitlement to are:

1. Free G.P. Services.
2. Free prescribed drugs and medicines.
3. Free inpatient and outpatient public hospital services.\*
4. Free dental, ophthalmic and aural services.
5. Free public health nursing services.

As the debate about the distinction between entitlement and eligibility remains unresolved the practical problem for public patients attempting to access these services is that the system lacks the capacity to meet demand and it is not always clear what services are provided as a right or on a discretionary basis.

The recent experience of three members illustrates the point:

An **eighty year old diabetic patient**, housebound recovering from a hip fracture - no chiropodist available to make a house call - in desperation out of her social welfare contributory pension paid a fee of 50 euro for private care and presumably will be obliged to continue to pay for private care. Many of those using this service when it is available under the public system are obliged to contribute a subsidy of 5 euro or 10 euro per session to the provider. There is a need for a standardised and formal policy in relation to this practice.

An **elderly person with a history of psychiatric illness** managed within the community with informal family support for almost forty years, following the death of the main family carer, required to be seen by a psychiatrist as a matter of urgency. Family was advised that as a public patient there was a three month waiting list. "We had a whip around within the extended family and have an appointment this week as a private patient" - so much for the rhetoric of needs led and person centred services - the reality for low income vulnerable older people is a different story

The third patient, a **seventy six year old with a broken hip** waited on a trolley for four days- no need to recount the experience, we are hearing it every day. The one consolation was "the medical and nursing staff could not have been kinder".

*\*subject to long stay maintenance charges "such weekly rate shall not exceed 80 per cent of the maximum of the weekly rate of the old age (non-contributory) pension within the meaning of the Social Welfare Acts."*

*The distinguished Cardiac Surgeon Maurice Nelligan recently confided in the Irish Times the fact that his wife presented him with a pedometer, a simple inexpensive device for recording the number of steps we walk daily. Mr. Nelligan can now measure various walks in Dublin and Kerry because "the bloody thing is making me obsessive".*

*Sloth, he says is appealing and pernicious but it is very important to keep muscles and joints exercised - stairs instead of lifts - walk to the shops. Sleep, appetite and peace of mind are the beneficiaries.*

*"I am talking of activity levels that many people of my generation aspire to, not those gaunt figures that inhibit gymnasiums - exercise is clearly good for you and common sense and group example are best guides as to how much".*

*"This isn't about living forever, but it is about retaining your mobility and with it, hopefully, your independence for as long as possible".*

# Health care - rights and responsibilities

European Charter -patients lie at the heart of all care services.

*A recent review of the European Charter of Patients' Rights undertaken by Dublin City University on behalf of the Patients' Association contains a number of important recommendations which in light of recent events may prove pertinent and merit urgent consideration of all stakeholders, most importantly, users of the health and social care system.*

The European Charter serves to remind all Health Care Professionals and administrators that patients lie at the heart of all care services.

The Review points out that before promoting any particular patient's rights, careful consideration will need to be given to the facts that



**Members of Society cannot insist on services and simultaneously refuse to pay for them.**

## INTERESTING PUBLICATIONS!

**The Third Age Handbook**, edited by Anne Dempsey, a guide for older people in Ireland, Publishers, The Liffey Press, Ashbrook House, 10 Main Street, Raheny, Dublin 5., [www. the Liffeypress.com](http://www.theLiffeypress.com) Tel: 01.8511458 Fax 8511459

**Caring Options for Older People** - "Essential information to help us make decisions which are right for us". Produced and published by The Family Life Centre, St. Brigid's Parish, Cabinteely, Dublin 18 available also at Veritas 7-8 Abbey Street Lower Dublin 1 Tel: 01 8788177 Fax 8744913 [www.veritas.ie](http://www.veritas.ie)

**Reflections for the Golden Years** - Angela MacNamara - Veritas. In Reflections for the Golden Years, Angela MacNamara offers a light-hearted and accessible look at the benefits as well as the trials and tribulations of growing older.

1. Health care exists in a real world context i.e. while a right to access health care services can be welcomed , the responsibility to pay for them lies somewhere. Members of Society cannot insist on services and simultaneously refuse to pay for them. Patients have a responsibility to protect their health and make healthy lifestyle changes. Health Care Professionals have a responsibility to use resources wisely and policy makers should avoid strangling democracy.

2. A rights based approach must take care lest we drift into an adversarial approach. The interconnection of rights and responsibilities, duties and privileges should remind everyone that health care reform is not about them and us.

3. If rights become tools by which to attack professionals or the services themselves, practice will become defensive and this will not be good for patient care.

## Health Care Rights and Responsibilities- Contact Person -

Donal P. Mathuna Ph.D.  
School of Nursing,  
Dublin City University,  
Glasnevin, Dublin 9

### Supreme Court Decision - Charges for in-patient services.



In the course of its judgment on the constitutionality of the Health (Amendment) (No. 2) Bill 2004 relating to the imposition of charges for inpatient services for those in institutional care, the Supreme Court stated inter alia "the Court naturally does not have the benefit of evidence regarding the actual circumstances in which individual patients paid charges levied by Health Boards without lawful authority. It is in a position, nonetheless, to draw sufficient inferences from the legislative history and the common experience of all members of our society.

While we were informed that some patients protested at having to pay charges, it seems highly unlikely that having regard to the category of persons involved, this happened to any significant extent, the patients in question necessarily being the most vulnerable section of Society. They are for the most part old or very old; they are in many cases, mentally or physically disabled; they are also, very largely in poor financial circumstances. They are most unlikely to have been aware of the provisions of the Health Acts or their rights to services or the terms on which they are provided."

"The Court concludes that a requirement to pay charges of the nature provided for in the bill could not be considered as an infringement of the rights asserted by Counsel." Thus providing a legal basis for future charges for inpatient services.

"In relation to the retrospective provisions of the Bill abrogating the right of persons, otherwise entitled to do so' to recover monies for charges unlawfully imposed upon them in the past for the provision of certain inpatient services, the Court considered that the right to recover monies for the charges thus imposed is a property right of the person concerned which is protected by Article 43 and 40.3.2 of the Constitution.

The Constitution in protecting property rights does not encompass only property rights which are of great value. It protects such rights even when they are of modest value and in particular, as in this case, where the persons affected are among the most vulnerable sections of society and might more readily be exposed to unjust attack."



### Vulnerable Adults and the Law.

The Law Reform Commission is an independent statutory body whose main aim is to keep the law under review. It is presided over by The Hon. Mrs Justice McGuinness of the Supreme Court.

The Commission has published two consultation papers of particular interest to older people, Law and the Elderly and more recently Vulnerable Adults and the Law

The paper on Law and the Elderly made provisional recommendations concerning legal mechanisms for the protection of older people including a new substitute decision-making regime for the appointment of family members and friends to engage in assisted and substitute decision-making where an adult lacks capacity to make a decision. The consultation paper also recommended the establishment of an Office of Public Guardian as a supervisory authority.

Following the publication of the Consultation Paper on Law and the Elderly, the Commission held a Public Seminar. On the basis of views expressed at the Seminar and submissions received, the Commission made the decision to prepare and publish a second consultation paper which would focus on legal capacity issues relevant to all adults with limited decision making, not just older adults.

Submissions on the provisional recommendations are welcome and should be submitted before 31st August 2005.

Email to [info@lawreform.ie](mailto:info@lawreform.ie) or post to:

The Law Reform Commission,  
35 -39 Shelbourne Rd.,  
Ballsbridge, Dublin 4

# Improvements to the Respite Care Grant

*All your questions answered!*

In recognition of the contribution made by carers to Irish Society, the Department of Social and Family Affairs has extended and increased the payment of the Respite Care Grant to all carers providing full-time care and attention. The grant is now paid irrespective of means but is subject to certain employment related conditions and the provision of full-time care

## **Does the new arrangement affect people who already get the grant?**

NO - as in previous years, payment of the grant will be made automatically to carers who are getting Carer's Allowance, Carer's Benefit, Prescribed Relative Allowance, Domiciliary Care Allowance or where a Constant Attendance Allowance is in payment. Such people do not need to apply for the grant.

## **Who will now get the grant?**

If you are not already getting the grant under one of the existing schemes you will qualify for the grant if you, as the carer:

*Do not work outside the home for more than 10 hours a week,*

*Are not getting or entitled to Unemployment Benefit or Unemployment Assistance,*

*Are not signing for Unemployment Credits,*

*Are providing full-time care and have done so for at least six months or expect to do so for at least six months.*

This six month period of care must include the first Thursday in June (2 June 2005).

## **What does providing full-time care mean?**

The person you are caring for needs continuous supervision and frequent help throughout the day with their personal needs, such as walking and getting about, dressing, washing, eating and drinking or needs continuous supervision to avoid danger to themselves. Their doctor must complete a medical report which is part of the application form., This report will give details of the incapacity.

## **What if I do not live with the person I am caring for?**

There must be a direct system of communication between your home and that of the person for whom you are caring, for example, a telephone or alarm system, and the person for whom you are caring must not be getting full-time care in their own home from another person.

## **How do I apply?**

If you satisfy the conditions set out above you should complete a Respite Care Grant application form (RCG I). If you are caring for more than two people you must complete an RCG I(a) for each additional person and attach it to your completed RCG I.

## **When and where can I get an application form?**

From early May, forms will be available from the usual locations -

- Local Social Welfare Offices
- Citizens Information Centres
- On the internet at [www.welfare.ie](http://www.welfare.ie)
- LoCall Leaflet Request Line on 1890 202325

· Respite Care Grant Section at (01) 6732222

If you need help completing your application form, staff in your local Social Welfare Office or in Respite Care Grant section are available to answer any queries.

## **Where do I send my completed application form?**

Respite Care Grant Section  
PO Box 10085 Dublin 2

## **How much will I get?**

You will receive 1,000 Euro for each person receiving care. The grant is paid by cheque.

## **When will I receive the grant?**

As mentioned above, the key date for qualifying for the grant is 2 June 2005 and the six month period of care must include this date. Payments can only issue from then. If you qualify, the date you get your payment will depend upon the number of applications received. The Department will make every effort to pay the grant as quickly as possible after receipt of qualifying applications.

## **Remember!**

If you are caring for someone in your home you may be entitled to Homemaker's Credits as part of the Homemaker's Scheme even if you are not in receipt of Carer's Allowance or Carer's Benefit. These credits can help you to qualify for an Old Age (Contributory) Pension when you reach age 66. See SWI leaflet for details or contact your local Social Welfare Office or the LoCall Leaflet Request Line on 1890 20 23 25.

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*The Olympic Council of Ireland has launched its Get Moving programme, aimed at helping to get people to adopt a healthier lifestyle by introducing at least 15 minutes of exercise into their daily routine.*

*The Programme is multifaceted, incorporating a website, roadshows, a national Get Moving Week and informative booklets, designed to help people start exercising.*

**with a "free, tailor-made exercise programme"**

*The programme features a range of simple exercises and activity tips, specifically designed by a team of health experts for the faster pace of modern living.*

*Those interested can log on to [www.ocigetmoving.com](http://www.ocigetmoving.com) where they can receive a free, tailor-made exercise programme which the organisers say is "designed around your own goals, levels of fitness, personal circumstances and working environment".*

**Mend a quarrel**  
**Seek out a forgotten friend**  
**Share some treasure**  
**Give a soft answer**  
**Encourage youth**  
**Keep a promise**  
**Find the time**  
**Listen**  
**Apologise if you were wrong**  
**Be Gentle**  
**Laugh a little**  
**Laugh a lot more**  
**Express your gratitude**  
**Welcome a stranger**  
**Gladden the heart of a child**  
**Take pleasure in the beauty**  
**And wonder of the earth**  
**Speak your love**  
**Speak it again**  
**Speak it still once again**



Please contact us with your reactions to the issues of importance to you raised in this newsletter, or any other matter of importance to you.

## THE IRISH ASSOCIATION OF OLDER PEOPLE

**Room B15**  
**University College**  
**Earlsfort Terrace**  
**Dublin 2**  
**Tel/Fax: 01 4750013**  
**Tel: 01 4750071**  
**Email: iaop@oceanfree.net**  
**Website: www.olderpeople.ie**      **NEW!**

## THE IRISH ASSOCIATION OF OLDER PEOPLE

SOME REASONS WHY YOU SHOULD JOIN:

The Irish Association of Older People is a national voluntary and membership based organisation of older citizens.

The main objectives of the Association are:

- to serve as the direct voice of older people;
- to campaign on their behalf;
- to serve as an information centre;
- to provide a forum for them to act as a social force;
- to afford an opportunity for debate and action

The Association networks with local, national and issue driven groups, and actively participates in transnational projects within the European Union, to help formulate policies and best practice for the betterment of older people.

The Association is administered on a voluntary basis.

Membership is open to all and the annual subscription is €10.

## MEMBERSHIP APPLICATION FORM

I would like to join THE IRISH ASSOCIATION OF OLDER PEOPLE and I enclose the annual membership fee of €10.00



Name (block letters please):

Address:

  


Telephone:

Email:

Date:

Signature:

Please detach and send, along with a cheque/ bank draft in the amount of €10.00, to:  
 The Irish Association of Older People, Room B15, University College, Earlsfort Terrace, Dublin 2.