

# The Network of Establishing GPs

## Spring Meeting Series

### March 2013

“Personal Financial Management”

*A Pot Pouri* of Topics

# MEETING OUTLINE

- ❖ Personal financial management
- ❖ Employment within General Practice (RBK slides)
- ❖ Incorporation for locums
- ❖ FEMPI cuts
- ❖ What HIQA may bring
- ❖ Money saving measures in practice



# Personal Financial Management

# PERSONAL FINANCIAL MANAGEMENT

- ❖ Income protection
  - ❖ Accident & sickness
- ❖ Critical illness cover
  - ❖ Sickness
- ❖ Life & mortgage cover
  - ❖ Death



- ❖ Retirement income provision including pensions

# INCOME PROTECTION

- ❖ Permanent Health Insurance (PHI) or Salary Protection
- ❖ Replaces your income
- ❖ Employed full time or self employed
  
- ❖ How would your standard of living be if you were unable to work?
  
- ❖ Out of work sick for three months
- ❖ Single person – €10,192, family of four – €19,661
- ❖ With no alternative income, could you maintain your lifestyle?

# INCOME PROTECTION – WHAT IS PAID?

- ❖ Up to a max of 75% of your income
- ❖ Less State benefits or other income protection plans
- ❖ Until you are able to return to work or reach retirement age
  
- ❖ Partial benefit
  
- ❖ Range of deferral periods
- ❖ Payments activate once you have been unable to work for the specified time period, i.e. the deferral period

# INCOME PROTECTION – OTHER THINGS TO NOTE

- ❖ Tax relief can be claimed
- ❖ Job changes / redundancy – cover may continue
- ❖ Working abroad – full cover in the EU
- ❖ Rehabilitation support – aim is to get you back to work
- ❖ Multiple claim facility

# COST OF PROTECTION AND CAVEAT EMPTOR

- ❖ Cost depends on multiple factors
- ❖ Reduce premiums by extending the deferral period
- ❖ “Own occupation” cover
- ❖ Appropriate level of income
- ❖ Review every few years
- ❖ Avoid over or under insurance
- ❖ Understand exactly what is, and isn't, covered



# THE DEFERRAL PERIOD

- ❖ Vitally important to select appropriate period
- ❖ Wide range – from day 1 cover to 52 weeks deferral period
- ❖ Locums / self-employed – consider day 1 cover, may have savings
- ❖ Assistant – how long would your employer pay you if you were sick?
- ❖ Public sector – full pay 6/12, half-pay 6/12 – 26 or 52 weeks
- ❖ GMS sick leave entitlements

# CRITICAL ILLNESS COVER

- ❖ Serious Illness Cover / Specified Illness Cover
- ❖ Tax free lump sum – no tax relief available on premiums
- ❖ Very strict and restrictive definitions of “critical illnesses”
- ❖ Know the details inside out before signing up
- ❖ Do NOT confuse with income protection
- ❖ Don't base on price alone
- ❖ Review from time to time

# LIFE COVER

- ❖ Once off tax free lump sum
- ❖ On death within specified time
- ❖ Benefit of dependents
- ❖ Differing types – single, dual, joint
- ❖ Term Cover and Life Long Cover
- ❖ Varying requirements depending on life stage

# MORTGAGE PROTECTION

- ❖ Mortgage Life Cover or Mortgage Protection
- ❖ Lump sum payment to clear mortgage
- ❖ Joint-life, first death basis
  
- ❖ Similar to Life Cover BUT reduces year on year
- ❖ With interest only mortgage cover must stay the same
  
- ❖ Cheap, popular but the minimum
- ❖ Not a requirement for investment properties
  
- ❖ Essential to have Mortgage Cover for new or re-mortgages

# RETIREMENT PLANNING - PENSIONS

- ❖ Special type of savings plan, cannot dip in before retirement
- ❖ Advantages
  - ❖ Replacement income and financial security
  - ❖ Generous tax reliefs and a generous tax free lump sum
  - ❖ Flexibility in management
  
- ❖ We need to be able to afford to keep living after work!!!!
- ❖ Basic state pension (currently €11,967 pa)
- ❖ HSE pension / GMS pension
- ❖ Personal pension – the earlier you start the better
- ❖ Rental income, investments – value may go down!

# TYPES OF PENSIONS

- ❖ Personal Pension Plans and Personal Retirement Savings Accounts (PRSAs) – self employed / no occupational pension
  
- ❖ Company / Occupational Pension Scheme
  - ❖ Payments (you and employer) are invested into funds
  - ❖ Money in fund(s) used to buy annuities
  - ❖ Annuities provide income which is taxed
  - ❖ Can take once off tax free lump sum
  - ❖ Need to be aware of fund performance
  - ❖ Independent financial advice

# INCOME TAX RELIEF

<b>Age</b>	<b>Limit</b>	<b>Contribution Limit</b>	<b>Tax Saving</b>
< 30 yrs	15%	€17,250	€7,073
30 to 39 yrs	20%	€23,000	€9,430
40 to 49 yrs	25%	€28,750	€11,788
50 to 54 yrs	30%	€34,500	€14,145
55 to 59 yrs	35%	€40,250	€16,503
60 yrs +	40%	€46,000	€18,860

# WHAT ARE “FUNDS”?

- ❖ A vehicle to pool resources
  
- ❖ Choice of funds – differing investment strategies and RISK
- ❖ Risk profile – spectrum from cautious to aggressive
  
- ❖ Lower risk provide steady guaranteed return
- ❖ Aggressive may provide higher return but with risk of losses
  
- ❖ Pension investments are “tied-up”
- ❖ 2 parts – the pension fund & the retirement income



# WHAT HAPPENS IF I MOVE JOB?

- ❖ Pension funds can move with you
- ❖ Company scheme options if transferring employment: -
  - ❖ Leave fund where it is
  - ❖ Transfer fund to new company scheme
  - ❖ Transfer fund into a buy-out bond
  - ❖ Transfer money into a PRSA
- ❖ Can also join new employer's scheme – 2 pensions
- ❖ If no scheme, ask if they will pay into a PRSA on your behalf
  
- ❖ Seek appropriate independent financial advice

# GENERAL SUMMARY

- ❖ Prioritise income protection
- ❖ Start or maximise pension contributions
  - ❖ Ensure c 100% investment, minimise charges, consider investment choices
- ❖ Your pension (if any)
  - ❖ Current value, employer contributions, partner pension, when will you retire?
- ❖ Ensure dependents are provided for

# HEALTH IS BETTER THAN WEALTH!

**KISS ME  
I'M HEALTHY**



# Employment in General Practice

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# CURRENT STATUS?

- ❖ What are you now?
- ❖ An employee
- ❖ Self employed
- ❖ In partnership
- ❖ A company director



# CURRENT STATUS

	<b>Employee</b>	<b>Self Employed</b>	<b>Partnership</b>	<b>Company</b>
<b>Status</b>	Working for someone else	Working for yourself	Working with someone else	Working for your own company
<b>Income Tax</b>	Calculated & paid by employer on your behalf	Calculate & pay by yourself	Calculate & pay by yourself	Calculated & paid by company on your behalf
<b>Control Over Business</b>	None	Full control	Shared control	Full control
<b>Liable for Business Debts</b>	No	Yes	Yes	Yes
<b>Prepare Accounts</b>	No	Yes	Yes	Yes
<b>File Tax Returns</b>	No obligation	Yes	Yes	Yes

# TAX RATES AND CREDITS

## Tax Rates

	<b>At 20%</b>	<b>At 41%</b>
<b>Single</b>	€32,800	Balance
<b>Married (One Income)</b>	€41,800	Balance
<b>Married (Two Incomes)</b>	€65,600	Balance

## Tax Credits

<b>Single</b>	€1,650
<b>Married Couple</b>	€3,300
<b>Employee</b>	€1,650

# COMPANIES

- ❖ Directors salaries withdrawn subject to same rates
- ❖ However, residual profits taxed as follows: -
  - ❖ Profits taxable @ 12.5% corporation tax rate
  - ❖ If all profits are not paid out taxable rate ↑ to 20%



# TAXABLE PROFITS (INCOME – EXPENSES)

- ❖ Staff wages / locum wages
- ❖ Medical supplies
- ❖ Medical indemnity Insurance
- ❖ Interest on practice borrowings
- ❖ Accountancy and professional fees
- ❖ Conference and courses
- ❖ Professional journals & books
- ❖ ICGP, medical council, IMO subscriptions
- ❖ Business motor expenses, ESB, telephone, etc.



# EXPENSES WHICH ARE NOT ALLOWED

- ❖ All personal expenses (living expenses, holidays)
- ❖ Personal motor expenses
- ❖ Personal ESB, telephone
- ❖ Entertainment expenses
- ❖ Fit out costs (allowed over 8 years)



# PRACTICE MANAGEMENT CONSIDERATIONS

- ❖ Invest in a practice management system
- ❖ Buying groups for supplies
- ❖ Credit management – Maintain good cash flows
- ❖ Incentives schemes for income generation
- ❖ Maximise grants / subsidies from state agencies (job bridge)
- ❖ Capture all business related expenditures
- ❖ Set and maintain realistic KPI for Practice
- ❖ Maintain healthy work/life balance

# EMPLOYEES – REDUCING YOUR TAX LIABILITY

- ❖ Rent tax credit
- ❖ Medical and dental
- ❖ Charitable donations
- ❖ Third level fees
- ❖ Mortgage interest
- ❖ Pension contributions
- ❖ Income protection
- ❖ Employment investment incentive (old Bes)
- ❖ Spousal pensions



**Tax****es**

# SUMMARY

- ❖ Ensure operating in appropriate structure
- ❖ Maintain good records, in timely manner
- ❖ Prioritise tax planning considerations
- ❖ Make adequate provision for tax falling due
- ❖ Think business - profits lead to cash flow
- ❖ Set healthy and realistic KPI
- ❖ Protect your income
- ❖ Provide adequately for retirement
- ❖ Balance work / life



# Understanding & Negotiating Contracts of Employment

# KEY LEGISLATION GOVERNING EMPLOYMENT

1. Terms of Employment Information Act 1994
2. Organisation of Working Time Act 1997
3. Payment of Wages Act 1991

# TERMS FOR NEGOTIATION / CONSIDERATION

- ❖ Work status (what are you!)
- ❖ Working hours (standard, on call hours, daily rest periods)
- ❖ Salary
- ❖ Bonus / commission payment
- ❖ Provision on training / further education (CPD)
- ❖ Annual leave – negotiate
- ❖ Negotiate benefits (health insurance, pension, car allowance, phone)
- ❖ Expenses (reimbursement)
- ❖ Termination of employment
- ❖ Sick pay scheme
- ❖ Maternity leave benefit
- ❖ Non competes (restrictive covenants)



# ADDITIONAL PROVISIONS – SEEK CLARIFICATION

- ❖ Disciplinary policy
- ❖ Grievance procedure
- ❖ Dignity at work
- ❖ Confidentiality
- ❖ Health and safety
- ❖ Absence management policy
- ❖ Security

# SUMMARY

- ❖ Which provisions can be negotiated?
- ❖ Think commercially and realistically
- ❖ Read a contract closely
- ❖ Ensure you understand
  
- ❖ **Should be happy with the terms of your Contract**

# ACTION POINTS

- ❖ Max profits of practice
- ❖ Minimise personal tax
- ❖ Prioritise income protection
- ❖ Consider life & critical illness cover
- ❖ Commence / maximise pension contributions
- ❖ Annual financial health check
- ❖ Plan for your own practice?



# Incorporation for Locums

# INCORPORATION



# INCORPORATION – TAX BRIEFING #82

- ❖ **Q.6.** We are a group of GPs which operates the doctor element of our local "Doctors Out of Hours Service". We engage other doctors to do the work. What is Revenue's view as to the status (employed or self-employed) of these 'other doctors'?
- ❖ **A.6.** From Revenue's experience to date in such cases, the Revenue view is that such 'other doctors' are engaged under a contract of service (**i.e. they are employees**).
- ❖ Locum doctors can no longer be paid as self employed practitioners

# CRITERIA DETERMINING EMPLOYEE STATUS

- ❖ Is under the control of another person who directs as to how, when and where the work is to be carried out
- ❖ Supplies labour only
- ❖ Receives a fixed hourly / weekly / monthly wage
- ❖ Cannot subcontract the work
- ❖ Does not supply materials for the job
- ❖ Does not provide equipment other than small tools of the trade
- ❖ Is not exposed to personal financial risk in carrying out the work
- ❖ Does not assume any responsibility for investment and management in the business

# CRITERIA DETERMINING EMPLOYEE STATUS

- ❖ Does not have the opportunity to profit from sound management in the scheduling of engagements or in the performance of tasks arising from the engagements
- ❖ Works set hours or a given number of hours per week or month
- ❖ Works for one person or for one business
- ❖ Receives expense payments to cover subsistence and / or travel expenses
- ❖ Is entitled to extra pay or time off for overtime



# REVENUE POSITION

- ❖ 2009 – Appeals Commissioners upheld Revenue decision
- ❖ MIDOC must deduct PAYE
  
- ❖ 2010 – Shannondoc €350,000 settlement with Revenue
  
- ❖ Circuit court
- ❖ Locum pharmacist – employee
  
- ❖ Revenue – IMO correspondence

# INCORPORATION OF PRIVATE LIMITED COMPANY

- ❖ Set up (incorporate) a private limited company
- ❖ Doctor uses the limited company to conduct locum business and locum agencies will pay the company gross without deduction of tax
- ❖ The doctor can then claim back valid expenses from the limited company prior to withdrawing a salary
- ❖ Tax is paid once a year

# EXPENSES WHICH CAN BE RECLAIMED

- ❖ Travel cost to work (€0.59/km), car parking, toll, public transport
- ❖ Overnight accommodation and reasonable level of refreshments if working away from home (€108.99 claimable without receipts)
- ❖ Meal expenses consumed whilst travelling for locum purposes
- ❖ Approved annual Professional subscriptions
- ❖ Professional training courses
- ❖ Home / mobile telephones (itemised highlighted bills)
- ❖ All 'reasonable' work related equipment and costs, e.g. medical tools, stationary, IT equipment

# INCORPORATION – HOW TO

- ❖ Incorporation of a private limited company
- ❖ Doctor will be a director and shareholder in the company
- ❖ Opening a company bank account
  
- ❖ Preparation and submission of invoices on behalf of the doctor's company for work done by the doctor
- ❖ Calculation of travel and subsistence allowances
- ❖ Calculation of allowable business related expenses
- ❖ Calculation of PAYE, PRSI and USC
- ❖ Preparation of a personal income tax return

# MANDATORY REQUIREMENTS

- ❖ P30 and P35 returns
- ❖ Annual accounts and financial statements
- ❖ Corporation tax return
- ❖ Company Secretary
- ❖ Liaise with the CRO
- ❖ Maintain a Statutory Minute Book and Register
- ❖ Abridged financial statements
- ❖ 6 monthly and annual returns
  
- ❖ Beneficial?????

# LOCUMS VS COMPANY

- ❖ Emergency tax basis
- ❖ Chasing P45s / payslips
- ❖ Frozen out of Revenue online
  
- ❖ Amount of paperwork
- ❖ Rigorous record keeping
- ❖ Setting money aside
  
- ❖ Knowledgeable accountant

# The Dreaded “*FEMPI*”

# GUESS WHO?





# FEMPI

- ❖ Financial Emergency Measures in the Public Interest
  
- ❖ Since 2009
  - ❖ 4 Acts
  - ❖ At least 11 SIs (Statutory Instruments)
  
- ❖ Impacting upon
  - ❖ GPs
  - ❖ Dentists, pharmacists, vets, solicitors

# FEMPI ACTS

- ❖ [Financial Emergency Measures in the Public Interest Act 2009](#)
- ❖ [Financial Emergency Measures in the Public Interest \(No. 2\) Act 2009](#)
- ❖ [Financial Emergency Measures in the Public Interest Act 2010](#)
- ❖ [Financial Emergency Measures in the Public Interest \(Amendment\) Act 2011](#)

# FEMPI STATUTORY INSTRUMENTS FOR GPs

- ❖ [S.I. No. 262/2009 — Health Professionals \(Reduction of Payments To General Practitioners\) Regulations 2009](#)
- ❖ [S.I. No. 638/2010 — Health Professionals \(Reduction of Payments to General Practitioners\) Regulations 2010.](#)
- ❖ [S.I. No. 556/2011 — Health Professionals \(Reduction of Payments to General Practitioners\) \(National Immunisation Programmes\) Regulations 2011.](#)

# OTHER FEMPI STATUTORY INSTRUMENTS

- ❖ [S.I. No. 159/2009 — Financial Emergency Measures In the Public Interest \(Reduction In Payments To State Solicitors\) Regulations 2009](#)
- ❖ [S.I. No. 216/2009 — Financial Emergency Measures In the Public Interest \(Reduction In Payments To Veterinary Practitioners\) Regulations 2009](#)
- ❖ [S.I. No. 503/2009 — Financial Emergency Measures In the Public Interest \(Farm Waste Management Scheme\) Order 2009](#)
- ❖ [S.I. No. 590/2009 — Financial Emergency Measures in the Public Interest \(No. 2\) Act 2009 \(Commencement\) Order 2009.](#)
- ❖ [S.I. No. 264/2010 — Financial Emergency Measures in the Public Interest \(Reduction of Payments to Veterinary Practitioners\) \(Adjustment\) Regulations 2010.](#)
- ❖ [S.I. No. 683/2011 — Financial Emergency Measures in the Public Interest \(Amendment\) Act 2011 \(Commencement\) Order 2011.](#)
- ❖ [S.I. No. 232/2012 — Financial Emergency Measures in the Public Interest \(Reduction of Payments to Veterinary Practitioners\) \(Adjustment\) Regulations 2012.](#)

# FEMPI CUTS

- ❖ Non state income (privates, insurance, occupational health)
- ❖ State contracts: -
  - ❖ GMS contract (medical cards, DOVC, STCs)
  - ❖ Long term illness
  - ❖ Hepatitis C
  - ❖ Mother and infant
  - ❖ Immunisation
- ❖ 2008 – €338m fees, €136m allowances
- ❖ HSE PCRS – Primary Care Reimbursement Service
- ❖ Contractor handbook and schedule of fees and allowances
- ❖ Fees - 1<sup>st</sup> September 2008

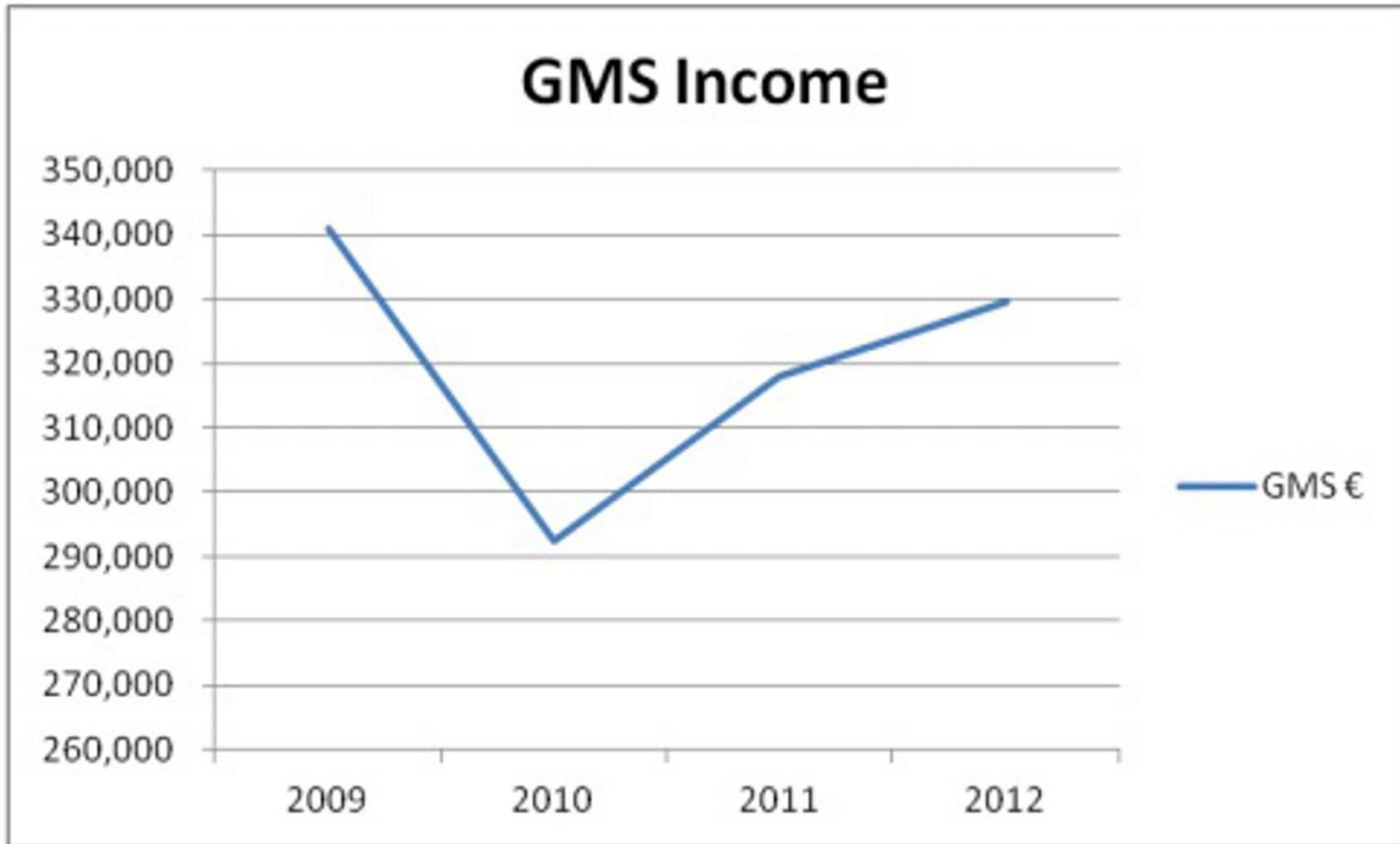
# BROADER ECONOMIC CONTEXT

- ❖ Medical cards ↑ by 425,000 (2008 – 2012)
- ❖ 6.2% ↑ DOVCs
- ❖ Fewer private patient visits
- ❖ Broader context
  - ❖ Ageing population
  - ❖ More chronic disease
  - ❖ Reduced health spend
  - ❖ Increased health costs
  - ❖ Cuts to hospital services
- ❖ Chronic disease transfer (with resource) to primary care

# INCREASE IN GMS PATIENTS

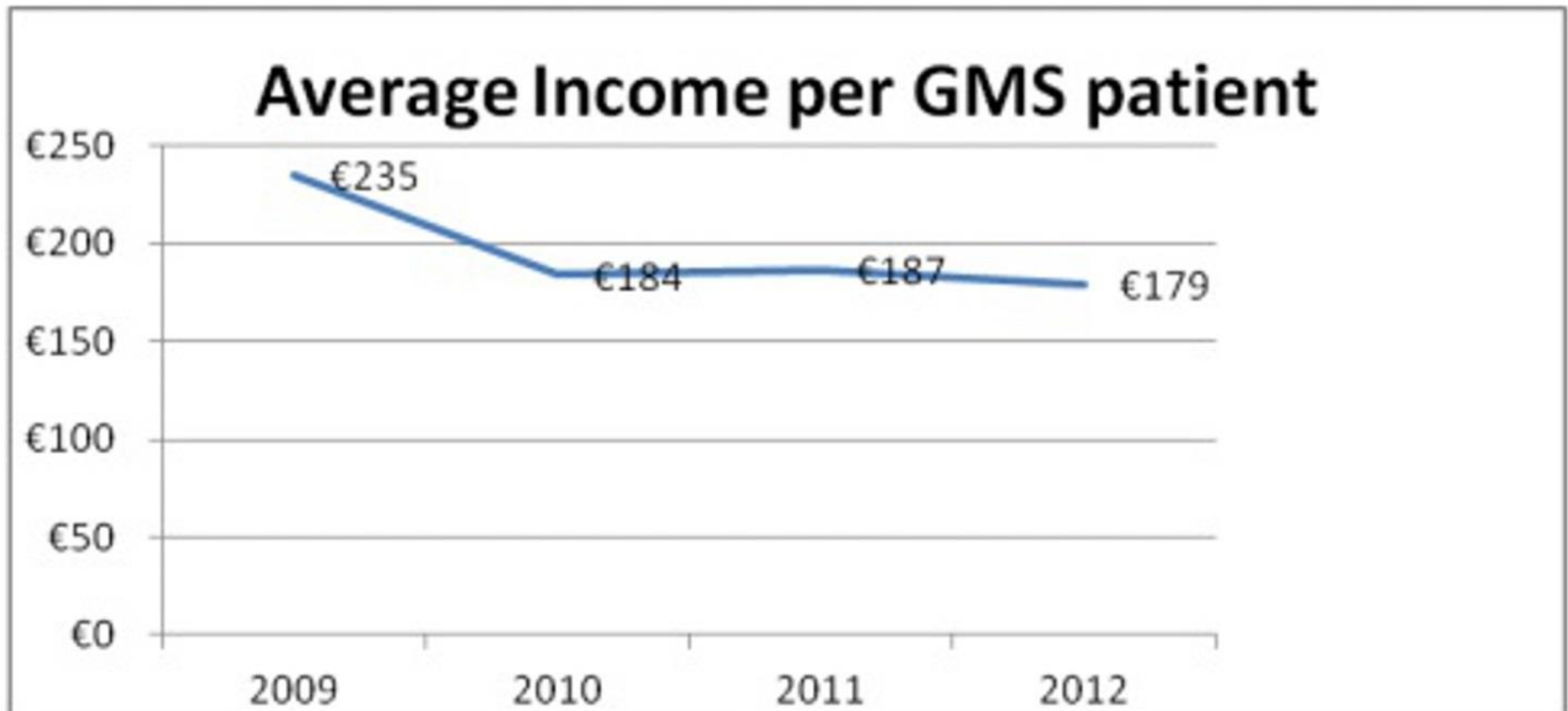


# CHANGES IN GMS INCOME





# AVERAGE GMS INCOME



# FEMPI CUTS 2009

- ❖ 8% cut across the board (GP fees & allowances)
  - ❖ Mother and Infant Care Scheme
  - ❖ Primary Children Immunisation Scheme
  - ❖ Hepatitis C Scheme
  - ❖ Practice admin allowances (Secretary, Nurse, Manager)
  - ❖ Over 70s medical cards (€308.76 to €284.07) (€640 until the budget in October 2008)
  - ❖ Over 70s medical card holders residing in private nursing homes (€974 to €899.83)
  - ❖ Smear taking (€56.18 to €51.69)
- ❖ Full year savings in the region of €34 million 2010

# FEMPI CUTS 2011

- ❖ Removal of distance codes as factor in capitation fees
- ❖ 50% cut in capitation fee for >70s in NHs (€896 to €448)
- ❖ 22% cut to out-of-hours services, e.g. co-ops
- ❖ 15% cut for immunisation, Heartwatch
- ❖ 8% cut for Maternity and Infant, STCs, locum cover, Hepatitis C
- ❖ 5% cut for employment of practice nurses and secretaries
- ❖ Abolition of the fund for the development of general practice, rostering payments and supplementary support grants (€13m)
- ❖ Total cuts €48 million
- ❖ Disproportionate impact on rural practice

(i)	A	Excision/Cryotherapy/Diathermy of Skin Lesions	31.67
(ii)	B	Suturing of Cuts and Lacerations	31.67
(iii)	C	Draining of Hydroceles	31.67
(iv)	D	Treatment and Plugging of Dental and Nasal Haemorrhages	31.67
(v)	E	Recognised Vein Treatment	31.67
(vi)	F	ECG Tests and their Interpretation	31.67
(vii)	G	Instruction in the fitting of a Diaphragm	31.67
(viii)	H	Removal of Adherent Foreign Bodies from the Conjunctival Surface of the Eye	31.67
(ix)	J	Removal of Lodged or Impacted Foreign Bodies from the Ear, Nose and Throat	31.67
(x)	K	Nebuliser Treatment in the case of Acute Asthmatic Attack	47.53
(xi)	L	Bladder Catheterization	47.53
(xii)	M	Attendance at case conferences (where authorised by HSE)	79.22
(xiii)	N	Advice and fitting of a Diaphragm	53.32
(xiv)	P	Counseling and fitting of an IUCD	85.31
(xv)	R	Pneumococcal Vaccination	42.75
(xvi)	S	Influenza Vaccination	42.75
(xvii)	T	Pneumococcal/Influenza Vaccinations	64.12
(xviii)	U	Hepatitis B Vaccination	154.13

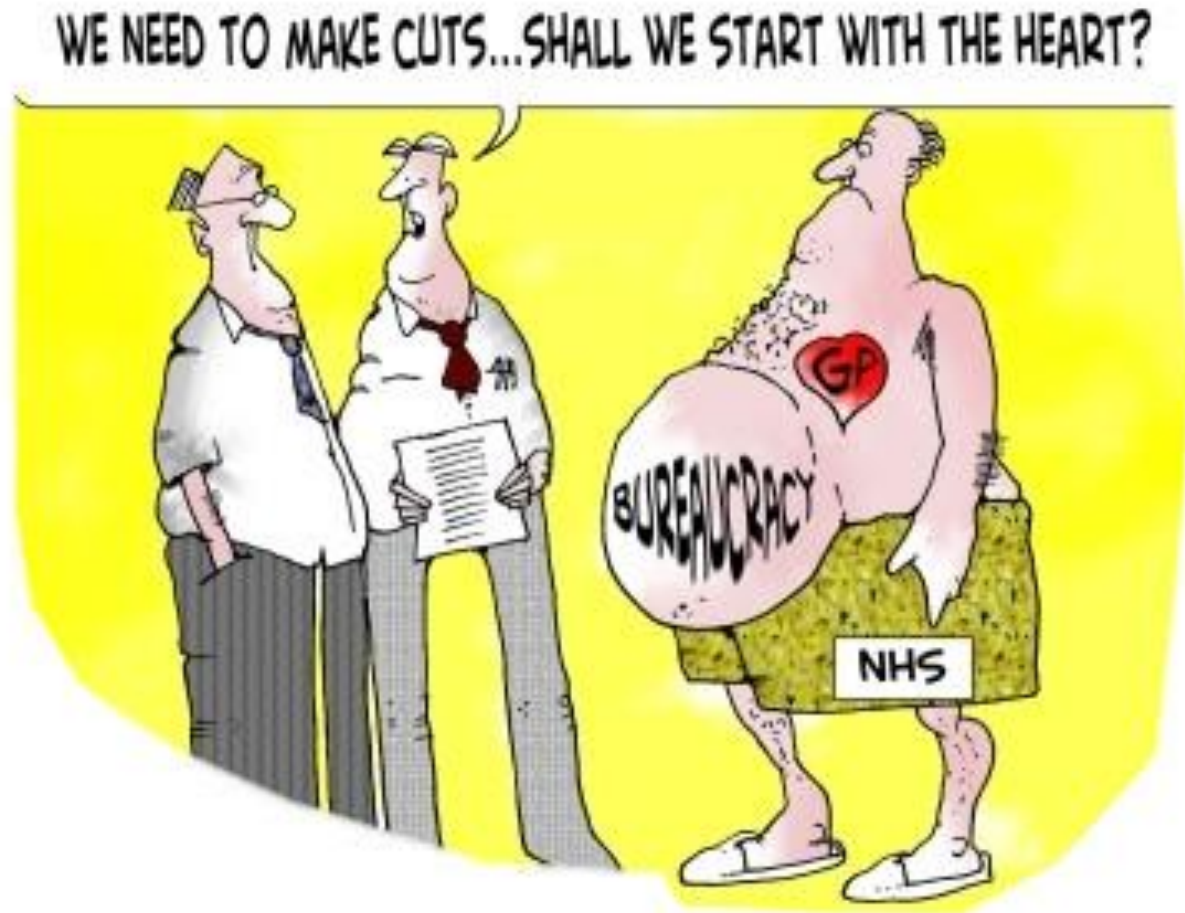
1.	Excisions/cryotherapy/diathermy of skin lesions	€26.81
2.	Suturing of cuts and lacerations	€26.81
3.	Draining of hydroceles	€26.81
4.	Treatment and plugging of dental and nasal haemorrhages	€26.81
5.	Recognised vein treatment	€26.81
6.	Electrocardiography (ECG) tests and their interpretation	€26.81
7.	Instruction in the fitting of a diaphragm	€26.81
8.	Removal of adherent foreign bodies from the conjunctival surface of the eye	€26.81
9.	Removal of lodged or impacted foreign bodies from the ear, nose and throat	€26.81
10.	Nebuliser treatment in the case of acute asthmatic attack	€40.23
11.	Bladder catheterization	€40.23
12.	Advice and fitting of a diaphragm	€45.13
13.	Counselling and fitting of an intra uterine contraceptive device (IUCD)	€72.21
14.	Attendance by GP at HSE-convened case conference	€67.05

# THE REALITY OF FEMPI CUTS BITES HARD

- ❖ Out-of-hours fee cut to €15 for 8-9am 5-6pm
- ❖ Surgery visit fee cut to €45 for 6pm - 8am *on all days*
- ❖ Domiciliary visit fee cut to €45 (*53% cut*)
- ❖ 60% cut for seeing second person in the house (€15 vs €37)
- ❖ 63% for seeing second child in the surgery at weekends (€15)
- ❖ Distance fees for males cut by 23%
- ❖ Distance fees for males aged 65 cut by 42%
- ❖ Allowances for female patients cut by 43%

# FEMPI 2012 AND FEMPI 2013

- ❖ Cut in fees for flu vaccinations (€42 to €28.50)
- ❖ €70 million



# HIQA – What May Lie Ahead

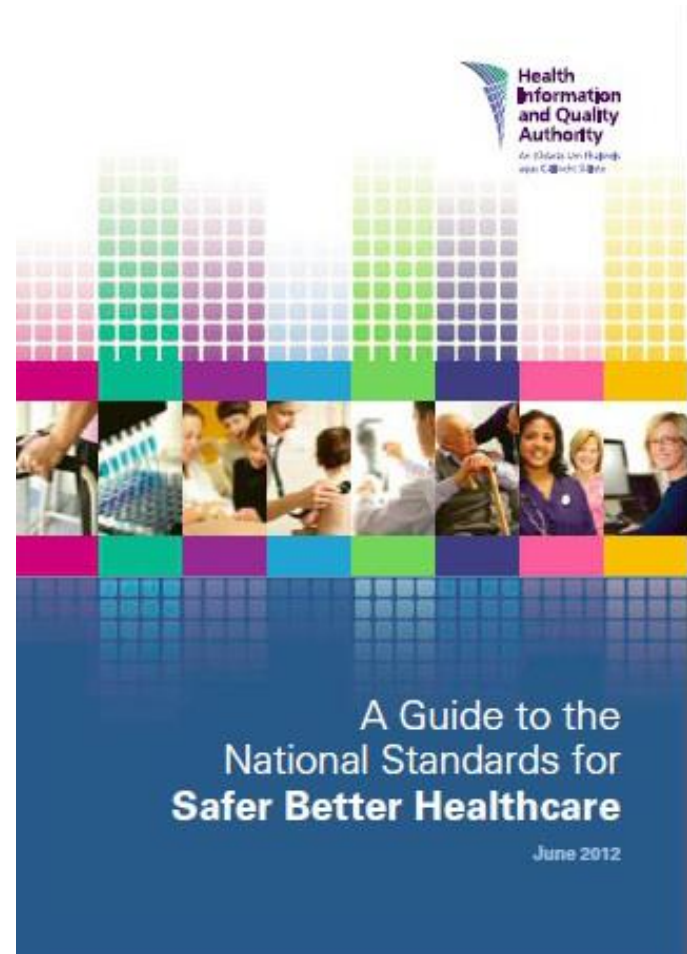
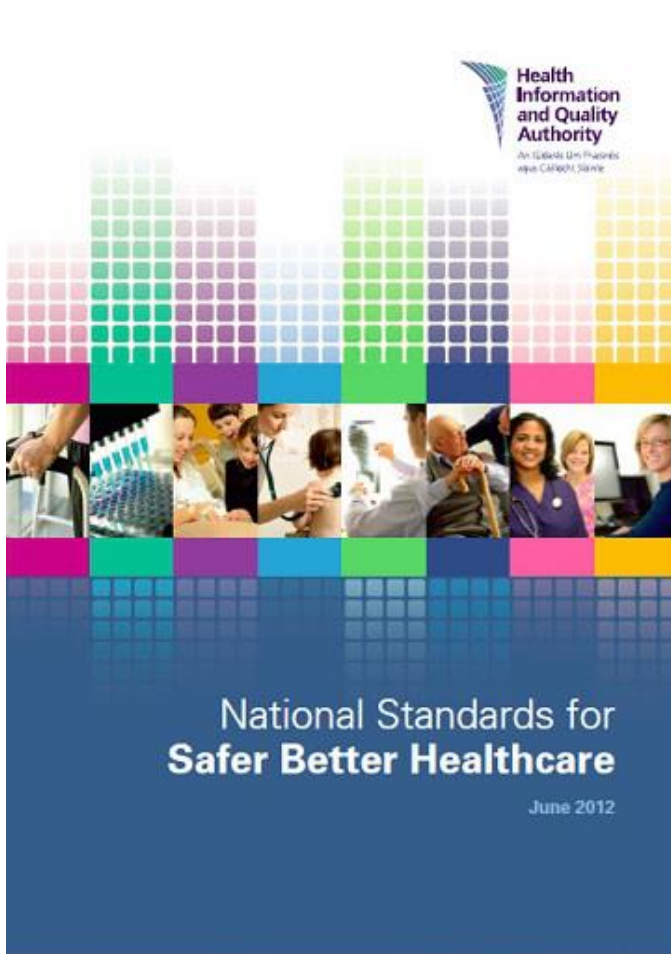


# HIQA – WHAT MAY BE COMING

- ❖ The Health Information and Quality Authority
- ❖ *An t-Údarás um Fhaisnéis agus Cáilíocht Sláinte*
- ❖ Independent, statutory, government-funded agency
- ❖ Established 2007
- ❖ Monitors safety and quality of healthcare
- ❖ Sets standards applicable to many health services including
  - ❖ Health centres and primary care services
- ❖ Monitors compliance with standards
- ❖ Investigates
- ❖ Will become a licencing authority



# HIQA PUBLICATIONS



# NATIONAL STANDARDS FOR SAFER BETTER HEALTHCARE

- ❖ Person centred care
- ❖ Leadership, governance and management
- ❖ Effective care
- ❖ Safe care
- ❖ Workforce
- ❖ Use of resources
- ❖ Use of information
- ❖ Promoting better health



## STANDARD 2.7

**Healthcare is provided in a physical environment which supports the delivery of high quality, safe, reliable care and protects the health and welfare of service users.**

Features of a service meeting this standard are likely to include:

**2.7.1** Premises and facilities that comply with relevant legislative requirements.

**2.7.2** Premises and facilities that are accessible and responsive to service users' physical and sensory needs where this can be achieved safely, effectively and efficiently.

## STANDARD 2.7

**2.7.3** A physical environment that is planned, designed, developed and maintained to achieve the best possible outcomes for service users for the resources used.

**2.7.4** A physical environment that is developed and managed to promote better health and wellbeing for service users and members of the workforce.

**2.7.5** A physical environment that is developed and managed to minimise the risk to service users and members of the workforce from acquiring a Healthcare Associated Infection.

**2.7.6** Appropriate management of hazardous materials and waste including arrangements for safe handling, storage, use and disposal.

## STANDARD 2.7

**2.7.7** Appropriate measures in place to ensure the security of the premises.

**2.7.8** A physical environment that is planned and managed, for example, through ongoing risk assessment and management, to maintain the quality and safety of care when demand, services delivered or resources change.

**2.7.9** The proactive identification of risks associated with changes to the physical environment where care is delivered and evaluation of identified risks and necessary action to eliminate or minimise such risks.

# WHAT THIS MEANS FOR SERVICE USERS

- ❖ Service users receive healthcare in surroundings that are laid out in a way that is easy for service users to enter and get around safely
- ❖ The service's premises meet any requirements set down by law, for example, being wheelchair accessible
- ❖ Your service makes sure that all areas of their healthcare premises are clean
- ❖ The setting where your healthcare is provided is secure to protect you and your belongings while receiving healthcare
- ❖ The service disposes of hazardous materials appropriately to protect your health and wellbeing

# NERA

- ❖ National Employment Rights Authority
- ❖ Inspectors have right to: -
  - ❖ To enter any premises at a reasonable time
  - ❖ To demand sight of records
  - ❖ To inspect records
  - ❖ To take copies of records
  - ❖ To interview and require information from any relevant person





# RECORDS REQUIRED FOR NERA INSPECTION

- ❖ Employer registration number
- ❖ Full name, address and PPS number for each employee
- ❖ Terms of employment for each employee
- ❖ Payroll details and copies of payslips
- ❖ Employees' job classification
- ❖ Dates of commencement and termination of employment
- ❖ Hours of work for each employee
- ❖ Register of employees under 18 years of age
- ❖ Whether board / lodgings are provided and relevant details
- ❖ Holidays and public holiday entitlements
- ❖ Documentation to demonstrate compliance with legislation

# HSA

- ❖ The Health and Safety Authority
- ❖ Primary focus is preventative and educational
- ❖ Inspection focus of the HSA: -
  - ❖ Risk assessments
  - ❖ Safety statement
  - ❖ Safety representative
  - ❖ Awareness of all staff of their responsibilities
  - ❖ Accident reporting
- ❖ Safety statement, fire register, statement of purpose, access routes, plans for dealing with emergencies
- ❖ Consider responsibilities and identify the lead people.



# Cost Saving Measures

# MONEY SAVING MEASURES IN PRACTICE

- ❖ “JobBridge”
- ❖ Apply online at [www.jobbridge.ie](http://www.jobbridge.ie)
- ❖ Advertised on 26/02/13
  - ❖ Medical & Dental Secretary, Lucan
  - ❖ Medical Administrator / Receptionist, Wexford County
  
- ❖ Any other suggestions??????



Thanks For Coming  
Please Give Us Your Feedback!