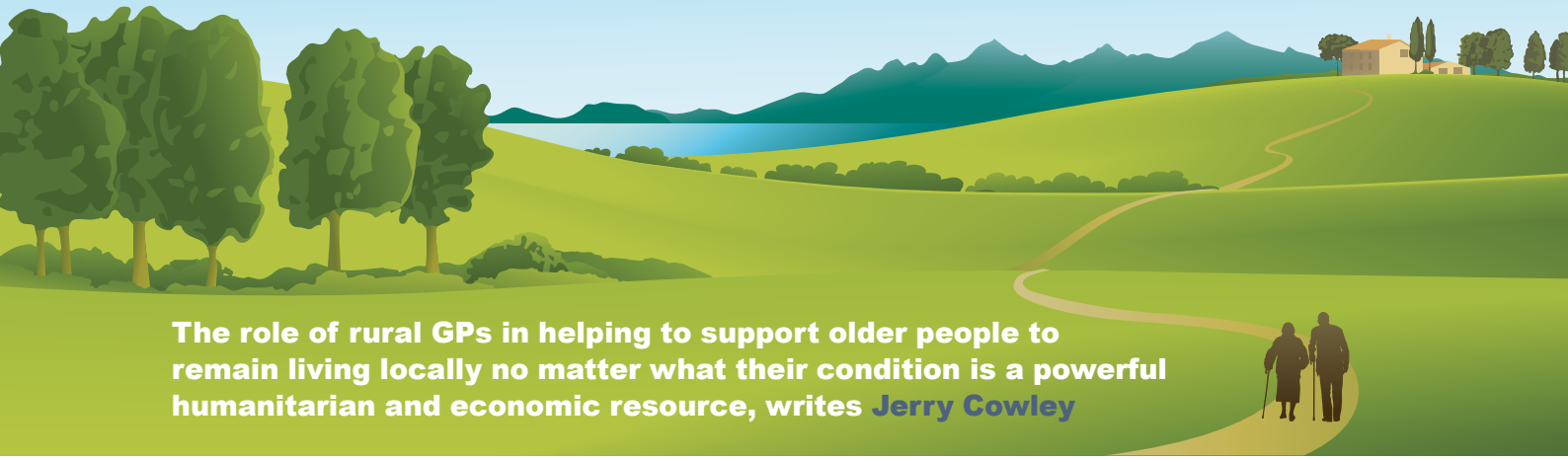
Giving rural older people what they want



The role of rural GPs in helping to support older people to remain living locally no matter what their condition is a powerful humanitarian and economic resource, writes Jerry Cowley

> *"The savage loves his native shore,*
>
> *Though rude the soil and chill the air;*
>
> *Then well may Erin's sons adore,*
>
> *Their Isle which nature formed so fair.*[1]"

IT MAKES PERFECT SENSE TO ME that older people who need long-term care should be facilitated to stay in their own community to receive that care.

This is precisely what older people want. Everything which is most familiar to us resides in our own community and as we get older, we want more than ever to hang on to what is familiar to us in our daily lives.

Banishing people to access long-term care to a place where they know no-one, far from their own community, is not quality care. This forced migration of our older people to faraway institutions constitutes ageism. We are guilty of ageism when we send our older folk away to a place where they feel isolated and at a time when they are at their most vulnerable and need our help most of all. People should be given the choice to stay locally, rather than having to travel to live for the rest of their lives in a distant place.[2]

The biggest drawback of the trend towards bigger, privately operated care facilities is that the model does not work in rural settings.[3] There is an alternative to having to leave your own area to seek long-term care. This alternative community model exists, and has been working successfully here in Mulranny, Co Mayo for the past 26 years. It is called St Brendan's Village Community Project. It comprises 16 sheltered houses together with a 26-bed high support unit. The St Brendan's guarantee is that no matter how old or disabled you are, you can stay in your own community, if that is your wish.

Besides the powerful humanitarian effect of supporting our own people to stay locally no matter what, this model is a powerful tool for rural regeneration. It adds services to whatever community infrastructure already exists and so generates major local employment, thus breaking the vicious circle of further depopulation. St Brendan's is the biggest local employer and has been for the last 26 years. This is very good for the community and for local general practice as well.

A continuum of support

Not alone does our community project help older people to stay and be looked after locally, but it also provides a continuum of support to older people on a 'not-for-profit' basis, extending from home supports (with day care and meals-on-wheels) to sheltered housing, and finally to high support care. This includes convalescent, respite and palliative care, and intravenous antibiotics administered locally when needed, and all within the local community. This allows our older people the opportunity to stay locally, and to move along the continuum of support depending on their needs, rather than having to migrate to a faraway institution.[4]

There's more than enough work for two doctors here in Mulranny, taking into account the work involved in supporting our St Brendan's village high support unit. This involves

anticipatory care as well as the prevention of unnecessary admissions. The proposed Rural Island & Dispensing Doctors of Ireland (RIDDI two-for-one) solution of two doctors being appointed to a previously existing single-handed practice struggling to survive,[5] would ensure a sustainable working model where our older folk have the guarantee to stay locally and be looked after, no matter what their disability. This community-based model would work equally well in an inner-city area, with the RIDDI '2 for 1' applied there.

Ageing population

All of the above makes perfect sense considering demographics. Overall, people are living longer. Ireland's population is ageing faster than anywhere else in Europe as births fall. We have the highest life expectancy of all the EU-27 countries, according to Eurostat.

The average life expectancy at birth was 74.8 in Ireland in 1990 and has risen to 82.3. Looking forward to the next 20 years, the number of people aged 85 years and over is projected to rise from 89,000 to a massive 222,000. This age group already accounts for half the people in long-stay care; 60% of over-80s have at least three medical conditions.

Already, our health system and emergency services are feeling the pressure of increased population numbers. Despite the push for more homecare, thousands of additional nursing home places will still be needed as the ageing of the population intensifies, according to the Economic & Social Research Institute (ESRI).[6]

The future reality is that older people living in rural Ireland, and indeed in counties outside the Dublin corridor (in those areas already struggling with low bed availability), will face even greater shortages of nursing home beds close to home, as larger new facilities open in counties with big populations and greater numbers of existing beds. This ESRI-predicted situation is backed up by the current number of planning permission applications already submitted for massive multi-bed nursing homes.

Fifteen large operators now control 38% of private nursing home beds with all but one financed by private equity. Increasing evidence from the US, England and other countries is proving that private equity often results in poor outcomes for patients.[6]

Local people need more options; especially in the west of Ireland and particularly in rural counties such as Mayo and Leitrim, where the percentage population of older people is highest, and where there are already insufficient long-term care beds available.[3]

Decade of Health Ageing

The WHO-UN Decade of Health Ageing (2021-2030) report challenges communities to deliver person-centred integrated care and primary health services responsive to older people, and to provide older people who need it with access to quality long-term care.[7]

As a core principle, nursing care units for people who require a high level of 24/7 care must be part of a community-based care support hub which includes a wide range of social care services and supported housing.

International research and the Covid-19 experience have underscored the value of a single GP practice to look after most or all residents, with a dedicated medical officer for each long-term residential centre.[8]

The Mulranny St Brendan's model

The Mulranny St Brendan's community supported housing model was presented at a SAGE Advocacy conference in February of last year.[9] This conference was held to inform the submission to be made by SAGE to the Government Commission on Care for Older People. The message put forward at the SAGE conference is the same now as then; but more than that, this community housing model has stood the test of time for well over a quarter of a century.

At a time when rural GPs are struggling to remain in practice due to lack of support, and older people are being driven from their local area, it is past time that communities are enabled to follow the example of Mulranny in providing care for the community, in the community, and by the community itself. The first step in ensuring replication of the Mulranny model would be for Government to recognise its value and support both the local GP and the community in ensuring its sustainability. The potential role of rural GPs helping to support older people to stay locally no matter what their condition is a powerful humanitarian resource and should be recognised as such and piloted.

If the Government was to provide equity of funding matched with its own HSE long-term residential care units in terms of capital and running costs, then this would ensure sustainability and a stable workforce, rather than a two-year re-employment drive being needed on an ongoing basis, which can undermine standards.

Supporting such GP 'not-for-profit' community housing models is now IMO policy as per its AGM resolution last year.

People should be given the choice to stay locally, rather than having to travel to live for the rest of their lives at a distant greenfield site where they know nobody. Rural (and inner city) GPs must be supported in their own communities to do what GPs do best – looking after people locally. This is personal primary and continuing medical care.

The potential role of rural GPs helping support older people to stay locally no matter what their condition or health status is a powerful humanitarian and economic resource and should be recognised as such and piloted.

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References
1. James Orr. The Irishman by James Orr (1770-1816)
2. "A community-based model of care": Irish Times letter Feb 20 2025
3. The Irish Times view on nursing home -ownership: People need more options. Editorial Jan 10 2025
4. www.stbrendansvillage.com
5. Rural Island & Dispensing Doctors of Ireland (RIDDI) Statement (18/06/22)
6. Long –Term Residential Care in Ireland: Developments since the onset of the Covid-19 pandemic: ESRI No174 Jan 2025
7. The WHO – UN Decade of Health Ageing (2021 -2030) – is aligned with the 2030 Agenda for Sustainable Development and a commitment by all Member States to improve the lives of current and future generations of older people. Developing age- friendly cities and communities is a proven way to create age-friendly environments
8. Choice matters-towards a continuum of support and care for older people – a discussion document Sage Advocacy 2020. www.sageadvocacy.ie
9. FORTY SHADES OF GREY - Responding to the challenges and opportunities of an ageing society and economy. Conference held on Thursday February 29, 2025