NATIONAL PRIMARY CARE STEERING GROUP

PROGRESS REPORT

Primary Care

A New Direction

Quality and Fairness - A Health System for You
Health Strategy

DEPARTMENT OF
HEALTH AND CHILDREN
AN ROINN
SLÁINTE AGUS LEANAÍ

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Foreword -

Minister for Health and Children

The strategy "Primary Care: A New Direction", published in November 2001, set out a new vision for primary care in Ireland. This responded to the clear message from people during the consultation process which informed the preparation of the health strategy, "Quality and Fairness". That process told us that people want community-based, well-integrated, round-the-clock services that are easy to reach. They want themselves, their family members and their communities put right at the centre of care delivery.

In surveys of public opinion and in the consultation process, people report very positively about their experiences of primary care. However, there is no service which cannot be improved upon and in particular we need to combine the resources available to us to provide comprehensive and user-friendly services of the highest quality.

The Government is fully committed to the implementation of the Primary Care Strategy. The change will not happen overnight but will be an incremental process. One of the major lessons which we have learnt from the experience to date in setting up primary care teams is that the process of team development and adaptation to working in a multidisciplinary team takes time. Simple assertions that implementation of the strategy is primarily about injecting additional funding do not reflect the reality within the health system in terms of the "state of readiness" for multidisciplinary team-based working. While enhancement of capacity is important and necessary in the longer-term, it is vital that we work to reorganise the substantial human and physical resources currently within the primary care service setting, and enable them to interact effectively in multidisciplinary teams and networks.

Those in the front line of primary care who have agreed to be part of the first primary care teams have shown their willingness to take the necessary step forward. At a national level, leadership on a reasonably long-term basis from both the professions and those charged with the management and organisation of the services is also crucial if we are to succeed in delivering the new and improved services to which we all aspire.

I would like to commend the Primary Care Steering Group for its work to date in developing a more detailed vision of the future for primary care and highlighting the practical issues which will need more detailed consideration as implementation proceeds. The Steering Group has also exemplified the spirit of co-operation and communication between health professionals, service users and managers which is an intrinsic part of the new primary care model. The Steering Group has an important role to play both as an advocate for the Strategy and at the same time shaping and informing future developments.

The Health Service Reform Programme is aimed at ensuring that the health system is organised and managed in a way which will facilitate implementation of the National Health Strategy, including the Primary Care Strategy. The new Health Service Executive will bring a single national focus to the implementation of policy and this will greatly facilitate a comprehensive approach to the provision of the right service to people, at the right time and in the right place.

Above all, the new primary care model will not work or be accepted if it is seen as something which is "imposed". Health service managers, professionals and ultimately the communities and people which this strategy will serve must take ownership of it and remain committed, over an extended period, to making the vision a reality. In this way we can achieve the goal of an accessible, patient-centred primary care system delivering benefits, not only for the clients, but also for those providing the services.

Micheál Martin T.D.
Minister for Health and Children
June 2004

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Message from Chairman

I have pleasure in presenting on behalf of the National Primary Care Steering Group the first progress report on implementation of the Primary Care Strategy. The primary care system is the first point of contact for people with the health system and for the overwhelming majority of patients with chronic illness it serves as an ongoing point of contact with the health system. There is now a broad consensus that successful implementation of the reform process within the Irish health system depends critically on the development of a strong, vibrant and flexible primary care system based on integrated, inter-disciplinary primary care teams and networks that are responsive to the needs of local communities.

In June, 2002 the Minister for Health and Children, Mr. Micheál Martin, T.D., established the National Primary Care Steering Group with the remit to work with the Primary Care Task Force to provide national leadership and guidance in relation to the implementation of the Primary Care Strategy. The Steering Group includes representation from the medical, nursing, health and social care professions, community and voluntary pillar and service users, statutory agencies and service providers. Four sub groups were formed to address specific aspects of the implementation agenda in regard to Community Involvement and Health; Human Resources, Education and Training; Quality; and Services.

As Chairman, I would like to acknowledge the high level of support that I have received from members of the Steering Group and the Task Force in addressing the Primary Care Strategy implementation agenda. While members of the Steering Group bring differing perspectives and priorities to the implementation of the Primary Care Strategy we have, I believe, developed a shared vision for the development of multidisciplinary team-based primary care services in Ireland. This report provides an opportunity to summarise the progress made to date in the implementation of the Primary Care Strategy and to highlight issues of concern for primary care as we embark on major structural reform of our health system.

A total of ten primary care implementation projects have been established. The implementation project teams have made significant progress in demonstrating in

practice how primary care teams will work. The report summarises the achievements of the implementation projects to date and it addresses conceptual and operational issues and challenges that have arisen in the implementation projects. The report provides a summary of the outputs from the four major sub-groups, which include an agreed document on the development of quality assurance systems in primary care.

The Primary Care Steering Group has given detailed consideration to the implementation of the Primary Care Strategy in the context of the health services reform programme. The steering group has made a detailed submission to the Department of Health and Children with a key recommendation that a primary care division be established within the Department of Health and Children and a primary care division or function be established within the Health Service Executive with a specific, ring-fenced budget to drive forward implementation of the Primary Care Strategy.

Over the past year the Primary Care Task Force has prepared a Primary Care Framework document addressing in greater detail how multidisciplinary primary care teams and networks will operate. Members of the wider Steering Group have made extensive and detailed contributions to the drafting of this blueprint for primary care services in Ireland. We have also highlighted the critical importance of flexibility in the configuration of primary care teams and networks, the need to address manpower deficits in general practice and other professional groups in primary care, and the importance of an ongoing change management strategy to facilitate the substantial cultural and organisational changes in primary care envisaged in the strategy. The Steering Group has also emphasised the need for robust needs assessment methods at both national and local level to guide and inform the development of services that are responsive to national priorities and local conditions.

To date the Steering Group has focused on the development of the primary care team structure. In the period ahead we will need to give detailed consideration to the structure and operation of the primary care networks to ensure optimal integration of local teams and networks.

Evaluation of the impact of the Primary Care Strategy is an important challenge for the health system. Towards this objective the National Primary Care Steering Group has established a sub-committee under the chairmanship of Professor Tom O'Dowd, Trinity College Dublin, with the remit to consider how we should assess and monitor the current status and performance of the Irish primary care system so that we can document the impact of the Primary Care Strategy over time and benchmark our performance against other systems internationally.

The Health Service Reform Programme provides an opportunity to "mainstream" the Primary Care Strategy within the health system as a whole. However, members of the Steering Group are concerned that the momentum for reform of primary care generated by the Primary Care Strategy may be dissipated in the wider reform process. In particular, there is concern among members of the Steering Group that in discussions on the reform of acute hospital services (Hanly Report) the pivotal role of primary care has received insufficient attention. Clearly, it will not be possible to reduce pressure on secondary care services or develop a sustainable "hub and spoke" model of hospital care without an adequately resourced multidisciplinary primary care infrastructure.

The Primary Care Strategy recognises that there is a requirement for increased investment in human resources, physical infrastructure and information and communications technology so as to build primary care capacity over the implementation period. While some additional resources have been provided to date, the Steering Group is strongly of the view that substantial and sustained investment will be needed in the years ahead to provide the additional capacity to implement the strategy on a system-wide basis.

The current eligibility criteria for primary care services are an additional matter of concern to members of the Steering Group. There is a consensus that the current income thresholds for eligibility are too low resulting in significant hardship for individuals and families, thereby exacerbating inequalities in health in our society.

The mix of public and private funding within the Irish primary care system poses significant challenges and opportunities for the implementation of the Primary Care Strategy. There is a need to further clarify mechanisms for public/private partnership with regard to both the funding of capital projects in primary care and

the equitable and efficient provision of services to public and privately funded patients within the system.

As we pass the 25th anniversary of the Alma Ata Declaration there is renewed emphasis worldwide on the pivotal role of primary healthcare in strengthening health systems. The core principles of primary healthcare as enunciated in the Alma Ata Declaration remain relevant in 2004 as in 1978: universal access to care and coverage on the basis of need; commitment to health equity; community participation; and intersectoral collaboration. The National Primary Care Steering Group has emerged as an important forum for reflection and expert input to the implementation of the Primary Care Strategy. We look forward to working with our colleagues in the Primary Care Task Force to achieve the objectives of the strategy; the development of comprehensive, effective and efficient primary care services in local communities, capable of dealing with 90-95% of all health and personal social service requirements.

Finally, I would like to acknowledge in particular the significant contribution made by the late Dr Cormac Macnamara to the work of the Steering Group and to the debate on the development of primary care in Ireland over many years. Cormac was a strong advocate for the development of primary care and recognised the much greater role it could play in meeting people's health and social care needs. On behalf of the Steering Group, I extend our sympathy to Cormac's family on his untimely death.

Ivan J Perry
Chairman

Primary Care: A New Direction

Key Principles

The Government published the National Health Strategy, *Quality and Fairness - A Health System for You*, in November 2001. Strengthening primary care was the first of the six frameworks for change set out in the strategy and was also the subject of a more detailed and separate document, Primary Care: A New Direction. This sets out the Government's policy for the future development of primary care.

Primary care is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social servces. The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being.

The aims of the strategy are to provide:

- A strengthened primary care system which will play a more central role as the first and ongoing point of contact for people with the health-care system

- An integrated, inter-disciplinary, high-quality, team-based and user-friendly set of services

- Enhanced capacity for primary care in the areas of disease prevention, rehabilitation and personal social services, to complement the existing diagnosis and treatment focus

Primary care is seen as a central element of the health system providing comprehensive, effective and efficient services in local communities and capable of dealing with 90-95% of all health and personal social service requirements.

Key Principles

- Primary care will be a single point of entry to all health and personal social services
- The core unit of service delivery will be the inter-disciplinary team
- Each primary care team will meet the health and social care needs of a specific population
- Primary care networks will be developed to support the primary care teams
- Service will be patient and client-centred – providing the right care, in the right place, at the right time
- Communities will be involved in the planning and delivery of services
- Implementation will be in partnership with stakeholders
- There will be integration between service providers at primary care level, and between primary, secondary, community and continuing care services
- There will be a population health focus to the development and provision of services

National Structures

National Primary Care Steering Group

In June 2002 the Minister for Health and Children established the National Primary Care Steering Group, under the Chairmanship of Professor Ivan Perry, Professor of Epidemiology and Public Health, University College Cork. The Steering Group's role is to give national leadership and guidance in relation to several key elements of the implementation plan.

The membership includes representation from the medical and nursing professions, health and social care professionals, the Community and Voluntary Pillar, service users, statutory agencies and service providers.

A number of sub-groups were formed as part of the Steering Group's working process, to give detailed consideration to particular aspects of the implementation agenda.

The sub-groups established to date are addressing issues concerning:

- Community Involvement and Health
- Human Resources, Education and Training
- Quality
- Services

The Steering Group's terms of reference are:

To give leadership and guidance in

- Defining a broad set of primary care services to be delivered by primary care teams
- The development of quality systems, including the development of performance indicators, in primary care service delivery
- Identifying models and locations for the establishment of academic centres of primary care as a source of policy and practice advice to the Department of Health and Children, health boards and other bodies as appropriate
- The development of a national framework for integration within primary care and between primary and secondary care

To provide policy advice to the Department of Health and Children, health boards and other bodies as appropriate

To provide an annual report to the Minister for Health and Children, outlining the progress of the implementation of the Primary Care Strategy

Primary Care Task Force

In April 2002 the Primary Care Task Force was established within the Department of Health and Children, involving staff of the Department and a number on secondment from Health Boards.

The Task Force's remit is to advance the implementation of the Primary Care Strategy through

- the development of primary care policy and
- the promotion and support of relevant activities by a wide range of interests

Since its establishment the Task Force has been addressing the following main issues.

- Working with the health boards and other stakeholders on overall implementation of the strategy
- Supporting the necessary developments for the establishment of primary care teams in the first phase of implementation
- Addressing national policy issues arising in the course of the implementation process
- Facilitating and informing debate on the wider implementation of the Primary Care Strategy
- Drafting of more detailed policy framework to elaborate on how the interdisciplinary primary care model will operate within the health system
- Supporting the work of the National Primary Care Steering Group
- Participating in the planning for implementation of the health service reform programme

Since their establishment, the Primary Care Task Force and the National Primary Care Steering Group have contributed significantly to laying the groundwork for the future change management of primary care. To date this has largely been done through analysis of what is happening now involving many stakeholders. The outcome of this process has informed the work with service providers and users in progressing movement across a broad range of areas towards meeting the Primary Care Strategy benchmarks.

Implementation Process

1. Implementation Projects

In October 2002 the Department of Health and Children approved and funded the establishment of ten primary care implementation projects. These involve putting in place, in each of ten locations around the country, a primary care team in accordance with the model described in the strategy. The projects are a practical demonstration of the primary care model in operation. The learning from these projects will, on an ongoing basis, inform the process of wider implementation, particularly in the context of the Health Service Reform Programme. The projects allow a range of implementation issues to be explored, e.g. access, enrolment, teamworking, primary and secondary care integration, community involvement and governance. The range of locations approved reflects the variety of circumstances around the country in which primary care services are delivered.

The locations of the ten implementation projects are:

Arklow, Co. Wicklow

Ballymun, Dublin City

Cashel, Co. Tipperary

Erris, Co. Mayo

Liberties, Dublin City

Lifford, Co. Donegal

Portarlington, Co. Laois

Virginia, Co. Cavan

West County Limerick

West Kerry

Each project comprises a number of general practitioners, their practice employees, health board nursing staff, health and social care professionals (mainly health board employees) and administrative personnel. The projects' aim is to bring these disciplines together to work as a primary care team, providing an inter-disciplinary service to their communities. The primary care team in each area has been developed by reorganising and supplementing the pre-existing service. Additional resources were provided for:

- Appointment of additional staff to enable the team to be established as identified in the strategy

- Information and communication technology developments to support the ICT needs of the team and to facilitate communication, integration and efficiency in the delivery of services

- Equipment and minor capital works

Each project is unique and reflective of the area and needs which the team will serve. There is some variation in the stage of development to date. A number of the teams already provide new and/or enhanced primary care services to their target populations.

Among the key issues being addressed in each of the settings are:

- Developing effective teamworking arrangements
- Change management and organisational development
- Integration between service providers within primary care and with continuing care and secondary care services
- Managing the appointment of additional personnel in the context of the constraints on public service numbers
- Developing systems for client enrolment
- Effective involvement of the community in service planning and delivery issues
- Development of information and communication technology systems to support the delivery of an integrated service
- Agreement of an appropriate governance framework

Aspects of the development of the individual teams in the ten locations are reflected in the following short synopses:

Arklow, Co. Wicklow

Team training needs have been assessed and a training programme is being developed.

An additional modular building is being provided to accommodate members of the team. The team's Information and Communications Technology needs have been identified and infrastructure is in place for transfer of digital images. This will facilitate greater integration between primary and secondary care, particularly in the area of diagnostics.

A Community Consultative Group meets bi-monthly and has a broad membership, drawn from the voluntary and community sectors in the area. This group is identifying services required by the local population. The appropriate service responses to these needs are then reviewed by the primary care team, having regard to available resources.

Ballymun, Dublin City

An evaluation of current services is being conducted alongside commissioned research on the health needs of the population. A community group has been formed from voluntary and local groups to advise the project and identify local health priorities.

Multidisciplinary teamworking has been initiated in the form of collaborative home visits by general practitioners and public health nurses to families requiring intensive engagement. Discussions are underway to develop a collaborative approach amongst the community mental health nurses, general practitioners and social workers that would provide an effective primary care response to mental health issues.

Pending the commissioning of a permanent Primary Care Centre, additional premises have been secured close to the existing health centre.

Improvements have been made to the ICT infrastructure and to electronic communications between team members.

Cashel, Co. Tipperary

This project involves bringing three single-handed general practitioner practices together with other primary care service staff with a view to providing a comprehensive, holistic and team-based service to the population of Cashel and its environs.

Pending the provision of a purpose-built centre, rented accommodation has been secured which will provide for the needs of the non-medical team members, while the three GP practices and their support staff will work from their existing surgeries.

All team members, with the exception of the post of occupational therapist, have been recruited and work on teambuilding has commenced.

A robust IT infrastructure has been put in place for the general practitioners.

Work on the development of team protocols and guidelines has commenced and the enrolment process for patients has started.

Erris, Co. Mayo

This largely rural area, covering 284 square miles with poor public transportation and a considerable elderly population, presents many challenges. The team has focussed its efforts on a number of initiatives to build a solid base to serve the health needs in the area.

New services developed by the team include:

- Physiotherapy service
- PIXI bone densitometer clinic
- Women's health clinics and
- Agreements with local service agencies and private companies to provide health-related transportation

'Home support' supplements to families using Home Help services are being developed and the team are considering the introduction of a 'meals on wheels' type service in one area.

The team has established a close working alliance with local development agencies and volunteer organisations.

Improvements have been made in the ICT infrastructure and team members have laptop computers in anticipation of full access to the Western Health Board network, including intranet and e-mail.

Liberties, Dublin City

Development has focussed on agreement on core operating issues affecting the delivery of services and the provision of a primary care centre for the primary care team. This is located on the campus of the Meath Hospital.

The discussion and agreement of operational issues and the identification and recruitment of team members have presented many challenges for the project team but have resulted in a positive working relationship between the South Western Area Health Board, GP practices and local communities.

A community consultative forum representative of ten local community groups was established to discuss the development of the team and advise on the needs of the local population. Outcomes from this group include agreement on the provision of a Citizen's Information Service, supported by a local community development group, from the Primary Care Centre. In particular, a need for carers' support has been identified and will be addressed by the team.

Lifford, Co. Donegal

Each team member has had the opportunity to recognise and understand the role, responsibility and relationships of other primary care professionals. A Governance Framework was developed through the project proposal development phase.

Work has begun on a comprehensive profile of the community served. The team is committed to engaging with local people and building the community's capacity to participate in service planning and delivery and to developing a Community Health Forum.

The team are considering a Care and Case Management approach to meeting the needs of older people, developing individually tailored care plans with a person-centred and multidisciplinary focus.

A phased approach to patient enrolment has been adopted and direct access arrangements are being discussed in relation to physiotherapy services initially.

All locations have access to an ICT network and work is underway to develop a strengthened Primary Care system and proposals to improve the interface with the health board's ICT systems.

The team also plans to develop joint pathways of care in relation to postnatal depression and an adolescent health clinic.

Portarlington, Co. Laois

There has been a strong emphasis on teambuilding and development and this has reaped its rewards in terms of providing a more integrated approach to care for the people of Portarlington.

The project was selected by the Midland Health Board's Integrated Care One Network (ICON) Project which will greatly enhance the integrated workings of the primary care team. The team is dedicated and enthusiastic about this new approach to health care and is developing health promotion and prevention projects.

The primary care team developed physiotherapy, occupational therapy and dietetics services during 2003 and plans to further develop services during 2004 in accordance with the Primary Care Strategy.

The team is encouraging community participation at this implementation stage and is engaging members of local community and voluntary groups in discussion on issues such as enrolment and the team's official launch.

Virginia, Co. Cavan

New services developed by the team include:

- Baby massage clinics
- Breastfeeding support groups
- Smoking cessation groups
- Cryotherapy service
- Lithium monitoring clinic
- Radiolase surgery

Inter-disciplinary shared care service developments include:

- Asthma clinic
- Stroke awareness and falls prevention programme
- Diabetic watch programme
- Heartwatch programme

Weekly clinical meetings are held, cases relevant to a number of team members are discussed and action plans agreed.

At management meetings operational/business/team issues are discussed.

Team members have access to a shared IT database which facilitates the single patient file and the sharing of client information as appropriate.

The process of patient enrolment is ongoing.

The team have been developing links with services within the wider network and meet on a regular basis with representatives from the mental health team.

Users have expressed their satisfaction with the services provided and are delighted with the availability of new services such as physiotherapy and occupational therapy.

Cois Abhainn, West Co. Limerick

A teambuilding programme has been developed. Operational protocols and criteria have been established and accommodation has been developed at Glin Health Centre for the physiotherapy and occupational therapy services and the administrative support to the team.

ICT is proving the key to better communications in this geographically scattered area. All team members are networked and training and support in the use of ICT is provided.

West Limerick Resources, a well-established community development group, have commenced the process of community needs identification and analysis.

The coming together of two streams of health service provision, i.e. public and private, is raising some issues which require resolution. The sharing of overheads and skills, client access to team members, areas of direct management and the costs associated with training and education are governance issues to be addressed.

West Co. Kerry

The West Kerry Primary Care Team provide services for approximately 10,000 people living in the West Kerry peninsula. The team involves community representatives, community nursing services, a social worker, community mental nursing, physiotherapy and general practitioners operating from three locations (Dingle, Annascaul and Castlegregory).

Team services commenced in 2003. A local profile of service requirements was completed. Initial protocols for enrolment, access and referral have been developed and the enrolment process for patients has commenced.

The team has agreed the first steps of an approach to monitoring and evaluation.

2. Supports to the Implementation Process

National Seminar

In March 2003, the Department of Health and Children convened a seminar which brought together representatives from the health boards and each of the ten primary care implementation projects, to discuss progress and to facilitate joint exploration and development of solutions to some of the practical issues which had arisen to date. Subsequently, arrangements have been put in place for ongoing liaison and discussion between all of the implementation projects.

Office for Health Management

The Department of Health and Children has engaged the Office for Health Management to provide a programme of supports to the development of the initial primary care teams. This has included supporting the development needs of the project managers, a teamworking support programme for the primary care teams and, jointly with the Irish College of General Practitioners, a workshop which enabled the GP members of the teams to explore the issues of particular concern to them.

Needs Assessment

Needs assessment is a systematic study of demographic, epidemiological, and other factors to describe gaps or discrepancies (for example, in terms of capital infrastructure, human resources, equipping and information and communications technology) that exist between the system of primary care as it exists now and what it will be required of it in the future.

One of the first steps required in the implementation plan for the Primary Care Strategy is the completion of needs assessments which will help to inform the planning and development of primary care services for the future. The coverage, composition and number of primary care teams will be informed by needs

assessments consistent with a population health approach. The process of needs assessment will be continuous and central to the implementation of the strategy. The Steering Group is of the view that it is a key matter to be addressed.

In 2002, the health board Chief Executive Officers established a group to co-ordinate the carrying out of a national high-level needs assessment for primary care under the chairmanship of Dr Kevin Kelleher, Director of Public Health, Mid-Western Health Board. Each health board had responsibility for the process in its functional area.

The key areas to be examined were:

- Demography and population projections
- Patterns of major chronic diseases, dependence and other primary care-based epidemiological data
- Geographical considerations
- Existing levels of health and social service provision, staff, IT, equipment and premises

It is intended that the outputs of this process will be collated into a single national document. Further work will also be undertaken on local level needs assessment to assist in informing national consideration of this matter.

Learning to Date

The process of developing primary care teams has yielded much useful experience, and will continue to do so as all of the teams become fully operational.

Clearly, those coming to the process have had to be open to exploring new ways of working, in many cases building on previous collaborative initiatives with colleagues in the same or other health professions. The developments to date are a reflection of the strong commitment of the front-line health professionals and the health board administrative staff involved, who have worked to address the many practical issues.

It has been necessary for the health boards, whose community services have generally been managed and supported separately from those provided by general practitioners, to allow new ways of working to be explored as part of the team development process. The leadership and support of senior health board management for the development process has facilitated significant progress in establishing many of the teams, as has the support of local professional managers.

One of the principal challenges posed has been that health boards must ensure that, in appointing additional staff, they do not exceed their authorised employment numbers. In a number of instances this has been cited as having delayed the putting in place of the full primary care team.

A key factor in advancing the teams' establishment has been the early appointment of a Project Manager to facilitate the development of the primary care team. The experience of the process led by these key individuals will, it is hoped, help to inform the process of wider roll-out in future years.

The team development process has seen the forging of effective partnerships between the statutory sector and independent practitioners. Teams have worked to develop their own sense of identity and a shared understanding of the roles and boundaries between the team members. This has been facilitated through dedicated teambuilding activities and joint planning, involving the front-line service providers.

Teams have endeavoured to engage with their communities and to effectively include them in the development proposals for their areas.

Some of other practical issues being addressed as the teams are established include:

- The realignment of service areas covered by some members of the primary care team with general practitioners' patient lists
- The identification of the catchment populations for the primary care teams and the arrangements for patient/client enrolment
- Arrangements for team meetings and teambuilding exercises
- Arrangements for the joint management of patient care
- Management of personal health information

In accordance with the service model, the effective operation of the primary care teams will require strong linkages between the team, the primary care network, community-based specialist teams and secondary care services. The ongoing development process in each primary care team will therefore address the improvement of co-ordination and integration between primary care and community-based and secondary care services. This is essential if teams are to realise their full potential and ensure that both primary and specialist needs of the population are addressed.

3. Strategy for Nursing and Midwifery in the Community

The Primary Care Strategy states that a Strategy for Nursing and Midwifery in the Community (NAMIC) will be developed. This strategy will seek to maximise the use of nursing/midwifery competencies in the provision of a needs-led high quality and sustainable primary care service. The strategy will also reflect the key principles of the National Health Strategy and the Primary Care Strategy. It will aim to ensure a sustainable nursing and midwifery service in the community that will effectively meet the needs of the population in primary care.

The Nursing Policy Division of the Department of Health and Children is leading the development of the strategy. The strategy will build on the recommendations of the Commission on Nursing (1998). In developing the future direction for nursing and midwifery in the community, the issues identified include the need for community nursing to respond to societal and health care changes and to develop a clear vision and an integrated structure for the delivery of nursing services in the community. The pace of change in the health service means that there will be increasing numbers of individuals and families seeking nursing care in the community.

The NAMIC Strategy is due to be published in 2004.

4. Human Resources, Education and Training

The Primary Care Strategy recognises that in order to deliver the new multidisciplinary model of service, planning and development of the human resource requirement for primary care within a whole health system national framework is required. Arrangements are required to ensure the availability of a qualified, competent and flexible workforce to meet the changing demands of the health system.

In recent years many initiatives have been taken in the area of human resources, including the publication of a range of reports on health personnel and areas of health service delivery which provide some guidelines in regard to the education, training and manpower requirements for paramedical, nursing and medical (Consultant and NCHD) staff.

The Primary Care Steering Group has considered a number of issues in relation to human resources, education and training for primary care.

The Group is concerned that manpower planning and training needs in respect of general practitioners in order to meet the requirements of the National Health Strategy - *Quality and Fairness* and Primary Care: A New Direction have not been fully considered and recommends that, at the earliest opportunity, the Department of Health and Children establish a national group to examine and make recommendations on GP education, training and manpower planning to meet these future requirements.

The work of the Primary Care Steering Group on Human Resources, Education and Training issues has included the following:

- Following a literature review, the group identified a number of key variables which support effective multidisciplinary teamworking in primary care settings in terms of: Education and Training at undergraduate and postgraduate levels, Organisational Processes and Change Management initiatives.

- An analysis of Primary Care Postgraduate training for health professionals indicated a wide variation in relation to the provision of Primary Care Education at undergraduate and postgraduate levels for all health professionals and this requires further examination.

- An analysis of current practice in the health boards in relation to formal and informal training/education provided to various health professions, with a particular focus on training/education with a multidisciplinary dimension, found that the current level of investment in training and education could not be identified. There is a need for a structured review of investment to focus on the outcomes from the investment in education and training in the Health Services.

The Group recommends that

- There should be a Common Module for Primary Care Training. There is a need for a National Health Service Training and Development Authority to co-ordinate and target training and development in the Health Services overall.

- The needs analysis process which has already been described should inform the human resource requirements in primary care for the immediate and the longer term.

- Human resource requirements should inform curriculum development and the training/education places made available.

- New learning tools and educational supports such as e-learning and "virtual school" etc. and approaches involving non-professionals and the Community and Voluntary Sector stakeholders should be developed.

- The Department of Health and Children should have an integrated manpower planning function. This section would have the lead role in developing and actioning intersectoral links between the Department of Education and Science, universities, colleges, professional bodies and service providers.

- The "core competencies" in Primary Care to support the competency based primary care model must be developed and supported. These competencies need to be mapped and benchmarked against international standards and practice. They should be reviewed on a regular basis relative to population health requirements.

- Health Services, based on needs analysis, should in future be in an informed position to commission professional competency-based educational programmes from education providers.

- Appropriate organisation and support of clinical placements for all health professionals in secondary, primary, community and continuing care settings for undergraduates within a multidisciplinary teamworking context should be developed.

- Training/Education programmes must be Quality Assured. This should be explored with the Health Information and Quality Authority (HIQA), and the Training and Education Bodies.

Teamworking

The Human Resources, Education and Training Sub-Group held a focus group day on Teamworking in Primary Care on 24th February 2004.

The group's considerations were informed by presentations on the theoretical characteristics of multidisciplinary based teamworking and included; an overview of team development and teamworking within the ten primary care team projects and the experience of the team development process to date in a primary care setting from the Portarlington Primary Care Team.

The outcome of the focused discussion is reflected in the following guidelines/ recommendations for developing teamworking:

Teambuilding	A formal Programme for Teambuilding should be undertaken at the earliest stage of team formation to enable team visioning and the development of an understanding of the communities involved.
State of Readiness	Appropriate development supports should be provided to each team according to their "state of readiness".
Population Health Focus	Primary Care Team service provision should be focused on meeting the health service needs of the population being served. This service focus should be informed by ongoing needs assessments.
Service Focus	The service focus of each primary care team should inform the roles and responsibilities of team members within a service context and with well-defined team tasks identified.
Service and Clinical Initiatives	Service and clinical initiatives should be developed to meet population health needs, with particular emphasis on health promotion and chronic disease management.
Advocacy	Primary Care Teams have the potential to develop key advocacy roles in reflecting and responding to the needs of local communities. This role should develop as appropriate within the ongoing partnership between the primary care teams, voluntary sector and local communities.
Communication	Primary Care Teams should communicate about the range of services provided to both the population served and other service providers.
Organisation/ Management Support	In establishing future primary care teams, health service organisations should ensure that organisational and management structures are supportive to team development.
Budgets and Accountability	Budgets and accountability should be devolved to primary care team level to ensure clarity around the level of resources available towards service application.

Governance Framework	There is a need to develop a national overarching governance framework within which primary care teams and primary care networks will operate as elements of a whole health system.
Leadership Role	The leadership role in the team is not explicit from the outset and is reflective in the main, of the 'life cycle' stage of the team • The leadership role may be assigned to one person or may be a shared or emergent or dynamic role • Increasingly as teams develop, the team leadership role is one of a facilitator/coach responsible for removing obstacles, facilitating team processes and supporting team members to build competencies.
Team Leader	Team leadership is critical for effective teamworking. The role of the team leader is to maximise the potential benefits of teambuilding while minimising the weaknesses. Three key tasks of the team leader are:- • managing the team • coaching team members • leading the team.
Performance Measurement	As primary care teams develop, performance measurement and audit tools should be utilised as appropriate in assessing this new service model. There is a need to identify performance indicators and outcome measures for primary care teams at the earliest opportunity.
ICT	The importance of developing appropriate ICT supports to achieve effective multidisciplinary working and integration across service areas cannot be underestimated. The ICON project in the Midland Health Board is an example of developing a model for Integrated Primary, Community and Continuing Care, building on appropriate technical support.
Integration	Primary Care Teams provide an effective key element in the integration between primary and secondary care by utilising processes such as integrated care pathways, shared care arrangements, referral pathways, discharge planning, key worker concept and improved access to diagnostic services. There is a need for some reorientation of service focus within secondary care to improve service integration based on these processes.

Submission to the Working Group on Undergraduate Medical Education and Training, from the National Primary Care Steering Group, March 2004

In 2003 the Minister for Health and Children and the Minister for Education and Science established a working group to examine and make recommendations relating to the organisation and delivery of undergraduate medical education and training in Ireland.

The Primary Care Steering Group, in exercising its role in providing policy advice, gave detailed consideration to a range of issues in relation to medical education and training which impact on the successful implementation of the Primary Care Strategy. It is the view of the Steering Group that the primary care service model and policy present a range of development requirements in the provision of appropriate education and training for Medical Practitioners at both undergraduate and postgraduate levels so as to ensure that practitioners are equipped with the appropriate skills and competencies for effective service delivery in the primary care setting. The group made a number of suggestions which it considered necessary to support:-

- The development of a range of common education modules for undergraduate medical, nursing and health and social care professionals.

- Appropriate organisation and support of clinical placements in both secondary and primary, community and continuing care settings for undergraduates within a multidisciplinary teamworking context.

- Development of new training modules at both undergraduate and postgraduate levels in: clinical governance; management skills; communication skills; social and community issues and influences; the national health policy context; population health focus requirements in terms of assessment, planning and measuring health impact; multidisciplinary teamworking and IT skills.

Suggestions

- There is a need to develop a national framework linked to HR and skills requirements of the health services as they develop in line with population health needs.

- A partnership approach is required between: Education providers, Professional organisations, health and social care policy makers and service providers.

- Framing of the recommendations of the Working Group within existing Exchequer resources is unrealistic.

- **Promotion of team working:**
  The Steering Group wishes to emphasise the importance of providing opportunities for medical undergraduates to train with other health and allied health professionals.

- **Clinical placements in primary care:**
  The group recommend that a substantial proportion of medical undergraduate clinical training should be provided in primary care and related community settings to reflect the increasing volume and complexity of health services provided in the community.

- **Management skills, leadership training & personal development:**
  There is a need for greater emphasis on training in management and quality issues and a need for work on personal and professional development, including the ability to reflect on management styles and interpersonal skills.

- **Training in scientific method:**
  There is a need for greater emphasis on training in the scientific method (including quantitative and qualitative methods) with a view to producing graduates with the skills to conduct research in diverse settings.

- **Communication skills:**
  Students need training and experience in communication skills in primary care settings and exposure to community participation and community development initiatives designed to make the health system more responsive to the needs of local communities. The group suggest that if we opt for graduate entry to medical school in Ireland we should recruit graduates from a wide range of academic backgrounds, including the humanities.

- **Public Health:**
  The group suggest that the broader determinants of health are addressed with appropriate detail and rigour throughout the medical undergraduate curriculum. Students need to be aware of the national health policy context and the broad objectives towards which all health professionals should be working.

- **Resources:**
  The group recommend that adequate resources are provided to support a model of medical undergraduate education based to a greater extent on small group teaching, teaching in the community, work on assignments and presentations (written and oral) and reflective self-directed learning. The medical schools need to affiliate more strongly with the community health services and GP practices by having teaching agreements, skilling courses and appropriate accommodation. This includes a need for investment in primary care sites in order to have accommodation in which students can learn on site.

The Steering Group is concerned that the traditional medical curriculum, with its dichotomy between "pre-clinical" and "clinical" sciences, and its reliance on didactic teaching methods is excessively narrow and reductionist. There is a view that the culture and values transmitted by the current model of undergraduate teaching is inherently conservative. It does not stimulate reflection on the fundamental determinants of health locally, nationally or globally, the role of the doctor as a citizen and advocate for health or reflection on the appropriateness and equity of health systems.

5. Other Implementation Issues

A wide range of considerations and issues must be addressed in the course of implementation of the primary care model, at both a strategic and a more localised level.

The Primary Care Steering Group, though its Services Sub-Group, has undertaken a comprehensive SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis. This will help to inform the work of the Steering Group and will also be of benefit in informing future decisions and actions in relation to the development of primary care teams and the overall implementation of the strategy.

The Group has also carried out a review of models for multidisciplinary primary care provision in other health systems. This concentrated mainly on the systems in Australia, Canada, New Zealand, and the United Kingdom.

The analysis highlighted the following conclusions and issues that will need to be addressed in the course of implementation:

Public/Private Mix

- A detailed eligibility system for all income categories
- Possible private sector co-funding for primary care development

Cross/Inter-referral and Teamwork

- Organisational and systems supports including:
  - ⇨ Referral protocols within team and to other parts of health system
  - ⇨ Shared electronic health records and shared care
  - ⇨ Clear accountability for the client's path through the system
  - ⇨ Where appropriate, basing team members in a single location
  - ⇨ Opportunities to share information
  - ⇨ Inter-professional training.

Person-Centred Services/Communication with clients

- Ensuring person-centred services
- Teams and networks establishing ongoing relationship with populations
- Time management issues for team and network members

Community Participation

- Incorporating consumer view in planning, delivery and monitoring of services
- Facilitation of local democracy and communication between services and communities

- Need for education and capacity-building for communities
- Reconciling conflicting views and demands

Health Promotion

- Targeting all groups in the community and mainstreaming health promotion in primary care
- Providing a wellness-centred model
- Addressing relevant non-health service determinants of health and well-being
- Appropriate measurement of health promotion initiatives and evaluation of existing initiatives

Human Resource Issues

- Addressing shortage of some primary care health professionals
- Flexible and innovative working arrangements to accommodate the range of employment and working relationships
- Developing and expanding contracts to enhance performance and respond to service requirements
- Time commitment to effective communication within teams and networks

Primary Care and the Wider Health System

- Communication between primary care team and network and with the specialised secondary care multidisciplinary team
- Developing models of care for the primary care teams and networks

Governance and Reporting Protocols

- Development of governance arrangements
- Ensuring synergy between good teamwork and good governance
- Ensuring efficient administrative arrangements
- Addressing concerns that model might threaten clinical independence

Flexible Services/Out of Hours Services

- Development of extended hours and out-of-hours services to provide improved patient access
- Meeting increased human resources demand
- Possible cost implications
- Staff safety issues
- Measures to address inappropriate use of services outside regular hours

6. Community Involvement

The Primary Care Strategy contains a commitment to the strengthening of community participation in primary care, by encouraging and facilitating the involvement of local community and voluntary groups in the planning and delivery of primary care services.

In the first instance, this is being given effect in the development of the initial group of primary care teams. The health boards, which have the lead role in the process, have been exploring different mechanisms to begin the process of engaging with communities and users of primary care services. On a wider front, the health system needs to interact with users of the full range of primary care and community services and in 2002 the Health Boards Executive (HeBE) published guidelines on a health service approach to community participation. These guidelines are not intended to be prescriptive but to give national leadership while promoting local ownership.

The Primary Care Steering Group, through its sub-group on Community Involvement, is also considering how at both a strategic and an operational level, community involvement in the planning and delivery of primary care services can be given practical effect.

The group's work has included

- A review of published material that reflects and explores the issues raised around community involvement; primary health care, training for communities, health inequalities and population health
- Visits to community-based projects and learning from the experience of the initial implementation projects
- A workshop which explored the concepts of community involvement and discussed approaches to engaging with communities

Some of the challenges to be addressed are:

- The need for involvement of communities to be accepted as a "resource" and not seen as a possible "threat"
- The best means of ensuring adequate and appropriate community representation
- Approaches to effectively engage communities at all levels and involve them in assessment, implementation, monitoring and evaluation processes
- How to link national service providers and local communities on issues of local importance
- Development of joint learning and teambuilding

Drawing on the outcomes from the workshop and learning from the group's other work to date, a practical guide to the application of a Community Involvement approach to the planning and delivery of primary care services, including models of good practice, will be prepared.

An audit of current health service/community interaction at regional level is also being carried out.

As the new primary care model involves a needs-based approach, the group also plans to undertake further work on the role of the community in needs assessment and how local community resource people and projects, which can facilitate community involvement in needs assessment, might be identified.

7. Quality Assurance in Primary Care

Quality is one of the core principles of the National Health Strategy, Quality and Fairness. It is also a fundamental principle of the Primary Care Strategy. Quality in health means that evidence-based standards are set in partnership with service users and are externally validated. It also means that continuous improvement is valued.

Framework for Quality Assurance in Primary Care

In December 2003 the Primary Care Steering Group agreed and submitted to the Department of Health and Children a Framework for Quality Assurance in Primary Care. The document was prepared by the Quality Sub-Group of the Steering Group.

In the development of the framework the Group sought to establish a definition for quality in relation to the primary care model. Quality assurance systems for primary healthcare in place in other jurisdictions were reviewed. The framework took into account the decisions of Government regarding the Health Service Reform Programme and the proposed new national structures which include the Health Information and Quality Authority. The quality assurance framework recommended is based on the model of an Accreditation Scheme.

The framework recommends the early establishment of the Health Information and Quality Authority (HIQA) and the establishment by HIQA of a National Primary Care Quality Group. The role of this group would be to advise and provide expert reference for HIQA concerning Quality and Quality Assurance in the delivery of Primary Care Services. It would also oversee the development of an Accreditation Scheme for Primary Care. The proposed framework outlines the roles and responsibilities envisaged at each level of the health system to develop and support quality assurance in Primary Care.

Some of the issues and challenges to be addressed in the development of an Accreditation Scheme are:

- Organisational commitment to quality
- Impact on equity and meeting the needs of disadvantaged groups
- Reducing inequalities in health and ensuring equality of outcomes

The involvement of service providers, users, communities and other key stakeholders is recommended in the development of the standards and frameworks, which should also address integration within primary care services and between the primary, secondary and continuing care sectors.

Enablers such as the provision of incentives to promote the quality agenda and the establishment of a quality assurance framework in the first implementation projects are recommended.

The potential difficulties in promoting and establishing Quality Assurance, if the framework is heavily reliant on measurement techniques, are recognised. It is essential to get the right balance between qualitative and quantitative data, to achieve continuous quality improvement.

8. Initiatives to widen impact of Strategy

Baseline Survey

The National Primary Care Steering Group has established a sub-committee under the chairmanship of Professor Tom O'Dowd, Department of Community Health and General Practice, Trinity College Dublin, with the remit to consider how to assess and monitor the current status and performance of the Irish primary care system in order to document the impact of the Primary Care Strategy over time and benchmark performance against other systems internationally.

Building Healthy Communities

In 2003, the Department funded two Combat Poverty Agency community development projects in the "Building Healthy Communities" initiative. The Department is funding three projects under this programme in 2004.

Health Action Zones

The Health Action Zone concept involves focusing on particular areas of disadvantage and tailoring a range of health services to the needs of those areas to address health inequalities and modernise services through local innovation in partnership with local communities. The Department has funded the Southern Health Board for a three-year period to establish two Health Action Zone projects in the Knocknaheeny/Churchfield and Mayfield/The Glen areas of Cork city.

Primary Care Conference, 23 & 24 October 2002

Held in Galway, this was the first conference organised at a national level to discuss, in partnership with stakeholders, the implementation of the strategy document, Primary Care A New Direction. The objectives were to facilitate debate between the interests involved and to develop ideas on the key themes and issues which arise during the implementation process. The event was considered very successful and a useful step in the process of developing a partnership between a spectrum of professional and client/consumer interests who have not had such close linkages heretofore.

Primary Care Website

A website www.primarycare.ie has been live since April 2004. The site provides information on the primary care strategy and its implementation. The content reflects the activities and achievements to date at national level and also the progress made at health board and local level in the establishment of the first teams providing interdisciplinary and person-centred primary care in line with the strategy.

Research and Academic Activity

The Strategy identifies the creation of a high-performing research and academic community as an integral part of the development of primary care. A number of developments have been initiated in support of this aim:

Research Fellowships in Primary Care

The Department of Health and Children has funded three Research Fellowships in Primary Care in the University Departments of General Practice. The fellowships, which were awarded in November 2003, enable the researchers to work over a three-year period on topics relevant to the implementation of the Primary Care Strategy.

The topics being examined are:

1. Developing and evaluating community involvement in primary care.
2. Evaluation of a lengthened and multidisciplinary consultation model in a socially deprived community.
3. Patterns of primary health care utilisation and referral and determinants of such utilisation in 1,000 families.

University Departments of General Practice

In 2003 the Department of Health and Children provided funding over a three-year period to the University Departments of General Practice to facilitate specific activity in support of the implementation of the Primary Care Strategy. The concept of collaborative working by primary care professionals will be developed and supported through a range of different education and research initiatives and through enhanced collaboration with relevant departments and institutions.

Irish College of General Practitioners

The Department has also funded the appointment of a Research Development Officer in the Irish College of General Practitioners for a three-year period. This will support the development of research skills among General Practitioners.

The Department has also provided funding to the College in 2002 and in 2003 in respect of a research project on the delivery of general practice services in a multicultural society.

9. Ongoing Implementation

The health boards are pursuing a number of approaches to the wider implementation of the Primary Care Strategy. These include:

Collaboration and Co-operation

In order to lay the groundwork for the formation of further primary care teams, health boards are actively developing initiatives to achieve greater collaboration and co-ordination between primary care service providers.

This includes

- Building and fostering working relationships between primary care professionals, and also with appropriate secondary and community care resources
- Developing collaborative/co-operative agreements and care/case management and referral guidelines

The Mid Western Health Board and the East Coast Area Health Board are developing plans for the development of primary care in the context of their selection as the Phase 1 regions for the implementation of Phase 1 of the Report of the National Task Force on Medical Staffing (Hanly Report).

Ongoing Planning

The health boards are also planning with reference to needs, demographic data, etc., the location and numbers of future primary care teams and how existing resources can be reconfigured to enable services to be delivered in line with the new interdisciplinary model.

Resources

The Strategy recognises that there is a requirement for increased investment in human resources, physical infrastructure and information and communications technology so as to build primary care capacity over the implementation period. While some additional resources have been provided to date, the Steering Group is strongly of the view that substantial and sustained investment will be needed in the years ahead, to provide the additional capacity to implement the strategy and implement the model on a system wide basis.

Framework to guide the development of Primary Care Teams and Primary Care Networks

This document has been prepared by the Department of Health and Children to inform the implementation process by setting out clearly the key principles underpinning the Primary Care Strategy and expanding on the thinking underlying these. The Primary Care Steering Group has also considered the document and its members' views have been taken into account. It sets out key considerations when establishing primary care teams and networks. As such, it represents a further stage of evolution of policy following on the publication of the strategy document Primary Care: A New Direction. It is envisaged that further policy documents on specific aspects of the model will be developed as the process of implementation proceeds.

Health Service Reform

The Primary Care Steering Group has given detailed consideration to the implementation of the Primary Care Strategy in the context of the Health Service Reform Programme. The Steering Group acknowledged that the reform programme provided significant opportunities for the successful implementation of the Strategy. The Steering Group made a series of recommendations on issues it considered to be critical in order for the reform process to support implementation of the Primary Care Strategy. These reflected a wide range of stakeholders' views on primary care development requirements.

While recognising that work is ongoing to provide for clear statutory provisions on entitlement, the Steering Group considers that universal free access to primary care services should be a long-term aspiration in the provision of health services in Ireland.

The Steering Group considers that the reform programme should strongly support and facilitate Primary Care Reform. This requires ongoing action to achieve the objectives set out in the Primary Care Strategy throughout the duration of the restructuring programme. It is also considered very important that national initiatives involving a greater number of primary care service providers should be implemented on an ongoing basis to ensure wider ownership and mainstreaming of policy principles.

The Primary Care Strategy recognises that the physical infrastructure to support the roll-out of the new team-based model of primary care delivery will need to be significantly improved. The Steering Group wishes to emphasise the urgent need for this in terms of a both significant publicly funded capital programme and the provision of Tax Incentives for capital development schemes. The Group also proposes an inter-sectoral approach to the provision of primary care infrastructure.

The Steering Group stresses that management of the reform programme should include timely and ongoing communication with stakeholders on the progress and implementation of the reforms.

The Steering Group's other key recommendations were that:

- A Primary Care Division should be established within the Department of Health and Children and a primary care division or function should be established within the Health Service Executive, with a specific budget to drive forward implementation of the strategy
- The geographical areas of responsibility of Regional Health Offices should be co-terminous with those of the Acute Hospital Networks
- Planning for service provision must be informed by population health needs within an overall national plan
- Human Resource and Manpower requirements necessary to enable implementation of the Primary Care Strategy should be addressed as an integral part of a comprehensive Human Resources and Manpower plan for the health services
- Education and training for managers at all levels in the service needs to be streamlined to achieve a standardisation of key skills and critical competencies sets
- The Health and Information and Quality Authority (HIQA) should include a Primary Care Division
- The development and early implementation of a unique patient identifier together with the introduction of an electronic patient record (EPR) should be progressed urgently
- A democratic/ethical model should be established to facilitate the involvement of local community and voluntary groups at all levels in the new structures proposed
- An implementation plan for achieving the National Anti Poverty Strategy targets should be incorporated in the service planning process of the new structures
- Future legislation should provide for flexibility in organisational structures for delivery of primary care services, but in line with the principles and philosophy of the Primary Care Strategy
- Budgets and autonomy should be devolved to front line managers or as close to service/user interface as possible

Appendices

Appendix 1

National Primary Care Steering Group - Membership

Name	Organisation
Professor Ivan J. Perry	Chairman (Professor of Epidemiology and Public Health, University College Cork)
Donal St. A. Atkins	Irish Dental Association
Dr Michael Boland	Irish College of General Practitioners
Professor Colin Bradley Note 1	Association of University Departments of General Practice of Ireland
Elizabeth Broderick	SIPTU
Roger Butterworth	Irish Chiropodists'/Podiatrists' Organisation
Kevin Callinan	Nursing Alliance (IMPACT)
Theresa Carroll	SIPTU
Dr Colm Costigan	Irish Hospital Consultants' Association
Sr. Sheila Cronin	Community and Voluntary Pillar, CORI
Marie Culliton	Academy of Medical Laboratory Science
Angela Daly Note 2	Combat Poverty Agency
Liam Doran	Nursing Alliance (Irish Nurses' Organisation)
Mary Durkin Note 3	Nursing Alliance (SIPTU)
Enda Egan	Carers' Association
Monica Egan	Irish Association of Social Workers
Grainne Flanagan-Rughoobur Note 4	Irish Nutrition and Dietetics Institute
Patricia Godwin	Society of Chiropodists and Podiatrists of Ireland
Mary Gorman Note 5	Irish Society of Chartered Physiotherapists
Bernie Hyland Note 6	Health Board CEOs (North Western Health Board)
Dr Siobhan Jennings	Health Board CEOs (Eastern Regional Health Authority)
Des Kavanagh	Nursing Alliance (PNA)
Dr Kevin Kelleher	Health Board CEOs (Mid Western Health Board)
Dr Jim Kiely	Department of Health and Children
Pamela Logan Note 7	Irish Pharmaceutical Union
Stephanie Manahan	Association of Occupational Therapists of Ireland
Mary McCarthy	Department of Health and Children
Ann McGee	Pharmaceutical Society of Ireland

Stephen McMahon	Irish Patients' Association
Tom Mooney	Department of Health and Children
Aoife Moran Note 8	Psychological Society of Ireland
Catherine Nolan Note 9	Irish Advocacy Network
Barry O'Brien	Higher Education Authority
Mary O'Connell Note 10	Health Board CEOs (East Coast Area Health Board)
Eileen O'Farrell Note 11	Nursing Alliance (Irish Nurses' Organisation)
Brigid Quirke	Pavée Point
Niamh Randall	Community and Voluntary Pillar
Dr James Reilly	Irish Medical Organisation
Dr Eamonn Shanahan Note 12	Irish College of General Practitioners
Michael Smith	Health Board CEOs (North Eastern Health Board)
Mary Walsh Note 13	Irish Association of Speech and Language Therapists
Maureen Windle	Health Board CEOs (Northern Area Health Board)

1. Professor Tom O'Dowd was the nominated representative to January 2004
2. Clare Farrell was the nominated representative to September 2002
3. Oliver McDonagh was the nominated representative to November 2002
4. Dara Morgan was the nominated representative to February 2004
5. Joyce Worrell was the nominated representative to January 2004
6. Tom Kelly was the nominated representative to March 2004
7. Janet Dillon was the nominated representative to March 2004
   Paul Fahey was the nominated representative from April to May 2004
8. Patricia White was the nominated representative to December 2002
9. Paddy McGowan was the nominated representative to January 2004
10. Kevin McCarthy was the nominated representative to August 2002
    Cate Hartigan was the nominated representative from September 2002 to December 2003
11. Maria Molloy was the nominated representative to March 2003
12. Dr Richard Brennan was the nominated representative to April 2004
13. Emma Gonoud was the nominated representative to January 2004

Dr Cormac Macnamara R.I.P. was a representative for the Irish Medical Organisation to March 2004

Appendix 2

Sub-Groups of the National Primary Care Steering Group

Sub-Group on Human Resources, Education and Training

Terms of reference

Having regard to the principles, objectives and actions as set out in the National Health Strategy 'Quality & Fairness - *A Health System for You*', the National Primary Care Strategy 'Primary Care – A New Direction' and the National Health Information Strategy and to the new national structures proposed thereunder, including the Health Information & Quality Authority, the National Hospitals Agency and the Primary Care Task Force

- To examine models for primary care education, training and human resource planning in other health care systems, both within and between professional groups

- To examine the strengths, weakness, opportunities and threats for primary care education, training and human resource planning in Ireland

- To liaise as appropriate with multidisciplinary stakeholders in the development of a Human Resources, Education and Training framework in primary care

- To make prioritised recommendations for interdisciplinary primary care education, training and human resource planning for the coming seven to ten years, to include:

    - ⇨ To identify models for continuing professional and personal development programmes for Primary Care Service providers
    - ⇨ To identify and develop the establishment of joint training initiatives to effect multidisciplinary Teamworking
    - ⇨ To develop a national framework for achieving closer integration in both Undergraduate and Postgraduate training in the health sector

- To liaise appropriately with the other sub-groups of the Primary Care Steering Group and with the Primary Care Task Force

- To provide progress reports at each Steering Group meeting

Membership

Maureen Windle (Chair)	Health Board CEOs (Northern Area Health Board)
Roger Butterworth	Irish Chiropodists'/Podiatrists' Organisation
Antoinette Doocey	Primary Care Task Force
Liam Doran	Nursing Alliance (INO)
Des Kavanagh	Nursing Alliance (PNA)
Mary McCarthy	Department of Health and Children
Barry O'Brien	Higher Education Authority
Mary O'Connell Note 1	Health Board CEOs (East Coast Area Health Board)
Niamh Randall	Community and Voluntary Pillar
Dr Eamonn Shanahan Note 2	Irish College of General Practitioners
Michael Smith	Health Board CEOs (North Eastern Health Board)
Mary Walsh Note 3	Irish Association of Speech and Language Therapists

1. Kevin McCarthy was the nominated representative to August 2002 and Cate Hartigan was the representative from September 2002 to December 2003
2. Dr Richard Brennan was the nominated representative to April 2004
3. Emma Gonoud was the nominated representative to January 2004

Karen Burke, Primary Care Task Force to December 2002

Sub-Group on Services Issues

Terms of Reference

Having regard to the principles, objectives and actions as set out in the National Health Strategy 'Quality & Fairness - *A Health System for You*', the National Primary Care Strategy 'Primary Care – A New Direction' and the National Health Information Strategy and to the new national structures proposed thereunder, including the Health Information & Quality Authority, the National Hospitals Agency and the Primary Care Task Force

- To examine models for multidisciplinary primary care provision in other health care systems

- To examine the strengths, weakness, opportunities and threats in relation to the provision of integrated primary care in Ireland in line with the model set out in the Health Strategy

- To liaise as appropriate with multidisciplinary stakeholders in the development of multidisciplinary service provision in primary care

- To liaise appropriately with the other sub-groups of the Primary Care Steering Committee and with the Primary Care Task Force

- To provide progress reports at each Steering Group meeting

- Having regard to the services to be provided and activities to be undertaken under the Primary Care Strategy, by primary care teams and networks, to examine the following issues and to make recommendations as appropriate regarding:

    - ⇨ Governance, management, leadership and accountability in primary care teams and networks
    - ⇨ The range of services to be provided, both medical, nursing and those delivered by health and social care professionals
    - ⇨ Treatment and curative services
    - ⇨ Screening, immunisation and other preventative and health promoting activities

- Special focus services
- Special clinic sessions
- Group activities for health and social gain
- Infrastructural requirements
- Intersectoral links and actions

Membership

Dr Michael Boland	Irish College of General Practitioners
Kevin Callinan	Nursing Alliance (IMPACT)
Sheila Cronin	Community and Voluntary Pillar (CORI Health Office)
Mary Durkin Note 1	Nursing Alliance (SIPTU)
Enda Egan	The Carers' Association
Grainne Flanagan-Rughoobur Note 2	Irish Nutrition and Dietetics Institute
Patricia Godwin	Society of Chiropodists and Podiatrists of Ireland
Mary Gorman Note 3	Irish Society of Chartered Physiotherapists
Bernie Hyland Note 4	Health Board CEOs (North Western Health Board)
Pamela Logan Note 5	Irish Pharmaceutical Union
Aoife Moran, Note 6	Psychological Society of Ireland
Stephanie Manahan	Association of Occupational Therapists of Ireland
Stephen McMahon	Irish Patients' Association
Dr Chris McNamara	Primary Care Task Force
Dr James Reilly	Irish Medical Organisation

1. Oliver McDonagh was the nominated representative to November 2002
2. Dara Morgan was the nominated representative to February 2004
3. Joyce Worrell was the nominated representative to January 2004
4. Tom Kelly was the nominated representative and Chair of the Sub-Group to March 2004
5. Janet Dillon was the nominated representative to March 2004
   Paul Fahey was the representative from April to May 2004
6. Patricia White was the nominated representative to December 2002

Tadhg O'Brien, Primary Care Task Force to March 2003

Sub-Group on Quality

Terms of reference

Having regard to the principles, objectives and actions as set out in the National Health Strategy 'Quality & Fairness - *A Health System for You'*, the National Primary Care Strategy 'Primary Care – A New Direction' and the National Health Information Strategy and to the new national structures proposed thereunder, including the Health Information & Quality Authority, the National Hospitals Agency and the Primary Care Task Force

- To examine models for quality and quality assurance in other health care systems, both within and between professional groups
- To examine models for integration within the primary care sector and between the primary and secondary care sectors
- To examine the strengths, weakness, opportunities and threats for quality, quality assurance and integration in Ireland
- To provide leadership and be advocates for quality and integration initiatives within primary care
- To liaise as appropriate with multidisciplinary stakeholders in the development of frameworks for quality and integration to be developed by the Primary Care Task Force, the Health Information and Quality Authority and health boards
- To make prioritised recommendations for quality, quality assurance and integration planning for the coming seven to ten years
- To liaise appropriately with the other sub-groups of the Primary Care Steering Group and with the Primary Care Task Force
- To provide progress reports at each Steering Group meeting

Membership

Dr Jim Kiely (Chair)	Department of Health and Children
Theresa Carroll	SIPTU
Dr Colm Costigan	Irish Hospitals Consultants' Asssociation
Marie Culliton	Academy of Medical Laboratory Science
Angela Daly Note 1	Combat Poverty Agency
Monica Egan	Irish Association of Social Workers
John Hayes	Primary Care Task Force
Dr Tony Holohan	Primary Care Task Force
Dr Siobhan Jennings	Health Board CEOs
Ann McGee	Pharmaceutical Society of Ireland
Catherine Nolan Note 2	Irish Advocacy Network
Eileen O'Farrell Note 3	Nursing Alliance (INO)
Brigid Quirke	Pavée Point

1. Clare Farrell was the nominated representative to September 2002
2. Paddy McGowan was the nominated representative to January 2004
3. Maria Molloy was the nominated representative to March 2003

Dr Alan Smith, Department of Health and Children, January to June 2003

Dr Cormac Macnamara R.I.P. was a representative for the Irish Medical Organisation to March 2004

Sub–Group on Community Involvement and Health

Terms of reference

Having regard to the principles, objectives and actions as set out in the National Health Strategy 'Quality & Fairness - *A Health System for You'*, the National Primary Care Strategy 'Primary Care - A New Direction' and the National Health Information Strategy and to the new national structures proposed thereunder, including the Health Information & Quality Authority, the National Hospitals Agency and the Primary Care Task Force

- To outline the benefits of community involvement in the planning and delivery of primary care services, using international literature and examples and recognising a population health approach as outlined and supported in the health strategies;

- To produce a “What is” and a “How to” guide to the application of a Community Involvement approach to the planning and delivery of primary care services, including models of good practice;

- To identify appropriate learning outcomes regarding community involvement in the planning and delivery of primary care services and which may be included in undergraduate and postgraduate training in the health sector;

- To consider the following issues and make recommendations regarding:

    - ⇨ Models of community participation in needs assessment
    - ⇨ The production of a training course/pack to facilitate the development of a health agenda within the community sector insofar as primary care services are concerned
    - ⇨ Use of equality-proofing templates in the design and the evaluation of primary care services

- To liaise appropriately with the other sub-groups of the Primary Care Steering Group and with the Primary Care Task Force

- To provide progress reports at each Steering Group meeting

Membership

Brigid Quirke (Chair)	Pavée Point
Teresa Carroll	SIPTU
Sheila Cronin	Community and Voluntary Pillar (CORI)
Angela Daly	Combat Poverty Agency
Monica Egan	Irish Association of Social Workers
Fergal Goodman	Primary Care Task Force
Mary Gorman Note 1	Irish Society of Chartered Physiotherapists
Dermot Halpin	Primary Care Task Force
Stephanie Manahan	Association of Occupational Therapists of Ireland
Stephen McMahon	Irish Patients' Association
Aoife Moran Note 2	Psychological Society of Ireland
Catherine Nolan Note 3	Irish Advocacy Network
Niamh Randall	Community and Voluntary Pillar

1. Joyce Worrell was the nominated representative to January 2004
2. Patricia White was the nominated representative to December 2002
3. Paddy McGowan was the nominated representative to January 2004

Dara Morgan, Irish Nutrition and Dietetics Institute to February 2004

Appendix 3

Primary Care Task Force

Membership

Antoinette Doocey	On full-time secondment from North Eastern Health Board
Fergal Goodman	Project Co-ordinator, Department of Health and Children
Dermot Halpin	On part-time secondment from South Eastern Health Board (from September 2003)
John Hayes	On part-time secondment from Western Health Board
Dr Tony Holohan	Deputy Chief Medical Officer, Department of Health and Children (on secondment to the interim Health Service Executive from March 2004)
Dr Chris McNamara	General Practitioner and Medical Advisor, GMS Division, Department of Health and Children

Karen Burke	On part-time secondment from Eastern Regional Health Authority (April to December 2002)
Tadhg O'Brien	On part-time secondment from North Eastern Health Board (April 2002 to March 2003)
Dr Jane Renehan	On part-time secondment from Northern Area Health Board (January to June 2003)