Health Service Reform Programme

Submission of the Primary Care Steering Group to the Department of Health and Children

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Introduction

The Primary Care Steering Group met on the 23rd and 24th September 2003 to discuss the ongoing implementation of the Primary Care Strategy in the context of the Health Service Reform Programme and welcome the opportunity to make recommendations in this regard to Mr Michael Kelly Secretary General DOH&C.

The Primary Care Steering Group plays an important role as a committed advisory body, in the overall implementation of the Primary Care Strategy in leading on capacity building through the development of multidisciplinary primary care teams and networks. The multidisciplinary membership (See Appendix 1) includes representation from the medical and nursing professions, health and social care professionals, statutory agencies, service providers and consumer interest groups. The recommendations therefore reflect a wide range of stakeholders' views on primary care development requirements throughout the reform programme.

At the outset the steering group acknowledges that the reform programme provides significant opportunity for the successful implementation of the primary care strategy. The implementation phase of ten project Primary Care Teams (PCTs) has to-date provided valuable information in relation to current barriers to successful implementation which may now be addressed within the overall reform process.

Key themes arising from the discussions formed the basis for the following recommendations which are considered by the steering group to be critical elements in achieving successful reform.

New structures – Organisation and Processes

The opportunity to design new organisational structures for the delivery of health and social care services is a valuable opportunity to 'get it right' for the future. However the change process itself must address a range of service and management elements including people issues, concurrently, while remaining true to the overall service aim of providing quality person-centred care for patients, their carers and the communities served. Organisations therefore should be organised around key processes rather than specialist functions underpinned by the principle of multidisciplinary teamworking.

The creation of a consolidated healthcare structure which provides for the establishment of two main service delivery pillars within the HSE (PCC & Acute Sector overseen by the NHO) will support a more transparent and accountable management system. However the service integration element is vital in achieving a continuum of care on behalf of all service users and in preventing the duplication and overlapping of valuable service resources. The Primary Care Strategy has emerged as an important building block in the drive to shift the balance from care to prevention. This objective will require sustained support and an informed approach to future planning of primary care services. Primary care needs to be at the core of the health service delivery structures in order to manage these services in an effective manner.

Recommendation 1
A Primary Care Division should be established within the Department of Health and Children. A primary care division or function should be established within the HSE with a specific primary care budget to drive forward implementation of the strategy, to fund primary care developments and overall service provision. This division should lead on the mainstreaming of primary care policy, ensuring both an integrated approach to future primary care developments and that appropriate integration and communication processes exist between primary and acute care services, primary and community and continuing care. This organizational structure should be similarly reflected at regional (RHO) and local (LHO) levels.

Recommendation 2
The geographical areas of responsibility of Regional Health Offices should be co-terminous with those of the Acute Hospital Networks, to ensure the provision of an integrated service to a defined population group. This is also in keeping with the aim of providing responsive and appropriate care in an appropriate and acceptable service setting to the patient and their carers.

Recommendation 3

Primary Care should be represented at all levels in the Primary, Community and Continuing Care Directorate and the National Hospitals Office to ensure that service developments are aligned to service developments in primary care and the vision of the primary care strategy, thereby supporting a "whole systems" approach to service planning and delivery**.**

Recommendation 4

Planning for service provision must be informed by population health needs within an overall national plan. The population health function will play an important role in supporting a needs based planning approach at HSE level which can then inform the service planning objectives of the four RHOs. Decisions and funding allocations at all levels should be informed by a needs assessment process.

Recommendation 5

A needs based planning process should be incorporated at each level (DoH&C, HSE, RHO, LHO, PCT) through appropriate arrangements. Appropriate responsibilities should be assigned at each level (see Appendix 2, Diagram 1.) This would include the establishment of population health functions at required levels within the new structures.

Recommendation 6

The 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 as a whole.

Recommendation 7

The Health and Information and Quality Authority (HIQA) should include a Primary Care Division. This is regarded as an **urgent** requirement in terms of HIQA providing leadership in the development of national frameworks for quality assurance/accreditation and promotion of strategic development of information, communications and health technologies within the system. This will support the collection and collation of data, facilitate quality, governance and accountability and inform the service planning and decision-making processes across the primary care system.

Recommendation 8

The **Health and Information and Quality Authority** should also actively promote a research and development culture to inform ongoing primary care development.

Recommendation 9

The development and early implementation of a unique patient identifier together with the introduction of an electronic patient record (EPR) should be progressed as a matter of urgency. It is recognised that the introduction of these systems will require enabling legislation to address patient privacy and confidentiality issues. The development of these systems and the linkages they will enable will support the core principles of team-working and integration central to the primary care model. The implementation of the National Health Information Strategy, currently being prepared by the Department of Health and Children, is also seen as a key element in mainstreaming the implementation of the primary care model.

Community and User Involvement

Recommendation 10

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. This mechanism should also develop the capacity of the community to adequately represent community in needs assessment, service planning and the monitoring and evaluation process.

Recommendation 11

An implementation plan for achieving the National Anti Poverty Strategy targets should be incorporated in the service planning process of the new structures established. Poverty proofing should be introduced throughout the health system and investment must be targeted to areas of deprivation informed by assessed needs for population health.

Policy support requirements for implementation of strategy

Recommendation 12

Revised/future legislation should provide the basis for a range of flexibilities in organisational structures for delivery of primary care services while at the same time accommodating the model of eligibility established as Government policy. The potential for public agencies to commission/purchase primary care services including, for example, Health Promotion, Preventative and Screening Services should also be explored.

Recommendation 13
There is an urgent requirement for major capital investment in terms of a significant publicly funded capital programme and the provision of Tax Incentives for capital development schemes. Opportunities to invest in primary care facilities should be available to all members of the primary care teams and networks in addition to other third party investors.

Recommendation 14
Primary care service developments involving public/private partnerships must retain the principles and philosophy of the Primary Care Strategy. Policy support should be provided to define and encourage public-private partnerships including clear guidelines for the establishment of primary care teams and networks. The long term cost implications of using public-private partnerships as a source of funding public health services should be examined.

Recommendation 15
The adoption of an inter-sectoral approach to the provision of primary care infrastructure is required by way of obliging the Local Authority planning process to include a requirement for developers to provide suitable sites and/or premises for the provision of primary health care services. This is an urgent requirement in the rapidly expanding urban areas and satellite towns.

Managing change

Successful and efficient implementation of the reform process is critical to support, develop and mainstream the Primary Care Strategy. The reforms require structural, process and cultural change. Experience in other jurisdictions has shown that leadership from the top and at all levels in an organisation or service system is vital in achieving effective reform. The change management approach employed needs to be multifaceted to effectively target a wide range of barriers and anomalies to ensure fundamental as opposed to surface or cosmetic change. It is essential not to forget the people in the change process while also addressing the accountability and efficiency issues. A concrete level of trust must be fostered between the Department of Health and Children, service providers and other stakeholders to secure effective and real partnership throughout the reform process.

Recommendation 16
Management of the reform programme should include timely and ongoing communication with stakeholders on the progress and implementation of the reforms.

Recommendation 17
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, at appropriate levels in the organisation's planning and delivering health services. This approach should reflect a more standard process in the management of services thereby supporting effective delivery across the system and facilitating more efficient monitoring and evaluation processes.

Recommendation 18
Budgets and autonomy should be devolved to front line managers or as close to service/user interface as possible.

Recommendation 19
Relevant objectives of the Primary Care Strategy should be referenced in the remit of each Action Project. Each stage in the implementation of the reform programme should be "primary care strategy-proofed".

Recommendation 20
The reform programme should not sideline the Primary Care Reform programme already underway but should aim to support it. **This requires ongoing action to achieve the objectives set out in the Primary Care Strategy throughout the duration of the restructuring programme. A number of 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.

Recommendation 21
Provision for research and development on the implementation process of the Reform Programme should be made. A monitoring and evaluation framework should also be established.

Conclusion

As it is universally acknowledged that primary care is the cornerstone of modern health services the objectives of the primary care strategy should be a priority for all components of the wider health system. In order to meet its full potential primary care must be adequately resourced and given parity of esteem with the acute sector within the organisation of Irish health care services.

The health service reform programme provides for the rapid development of critical enablers for the successful implementation of the primary care strategy in terms of introducing immediate legislative changes to support current policy.

Structures to facilitate the generation of additional resources for the development of primary care are to be encouraged and specific incentives to harness the existing entrepreneurial spirit to the benefit of primary care services should be developed as a priority.

While it is recognised 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 Primary Care Steering Group appreciate this opportunity to provide recommendations to the Department of Health and Children in regard to the mainstreaming and successful implementation of the primary care strategy within the overall health service reform programme. The Group is anxious to contribute as appropriate to the overall reform process if required.

Appendix 1

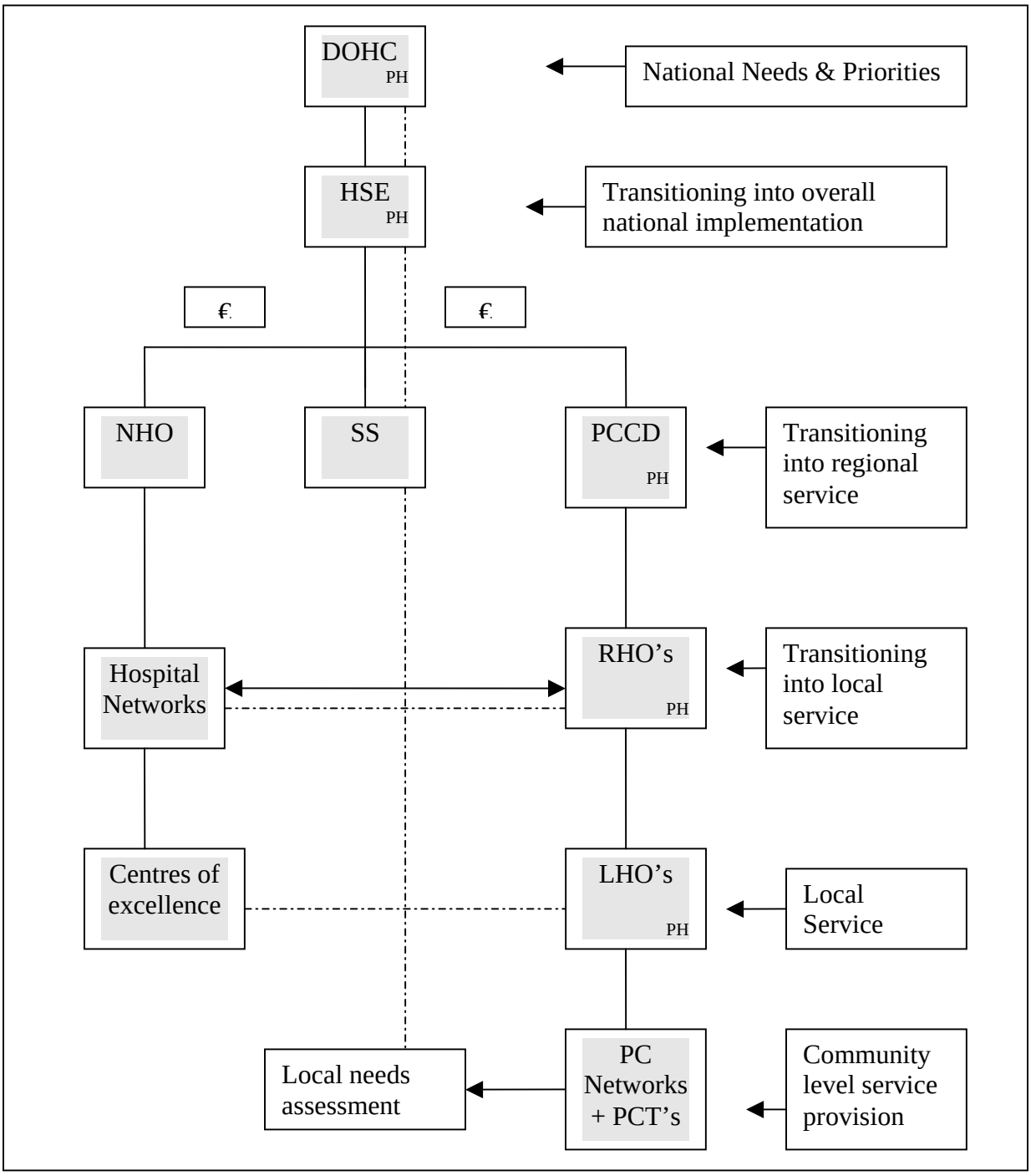
National Primary Care Steering Group

Membership	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
Dr Richard Brennan	Irish College of General Practitioners
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 (Replaced Clare Farrell) Note 1	Combat Poverty Agency
Janet Dillon	Irish Pharmaceutical Union
Liam Doran	Nursing Alliance (Irish Nurses' Organisation)
Mary Durkin (Replaced Oliver McDonagh) Note 2	Nursing Alliance (SIPTU)
Enda Egan	Carers' Association
Monica Egan	Irish Association of Social Workers
Patricia Godwin	Society of Chiropodists and Podiatrists of Ireland
Emma Gonoud	Irish Association of Speech and Language Therapists
Cate Hartigan (Replaced Kevin Mc Carthy) Note 3	Health Board CEO's (East Coast Area Health Board)
Dr Siobhan Jennings	Health Board CEO's (Eastern Regional Health Authority)
Des Kavanagh	Nursing Alliance (PNA)
Tom Kelly	Health Board CEO's (North Western Health Board)
Dr Jim Kiely	Dept of Health and Children
Dr Cormac Macnamara	Irish Medical Organisation
Stephanie Manahan	Association of Occupational Therapists of Ireland
Mary McCarthy	Dept of Health and Children
Ann McGee	Pharmaceutical Society of Ireland
Paddy McGowan	Irish Advocacy Network
Stephen McMahon	Irish Patients' Association
Tom Mooney	Deputy Secretary, Department of Health and Children
Aoife Moran (Replaced Patricia White) Note 4	Psychological Society of Ireland
Dara Morgan	Irish Nutrition and Dietetics Institute
Barry O'Brien	Higher Education Authority

Professor Tom O'Dowd	Association of University Departments of General Practice of Ireland
Eileen O'Farrell (Replaced Maria Molloy) Note 5	Nursing Alliance (Irish Nurses' Organisation)
Brigid Quirke	Pavée Point
Niamh Randall	Community and Voluntary Pillar
Dr James Reilly	Irish Medical Organisation
Michael Smith	Health Board CEO's (North-Eastern Health Board)
Maureen Windle	Health Board CEO's (Northern Area Health Board)
Joyce Worrell	Irish Society of Chartered Physiotherapists

Note 1 Clare Farrell was a member of the Steering Group to September 2002
Note 2 Oliver McDonagh was a member of the Steering Group to November 2002
Note 3 Kevin Mc Carthy was a member of the Steering Group to August 2002
Note 4 Patricia White was a member of the Steering Group to December 2002
Note 5 Maria Molloy was a member of the Steering Group to March 2003

Appendix 2 – Diagram 1



Note: Needs assessment influences service priorities and funding allocations.