

# **Quality and Fairness**

A Health System for You

***Action Plan Progress Report 2003***

## Health Strategy Action Plan Progress Report 2003

### National Goal No. 1: Better health for everyone

#### Objective 1: The health of the population is at the centre of public policy

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
1. Health impact assessment will be introduced as part of the public policy development process.	<ul style="list-style-type: none"> <li>Health impact assessment to be carried out on all new Government policies.</li> </ul>	<p>✓ A policy seminar for senior managers took place in July 2003, with the assistance of the Institute of Public Health. Health impact assessment (HIA) guidelines and a screening tool for HIA were launched at the seminar. It is the intention that in 2004 further training for staff in the Department and in health agencies will be carried out as well as a review of HIA tools and methodologies. This will build on the work already done and is contingent on the development of appropriate structures in the Department and health agencies under the health service reform programme.</p>
2. Statements of strategy and business plans of all relevant Govt departments will incorporate an explicit commitment to sustaining and improving health status.	<ul style="list-style-type: none"> <li>Departmental statements of strategy to include commitments to sustaining and improving health status.</li> </ul>	<p>✓ Guidelines on the preparation of Statements of Strategy issued by the Dept. of the Taoiseach now reflect this requirement.</p> <p>✓ Six government departments have indicated that their statements of strategy/human resource strategies/health and safety statements includes references to health status, the Department of Justice, Equality and Law Reform; Environment, Heritage and Local Government; Finance; Arts, Sports and Tourism; Communications, Marine and Natural Resources and Community, Rural and Gaeltacht Affairs.</p>
3. The National Environment and Health Action Plan will be prepared.	<ul style="list-style-type: none"> <li>Plan submitted to Government.</li> </ul>	<p>✓ A draft National Environment and Health Action Plan (NEHAP) entitled "A Shared Vision for Quality of Life" has been prepared and referred to Government Departments and State agencies involved in environmental health for their comments and observations. The outcome of EU and International Developments - "European Environment and Health Strategy" (EU) and "Children's Environment and Health Action Plan for Europe" (WHO) will impact on the finalisation of NEHAP. These initiatives will be completed by July 2004 and will allow finalisation of NEHAP to progress.</p>
4. A population health division will be	<ul style="list-style-type: none"> <li>New division to be established and begin reorganisation and</li> </ul>	<p>✓ A Population Health Division will be established as part of the restructuring of the Department of Health and Children (see report under action 109).</p>

established in the Department of Health and Children.	expansion of existing function.	
A population health function will be established in each health board.	<ul style="list-style-type: none"> <li>Reorganisation and expansion of existing function in health boards</li> </ul>	✓ The restructured health system will reflect this approach.

## Objective 2: The promotion of health and well-being is intensified

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
5. Actions on major lifestyle factors targeted in the National Cancer, Cardiovascular and Health Promotion Strategies will be enhanced.	<ul style="list-style-type: none"> <li>To achieve targets set out in the National Health Promotion Strategy (2000-2005) through:</li> </ul> <p><b>Smoking</b></p> <ul style="list-style-type: none"> <li>Enhanced health promotion initiatives aimed at addressing the risk factors associated with cancers such as smoking</li> <li>Targeting a reduction in smoking for young women</li> </ul>	<ul style="list-style-type: none"> <li>✓ Implementation of the national cancer, cardiovascular and health promotion strategies is ongoing.</li> <li>✓ An interim review of the National Health Promotion Strategy 2000-2005 is now underway to determine the progress that has been made in meeting the aims and objectives of the Strategy and also to identify the gaps where action should be focused.</li> <li>✓ Health promotion in the workplace has expanded considerably and a workplace co-ordinator has now been appointed in all health boards. The workplace co-ordinator is responsible for the development of plans for workplace health promotion and the initiation of pilot projects at regional level.</li> <li>✓ A National Health Promotion Database is now available which lists health information materials available in Ireland from the Health Promotion Unit, the Health Boards, ERHA and the voluntary agencies.</li> <li>✓ Several health promoting initiatives are underway throughout the country in a variety of settings including schools &amp; colleges, youth sector, community, workplace and health services.</li> <li>✓ A prohibition on smoking in most places of work, including licensed premises was introduced on 29<sup>th</sup> March 2004. In anticipation of an increase in demand for smoking cessation services a Smoking Cessation Action Plan Steering Group was established in order to develop a public awareness campaign and to ensure that there was an effective and consistent national response to smokers wishing to quit. To complement this the National Smokers Quitline was launched in 2003 offering information and counselling services from 8.00am to 10.00pm daily. Over 9,000 people called the line in 2003. Regional services were enhanced in order to ensure a national co-ordinated response to</li> </ul>

	<p>smokers wishing to quit.</p> <p>✓ An advertisement campaign entitled “Every Cigarette is doing you Damage” was also launched in 2003. When asked, sixty five per cent of people thought that the advertisements would prompt them to quit smoking.</p> <p>✓ An Interdepartmental Group was established to co-ordinate responses to the recommendations contained in the interim report of the Strategic Task Force on Alcohol. A confidential report has been compiled for submission to Government. The Strategic Task Force on Alcohol has been reconvened and it is expected to publish further recommendations in a second report in 2004.</p> <p>✓ The Heads of a Bill in relation to the Advertising of Alcohol have been approved by Government and work is underway on the drafting of the Bill.</p> <p>✓ Since 1999 the focus of the National Healthy Eating Campaign has been on reducing fat intake and the consumption of more fruit and vegetables. Two national healthy eating weeks took place in 2003 focused on fruit and vegetables respectively.</p> <p>✓ 17 additional community dieticians were recruited in 2002 and 1 in 2003. They have formed partnerships with community groups to provide nutrition education, cookery programmes and healthy eating projects.</p> <p>✓ Under the Social, Personal and Health Education Programme, food and nutrition guidelines for primary schools and school food/lunch policies are under development and will be published in 2004.</p> <p>✓ Food and nutrition guidelines for Acute Hospitals have been developed and are also due for publication in 2004.</p> <p>✓ Two base line surveys of health related behaviours among adults and school going young people were carried out across the Republic of Ireland in 1998 and 2002 (SLAN &amp; HSBC). The aim of these surveys was to produce reliable data to inform Department policy and programme planning and to maintain a survey protocol, which will enable lifestyle factors to be re-measured so that trends can be</p>
	<p><b>Alcohol</b></p> <ul style="list-style-type: none"> <li>• Introducing further actions to promote sensible alcohol consumption on the basis of a review of the National Alcohol Policy</li> <li>• Examining possible further restrictions on the advertising of alcohol</li> </ul> <p><b>Diet and exercise</b></p> <ul style="list-style-type: none"> <li>• Continuing action to improve Irish diet so that essential nutrients and energy levels are maintained and fat consumption is controlled</li> </ul>

		<p>identified.</p> <ul style="list-style-type: none"> <li>✓ Significant findings in the 2002 report include a fall in reported cigarette smoking rates in virtually every demographic category since the first survey in 1998 i.e. a fall of 4% of the adult population reported as being regular or occasional smokers. The numbers drinking more than 6 drinks in an average session had increased by approximately 6% in the case of men and 5% in the case of women. Reported rates of overweight and obesity had increased in both adult men and women. Overall just half of all adults reported some form of activity/exercise, which was similar to the position in 1998.</li> <li>✓ In response to the increasing levels of obesity in Ireland a National Task Force on Obesity has been established and has undertaken to present an obesity strategy document to the Minister by the end of 2004. The role of the Taskforce will be to assess the impact of current trends, identify best practice for prevention and treatment and develop a strategy encompassing all the determinants of obesity. Priorities will include: <ul style="list-style-type: none"> <li>• Children</li> <li>• Preventing those now overweight from moving into the obese category</li> <li>• Treating obese people</li> </ul> </li> <li>✓ During 2003, the campaign “Let it Go – just for 30 minutes “was launched. This campaign focused on the message that even minor increases in the level of activity can lead to positive health benefits.</li> <li>✓ Arising from the successful piloting of GP Exercise Referral in the Southern Health Board and the Mid-Western Health Board, a National Framework for Developing General Practice Exercise Referral in Ireland was agreed by a working group consisting of key stakeholders including the Irish College of General Practitioners, the Institute of Leisure and Amenity Management and the Exercise and Sports Science Association of Ireland. It is envisaged that the training programme for the regional and local co-ordinators will commence in 2004 which will be followed by the roll out of the GP Exercise Referral Programme.</li> <li>✓ Health boards have appointed twelve physical activity co-ordinators and structures have been put in place to provide advice and support in a number of settings, including schools, workplaces and communities, targeting in particular the young and older people.</li> </ul>
6. The Public Health (Tobacco) Bill will be enacted and	<ul style="list-style-type: none"> <li>• Enactment of Bill</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Public Health Tobacco Bill 2003 was enacted as the Public Health (Tobacco) Act, 2004 (No. 6 of 2004) on the 12th March 2004.</li> </ul>

implemented as a matter of urgency.	<ul style="list-style-type: none"> <li>• Implementation of Act</li> <li>• Policing of bans on advertising and sponsorship</li> <li>• Establishment of register of retailers</li> </ul>	<ul style="list-style-type: none"> <li>✓ Pending the commencement of sections 33-36 of the Public Health (Tobacco) Act 2002, which relate to the advertising of, and sponsorship in relation to, tobacco products, the Office of Tobacco Control (OTC) has been monitoring compliance with the existing statutory provisions under the Tobacco Products (Control of Sponsorship and Sales Promotion) Act, 1978.</li> <li>✓ Section 10(j) of the Act of 2002 obliges the Office of Tobacco Control to co-ordinate and implement a national inspection programme for the purposes of ensuring that there is compliance with the provisions of the Act. In fulfilment of this obligation, the OTC, in co-operation with the health boards and the Department, has developed a framework to ensure consistent enforcement of the law. The National Tobacco Control Inspection Programme was launched in November 2003 and consists of agreed protocols, records and an associated database. Under the terms of this agreed programme, enforcement is a joint responsibility of the Office and the health boards. In relation to the advertising and sponsorship issue, it is envisaged that the Office will deal with issues arising from the national media while the health boards will deal with local media and individual premises.</li> <li>✓ Upon commencement of section 37 of the Public Health (Tobacco) Act 2002, the OTC is obliged to establish and maintain a register of all persons who carry on the business of selling tobacco products by retail.</li> <li>✓ See also report under action 5.</li> </ul>
7. A reduction in smoking will continue to be targeted through Government fiscal policies.	<ul style="list-style-type: none"> <li>• Decisions on tax and excise duties on tobacco products.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A reduction in smoking through government fiscal policies remains on the agenda for consideration in each budget. The Department of Finance reports that since budget 2002 the duty on cigarettes has been increased by 87.7 cent per packet of 20 cigarettes, vat inclusive (with pro-rata increases on other tobacco products).</li> </ul>
8. Initiatives to promote healthy lifestyles in children will be extended.	<ul style="list-style-type: none"> <li>• Extension of substance abuse prevention programme and social, personal and health education programmes (SPHE).</li> </ul>	<ul style="list-style-type: none"> <li>✓ In all schools and colleges settings work is progressing in partnership with the Department of Education and Science and the health boards. Since September 2003 all primary and post-primary (junior cycle) schools are required to provide for the delivery of the SPHE curriculum. Also research is currently underway to achieve a model for Health Promoting Schools. Progress has also been made towards the requirement for all schools to have a current drugs policy, under the National Drugs Strategy 2001-2008. Structures and guidelines are now in place in all regions to support and facilitate schools in developing their policy.</li> </ul>
9. Measures to promote and support breastfeeding will be strengthened.	<ul style="list-style-type: none"> <li>• Appoint a national breastfeeding committee</li> <li>• Review the national</li> </ul>	<ul style="list-style-type: none"> <li>✓ The National Committee on Breastfeeding was set up in March 2002. The initial task undertaken by the Committee was to evaluate the impact of the 1994 National Breastfeeding Policy and to issue a public call for submissions seeking proposals for future actions to promote, support and protect breastfeeding. The results of both these initiatives can be seen in the Committee's Interim Report,</li> </ul>

	breastfeeding policy and make recommendations to the Minister	<p>which was published in May 2003. Currently the Committee is developing a Strategic Action Plan on Breastfeeding, which should be finalised in late 2004.</p> <ul style="list-style-type: none"> <li>✓ Ireland is participating in an EU-funded Project drawing up a Blueprint for Action on Breastfeeding in Europe, along with 28 other countries.</li> <li>✓ There are some encouraging signs that breastfeeding initiation rates are increasing but this is mainly among the higher socio-economic indigenous population and the newly arrived refugee and asylum seeking communities. Therefore the breastfeeding picture in Ireland remains one of low initiation and short duration.</li> <li>✓ A very welcome development has been the awarding of the very first WHO/UNICEF 'Baby Friendly' title to Portiuncula Hospital. The Department of Health and Children supported the introduction of the Baby Friendly Hospital Initiative in Ireland in 1998. Rigorous assessment of set standards is involved in the achievement of the 'Baby Friendly' award. The percentage of 'Baby Friendly' hospitals in other countries has been strongly associated with increases in breastfeeding rates in those countries.</li> </ul>
10. A National Injury Prevention Strategy to co-ordinate action on injury prevention will be prepared.	<ul style="list-style-type: none"> <li>• Action plan drawn up.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Initial work has begun and the Department is in discussion with the Health Boards Executive on progressing this action.</li> <li>✓ The new EU Public Health Programme commenced in 2003 has identified injury as a key area. The improvement and extension of injury information systems is a central objective of the programme. The Department is examining how this might be progressed from an Irish perspective. At a national level this information is essential in order to benchmark us against our EU partners and to provide for target-setting in the context of a National Injury Prevention Strategy.</li> </ul>
11. The programmes of screening for breast and cervical cancer will be extended nationally	<ul style="list-style-type: none"> <li>• Full extension of breast screening programme</li> <li>• Full extension of the cervical screening programme</li> </ul>	<ul style="list-style-type: none"> <li>✓ The national extension of Breastcheck was announced in March 2003. The roll out commenced in the South Eastern Health Board. University College Hospital, Galway and South Infirmary, Cork are proposed for static units which will target up to 150,000 women in the South, West, Mid-West and North-West.</li> <li>✓ Phase I of the cervical screening programme was piloted in the Mid Western Health Board. An evaluation of the pilot phase is underway which will inform the national roll out of the programme.</li> </ul>

<p>12. A revised implementation plan for the National Cancer Strategy will be published.</p>	<ul style="list-style-type: none"> <li>Revised implementation plan published.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The key goal of the National Cancer Strategy 1996 was to achieve a 15% decrease in mortality from cancer in the under 65 age group in the 10 year period from 1994. The Deloitte Evaluation of the 1996 National Cancer Strategy, published in December 2003 demonstrated that this figure was achieved in 2001, which was 3 years ahead of target</li> <li>✓ The Report on “The Development of Radiation Oncology Services in Ireland” was published in October 2003. Its recommendations have been accepted by Government. The Government agrees that a major programme is now required to rapidly develop clinical radiation oncology treatment services to modern standards and that the first phase of such a programme should be the development of a clinical network of large centres in Dublin, Cork and Galway. These centres will collectively have the staff and treatment infrastructure to permit a rapid increase in patient access to appropriate radiation therapy and will form the “backbone” of the future service expansion. A number of important developments have taken place: <ul style="list-style-type: none"> <li>• Approval has issued for the purchase of two additional linear accelerators for the Supra-Regional Centre at Cork University Hospital and the necessary capital investment amounting to over €4m to commission the service as rapidly as possible together with €1m in revenue funding which will improve services for cancer patients in the SHB, MWHB and SEHB. Approval has also issued for the appointment of a Consultant Radiation Oncologist to the Supra-regional centre at Cork University Hospital with sessional commitments to the SEHB.</li> <li>• A new radiotherapy unit has been constructed and is currently being commissioned for University College Hospital, Galway. In 2004 €2.5m revenue funding was made available. Approval has also issued for the appointment of an additional Consultant Medical Oncologist and two Consultant Radiation Oncologists, one of whom has significant sessional commitments to the North Western Health Board.</li> <li>• The developments in the Southern and Western regions will result in an increase of approximately 50% in linear accelerator capacity and along with the increase in staffing will enable a significant increase in the numbers of patients receiving radiation oncology in the short term.</li> <li>• The Radiotherapy Oncology Services report also recommends that there should be two treatment centres located in the Eastern region and the Chief Medical Officer has been asked to advise on the optimum location of facilities in Dublin.</li> </ul> </li> <li>✓ The National Cancer Forum is currently developing a new National Cancer Strategy which is due for completion late in 2004. The Strategy will be informed by the Deloitte Evaluation and the Report on the Development of Radiation Oncology Services in Ireland. It will set out the key priorities for the</li> </ul>
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		development of cancer services over the coming years and will make recommendations in relation to the organisation of cancer services nationally.
13. The Heart Health Task Force will monitor and evaluate the implementation of the prioritised cardiovascular health action plan.	<ul style="list-style-type: none"> <li>Monitoring and implementation processes agreed and in place.</li> </ul>	<p>✓ Since the launch of the Cardiovascular Health Strategy in July 1999 the Government has allocated funding of €57m towards the implementation of the Strategy's 211 recommendations. The Second Report on Implementation of the Cardiovascular Strategy was published in March 2003. The report sets out the changing epidemiology of coronary heart disease in Ireland, with decreasing death rates, longer survival and increased need for acute services and for ongoing health care. For example, in 1980, 51% of all deaths in Ireland were attributed to the circulatory diseases (including coronary heart disease, stroke and diseases of other blood vessels). This decreased to 46% in 1990, 43% in 1997 and to 41% of deaths in 2000. The main change was for men under the age of 65 years where cardiovascular disease accounted for 33% of all deaths in 1997, decreasing to 29% in 1999. Between 1997 and 2001 there was a 47% increase in the frequency of prescriptions for cardiovascular disease for people covered by the General Medical Services (GMS) (Payments) Board. Some of the increase in prescriptions in the GMS reflects the increase in the number of people living into older age and the increase in the numbers identified with chronic heart failure.</p> <p>✓ Up to the end of 2003, as recommended in the interim report of the Joint Working Group to Review Consultant Cardiology Manpower, 17 new consultant cardiology posts were funded by the Department of Health and Children (9 posts in 2002 and 8 in 2003). These appointments will result in a substantial increase in cardiology diagnostic and treatment services and provide more accessible, equitable and better quality care for patients with cardiac conditions.</p> <p>✓ The initial implementation phase of Heartwatch - a national programme in General Practice for the secondary prevention of cardiovascular disease commenced in October 2002. Four hundred and forty GP's are involved in the programme. By the end of 2003 the total number of registered patients was 9,000 approximately.</p>
14. Initiatives will be taken to improve children's health.	<ul style="list-style-type: none"> <li>Integrated programme for child health developed.</li> <li>National minimum standards and targets for surveillance and screening drawn up</li> </ul>	<p>✓ Health boards enter into contracts with GPs for the delivery of the Primary Childhood Immunisation Programme (PCIP). The objective of the PCIP is to achieve an uptake level of 95%, which is the rate, required to provide population immunity and to protect children and the population generally from the potentially serious diseases concerned. Following consideration of proposals submitted by the Health Boards Executive on behalf of the health boards in relation to childhood immunisation, €2.116m was allocated by the Department on 2003 on a "once off" basis in order to fund initiatives to improve childhood immunisation uptake. A further €2.778m has been allocated for that purpose in 2004.</p>

		<p><i>Progress in 2003 over 2002</i></p> <p>✓ Immunisation uptake figures from the National Disease Surveillance Centre (ie Quarter 4, 2003) compared with the same quarter in 2002.</p> <table> <tr> <th><b>Vaccine</b></th><th><b>Q4, 2002</b></th><th><b>Q4, 2003</b></th></tr> <tr> <td>Diphtheria</td><td>85%</td><td>87%</td></tr> <tr> <td>Pertussis</td><td>83%</td><td>86%</td></tr> <tr> <td>Tetanus</td><td>85%</td><td>87%</td></tr> <tr> <td>Haemophilus Influenzae type b</td><td>84%</td><td>87%</td></tr> <tr> <td>Polio</td><td>84%</td><td>87%</td></tr> <tr> <td>MMR</td><td>75%</td><td>80%</td></tr> <tr> <td>Meningitis C</td><td>79%</td><td>86%</td></tr> </table> <p>✓ The figures show that there has been a slight improvement in the uptake of all vaccines in the PCIP, though uptake (particularly of MMR) still remains significantly lower than the desired 95%</p> <p>✓ With a view to facilitating a co-ordinated and integrated approach to the delivery of a range of child health and child care projects, the Health Boards Executive has established a 'Programme of Action for Children' and appointed an interim steering group to oversee its work. This new initiative will encompass a number of child related measures, including projects associated with Best Health for Children, immunisation and childcare.</p> <p>✓ The Best Health for Children Programme provides for a new core surveillance programme for all children in the 0-12 age group and covers both pre-school developmental examinations as well as the school health service. Underpinning the recommendations in the report is a model which embraces a more holistic child health promotion approach and which emphasises the role of parents in achieving best health for their children. One of the key recommendations in the Best Health for Children report is the need to provide appropriate training for professionals involved in delivering the child health surveillance programme. Additional funding of €0.700m, allocated to health boards and the ERHA in 2003 for this purpose, has been used to appoint relevant training personnel and to develop, in conjunction with TCD, a training programme for public health doctors and Public Health Nurses involved in the delivery of the core surveillance programme. The training programme was launched in January 2004. It is intended that all those involved in child health surveillance will have received the necessary training by the end of 2005.</p>	<b>Vaccine</b>	<b>Q4, 2002</b>	<b>Q4, 2003</b>	Diphtheria	85%	87%	Pertussis	83%	86%	Tetanus	85%	87%	Haemophilus Influenzae type b	84%	87%	Polio	84%	87%	MMR	75%	80%	Meningitis C	79%	86%
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	<ul style="list-style-type: none"> <li>• Mental health services for children &amp; adolescents will be expanded:</li> <li>• Implementation of the recommendations of the First Report of the Working Group on Child &amp; Adolescent Psychiatry.</li> <li>• Development of mental health services to meet the needs of children aged between 16 and 18</li> </ul>	<ul style="list-style-type: none"> <li>✓ In 2003, additional revenue funding of €1.64m was allocated to provide for the appointment of additional consultants, for the enhancement of existing consultant-led multi-disciplinary teams and towards the establishment of further teams.</li> <li>✓ The First Report of the Working Group on Child &amp; Adolescent Psychiatry (March 2001) recommended that seven child &amp; adolescent inpatient psychiatric units for children ranging from 6-16 years should be developed throughout the country. Project teams have been established in respect of four of the proposed units.</li> <li>✓ The second Report of the Working Group on Child and Adolescent Psychiatry was published in June, 2003. The report contains recommendations for the development of psychiatric services for 16-18 year olds. It recommends that, in the further development of the Child and Adolescent Psychiatric Service, priority should be given to the recruitment in each health board area of a Consultant Child and Adolescent Psychiatrist with a special interest in the psychiatric disorders of later adolescence. The Working Group's report further recommends that arrangements should be made with the relevant Adult Psychiatric Services for the admission to acute psychiatric units of persons aged 16-18, under the care of the Consultant Child &amp; Adolescent Psychiatrist with a special interest in the psychiatric disorders of later adolescence, where such a Consultant is available. The report emphasizes the importance of co-operation and close liaison between child and adolescent psychiatry and adult mental health services and suggests that the current arrangements, whereby the adult services provide a service to the population of their catchment area, including the 16-18 year cohort, should continue on an interim basis.</li> </ul>
15. A policy for men's health and health promotion will be developed.	<ul style="list-style-type: none"> <li>• Working group established.</li> <li>• Consultation commenced.</li> <li>• Working group report finalised.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Department has supported the appointment of a Men's Health Research Officer based in South Eastern Health Board in 2002 to undertake research on the role of gender and masculinity on Irish men's concept of health, their knowledge, beliefs and attitudes to health and illness, health behaviours and risk behaviours, and the barriers that Irish men perceive in accessing the health services. This research is due to conclude late in 2004. The Department has also commenced a consultation process with all relevant stakeholders for the development of the men's health policy. The outcome of this consultation process and the findings of the research will inform the development of policy.</li> </ul>
16. Measures will be taken to promote sexual health and safer sexual practices.	<ul style="list-style-type: none"> <li>• Action plan prepared.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The development of an Action Plan to promote sexual health and safer sexual practices is underway and it is anticipated that it will be completed in 2004.</li> <li>✓ The Department continues to promote sexual health and safer sexual practices at both a national and</li> </ul>

		<p>regional level in the context of the commitments set out in the Report of the National Aids Strategy Committee (NASC) 2000 and the aims and objectives set out in the National Health Promotion Strategy 2000 – 2005.</p> <ul style="list-style-type: none"> <li>• At National level the Convenience advertising campaign communicates directly with young people in places of entertainment and education.</li> <li>• At the regional level the Health Promotion Unit continues to collaborate with the regional health boards/area boards and other statutory bodies in promoting sexual health and safer sexual practices. Programmes/measures which have been put in place include education/awareness programmes, advertising campaigns, training and support in order to improve the position of relationship and sexuality education, counselling and family planning services and appropriate health services.</li> </ul> <p>✓ In 2003, the Department, in partnership with the Crisis Pregnancy Agency commissioned the first ever National Survey of Sexual Knowledge, Attitudes and Behaviour in Ireland. It is anticipated that the Survey will be completed in June 2005.</p> <p>✓ Strategy development in the area of young people's sexual health has been the focus of activity throughout 2003 and the Department has supported the development of a young peoples strategy in the NWHB based on extensive consultation with all stakeholders, including children.</p> <p>✓ Through the Education and Prevention Sub-committee of the NASC, particular measures for HIV/AIDS prevention specifically targeting at risk groups are being implemented through funding and support for NGO activity.</p> <p>✓ An Advanced Nurse Practitioner for sexual health was appointed in 2002. The ANP practices within the Genito-Urinary Medicine Team at St. James's Hospital, Dublin. The role involves the treatment of uncomplicated sexually transmitted diseases and sexual health screening.</p>
17. Legislation in the area of food safety will be prepared to take account of developments in food safety regulation at national and EU level.	<ul style="list-style-type: none"> <li>• Legislation prepared.</li> </ul>	<p>✓ The European Commission's White Paper on Food Safety (2000) set out plans for a proactive new food policy aimed at modernising food legislation into a coherent and transparent set of rules, reinforcing controls from the farm to the table, and increasing the capability of the scientific advice system. The Department is playing an active role in the development of all legislative proposals arising from the White Paper through its representation on various EU Working Groups and through participation at the Standing Committee for the Food Chain and Animal Health.</p>

		<p>✓ In 2003, twelve pieces of legislation in the area of food safety were prepared and finalised. The Department was also actively involved in discussions at EU level on future legislation on Food Hygiene, Official Food and Feed Controls and Nutrition and Health Claims made on foods.</p> <p>✓ The Department is responsible for the ongoing development of the Food Safety Authority of Ireland and the Food Safety Promotion Board and worked closely with both bodies on a range of issues in 2003.</p>
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### Objective 3: Health inequalities are reduced

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
18. A programme of actions will be implemented to achieve National Anti-Poverty Strategy and Health targets for the reduction of health inequalities.	<ul style="list-style-type: none"> <li>• Target for premature mortality achieved.</li> <li>• Target for life expectancy for the Travelling community achieved.</li> <li>• Targets for health of Travellers, asylum seekers and refugees developed.</li> <li>• Targets for birth weight rates achieved.</li> </ul>	<p>✓ The Department of Health and Children and the Department of Health, Social Services and Public Safety, Northern Ireland are jointly committed to carrying out a Travellers All Ireland Health Study to develop and extend the indicators collected in the 1987 study of Travellers' health and to inform appropriate actions required in the area of Travellers' health. This study is currently being designed by the Institute of Public Health in Ireland and the Study itself is expected to commence during the 3rd quarter of 2004 (see action 20).</p> <p>✓ The Department has commissioned the Institute of Public Health (IPH) to work with HeBE, the Office for Social Inclusion (OSI) and the Combat Poverty Agency (CPA) to develop a work programme to support the achievement of the NAPS targets to reduce health inequalities. The first phase of the work, information gathering and agenda setting, has commenced. This comprises three parts: a survey of awareness of anti-poverty/NAPS activity among health board staff; scoping of existing anti-poverty activity in the context of NAPS health targets; and identification of strategic issues in relation to the implementation of NAPS activity in the health service.</p> <p>✓ The Working Group on NAPS and Health (which included representatives of the Social Partners) was reconvened in 2003 in an advisory capacity in relation to monitoring the achievement of the NAPS health targets. The Group has met three times.</p> <p>✓ A number of awareness raising exercises in relation to the NAPS targets to reduce health inequalities were held for Department of Health and Children staff. Liaison took place and is ongoing in relation to the pursuit of NAPS targets in the context of existing strategies e.g. Primary Care, Cardiovascular Health and upcoming strategies i.e. Cancer and Mental Health.</p> <p>✓ Measures and actions relating to targets to achieve a reduction in health inequalities have been</p>

		<p>included in Ireland's Second National Action Plan for Social Inclusion (NAPsincl) co-ordinated by the Department of Social and Family Affairs and presented to the EU Commission in July 2003.</p> <ul style="list-style-type: none"> <li>✓ The Department held ongoing discussions with the Equality Authority on integrating an equality dimension into the health services.</li> <li>✓ The Department participated in the NESF's forum on the implementation of the Equality Authority's report on 'Implementing Equality for Lesbians, Gays and Bisexuals'. A health element was included in the NESF's Progress Report published in April 2003. An Initial Equality Authority Report and NESF Progress Report was disseminated to health boards.</li> <li>✓ The national suite of Performance Indicators (PIs) for Health Board Service Planning includes PIs for a number of groups at risk of social exclusion - Travellers, Refugees and Asylum Seekers, Homeless people and addiction services.</li> <li>✓ Participation of the health sector in the RAPID and CLÁR programmes was secured to the extent possible within available resources.</li> </ul>
<p>19. Initiatives to eliminate barriers for disadvantaged groups to achieve healthier lifestyles will be developed and expanded.</p>	<ul style="list-style-type: none"> <li>• Implement fully existing policy in the National Health Promotion Strategy</li> <li>• Community-level programmes introduced.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Health boards have established key partnerships with organisations in the community, both voluntary and statutory sectors to try to eliminate barriers for disadvantaged groups to achieve healthier lifestyles.</li> <li>✓ Implementation is continuing of the health promotion strategy, the traveller health strategy, homelessness strategies and the national drugs strategy. Specific groupings targeted include low income groups, mother and toddlers groups, young lone parents, clients of mental health services, older people, people with disabilities, early school leavers and asylum seekers.</li> <li>✓ Measures reported on by the boards/ERHA include: <ul style="list-style-type: none"> <li>• Health promoting initiatives for disadvantaged groups</li> <li>• Targeting poor uptake groups to increase uptake of childhood immunisations</li> <li>• Ongoing Community mothers programme initiatives</li> <li>• Training and capacity building for staff</li> <li>• Child accident prevention initiatives</li> <li>• Crisis pregnancy initiatives</li> <li>• Development of advocacy framework for mental health service users</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Targeting disadvantaged schools for health promoting schools initiative</li> <li>• Developing policies for the care for older people in residential services and inspection of nursing homes</li> <li>• Drug and Alcohol awareness programmes with co-joint planning and development of programmes to ensure appropriateness and maximum benefit to disadvantaged groups</li> <li>• Provision of emergency accommodation</li> <li>• Co-operating with fruit &amp; vegetable co-op initiatives targeted at disadvantaged communities</li> <li>• Supporting 'at risk' and 'vulnerable' children, young people and families</li> </ul> <p>✓ See also reports under actions 5, 14,18,20,21,22,23,24, 26,27, 30, 33,34,35, 51,54, 74-77.</p>
20. The health of Travellers will be improved.	<ul style="list-style-type: none"> <li>• Travellers Health Strategy published.</li> <li>• Implementation commenced.</li> </ul>	<p>✓ Published in 2002.</p> <p>✓ €2.15m has been allocated to Health Boards since 2002 for the implementation of the Strategy and Health Boards have drawn up plans for implementation of the Strategy at regional level. A Travellers Ethics, Research and Information Working Group has been established and is currently finalising standards and codes of practice for research and information gathering in relation to Traveller Health.</p> <p>✓ The Working Group's H.I.P.E. (Hospital Inpatient/Perinatal Enquiry System) Sub Group has progressed the Ethnicity Identifier project and data collection is to commence during the 2nd Quarter 2004.</p> <p>✓ (See report under action 18 also).</p>
21. Initiatives to improve the health and well-being of homeless people will be advanced.	<ul style="list-style-type: none"> <li>• Implementation of 'Homelessness– an Integrated Strategy.'</li> </ul>	<p>✓ Homelessness - An Integrated Strategy, published in May 2000 aims to tackle all aspects of homelessness. Both the Department of Health and Children and the Department of the Environment and Local Government are working to implement this Strategy. Following a series of detailed discussions between the two Departments in August 2001, it was agreed that the Department of the Environment and Local Government, through the Local Authorities, would be responsible for all non-care costs associated with the running of hostels, transitional and supported housing and the Department of Health and Children, through the health boards, would be responsible for the care costs associated with the running of such accommodation. The Department of Health and Children provided the following additional funding to the boards and ERHA towards the implementation of the Strategy, €0.49m in 2002 and €2.66m in 2003.</p> <p>✓ Three-year action plans have been adopted in virtually all local authority areas and are currently being implemented. The plans detail how accommodation, health, settlement and welfare services</p>

	<ul style="list-style-type: none"> <li>• Implementation of Youth Homelessness Strategy.</li> </ul>	<p>will be provided. Substantial progress has been made in Dublin in tackling homelessness:</p> <ul style="list-style-type: none"> <li>• In the three-year period 2001-2003, almost 1,500 homeless persons will have been housed by the local authority and voluntary housing sectors and the Housing Access Unit in the four Dublin Authorities.</li> <li>• Over 1,000 additional emergency beds have been provided</li> <li>• Designated accommodation has been provided for street drinkers and drug users</li> <li>• Provision of a night bus by Dublin City Council to assist people to access the homeless services available to them</li> <li>• Provision of a 48 bed foyer under the Department's Capital Assistance Scheme by the Voluntary Sector in Dublin which will cater for the needs of homeless young people including those leaving care who are otherwise homeless</li> <li>• Direct provision of educational programmes for homeless persons, provision of information, staff training and referrals to other programmes.</li> </ul> <p>✓ The Homeless Preventative Strategy was launched in February 2002. The Strategy is a composite Strategy, incorporating the work of a number of Government Departments, Justice, Equality and Law Reform, Education and Science and Health and Children, and was published under the aegis of the Department of the Environment and Local Government. The Department of Health and Children's input focuses on having appropriate discharge procedures in place in institutional settings. In August 2002, a requirement was placed on all psychiatric hospitals/units and acute hospitals to have in place a formal and written discharge policy and to identify a nominated discharge officer to ensure that the policy is in place. The Preventative Strategy places responsibility on the health boards to ensure that a written policy in relation to aftercare is prepared and again to ensure that this policy is followed. It is necessary for the health boards to have in place a designated person to provide support for each young person leaving care. The majority of health boards now have preventative protocols in place and are in the process of implementing them.</p> <p>✓ In relation to people leaving custody, the Probation and Welfare Service has established a team to deal specifically with homeless offenders and ex-offenders. The relevant government departments report to the Cabinet Committee on Social Inclusion, through the cross Department team on Homelessness, on progress in implementing the strategy.</p> <p>✓ The Youth Homelessness Strategy was published on 31st October 2001. The Health Boards have lead responsibility for implementation of the Strategy and they have prepared detailed action plans in this regard, which will be phased in over 2002-2004. A Monitoring Committee has been</p>
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		<p>established made up of the relevant stakeholders. It pays particular emphasis to cross-sectoral issues, which require attention. In this regard, sub-groups have been set up to drive the implementation of the Strategy with a view to effective co-ordination on a nationwide basis. The key issues, which have been identified are as follows:</p> <ul style="list-style-type: none"> <li>(a) Inter-Agency Co-ordination and Linkages;</li> <li>(b) Aftercare, Emergency Response, Assessment and Emergency Care;</li> <li>(c) Statistics;</li> <li>(d) Education and Training;</li> <li>(e) Review of Family Support Services; and</li> <li>(f) Information and Advocacy</li> </ul> <p>The areas of Inter-Agency Co-ordination and Linkages, Aftercare, and Statistics have been given priority.</p> <p>✓ Since the publication of the Youth Homelessness Strategy, significant progress has been made, including:</p> <ul style="list-style-type: none"> <li>• 139 new staff (including Management Staff, Project Workers, Social Workers, Family Support Workers, Aftercare Workers &amp; Public Health Nurses) have been appointed across the 10 Health Board regions;</li> <li>• 7 new units have opened nationwide;</li> <li>• Over 30 new/extended services have been developed around the country.</li> <li>• The NCO and the co-ordination sub-group are in contact with the Office for Social Inclusion with a view to improving youth homeless proofing.</li> <li>• The Youth Homelessness Strategy Monitoring Committee (YHSMC) is supporting the sharing of information across Health Boards in relation to experience and best practice.</li> <li>• The Inter-agency Co-ordination and Linkages sub-group is following up on the solutions in areas such as training, information systems, inter-agency protocols, internal organizational communications systems and policy proofing.</li> <li>• The Statistics sub-group recommended the introduction of a new Youth Homeless Contact Form as a way of gathering more reliable and consistent statistics. The Department of Health &amp; Children circulated the form to the Health Boards in December 2003 for introduction on 1st January 2004.</li> <li>• National Guidelines on Aftercare are currently being drafted by the Aftercare sub-group. The aim is to assist Health Boards in developing their aftercare policies.</li> </ul>
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<p>22. Initiatives to improve the health and well-being of drug misusers will be advanced.</p>	<ul style="list-style-type: none"> <li>• Implementation of National Drugs Strategy.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Significant progress has been made in the area of treatment with an expansion in the number of methadone treatment places in recent years, in line with the Government's commitment under the National Drugs Strategy. At the end of December 2003 there were 6,883 people receiving methadone treatment compared to 6,449 at end of 2002 and 5,865 in 2001.</li> <li>✓ In the Eastern Regional Health Authority there are currently 59 drug treatment locations. This compares with 12 locations in 1997. Outside the ERHA, treatment clinics have been established in the South Eastern Health Board, Mid-Western Health Board, Western Health Board and Midland Health Board. General practitioners and pharmacists also provide treatment services and their involvement has also increased over the last number of years.</li> </ul>
<p>23. The health needs of asylum seekers/refugees will be addressed.</p>	<ul style="list-style-type: none"> <li>• Statement prepared and published.</li> <li>• Implementation commenced.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Overall responsibility for the reception and management of asylum seekers rests with the Dept. of Justice, Equality &amp; Law Reform. In discharging its international obligations, this Department, through the health boards, provides for the health care needs of asylum seekers. These are addressed in the context of general arrangements governing eligibility for public health services. As part of the reception process for asylum seekers, communicable disease screening is offered on a voluntary basis by health boards. Other services offered at this stage include GP, community welfare, maternity, psychological services, Public Health nursing services, particularly for newborn infants, medical services for victims of torture, services to unaccompanied minors and translation services for these individuals.</li> <li>✓ The Department participated in the Steering Group and the consultation process to develop a National Action Plan Against Racism (NAPAR). A health element has been taken on board in the draft NAPAR. The Department of Justice, Equality and Law Reform is co-ordinating the initiative.</li> <li>✓ Initiatives reported on by the health boards include: <ul style="list-style-type: none"> <li>• The provision of a GP service on site (NEHB)</li> <li>• Social work service for unaccompanied minors</li> <li>• Awareness training courses for frontline staff,</li> <li>• Provision of interpretative services</li> <li>• Translation of information leaflets into the required languages</li> <li>• Increases in housing capacity</li> <li>• Establishment of central co-ordination units</li> <li>• The conduct of needs assessment and the establishment of an Ethnic Minority Health Unit (SHB)</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• The computerization of information systems in this area (SHB)</li> <li>• The establishment of the SPARK project to provide support services to teenage refugees and asylum seeking adolescents in the WHB.</li> </ul> <p>✓ The Eastern Regional Health Authority and a number of boards noted the increased pressure on certain services particularly maternity services (ERHA, SEHB).</p>
24. Initiatives to improve the health of prisoners will be advanced.	<ul style="list-style-type: none"> <li>• Implementation commenced.</li> </ul>	<p>✓ The "Report of the Group to Review the Structure and Organisation of Prison Health Care Services was published in September 2001. Arising from the recommendations of the report a Prison Health Working Group (PHWG) has been formulated with the aim of co-ordinating the integration of prison based health services with those in the surrounding community. This group consists of representatives of the parent Departments (Health and Justice), the Irish Prison Service, and those Health boards wherein prisons are located. The work of this Group is on-going and includes –</p> <ul style="list-style-type: none"> <li>• Exploring the feasibility of integration of prison and local community health services through the development of Service Level Agreements, etc.</li> <li>• Considering the formal application of GMS structures to prisoners so as to facilitate through care</li> <li>• Undertaking a primary care needs analysis of the prison population so as to seek to clarify appropriate staff and other resource requirements for this high needs group.</li> </ul> <p>The PHWG met initially in May 2002 and has met on 12 occasions since.</p>

**Objective 4: Specific quality of life issues are targeted**

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
25. A new action programme for mental health will be developed.	<ul style="list-style-type: none"> <li>• Mental Health Commission will be established.</li> </ul>	<p>✓ The Board of the Mental Health Commission was appointed on 5th April 2002.</p> <p>✓ A new Inspector of Mental Health Services, which has replaced the office of the Inspector of Mental Hospitals, has been appointed by the Mental Health Commission. The new Inspector is required to visit and inspect approved centres at least once a year. The Inspector is expected to begin inspection in 2004.</p>
	<ul style="list-style-type: none"> <li>• A national policy framework</li> </ul>	<p>✓ The Expert Group on Mental Health established in August 2003 has commenced work on preparing</p>

	<p>prepared.</p> <ul style="list-style-type: none"> <li>• A programme of ongoing investment in the development of specialist services.</li> <li>• Report on services for people with eating disorders prepared.</li> <li>• Patient advocacy services introduced</li> <li>• Programmes to promote positive attitudes introduced</li> <li>• Suicide prevention programme will be intensified.</li> </ul>	<p>a new national policy framework for the future development of mental health services.</p> <ul style="list-style-type: none"> <li>✓ A programme of investment in the development of specialist services is ongoing. Later-life psychiatry services have been expanding in recent years and €0.670m was provided in 2003 to enable the enhancement of existing services and the establishment of additional consultant-led teams.</li> <li>✓ Liaison Psychiatry deals with psychiatric referrals from the A&amp;E Departments of General Hospitals and attends to the needs of general hospital in-patients or out-patients attending medical, surgical or other services. The provision of this service ensures that psychological problems in general hospital patients are dealt with promptly. €0.450m was provided in 2003 for this service.</li> <li>✓ The Working Group on Child &amp; Adolescent psychiatric services has commenced work on the review.</li> <li>✓ There are growing moves to provide advocacy services in Ireland. Health boards and the ERHA are working in partnership with the Irish Advocacy Network to progress this initiative. This, although still embryonic, is most advanced for people who experience mental distress. €250,000 was allocated in 2002 for the development of advocacy services for people who experience mental distress and funding of €0.351m was provided in 2003.</li> <li>✓ The ERHA and health boards have indicated that programmes to promote positive attitudes have taken place in this board in conjunction with voluntary groups.</li> <li>✓ Addition €1.1m was provided in 2002 for suicide prevention programmes. Additional funding of €0.655m was provided in 2003 towards suicide prevention programmes in the health boards and towards research aimed at improving our understanding of this issue. Suicide prevention programmes are an integral part of the boards mental health and health promotion services. Initiatives include awareness and case training, multi-disciplinary team work, support services, access to information, working in partnership with clients and voluntary groups, media awareness campaigns and research.</li> </ul>
26. An integrated approach to meeting the needs of ageing	<ul style="list-style-type: none"> <li>• A programme of investment.</li> <li>• Funding of community</li> </ul>	<ul style="list-style-type: none"> <li>✓ In 2003, a total of €23.6 million in additional revenue funding was allocated to Services for Older People. This funding was used for a variety of services including: home help service, Nursing Home Subvention Scheme, support to carers, commencement of elder abuse programme, support to</li> </ul>

and older people will be taken.	<p>groups.</p> <ul style="list-style-type: none"> <li>• A co-ordinated action plan to meet the needs of ageing and older people.</li> <li>• Health Promotion Strategy implemented.</li> <li>• Action plan for dementia will be implemented.</li> </ul>	<p>voluntary organizations including community groups, aids and appliances, development of dementia services, funding of day care centres and development of Consultant-led services. Additional funding of €87.8m was made available in 2002 (see also report under action 94).</p> <ul style="list-style-type: none"> <li>✓ An Inter-Departmental Group on the Needs of Older People was established in 2002 and its initial focus has been on current processes, with a view to bringing better co-ordination and integration between Departments and the various agencies. Cross cutting issues being addressed include housing, home improvements, security and equality. The Group published a progress report on 28<sup>th</sup> April 2004.</li> <li>✓ The DoHC is working with the National Council for Aging and Older People to establish a Healthy Ageing Network and to implement the Health Promotion Strategy for Older People. In 2003 the National Council published a report entitled “Healthy Ageing in Ireland – Policy, Practice and Evaluation” and also established a Healthy Ageing Data Base and a Healthy Ageing Directory.</li> <li>✓ The Action Plan for Dementia was published by the National Council for Ageing &amp; Older People in 1999. Old Age Psychiatry services have been expanding in recent years and the integration of community and hospital based psychiatric services with geriatric medicine is progressing. New Units for treating Dementia suffers are being established on a gradual basis.</li> </ul>
27. Family support services will be expanded.	<ul style="list-style-type: none"> <li>• Percentage of child welfare budget spent on supportive measures increased.</li> <li>• Marked increase in number of family support projects.</li> <li>• Wider availability of parenting</li> </ul>	<ul style="list-style-type: none"> <li>✓ Since 2002 additional ongoing funding in excess of €12m has been provided for support services, including Springboard Family Support Projects, Youth Advocacy programmes, Teen Parents Support Programmes and other family support services.</li> <li>✓ Funding was provided to the health boards to establish a further four Springboard Projects in RAPID/priority areas of need in 2002. The four projects were Islandgate, Limerick; Finglas; Arklow and Cork, North Lee. Funding was provided for a fifth project in 2003 - Fatima Youth Initiative. Springboard is a Family Support Initiative established to provide intensive community based family support to vulnerable children and their families. This brings the number of Springboard Projects to date to 22.</li> <li>✓ The Final Evaluation Report of the Teen Parents Pilot Initiative with discussion papers on income supports and education for Teenage parents were launched late in 2002. The evaluation was very positive and the existing pilot projects have been mainstreamed by the relevant Health Boards. The health boards in conjunction with the Crisis Pregnancy Agency will develop a further 2 projects in 2004.</li> </ul>

	<p>programmes.</p> <ul style="list-style-type: none"> <li>• Out-of-hours service available</li> <li>• Children Act, 2001 fully implemented.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A number of initiatives are underway e.g. teen parenting programme, homestart advice and support programme. This action is ongoing subject to available resources.</li> <li>✓ Health Board CEOs are considering the issue of child care 'out of hours service' and are due to submit proposals in the context of the implementation of the Children Act, the Youth Homelessness Strategy and the Report of the Working Group on Foster Care and the development of child care services generally. Significant additional resources will be required and therefore this action is subject to budgetary constraints</li> <li>✓ Part 11 of the Children Act 2001 which establishes the Special Residential Services Board on a statutory basis was commenced in November 2003. The SRSB is currently finalising the recruitment of staff. Work in conjunction with legal advisors is at an advanced stage with a view to bringing Part 2 and Part 3 (except sections 7(1)(a), 10 (2), 13 (2) and 23D) and the accompanying regulations into effect in the near future The effect of these provisions will be to establish family welfare conferencing and a special care system for non-offending children in need of special care or protection. The full implementation of the Act including raising the age of criminal responsibility to 12 years of age will require very significant extra resources and will have to be phased in over a number of years to allow health boards to develop the services to respond to the far reaching implications of implementation. Progress is being made on implementation but full implementation will take a number of years and considerable extra resources.</li> </ul>
28. A comprehensive strategy to address crisis pregnancy will be prepared.	<ul style="list-style-type: none"> <li>• Crisis Pregnancy Agency established.</li> <li>• Strategy prepared.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Established in October 2001.</li> <li>✓ The Crisis Pregnancy Agency's 'Strategy to Address the Issue of Crisis Pregnancy was launched on the 12 November 2003. The Strategy is a comprehensive and ambitious document that encompasses all aspects of crisis pregnancy from prevention to post-crisis pregnancy support. It provides a blueprint to guide policy makers and service providers towards the delivery of co-ordinated programmes to prevent crisis pregnancy, and to provide a comprehensive and caring response to the needs of women with a crisis pregnancy. A sum of €5.973 million was allocated to the Agency for 2004, so that it can continue to work with statutory and non-statutory agencies to ensure successful implementation of the Strategy. Implementation of strategy has now begun and is on target. All objectives set within the strategy are planned to be achieved over a three-year period. Initiatives to date include:</li> </ul>

		<ul style="list-style-type: none"> <li>• The Agency is developing national sexual health promotion campaigns and promotions, materials and training programmes.</li> <li>• The Agency has delivered a comprehensive, €3m funding programme to service providers</li> <li>• The Agency has increased the provision of crisis pregnancy counselling by nearly 50%.</li> <li>• The Agency has initiated a comprehensive research programme in the area of crisis pregnancy (approx €1.6m to date)</li> <li>• The Agency has developed a successful advertising campaign aimed at increasing knowledge of crisis pregnancy services available - Positive Options.</li> <li>• The agency has agreed interdepartmental actions and made recommendations to other government departments and is monitoring progress in this regard.</li> </ul>
29. Chronic disease management protocols to promote integrated care planning and support self-management of chronic disease will be developed.	<ul style="list-style-type: none"> <li>• Protocols published.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Action to be progressed by the Health Information Quality Authority.</li> <li>✓ While the establishment of protocols will be a matter for HIQA policy work which will inform HIQA is currently underway in the following areas: <ul style="list-style-type: none"> <li>• The Department has established a Diabetes Task Force which is planning best models of diabetic care into the future.</li> <li>• Asthma is one of the themes of the Irish EU Presidency from a health perspective. Proposals will be brought forward to the European Council in June 2004 which will include, inter alia, the need for better information, need for guidelines and improved primary care services.</li> <li>• See report under action 60.</li> </ul> </li> </ul>
30. An action plan for rehabilitation services will be prepared.	<ul style="list-style-type: none"> <li>• Action plan prepared.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A draft national action plan is being considered.</li> </ul>
31. A national palliative care service will be developed.	<ul style="list-style-type: none"> <li>• Report of Expert Group to examine design guides for specialist palliative care completed.</li> <li>• Research on the specialist palliative care service requirements of non-cancer patients commissioned.</li> <li>• Needs assessment studies for specialist palliative care needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ The report of the Expert Group on Design Guidelines is due to be published in March 2004.</li> <li>✓ This action is being dealt with in the context of the needs assessment studies being carried out in all health boards.</li> <li>✓ Four boards have completed the Regional Needs Assessment Study and work in the remaining boards is at an advanced stage.</li> </ul>

	completed for each health board area	
32. Entitlement to high-quality treatment services for people with Hepatitis C, infected by blood and blood products, will be assured.	<ul style="list-style-type: none"> <li>Services kept under review.</li> </ul>	✓ The Department is in regular consultation with the representative groups, service providers and the Consultative Council on Hepatitis C to ensure that the health care system is responding to the needs of this cohort of patients. Services continue to be monitored on an ongoing basis. Information guide to services was published during 2003 and also leaflets on primary care and hospital entitlements. An international conference on Hepatitis C was held in Trinity College in June 2003 in collaboration with the Consultative Council on Hepatitis C and representative groups.
33. Resources will be provided to support the full implementation of AIDS Strategy 2000.	<ul style="list-style-type: none"> <li>Liaison nurse identified in all health boards to act as liaison person between patients and medical service providers.</li> <li>Uptake of routine antenatal testing of HIV to reach 90 percent or more.</li> </ul>	✓ Liaison nurses are in place in some boards. However, some boards have not identified a key person to fill this position. It was envisaged that boards would identify a liaison nurse from existing staff. Given that health boards outside the ERHA have small numbers of HIV cases, it is considered that the creation of a new post would not be warranted but the situation is being kept under review by the National AIDS Strategy Committee and its sub-committees.  ✓ Implementation of this measure is ongoing. The National Disease Surveillance Centre is responsible for the monitoring of antenatal testing programmes. They report a 94.8% uptake rate for routine linked antenatal testing. On foot of this uptake rate anonymous unlinked testing was discontinued from 2004.
34. Measures to prevent domestic violence and to support victims will continue.	<ul style="list-style-type: none"> <li>Initiatives will be included in health board service plans.</li> </ul>	✓ Initiatives are included in service plans as appropriate.  ✓ All boards have services in place to support victims of domestic violence and utilize multi-agency approaches to address this issue. Initiatives reported on include: <ul style="list-style-type: none"> <li>11 services providing supports for victims of domestic violence and prevention services (ERHA).</li> <li>Training needs assessment (MHB)</li> <li>Heightening awareness, information, training and prevention programmes (MWHB, NEHB, NWHB, WHB)</li> <li>Development of perpetrators treatment programme (NEHB, SEHB)</li> <li>Guidelines for professionals (WHB)</li> </ul>
35. A national policy for the provision of sheltered work for people with disabilities	<ul style="list-style-type: none"> <li>Policy prepared.</li> </ul>	✓ A code of practice has been drafted. The detailed practical implications of the proposed Code of Practice are being considered by the Department, so that an appropriate action plan for its implementation can be finalised.



will be developed.		
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<b>National Goal No. 2: Fair Access</b>
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**Objective 1: Eligibility for health and personal social services is clearly defined**

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
36. New legislation to provide for clear statutory provisions on entitlement will be introduced.	<ul style="list-style-type: none"> <li>Publish Bill.</li> </ul>	✓ A draft discussion document outlining the current eligibility position and including proposals on provisions to be included in the proposed new legislation was prepared and circulated to relevant Divisions for initial comments.
37. Eligibility arrangements will be simplified and clarified.	<ul style="list-style-type: none"> <li>Guide to schemes updated and published incorporating guidelines proposed by PPF Medical Card Review Group.</li> </ul>	<p>✓ Recommendations from the Review of the Medical Card Scheme are being implemented including streamlining applications &amp; providing clearer information to individuals about how and where to apply for medical cards. Nine sub projects were established by HeBE to assist the Health Boards in the promotion of good administrative practice in relation to the Management of the Medical Card Scheme and the achievement of high standards for their customers. Reports from each subgroup were presented to HeBE. The reports provided recommendations in the following areas:</p> <ul style="list-style-type: none"> <li>Appropriate management and control measures in order to maintain an accurate medical card register</li> <li>An administration procedures manual for use in all health boards</li> <li>Training guidelines for staff involved in delivering the medical card scheme</li> <li>A new medical card application form to be piloted in a number of boards</li> <li>A standardised set of guidelines for staff interpreting legislation for assessment of the scheme</li> <li>Specification for a standardised appeals system</li> <li>A set of customer and staff satisfaction measurements for the medical card scheme</li> </ul> <p>The work of these sub projects has been accepted by the board of HeBE and a national project team is being set up in 2004 to oversee the implementation of the work.</p>

**Objective 2: Scope of eligibility framework is broadened**

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
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38. Income guidelines for the medical card will be increased.	<ul style="list-style-type: none"> <li>Revised income Guidelines</li> </ul>	✓ The timing of the introduction of this action will be decided by Government in the context of the prevailing budgetary situation.
39. The number and nature of GP visits for an infant under the Maternity and Infant Care Scheme will be extended.	<ul style="list-style-type: none"> <li>4 extra free GP visits under the Maternity and Infant Care Scheme to cover general childhood illnesses.</li> </ul>	✓ The timing of the introduction of this action will be decided by Government in the context of the prevailing budgetary situation.
40. The Nursing Home Subvention Scheme will be amended to take account of the expenditure review of the scheme.	<ul style="list-style-type: none"> <li>Introduction of a Pilot Home Subvention Scheme.</li> <li>Increased subvention rates.</li> </ul>	<p>✓ A pilot home based subvention scheme is in operation in a number of health board areas.</p> <p>✓ (see report under action 42). Increased subvention rates will be considered by the Review Group on the Nursing Home Subvention Scheme in the context of creating a modified scheme, which represents value for money. Average enhanced subvention rates paid by the health boards have increased due to the increasing cost of private nursing home beds.</p>
41. A grant will be introduced to cover two weeks' respite care per annum for dependent older persons.	<ul style="list-style-type: none"> <li>Scheme finalised.</li> </ul>	✓ The timing of the introduction of this action will be decided by Government in the context of the prevailing budgetary situation.
42. Proposals on the financing of long-term care for older people will be brought forward.	<ul style="list-style-type: none"> <li>Proposals submitted to Government.</li> </ul>	<p>✓ The Expenditure Review on the Nursing Home Subvention Scheme was launched simultaneously with the Department of Social and Family Affairs' Report on the Financing of Long-Term Care in 2003. A Working Group comprising of all stakeholders has been established by the Department to review the operation and administration of the Nursing Home Subvention Scheme following on from the publication of the Expenditure Review. The purpose of this review is to develop a scheme which will be transparent, offer a high standard of care for clients, provide equity within the system to include standardised dependency and means testing, be less discretionary; provide both a home and nursing home subvention depending on need; be consistent in implementation throughout the country and draw on experience of the operation of the old scheme.</p>

**Objective 3: Equitable access for all categories of patients in the health system is assured**

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
43. Improved access to hospital services for public patients will be addressed through a series of integrated measures.	<ul style="list-style-type: none"> <li>Reduction in waiting times for hospital services.</li> </ul>	✓ Ongoing see action 81.
44. Availability of information on entitlements including use of information technology will be improved.	<ul style="list-style-type: none"> <li>Updated 'Guide to Services' prepared.</li> <li>Ensure easy local access in a variety of settings.</li> <li>Maximise use of alternative media and communication channels targeting hard-to-reach groups</li> </ul>	<p>✓ All boards provide information on mainstream services and are taking steps to ensure the provision of user friendly, accessible, up to date, timely and relevant information through information booklets, websites, IT initiatives and local radio.</p> <p>✓ A project to implement a health services portal is underway which will act as an electronic gateway to allow people and agencies to obtain information about and transact business with the health services. It will interface with eGovernment initiatives for the wider public services including REACH and OASIS. The Project was launched in 2004.</p> <p>✓ Examples of alternative media channels and communication channels for hard to reach groups reported on by the boards &amp; ERHA include:</p> <ul style="list-style-type: none"> <li>Intellectual disability services talking mats (ERHA)</li> <li>Translation and interpretative services for ethnic groups</li> <li>Literacy proofing of board publications through the National Adult Literacy Agency (MHB)</li> <li>Computer access training for older people (ERHA, MWHB)</li> <li>Information line (NEHB, SHB)</li> <li>Learning disability service website (NWHB)</li> <li>Signposts directory of services for disabled people produced by SEHB in partnership with Comhairle</li> <li>Information centers (NWHB, WHB)</li> <li>Outreach clinics</li> </ul>
45. All reasonable steps to make health facilities accessible will be taken.	<ul style="list-style-type: none"> <li>Transport needs of users considered when planning services that cannot be provided locally.</li> </ul>	<p>✓ All boards are aware of the transport needs of clients when designing services. Initiatives include:</p> <ul style="list-style-type: none"> <li>Dedicated transport service for particular treatments in other counties eg radiotherapy in Dublin or Cork (MWHB)</li> </ul>

	<ul style="list-style-type: none"> <li>• All health facilities designed and adapted to provide access for all users.</li> </ul>	<ul style="list-style-type: none"> <li>• Partnership with Bus Eireann to dovetail appointment times with bus timetable (MHB).</li> <li>• Boards have reported on initiatives around bringing services to the community to reduce travel needs of clients.</li> <li>• The National Treatment Purchase Fund which treats people outside the Republic of Ireland includes transport arrangements.</li> </ul> <p>✓ All health facilities are designed and adapted to provide access for all users. The Planning Briefs for all new projects include a specific design requirement that the facility is accessible to all users. All agencies are cognisant of the access needs of users when designing services and work is taking place on an ongoing basis as resources permit.</p>
46. Appointment planning arrangements will be reviewed to provide greater flexibility and specific appointment times.	<ul style="list-style-type: none"> <li>• Specific appointment times introduced.</li> <li>• Extended/more user-friendly clinic and out-patient opening times</li> </ul>	<p>✓ Guidelines on timed individual appointments were developed by HeBE in 2002 in association with the Department of Health and Children. Implementation of this action, having regard to these guidelines, is ongoing. Three boards report that 100% of out patient clinics are given a timed appointment slot (MWHB, NEHB, WHB). The percentage varies in the other boards &amp; EHRA with some hospitals reporting 100% timed appointments in a hospital or within a speciality in a hospital and other hospitals reporting that they are working towards the introduction of timed appointment slots.</p> <p>✓ Measures reported on include</p> <ul style="list-style-type: none"> <li>• Early morning, evening and weekend addiction services (ERHA)</li> <li>• Early morning Warfarin clinics (MWHB)</li> <li>• Saturday service for GP X-ray referrals and a walk in phlebotomy service for GP's every morning (ERHA)</li> <li>• Early morning ENT and out patient clinics (MHB)</li> <li>• Reminder service for Diabetic and Ophthalmology Clinics (SHB)</li> <li>• Initiative to improve out patient response time in neuroscience area (SHB)</li> <li>• Child Health Screening on Saturday mornings (MHB)</li> <li>• Physiotherapy outreach services (MHB, NWHB)</li> <li>• Diabetic nurse specialist clinic out of hours (SEHB)</li> <li>• Physiotherapy out of hours (MWHB)</li> <li>• Out of hours laboratory samples service WHB)</li> <li>• Co-operation between ambulance service and General managers of acute hospitals to co-ordinate the movement of patients within appointment times (WHB)</li> </ul>

		<ul style="list-style-type: none"> <li>• Evening dietic service (WB)</li> </ul> <p>✓ A number of boards have introduced early morning/out of hours clinics in some areas, eg. Diabetes services, anti-coagulation patients service, migraine clinic.</p>
47. Waiting areas in health facilities will be upgraded.	<ul style="list-style-type: none"> <li>• Improvement/adaptation of waiting facilities.</li> </ul>	<p>✓ Ongoing. All boards made adaptations/improvements to waiting facilities during 2003.</p>

### National Goal No 3: Responsive and appropriate care delivery

#### Objective 1: The patient is at the centre in the delivery of care

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
48. A national standardised approach to measurement of patient satisfaction will be introduced.	<ul style="list-style-type: none"> <li>• Agreed system published and implemented.</li> </ul>	<p>✓ Guidelines on the development of a standardised approach to the measurement of patient/client satisfaction were produced by HeBE in 2003 (see action 49).</p> <p>✓ The Health Services National Partnership Forum in association with the Irish Society for Quality and Safety in Healthcare also published a document in this area in 2003 entitled "The measurement of Patient Satisfaction within Acute Services in Ireland".</p>
49. Best practice models of customer care including a statutory system of complaint handling will be introduced.	<ul style="list-style-type: none"> <li>• Customer care programme prepared and implemented in all boards.</li> </ul>	<p>All boards &amp; the ERHA are involved in initiatives to improve customer care and to address complaints. Initiatives reported on include:</p> <ul style="list-style-type: none"> <li>• Customer Care Programme/Strategy in place (NWHB, SHB, WHB)</li> <li>• Regional framework for handling complaints launched in 2003 (ERHA)</li> <li>• Training programmes (ERHA, MHB MWHB, NEHB, SHB)</li> <li>• Regional Advocacy Framework launched in 2003 (ERHA)</li> <li>• Customer care programme under preparation (MHB, MWHB)</li> <li>• New comments, enquiries and appeals stands established in major locations around the board (MHB)</li> <li>• An information technology system for complaints was introduced in the board's three acute hospitals (MHB)</li> <li>• Regional Customer Department established (NEHB)</li> <li>• Consumer panels in operation in hospitals in the region (NWHB)</li> <li>• Board lead on customer service initiatives for Irish speakers (WHB)</li> </ul>

	<ul style="list-style-type: none"> <li>• Legislation on statutory complaints procedure published.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A General Scheme and Heads of Bill to establish a Statutory Framework for handling complaints have been drafted. It is now intended that the legislation for the establishment of a Statutory Framework for handling complaints will be incorporated into the new structures legislation, being drafted under the Reform Programme. This is to ensure that the framework is compatible with the new structures.</li> </ul>
50. Individuals and families will be supported and encouraged to be involved in the management of their own health care.	<ul style="list-style-type: none"> <li>• Codes of practice for shared decision-making developed.</li> <li>• Codes incorporated into professional training programmes.</li> <li>• Training of existing staff.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Measures reported by boards include: involvement of older people and their carers in developing individual care packages, provision of grants for home care, supporting older people to live at home, consultation with user interest groups, person-centred care planning, case conferences, reviews of children in care and provision of inter-disciplinary care.</li> <li>✓ This action will be progressed further on the establishment of: <ul style="list-style-type: none"> <li>(i) The Policy Unit for Therapy Professionals in the Department</li> <li>(ii) The establishment of the Health and Social Care Professionals Council.</li> </ul> </li> <li>✓ This action is also on the agenda of the Primary Care Task Force and National Steering Group.</li> <li>✓ (See also action 51)</li> </ul>
51. An integrated approach to care planning for individuals will become a consistent feature of the system.	<ul style="list-style-type: none"> <li>• Training initiatives to promote inter-disciplinary working for existing staff delivered</li> <li>• Inter-disciplinary working incorporated into professional training programmes</li> </ul>	<ul style="list-style-type: none"> <li>✓ Primary Care Implementation Projects are facilitating team working in a structured multi-disciplinary environment. A regional childcare framework is being implemented through ongoing and active team based structures and cross-disciplinary working between the ERHA, the three area boards, unions and the voluntary sector.</li> <li>✓ All boards have reported on training initiatives in the area of multi-disciplinary working. Three boards reported on inter-disciplinary initiatives in the boards' acute hospitals as part of the Irish Health Services Accreditation Board (IHSAB) accreditation process (MWHB, NEHB SHB) (see action 63).</li> <li>✓ The Report of the National Task Force on Medical Staffing ("Hanly Report") was published on 15 October 2003. The Report makes particular reference to multi-disciplinary working in the health and social care professions. It states that multi-disciplinary working between health and social care professionals should be fostered, and that this is most likely achievable through close liaison between the universities at undergraduate level and the relevant professional bodies at postgraduate level. It</li> </ul>

		<p>makes a number of detailed recommendations regarding changes in skill-mix and practice in the areas of radiology, phlebotomy, pathology, pharmacy, surgery, nursing and frontline clerical/administrative grades.</p> <p>✓ All pre-registration under-graduate nursing programmes have elements of shared teaching and learning.</p> <p>✓ Initiatives reported on in terms of inter-disciplinary working incorporated into professional training programmes include:</p> <ul style="list-style-type: none"> <li>• The NUI Maynooth community addiction certificate initiated in 2003 facilitated inter disciplinary and interagency approach to working with Drug/Alcohol users.</li> <li>• Inter-disciplinary training programmes for oncology and haematology teams are in place (MWHB)</li> <li>• Inter-disciplinary training on childcare was delivered to 994 people during 2003 (MWHB)</li> <li>• The care and case management project piloted in East Clare in 2002 provides a patient centred service using an inter-disciplinary approach (MWHB)</li> <li>• Acute hospitals and adult mental health services held inter-disciplinary education workshops for clients with special needs (NEHB)</li> <li>• Funding provided in respect of senior lecturer in General Practice at NUI Galway in association with NUI Galway (WHB, NWHB)</li> <li>• Diploma and masters programmes in primary care programmes delivered in conjunction with the NUI Galway incorporate training on inter-disciplinary working.</li> <li>• Paediatric Advanced Life support programme and Advanced Life Support in Obstetrics support inter-disciplinary working (SEHB)</li> <li>• The SHB's Corporate Learning and Development Service provide interdisciplinary training programmes where appropriate.</li> </ul> <p>✓ (See also report under action 50)</p> <p>✓ ERHA, the MHB and the MWHB have appointed key workers in the context of care planning for older people.</p> <p>✓ The MWHB has appointed key workers for children with developmental delay up to</p>
	<ul style="list-style-type: none"> <li>• Extension of key workers for: Older people; and Children with disabilities.</li> </ul>	

		<p>the age of six years. The NEHB has appointed key workers for children between the ages of 6-18 years of age referred to the service.</p> <p>✓ The NEHB, NWHB, MWHB and WHB have focused on a multi-disciplinary and individualised care planning approach to provide appropriate services in these areas.</p>
<p>52. Provision will be made for the participation of the community in decisions about the delivery of health and personal social services.</p>	<ul style="list-style-type: none"> <li>• Public information/education campaign devised</li> <li>• Regional advisory panels/co-ordinating committees established &amp;</li> <li>• Establishment of consumer panels</li> </ul>	<p>✓ All regions have undertaken initiatives to inform and educate the public about the national health strategy and health service reform programme. A variety of mechanisms are used including websites, information sessions &amp; booklets, newspaper features, radio slots and education units.</p> <p>✓ Guidelines on a health service approach to community participation were produced in 2002 by the Health Boards Executive in association with the Department.</p> <p>✓ Two boards have established Regional Advisory Panels/Co-Ordinating Committees for older consumers and their carers. A further two boards have a consumer panel on services for older consumers.</p> <p>✓ Six boards (including ERHA) have established consumer panels. Issues addressed by the panels include:</p> <ul style="list-style-type: none"> <li>• Service delivery</li> <li>• Service development</li> <li>• Environmental factors</li> <li>• Appointment times</li> <li>• Complaints</li> <li>• Local service developments</li> <li>• Development of multi-disciplinary primary care services</li> </ul> <p>✓ The Expert Group on mental health policy, established in August 2003 to prepare a new national policy framework for the mental health services, has received 140 submissions from interested organisations, individuals and the general public. Further consultation with various stakeholders including users of mental health services is planned. Regional Advisory Panels/Co-Ordinating Committees in relation to services for people with a mental illness have not been established as yet, although three boards have indicated that other initiatives are underway to consult users of mental health</p>



	<ul style="list-style-type: none"> <li>Establishment of National Strategy Forum</li> </ul>	<p>services.</p> <ul style="list-style-type: none"> <li>✓ In May 2003, the Department and the Combat Poverty Agency jointly launched the Agency's Building Healthy Communities Programme, which has a special focus on community development approaches to reducing health inequalities.</li> <li>✓ The Primary Care Strategy, Primary Care – A New Direction, 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 ten primary care teams around the country. The health boards, which have the lead role in the process, have been exploring different mechanisms to engage with communities and users of primary care services in the areas involved. The National Primary Care Steering Group, through its sub-group on Community Involvement and Health, 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.</li> <li>✓ The National Consultative Forum is convened on an annual basis to monitor the implementation of the National Health Strategy. The Forum is broadly based and includes patient and client groups, service providers, senior management in the health system, the voluntary sector, and organisations with an interest in the health system and relevant government departments. The National Consultative Forum met in November 2002 and 2003.</li> </ul>
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**Objective 2: Appropriate care is delivered in the appropriate setting**

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
53. Initiatives will be developed and implemented to ensure that care is delivered in the most appropriate setting.	<ul style="list-style-type: none"> <li>Primary care development</li> <li>Review of clinical pathway systems</li> </ul>	<ul style="list-style-type: none"> <li>✓ See actions 76-77.</li> <li>✓ All boards report reviews of clinical pathway systems across a large range of services. This action is ongoing.</li> <li>✓ Boards have also reported on a number of initiatives to divert patients from secondary care including minor injuries clinics, A&amp;E observation and medical day units, community rehab units, improved out of hours and community care services and planning for the provision to GP's of better access to diagnostic services.</li> </ul>

		<p>✓ The statutory charge for attendance at accident and emergency departments increased from €1.70 to €40 from 1st August 2002 and from €40-€45 from 1<sup>st</sup> January 2004. This charge is levied only on non-medical cardholders who attend A&amp; E Departments without a referral note from their doctor and applies only for the first visit of any episode of care. As well as providing hospitals with a source of income, the charge is important as an incentive towards the appropriate use of accident and emergency departments. A number of people are exempt from the A&amp;E charge.</p>
	<ul style="list-style-type: none"> <li>• Review of charges</li> </ul>	<p>✓ HeBE has established a group to consider this issue.</p>
54. Community and voluntary activity in maintaining health will be supported.	<ul style="list-style-type: none"> <li>• Programmes to support informal carers expanded and extended.</li> <li>• Programmes to support voluntarism developed.</li> <li>• First responder service developed.</li> </ul>	<p>✓ Programme to support informal carers expanded and extended. Ongoing initiatives reported by the boards include:</p> <ul style="list-style-type: none"> <li>• Additional respite for carers</li> <li>• Training, information and counselling services</li> <li>• Carers clinic (MHB)</li> <li>• Carers support group</li> <li>• Home care support service</li> <li>• Commencement of provision of personal assistant services (NEHB)</li> </ul> <p>✓ A Voluntary Activity Unit has been established in the Department.</p> <p>✓ All boards work in partnership with voluntary organisations and provide financial support using service level agreements as appropriate. Other initiatives reported by the boards include:</p> <ul style="list-style-type: none"> <li>• Staff representatives/support for voluntary community groups</li> <li>• Training, support and counselling</li> <li>• Support for Special Olympics in 2003</li> <li>• Health Action Zones Project (MHB, SHB)</li> <li>• Mental Health Alliance of eight voluntary agencies (SEHB)</li> <li>• RAPID Programme</li> </ul> <p>✓ Boards have reported the following initiatives</p> <ul style="list-style-type: none"> <li>• First Responder programme being established (ERHA)</li> <li>• Cardiopulmonary resuscitation programme (CPR) for the public (MHB, NWHB,SHB)</li> </ul>

	<ul style="list-style-type: none"> <li>Funding arrangements for national bodies streamlined.</li> </ul>	<ul style="list-style-type: none"> <li>CPR training for GP's &amp; health care professionals (SHB)</li> <li>Provision of and training in use of defibrillators to participating GP's (MHB, SHB)</li> <li>Automated external defibrillator training in fire service (MWHB)</li> <li>Community heart health initiative – 660 people trained in 2003 (SHB)</li> <li>Public Access Defibrillator programme (WHB)</li> <li>Three new local first responder schemes established in 2003 (WHB)</li> </ul> <p>✓ A HeBE protocol is in place to manage the administration of funding to national voluntary bodies.</p>
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**Objective 3: The system has the capacity to deliver timely and appropriate services**

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
55. A programme of investment to provide the necessary capacity in primary care, acute hospital and other services will begin.	<ul style="list-style-type: none"> <li>Enhanced services across a range of programmes.</li> </ul>	<p>✓ Increase in health allocation 2001 to 2004</p> <p>2001 €7bn outturn</p> <p>2002 €8.4bn outturn</p> <p>2003 €9.3bn outturn</p> <p>2004 €10bn allocation</p>
56. The Cancer Forum and the Advisory Forum on Cardiovascular Health will work with the National Hospitals Agency and the Health Information and Quality Authority to ensure service quality, accessibility and responsiveness.	<ul style="list-style-type: none"> <li>Services at local, regional and national levels agreed.</li> <li>Structures and requirements for evidence-based practice agreed.</li> <li>Appropriate outcome and performance indicators agreed.</li> </ul>	<p>✓ To be progressed in the context of the new structures being established under the Health Service Reform Programme.</p>
57. Measures to provide the highest standard	<ul style="list-style-type: none"> <li>Development of standards</li> </ul>	<p>✓ The primary function of the Pre-Hospital Emergency Care Council is to develop appropriate standards in pre-hospital emergency care. The Council is pursuing the</p>

<p>of pre-hospital emergency care/ambulance services will be advanced.</p>	<ul style="list-style-type: none"> <li>• Community training of GPs and other health care professionals</li> <li>• Training in clinical protocols.</li> <li>• Resuscitation training for all staff in acute hospitals.</li> </ul>	<p>development of professional and performance standards for the ambulance services, and for ambulance services personnel in addition to the accreditation of institutions providing training for emergency medical technicians.</p> <ul style="list-style-type: none"> <li>✓ The Report of the Feasibility Study on a Helicopter Emergency Medical Service for the Island of Ireland was published in April 2004. The findings of the Report will be taken forward in the context of the strategic framework for the development of existing emergency services and the expenditure priorities, which flow from this.</li> <li>✓ Performance indicators have been developed for the Ambulance Service to ensure consistent quality practices throughout the service.</li> <li>✓ All boards have reported community training initiatives in 2003 for GP's and other health care professionals, including first responder training programmes, training initiatives under the Cardiovascular strategy and training for emergency medical technicians with a focus on implementing PHECC clinical practice guidelines.</li> <li>✓ All boards report that training in clinical protocols is ongoing with particular regard to the clinical practice guidelines for emergency medical technicians, which have been adopted.</li> <li>✓ Acute hospitals provide resuscitation training for their staff on an ongoing basis.</li> </ul>
<p>58. A plan to provide responsive, high-quality maternity care will be drawn up.</p>	<ul style="list-style-type: none"> <li>• Working Party established.</li> <li>• Working Party report submitted to Minister.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Action has not been commenced.</li> </ul>
<p>59. A review of paediatric services will be undertaken.</p>	<ul style="list-style-type: none"> <li>• Working Party established.</li> <li>• Working Party report submitted to Minister.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Action has not been commenced.</li> </ul>
<p>60. A national review of renal services will be undertaken.</p>	<ul style="list-style-type: none"> <li>• Patients to have access to adequately resourced centres close to home.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A review group was established in 2003. The terms of reference of the review group are as follows: To make recommendations for a high quality and patient-centred renal service to</li> </ul>

	<ul style="list-style-type: none"> <li>• Consultant-led nephrology services to be available in all regions.</li> <li>• Alternative dialysis services will be available.</li> <li>• The IKA supported to develop targeted programmes to address the health and social needs of the renal population.</li> </ul>	<p>meet current and projected demand, having regard to current best practice, and the need to obtain the best use of, and maximum benefit from the resources available. In particular, the Group will advise on:</p> <ul style="list-style-type: none"> <li>• Measures to facilitate the early detection of renal disorder;</li> <li>• The development of appropriate services at primary care level;</li> <li>• The most efficient and effective configuration of consultant provided services for people with renal disease</li> <li>• The potential for widening the availability of alternative dialysis treatment programmes to allow patients to manage their dialysis care at home.</li> </ul> <p>✓ Additional €5m was allocated in 2003 to commission extra renal dialysis facilities.</p>
61. Organ transplantation services will be further developed.	<ul style="list-style-type: none"> <li>• Increase in organ donation and utilisation rates.</li> </ul>	<p>✓ Funding of €3.4m was provided in 2002 for the development of the National Lung Transplant Programme. This funding was utilised to advance the considerable preparatory work necessary to support the full establishment of the programme, including the provision of appropriate assessment facilities for patients and the appointment of key personnel. An additional €4.5m has been made available for the Lung Transplant Programme at the Mater Hospital, Dublin in 2003.</p> <p>✓ Arrangements are underway for the establishment of an expert working group to advise on organ donation and procurement policy.</p>
62. Specialist dental services will be expanded.	<ul style="list-style-type: none"> <li>• New goals for oral health formulated</li> <li>• Action plan prepared</li> <li>• Recognition of additional areas of specialisation</li> <li>• Establishment of training programmes</li> </ul>	<p>✓ The ERHA, on behalf of the Department and the regional health boards, awarded a research contract into the practice of dentistry and specialist dental services in Ireland. The Department has started a process of consultation with a wide range of service providers and interested parties into the research undertaken to date. The results of this process, once finalised, will be collated with the research and greatly assist with the formulation of new goals for oral health and will also provide sound direction on the prospect of expanding specialist dental services.</p> <p>✓ In 2003, the Department and the health boards funded thirteen dentists from various health boards for Specialist in Orthodontics qualifications at training programmes in Ireland and at three separate universities in the United Kingdom. These thirteen trainees for the public orthodontic service are additional to the six dentists who commenced their training in 2001. Thus, there is an aggregate of nineteen dentists in specialist training for orthodontics.</p>

	<ul style="list-style-type: none"> <li>• More widespread use of private sector orthodontic services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Funding was provided for the recruitment of a Professor in Orthodontics for the Cork Dental School. The Professor commenced duties on the 1st of December 2003.</li> <li>✓ A new Professor of Oral and Maxillofacial Surgery was appointed to St. James's Hospital and Dublin Dental Hospital in October 2003.</li> <li>✓ Additional Consultant in Oral and Maxillofacial Surgery approved for MWHB in 2003.</li> <li>✓ In 2002, once off additional funding of €5m from the National Treatment Purchase Fund was provided to health boards specifically for the purchase of orthodontic treatment. This is enabling boards to purchase treatment from private specialist orthodontic practitioners.</li> </ul>
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#### National Goal No. 4: High performance

##### Objective 1: Standardised quality systems support best patient care and safety

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
63. Quality systems will be integrated and expanded throughout the health system.	<ul style="list-style-type: none"> <li>• National standards and protocols for quality care, patient safety and risk management drawn up for all health and personal social services.</li> </ul>	<ul style="list-style-type: none"> <li>✓ To be progressed under the Health Service Reform Programme with the establishment of HIQA.</li> <li>✓ In February 2004, following a successful trial period, the Minister announced the implementation of the STARS risk management information system across the entire public health sector. The total investment in the new system is expected to be €1m in 2003 and 2004. Ireland is the first EU member state to operate such a comprehensive system to record medical malpractice incidents and claims. Incident and claim details are logged at each hospital with the data being consolidated centrally over the internet. The result is quick, detailed analysis of the nature and frequency of incidents and claims enabling management and healthcare staff to identify areas of concern and take speedy corrective action leading to improved patient care. The project is unique in that it is the first major health IT system to avail of the Government's Virtual Private Network (VPN). The VPN will provide health agencies with access to the STARS system on a faster and more secure basis than that provided by the public internet.</li> </ul>
	<ul style="list-style-type: none"> <li>• Quality assurance systems introduced</li> </ul>	<ul style="list-style-type: none"> <li>✓ This measure is ongoing. Measures underway include risk management initiatives, quality management initiatives, evidenced based protocols training of staff in quality</li> </ul>

	<ul style="list-style-type: none"> <li>• The Hospital Accreditation Programme extended</li> <li>• The Social Services Inspectorate (SSI) to be established on a statutory basis</li> </ul>	<p>systems and clinical audit.</p> <ul style="list-style-type: none"> <li>✓ The Irish Health Services Accreditation Board (IHSAB) was established in 2002. Its primary function is to establish, continuously review and operate an Accreditation Scheme for the Irish health system within a quality improvement framework. Rollout of the scheme is at an advanced stage. Seven of the major academic teaching hospitals are amongst those who have completed an accreditation survey. Twenty-one acute care organisations, representing 30 hospitals sites, have applied for the scheme.</li> <li>✓ Under consideration in the context of the Health Service Reform Programme.</li> <li>✓ The Department in partnership with the National Disability Authority is continuing to prepare national standards for health and social services for people with disabilities.</li> </ul>
64. A review of medicines legislation will be undertaken.	<ul style="list-style-type: none"> <li>• Review to commence.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Action has not been commenced.</li> </ul>
65. Licensing of alternative medicines will be examined.	<ul style="list-style-type: none"> <li>• Submission of recommendations to Minister.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Directive 2001/83/EC, which aims to introduce a single market for herbal medicines by providing harmonised rules and procedures, is approaching finalisation. The Directive will come into force in Ireland and other member states eighteen months after it's publication in the Official Journal.</li> </ul>
66. The highest international standards of safety in transfusion medicine will be set and adhered to.	<ul style="list-style-type: none"> <li>• Standards achieved.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Irish Blood Transfusion Service continues to be supported in maintaining international standards of quality and safety. In addition, the Irish Medicines Board, which is the regulatory authority for the Service, carries out twice yearly inspections,.</li> </ul>
67. Legislation on assisted human reproduction will be prepared.	<ul style="list-style-type: none"> <li>• Bill published.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Commission on Assisted Human Reproduction was established in March 2000 with the following terms of reference: "To prepare a report on the possible approaches to the regulation of all areas of assisted human reproduction and the social, ethical and legal factors to be taken into account in determining public policy in this area." The Commission is due to complete its report in 2004. Its recommendations will then provide the basis for informing public debate prior to the finalisation of any policy proposals.</li> </ul>

**Objective 2: Evidence and strategic objectives underpin all planning/decision-making**

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
68. Decisions across the health system will be based on best available evidence.	<ul style="list-style-type: none"> <li>Part of quality programme - to include staff training.</li> </ul>	<p>✓ In 2001, Ireland became the first country in the world to negotiate, through the Health Research Board, free national access to the Cochrane Library for all residents on the island and has recently signed a five year contract for free access with the Cochrane Library. The aim is that the public as well as professionals should have access to evidence based review and so be able to engage in an informed way in decisions about their health care.</p> <p>✓ This action will be progressed further under the Health Service Reform Programme with the establishment of HIQA.</p>
69. An information / education campaign will be undertaken for all decision-makers in the health system on the Strategy's goals and objectives.	<ul style="list-style-type: none"> <li>National, regional and local communications programme.</li> </ul>	<p>✓ Extensive information campaign has taken place in the health system. Quality and Fairness has been mainstreamed into the Service Planning Process and it underpins the corporate plans and strategies of the boards and ERHA.</p>
70. Accountability will be strengthened through further development of the service planning process.	<ul style="list-style-type: none"> <li>Standard formats for service plans agreed.</li> <li>Reporting mechanisms agreed.</li> <li>Standardised performance indicators agreed</li> </ul>	<p>✓ In 2002, a High-level Steering Group and Project Team was established to develop guidelines for strategic implementation plans, standardised service planning and performance indicators. Through the work of the High Level Steering Group and Project Team, a national standardised template for Service Plans has been developed and endorsed for use by health boards.</p> <p>✓ Boards have mainstreamed implementation of the Strategy into their strategic and service-planning processes as requested.</p> <p>✓ The Project Team's work is continuing in relation to the development and enhancement of the national suite of Performance Indicators, which are used as an indicative picture of a health board's position in relation to the delivery of its Service Plan. A revised set of Performance Indicators has been agreed for 2004. The project team is currently reviewing the use of the template used in the 2004 service plans with a view to providing further input to the formation of the 2005 service plan of the Interim HSE.</p>
71. Each health board will develop implementation plans.	<ul style="list-style-type: none"> <li>Format for implementation plans agreed.</li> </ul>	<p>✓ In 2002, a High-level Steering Group and Project Team were established to develop guidelines for strategic implementation plans, standardised service planning and performance indicators. Boards were requested to develop of 3-5 year Corporate plans to facilitate strategic planning in the health service in line with the National Health Strategy. Four boards have developed</p>



	<ul style="list-style-type: none"> <li>• Framework for linkages between service plans, national policy and implementation plans established.</li> </ul>	<p>corporate strategies/high level plans in line with national parameters:</p> <ul style="list-style-type: none"> <li>• NEHB strategy 2003-2007</li> <li>• NWHB high level plan 2002-2005</li> <li>• SHB corporate plan 2002-2005</li> <li>• WHB strategy 2003-2008 &amp; human resource strategic plan 2003-2008</li> <li>• The MWHB has reviewed its corporate strategy, corporate quality statement and care group strategies and is updating it in line with national parameters.</li> </ul> <p>✓ Boards have mainstreamed implementation of the Strategy into their strategic and service-planning processes as requested. (See also report under action 70).</p> <p>✓ Further work in relation to implementation plans will be dependant on the developing requirements of the HSE.</p>
72. Service agreements between the health boards and the voluntary sector will be extended to all service providers and associated performance indicators will be introduced.	<ul style="list-style-type: none"> <li>• Service agreements for all voluntary providers.</li> </ul>	<p>✓ Boards have reported that work is proceeding on an ongoing basis with regard to the extension of service agreements to voluntary providers as appropriate. Reports from the boards indicate varying degrees of success in securing service agreements within a reasonable timeframe.</p>
73. Health research will continue to be developed to support information and quality initiatives.	<ul style="list-style-type: none"> <li>• Implementation of the Health Research Strategy.</li> </ul>	<p>✓ Implementation of the Strategy “Making Knowledge Work for Health” has commenced. The HRB revenue contribution from the DoHC increased to €17.3m in 2002 (an increase of 29% on the 2001 figure) to €20.3m in 2003.</p> <p>✓ A Head of Research &amp; a new Board were appointed to the HRB in 2002.</p> <p>✓ A head of research and a research officer were appointed to the National Children’s Office in January 2003. The National Children Strategy Research Scholarship Scheme has continued and support is being provided for five doctoral studies about children’s lives and four Masters students.</p> <p>✓ A steering group was set up in 2003 to oversee the commissioning of the National Longitudinal study of children in Ireland. This study is the largest of its kind to take place in Ireland and it is proposed that more than 18,000 children will be enrolled into the study. The study is a very complex one. It is expected that the study will be successfully commissioned in 2004.</p>

		<ul style="list-style-type: none"> <li>✓ Significant progress has been made in identifying a set of child well-being indicators and the study is currently being piloted. The main study will commence in February / March 2004 and it is expected that consensus around a set of indicators will be achieved by the end of the year. The study will involve between 60 and 80 people from a multiplicity of backgrounds in the development of the indicators.</li> <li>✓ A number of options for the development of a national dissemination unit for children's research are being considered and a proposal for progressing this aspect of the research agenda will be completed in 2004.</li> <li>✓ The ChildONEurope dissemination network organisation brings together researchers and policy makers from a number of different EU countries in order to discuss best practice in relation to children's issues. Ireland is represented at this forum by the research division of the National Children's Office.</li> </ul>
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### Frameworks for change

#### Primary care

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
74. A new model of primary care will be developed.	<ul style="list-style-type: none"> <li>• Primary Care: A New Direction published.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Primary Care Strategy "Primary Care: A New Direction" was published in November 2001. The development of primary care policy in line with the principles set out in this strategy is ongoing. This has been informed in particular by the experience with the establishment of the initial group of ten multi-disciplinary primary care teams.</li> </ul>
75. A National Primary Care Task Force will be established.	<ul style="list-style-type: none"> <li>• National Primary Care Task Force established.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The National Primary Care Task Force was established in April 2002. The Primary Care Task Force, working in partnership with a range of interests, continues to drive the implementation of the primary care strategy and to develop policy in this regard. The implementation process is being overseen by the National Primary Care Steering Group, which is representative of a wide range of relevant stakeholders.</li> </ul>
76. Implementation projects will be put in place.	<ul style="list-style-type: none"> <li>• 40-60 primary care teams and networks in place.</li> <li>• 400-600 primary care teams and networks in place.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Additional revenue funding of €5m in 2002 and €2m in 2003 was provided to support the implementation of the Primary Care Strategy. There has been substantial progress in the development of the ten initial primary care teams - one in each health board area - which were approved in late 2002. The process includes the reconfiguration of health board and private contractor resources already in place, recruitment of additional team</li> </ul>

		<p>personnel and appropriate team building and training programmes. At the request of the Department, the Office for Health Management is running a support programme for those involved in the ten initial primary care teams.</p> <ul style="list-style-type: none"> <li>✓ The process of team establishment and development in each of the chosen locations will be an ongoing one for some time. These projects developed to different stages in 2003, with a number providing new or enhanced primary care services to their target populations.</li> <li>✓ The health boards are also working on a range of initiatives with the objective of widening the application of team working in the delivery of primary care services. This includes work on planning the numbers and locations of future primary care teams and considering how existing resources can be reorganised and reconfigured to create the nucleus of future teams. The development of future primary care teams will be informed by a needs assessment process at regional and local level. A key focus in the process of putting in place new structures under the Health Services Reform Programme is to facilitate the development of further primary care teams and networks.</li> </ul>
<p>77. Investment will be made in extension of GP co-operatives and other specific national initiatives to complement the primary care model.</p>	<ul style="list-style-type: none"> <li>• GP co-operatives nationally.</li> <li>• Increase in personnel needed in both teams and networks.</li> <li>• New physical infrastructure and</li> </ul>	<ul style="list-style-type: none"> <li>✓ In 2003 an extra €4.143 million was allocated to health boards to allow the expansion of out of hours co-operatives. Additional funding of €17.3m was provided in 2002. Full out of hours co-operatives are operating in at least part of all health board areas, with one health board, the North Eastern Health Board, having a region wide project.</li> <li>✓ A macro-level primary care needs assessment has been undertaken by each health board, addressing: <ul style="list-style-type: none"> <li>• Demography</li> <li>• Epidemiology</li> <li>• Staffing levels as per the team and network members outlined in the Strategy</li> <li>• Buildings used for primary care services and activities</li> <li>• Contractors</li> <li>• Equipment</li> </ul> </li> <li>✓ A combined national document, involving the collation of the individual boards' outputs, is in preparation. This will inform detailed national human resources planning for the future, which will include ensuring that the capacity requirements of primary care are addressed.</li> </ul>

	<p>equipment</p> <ul style="list-style-type: none"> <li>Improved information and communications technology</li> </ul>	<p>✓ The Department of Health and Children is committed to developing policy in such a way as to facilitate the provision of the physical infrastructure needed to support the multi-disciplinary delivery of primary care services. This includes maximising the opportunities for private sector provision and work is underway to develop a more detailed national policy in this regard.</p> <p>✓ ICT development will be informed by publication of National Health Information Strategy and the approach to ICT issues in the context of the Health Service Reform Programme.</p>
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#### Acute hospital services

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
78. Additional acute hospital beds will be provided for public patients.	<ul style="list-style-type: none"> <li>650 extra beds.</li> <li>Rising to 3,000 extra beds.</li> </ul>	✓ 568 beds of first phase were funded up to end of 2003.
79. A strategic partnership with private hospital providers will be developed.	<ul style="list-style-type: none"> <li>Forum established under National Hospitals Agency</li> </ul>	✓ A strategic partnership will be developed with private hospital providers as part of the health reform programme and the establishment of the Health Service Executive.
80. A National Hospitals Agency will be established.	<ul style="list-style-type: none"> <li>Agency established.</li> </ul>	✓ This action is being progressed under the Health Service Reform Programme with the establishment of the Health Service Executive.
81. A comprehensive set of actions will be taken to reduce waiting times for public patients, including the establishment of a new earmarked Treatment Purchase Fund.	<ul style="list-style-type: none"> <li>Targets to ensure that no public patient will wait longer than three months for treatment following referral from an outpatient department.</li> </ul>	<p>✓ €43.8m was made available for the waiting list initiative in 2002 and 2003.</p> <p>✓ Waiting time figures indicate that the reduction in the number of adults waiting longest for in-patient treatment is continuing. The number of adults waiting more than 12 months for treatment in the nine target surgical specialties has fallen by 42% between September 2002 and September 2003.</p> <p>✓ The overall number of patients on hospital waiting lists stood at 27,212 at the end of September 2003. This figure includes both in-patient waiting lists and day case waiting lists and represents an annual decrease of approximately 7%.</p>

		<ul style="list-style-type: none"> <li>✓ Hospital in-patient waiting list figures stood at 16,331 at the end of September 2003. This is a decrease of 15% since September 2002.</li> <li>✓ Hospital day case waiting list figures stood at 10,881 at the end of September 2003, which represents a decrease of 5% since the quarter ending June 2003.</li> <li>✓ The number of children waiting more than 6 months for treatment in the nine target surgical specialties has decreased by 39% between September 2002 and September 2003. However there has been a slight increase in the numbers waiting since June 2003 from 676 to 734. The Eastern Regional Health Authority has been requested to undertake further validation of children's waiting lists.</li> <li>✓ Very significant progress continues to be made in tackling waiting times in the nine target surgical specialties. All Health Boards outside of the eastern region are reporting that, in general, those adults currently reported to be waiting more than 12 months and those children reported to be waiting more than 6 months have either been offered treatment under the <u>National Treatment Purchase Fund</u> (NTPF) or have conditions that are complicated and need to be treated locally. All hospitals are actively validating their waiting lists to identify those who are still waiting longest and offer treatment under the NTPF to those in a position to avail of that service.</li> <li>✓ The National Treatment Purchase Fund (NTPF) was established in 2002. Up to the end of 2003 approximately 10,500 patients have received treatment (of which 7,832 patients were treated in 2003).</li> <li>✓ The Minister has assigned a significant lead role to the NTPF in relation to the targeting of waiting times. In 2003, the NTPF started taking referrals for treatment for any adult waiting over 6 months and any child waiting over 3 months. (see also report under action 91)</li> </ul>
82. Management and organisation of waiting lists will be reformed.	<ul style="list-style-type: none"> <li>• The management and classification of waiting lists will be reorganised in several important ways and used in the operation of the Treatment Purchase Fund.</li> </ul>	<ul style="list-style-type: none"> <li>✓ See report under action 81.</li> </ul>
83. One-day procedures	<ul style="list-style-type: none"> <li>• Increase in proportion of one-day</li> </ul>	<ul style="list-style-type: none"> <li>✓ Implementation of this action is ongoing. In 2003 there was an increase in the number of</li> </ul>

will be used to the maximum consistent with international best practice.	procedures.	day cases of 9.3% over the 2002 figure. Day activity in 2003 accounted for approximately 44% of all discharges from hospitals.
84. The organisation and management of services will be enhanced to the greatest benefit of patients.	<ul style="list-style-type: none"> <li>Set of measures</li> </ul>	<p>✓ The focus of the Health Service Reform Programme is improved client/patient care, improved health care management and better value for money in health care investment. All agencies in the health system are taking steps to ensure that the organisation and management of services is to the benefit of clients/patients. Measures include:</p> <ul style="list-style-type: none"> <li>Negotiations on Consultant Contract</li> <li>Optimising the use of operating theatres</li> <li>Planning seamless provision of service from hospital to community and vice versa</li> <li>Implementation of HeBE guidelines on admission and discharge planning protocols (2003).</li> </ul> <p>(other actions also refer)</p>
85. The operation of outpatient departments will be improved.	<ul style="list-style-type: none"> <li>Individual appointment times</li> <li>Referral protocols development.</li> </ul>	<p>✓ See report on action 46.</p> <p>✓ All boards report initiatives in this area including:</p> <ul style="list-style-type: none"> <li>Evaluation of out patient departments in terms of administration, efficiency and organization ERHA)</li> <li>Out patient recall ratios and waiting times are monitored as part of the Performance Indicator process and are reported on quarterly.</li> <li>Draft referral pathways were developed during the development of mental health strategy (MHB)</li> <li>Referral protocols were developed and have been revised in respect of all Out Patient Clinics (MHB).</li> <li>Referral protocols have been developed in respect of the Warfarin Clinic (MHB).</li> <li>Nurse led clinics (MWHB, NWHB, WHB)</li> <li>Nurse/Midwife led clinics in the SEHB</li> <li>Orthopaedic Referral Protocols were developed in line with the reorganisation of regional orthopaedic services (NEHB).</li> <li>A revised referral form was issued to a cross section of GPs (NWHB)</li> <li>Out patient department consumer panel established (NWHB)</li> <li>Referral guidelines and pathways for Ophthalmology, Speech and Language Therapy and Occupational Therapy were developed (SEHB).</li> </ul>

		<ul style="list-style-type: none"> <li>• Consultant Oncology clinics for Symptomatic Breast Disease (SEHB).</li> <li>• Out patient recall rates were analysed during the year and initiatives put in place to reduce Did Not Attend rates (SHB).</li> <li>• Agreement has been reached to progress the Pathways of Care for Women with Symptomatic Breast Disease at a Regional and Supra-Regional level.</li> </ul> <p>(see report under action 86 also)</p>
86. A substantial programme of improvements in accident and emergency departments will be introduced.	<ul style="list-style-type: none"> <li>• Additional A &amp; E consultants appointed.</li> <li>• Triage procedures will be put in place to help channel patients quickly to most appropriate form of care.</li> <li>• Advanced nurse practitioners (emergency) appointed.</li> </ul>	<ul style="list-style-type: none"> <li>✓ An additional 20 Emergency Medicine Consultants and 18 Consultant Anaesthetists have been appointed under the Winter Initiative 2000/2001.</li> <li>✓ All Boards reported on the development of Triage in their areas.</li> <li>✓ Three Advanced Nurse Practitioners (ANP) in Emergency medicine were appointed in 2002. One appointment was made in this area in 2003. (see report under action 85)</li> </ul>
87. Diagnostic services for GPs and hospitals will be enhanced.	<ul style="list-style-type: none"> <li>• Improve facilities.</li> </ul>	<ul style="list-style-type: none"> <li>✓ All boards and the ERHA report ongoing work in this area. Work is progressing on: <ul style="list-style-type: none"> <li>• Strengthening the diagnostic facilities available to GP's</li> <li>• Arrangement for GP's to have direct access to hospital diagnostic facilities</li> <li>• Extended opening hours in diagnostic departments such as radiology and laboratory services to maximise the use of facilities and to provide services as soon as possible to patients.</li> </ul> </li> </ul>
88. The extra acute beds in public hospitals will be designated for use by public patients.	<ul style="list-style-type: none"> <li>• Formal designation order.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A general review of bed designation is underway. Health Boards, the Authority and hospitals have been informed that additional capacity provided under the Bed Capacity Initiative is to be used for public patients.</li> </ul>
89. Greater equity for public patients will be sought in a revised contract for hospital consultants.	<ul style="list-style-type: none"> <li>• Agreement on revised contract</li> </ul>	<ul style="list-style-type: none"> <li>✓ A new contract will be negotiated with consultants as part of the health services reform programme. It is anticipated that achieving greater equity for public patients will be a key element.</li> </ul>
90. The rules governing access to public beds	<ul style="list-style-type: none"> <li>• Implementation of rules.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A review of all existing legislation relating to eligibility for services is ongoing in the Department. The outcome will inform the approach to the drafting of a new legislative</li> </ul>

will be clarified.		<p>framework clarifying eligibility for services.</p> <p>✓ A general review of bed designation and monitoring of activity is being undertaken by the Department</p>
91. Action may be taken to suspend admission of private patients for elective treatment if the maximum target waiting time for public patients is exceeded.	<ul style="list-style-type: none"> <li>Monitoring of public/private mix.</li> </ul>	<p>✓ Monitoring of public / private activity is continuing to ensure fair access for public patients.</p> <p>✓ The National Treatment Purchase Fund is continuing to target those public patients waiting longest for treatment and up to the end of 2003 approximately 10,500 patients have received treatment.</p> <p>(see report under action 81).</p>

#### **Funding**

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
92. Additional investment will be made in the health system.	<ul style="list-style-type: none"> <li>Continued increases for specified purposes.</li> </ul>	<p>✓ Health allocation for 2003 increased from €3.4bn to €9.2bn.</p>
93. Capital funding will be allocated for the regular maintenance of facilities and the planned replacement of equipment.	<ul style="list-style-type: none"> <li>Facilities and equipment properly maintained.</li> </ul>	<p>✓ A working group is examining this issue. The working group is due to report during 2004.</p> <p>✓ See also appendix on capital developments in 2003.</p>
94. Public-private partnerships will be initiated to help in the development of health infrastructure.	<ul style="list-style-type: none"> <li>Selected projects.</li> </ul>	<p>✓ Plans were announced to pilot a public private partnership (PPP) initiative in the ERHA and SHB in 2002. It is anticipated that 17 new Community Nursing Units for older people will be created when the PPP initial Pilot Programme is complete, providing up to a maximum of 850 new beds. In 2003 business advisers were appointed by the ERHA and SHB to assist the delivery of the PPP Pilot Projects. Draft Public Sector Benchmarks were being prepared for the two projects.</p>
95. Multi-annual budgeting will be introduced for selected programmes.	<ul style="list-style-type: none"> <li>Movement towards multi-annual budgeting and planning.</li> </ul>	<p>✓ Five year multi-annual capital budgets are being introduced commencing in 2004.</p>



96. The allocation process will be reviewed by the Department of Health and Children.	<ul style="list-style-type: none"> <li>Document on allocation system.</li> </ul>	✓ This issue featured in the discussions of the Commission on Financial Management and Control in the health service and is being addressed under the Health Service Reform Programme.
97. Financial incentives for greater efficiency in acute hospitals will be significantly strengthened.	<ul style="list-style-type: none"> <li>Refinement of case mix budget model and extension in coverage.</li> </ul>	<p>✓ The Casemix System was expanded in 2003 to include the three Dublin Maternity Hospitals (National Maternity Hospital, Holles Street, The Coombe Women's Hospital and the Rotunda Hospital). The Casemix system now incorporates 34 acute hospitals and its coverage has increased from 74% to 85% of all acute admissions on the Hospital Inpatient Enquiry System.</p> <p>✓ The following increases were incorporated into the 2003 financial allocation</p> <p>(i) in-patient blend rate increased from 15% to 20%.</p> <p>(ii) day case blend rate increased from 5% to 10%</p> <p>Further incremental increases are being implemented each year.</p> <p>✓ Significant refinements to the case mix budget model were introduced including a completely new day case system. A short/medium and long –term strategy has been agreed and is being implemented. A complete modernisation of the national casemix programme is already underway.</p>
98. Annual statements of funding processes and allocations will be published.	<ul style="list-style-type: none"> <li>Annual statements by Department and health boards.</li> </ul>	✓ Service plans are published. This issue featured in the discussions of the Commission on Financial Management and Control in the health service and is being addressed under the Health Service Reform Programme.
99. The management of capital projects will be enhanced.	<ul style="list-style-type: none"> <li>Review of process completed/proposals for change.</li> </ul>	✓ The review has commenced and is due for completion in 2004.

#### Human resources

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
100. Integrated workforce planning will be introduced on a national basis.	<ul style="list-style-type: none"> <li>Integrated set of plans for health staff .</li> </ul>	✓ The Health Skills Group was established in 2002. The Group is working closely with the Department to help identify ways of meeting workforce requirements in the system (see also action 101)

		<ul style="list-style-type: none"> <li>✓ A study of the Nursing and Midwifery Resource was published in 2002. The report contains recommendations in relation to workforce planning in a nursing context. The Department, the HSEA and the Nursing and Midwifery Planning and Development Units monitor, report and publish annual data on the turnover in nursing and midwifery.</li> <li>✓ The report on the Effective Utilisation of the Professional Skills of Nurses and Midwives was published. Further to the report the evaluation of the Health Care Assistant education and training course has been completed and published in November 2003. This nationally recognised course is awarded by Further Education Training Awards Council (FETAC). It is funded through the regional Nursing and Midwifery Planning and Development Units and is now accessible on a nationwide basis.</li> <li>✓ A working group has been established to examine the development of appropriate systems to determine nursing staffing levels.</li> <li>✓ IR negotiations between DoHC, HSEA, IMO were deferred pending the publication of Hanly Report which was published in October 2003. IR negotiations commenced in the LRC on 17/12/03. There is ongoing liaison with agencies to progress issues outside of IR process.</li> </ul>
101. The required number of extra staff will be recruited.	<ul style="list-style-type: none"> <li>• Increases in each targeted area.</li> </ul>	<ul style="list-style-type: none"> <li>✓ <i>Nursing</i> <ul style="list-style-type: none"> <li>• The Skills and Labour Market Research Unit attached to the Expert Group on Future Skills Needs has recently commenced a skills monitoring study of the main healthcare groups, including nurses.</li> <li>• Nursing degree was implemented, with first intake into 13 higher education institutions in Autumn 2002.</li> <li>• The number of nursing training places has increased from 968 in 1998 to 1,572 in 2001 and 1,640 from 2002 onwards.</li> <li>• Flexible working arrangements have been introduced and 10,753 nurses or 25% of public service nurses have availed of this.</li> <li>• A comprehensive range of financial and other supports have been introduced covering part-time degrees and areas of specialised clinical practice.</li> <li>• A scheme for the payment of fees and salary for nurses undertaking "back to</li> </ul> </li> </ul>

		<p>nursing" courses has been introduced.</p> <ul style="list-style-type: none"> <li>• Overseas recruitment continues to be a feature of nursing recruitment and figures from An Bord Altranais indicate that 13,658 overseas nurses have been registered since 1998.</li> <li>• The National Council for the Professional Development of Nursing and Midwifery has to date approved 1,516 clinical nurse/midwife and 6 advanced nurse practitioner posts. Applications for accreditation of additional posts are being received by the National Council on an ongoing basis.</li> </ul> <p>✓ The additional therapy training places announced by the Minister for Education and Science and the Minister for Health and Children in May, 2002 arising from recommendations contained within the Bacon report on the current and future supply and demand conditions in the labour market for certain professional therapists were as follows:</p> <ul style="list-style-type: none"> <li>• 25 Physiotherapy places</li> <li>• 75 Occupational Therapy places (including 25 Master of Science places)</li> <li>• 75 Speech &amp; Language Therapy places (including 25 Master of Science places)</li> </ul> <p>All of the new courses providing the additional places have now commenced as follows and will provide a total of 175 additional therapy places per year:</p> <ul style="list-style-type: none"> <li>○ BSc Physiotherapy at the University of Limerick commenced in the 2002/2003 academic year</li> <li>○ MSc Speech &amp; Language Therapy and Occupational Therapy at UL commenced in June, 2003</li> <li>○ BSc Speech &amp; Language Therapy and Occupational Therapy at UCC commenced in October, 2003</li> <li>○ BSc Speech &amp; Language Therapy and Occupational Therapy at NUIG commenced in June, 2003</li> </ul> <p>✓ The Report of the National Task Force on Medical Staffing ("Hanly Report") was published on 15 October 2003. Its key recommendations were adopted as Government policy in September 2003. The Report makes detailed recommendations regarding:</p> <ul style="list-style-type: none"> <li>(i) Reducing the working hours of non-consultant hospital doctors (NCHDs) in line with the requirements of the European Working Time Directive (EWTD).</li> <li>(ii) Introducing a "consultant-provided" (rather than "consultant-led") service.</li> </ul>
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		<p>(iii) Reform of medical education and training.</p> <p>The report concludes that a significant reorganisation of acute hospital services will be required throughout the country in order to provide a better service to patients and to implement the EWTD. The report makes detailed recommendations regarding the reorganisation of acute hospital services and medical staffing in two regions which it studied in detail: the East Coast Area Health Board and the Mid-Western Health Board. It sets out a series of principles for the rest of the country and proposes that a national plan for the reorganisation of acute hospital services should now be developed.</p> <p>The Minister announced the composition of an Acute Hospitals Review Group on 27th January 2004 to prepare a plan for the Interim Health Services Executive for the reorganisation of acute hospital services nationally, taking account of the recommendations of the Hanly Report.</p> <p>The implications for post-graduate medical education and training of the proposed changes will continue to be examined by the Medical Education and Training (MET) Group that was originally established as part of the National Task Force on Medical Staffing. The MET group's final report is expected later this year.</p> <p>✓ (See action 100 also).</p>
102.The approach to regulating the number and type of consultant posts will be streamlined.	<ul style="list-style-type: none"> <li>• New procedure in line with the service planning process.</li> </ul>	<p>✓ This action is currently under review in the context of the health reform programme.</p>
103.Best practice in recruitment and retention will be promoted.	<ul style="list-style-type: none"> <li>• Guidelines on best practice.</li> </ul>	<p>✓ Guidance for Best Practice on Recruitment of Overseas Nurses was published in December 2001.</p> <p>✓ The HSEA has negotiated an “Agreement on Flexible Working in the Health Service” with all the Trade Unions representing health staff. In association with this agreement, arrangements have also been made to afford access to occupational pension schemes to temporary and part-time staff who were traditionally excluded from pension schemes.</p>

		<ul style="list-style-type: none"> <li>✓ Individual employees may apply to work on a permanent part time basis.</li> <li>✓ The HSEA maintains continuous liaison with employers in relation to implementation of these more flexible family policies.</li> <li>✓ HeBE has undertaken a project to further improve the recruitment advertising process in the short and medium term, with a particular emphasis on ensuring value for money. (See also report under action 107).</li> </ul>
104. Greater inter-disciplinary working between professions will be promoted.	<ul style="list-style-type: none"> <li>• Adaptation of training programmes.</li> </ul>	<ul style="list-style-type: none"> <li>✓ See actions 50 &amp; 51.</li> <li>✓ A nurse prescribing project is been undertaken between the An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery. The project is cross disciplinary involving close cooperation between nurses and other health care professionals.</li> <li>✓ Ongoing education, training and development is a feature of employment within the health service and, in particular, is a requirement in relation to clinical development. There are several initiatives currently underway in relation to better utilization of the professional skills of staff, for example, through the creation of Clinical Nurse Specialists and Advanced Nurse Practitioners. Shared learning is a feature of preparation for appointment of Advanced Nurse Practitioners.</li> </ul>
105. Provisions for the statutory registration of health professionals will be strengthened and expanded.	<ul style="list-style-type: none"> <li>• Revise legislation on doctors.</li> <li>• Revise legislation on nurses.</li> <li>• New legislation on other health</li> </ul>	<ul style="list-style-type: none"> <li>✓ Draft Heads of Bill were published in 2004.</li> <li>✓ Draft heads of a new bill for the regulation of nurses have been prepared.</li> <li>✓ Heads of Bill were approved by Government in July 2002. The Health and Social Care Professionals Bill is currently at an advanced stage of drafting and is due to be published in 2004.</li> </ul>

	professionals.	
106.Registration of alternative / complementary therapists will be introduced.	<ul style="list-style-type: none"> <li>Independent study of the practical steps required to be published.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Report on the Regulation of Practitioners of Complementary and Alternative Medicine in Ireland was launched by the Minister for Health and Children in November 2002. As recommended in the report, the Minister has established a national working group to advise him in relation to the regulation of complementary therapists. The Group is expected to report by May 2005.</li> </ul>
107.The HR function in the health system will be developed.	<ul style="list-style-type: none"> <li>Flexible human resource models established</li> </ul>	<ul style="list-style-type: none"> <li>✓ The HSEA reported the following initiatives for 2003: <ul style="list-style-type: none"> <li>• It developed a Guide to Equal Opportunities/Accommodating Diversity, which is aimed at the level of the employing organization.</li> <li>• The establishment of a working group representative of health service employers, which prepared an Equal Opportunities/Diversity Policy and Strategic Objectives for the Health Service. The purpose of the policy is to create a workplace which provides for equal opportunities for all staff and potential staff and ensure that their dignity is protected and respected at all times.</li> <li>• The HSEA, in conjunction with the Trade Unions, developed a “Dignity at Work” policy for the sector. This new policy covers bullying, harassment and sexual harassment and reflects the experience of health service employers and union representatives in dealing with complaints of bullying and harassment.</li> <li>• A national Grievance Procedure for the health service was devised by a joint HSEA /management and union working group under the auspices of the National Joint Council.</li> <li>• A national Disciplinary procedure has also been devised under the auspices of the National Joint Council.</li> <li>• A managing Attendance Policy for the Health Service has been produced by the HSEA Working Group. This document aims to give practical guidance to line managers on promoting an attendance culture and managing sickness absence.</li> <li>• These policies and procedures will form part of a training programme that the HSEA is currently devising for line management entitled People Management – The Legal Framework which commenced in 2003.</li> <li>• The HSEA issued Guidelines to the Salient Provisions of the Protection of Employees Fixed Term Work Act 2003 and implementation guidelines</li> <li>• The HSEA conducted a consultation process around greater flexibility in times of work/attendance patterns in 2003 and is in the process of identifying a</li> </ul> </li> </ul>

		<p>number of key principles/issues arising regarding flexible working.</p> <ul style="list-style-type: none"> <li>• The HSEA played a pivotal role in the introduction of the existing partnership structures within the health service and is represented on the Health Services National Partnership Forum, which is working closely with the National Centre for Partnership and Performance in relation to a number of projects.</li> <li>• The HSEA has developed an innovative Performance Management System. It is a team-based approach aimed at helping units and teams to improve performance. The approach involves performance assessment and monitoring at the lowest level at which operational plans are made – the level of the unit of function within organizations, rather than at individual level. As there is considerable interdependency between individuals at different grades or in different professions, in a health service context, it was considered that the team based approach provided a better option than that of a traditional individual performance appraisal system.</li> </ul> <p>✓ Through 2003 the Office for Health Management continued to work with the Department, the HSEA and a variety of Steering Groups to implement the Action Plan for People Management. The Office continued to work closely with senior human resource and training personnel to develop and enrich the HR function. The Office also supported health board HR directors in progressing the practice of conjoint working across the boards.</p> <p>✓ The Learning and Development Needs Analysis Toolkit, developed in 2002, was pilot tested in a number of organisations in 2003. Following evaluation of the pilots the toolkit was revised and is ready to be rolled out to the wider service in 2004.</p> <p>✓ The Office for Health Management has developed Management Competencies Frameworks for health and social care professionals, clerical/administrative management grades and nurse managers. The Health Boards Executive and the Health Services Employers Agency were also involved in this project. The frameworks were formally launched in June 2003. The frameworks represent the first comprehensive, research based definition of the skills and attributes of effective managers within the service. Although developed primarily to assist staff training, they can also be adapted for use in recruitment, selection and performance management. A comprehensive training plan for the competency frameworks</p>
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		<p>incorporating personal development planning has been put in place.</p> <ul style="list-style-type: none"> <li>✓ The OHM has also commissioned the design of a development programme for line managers on people management, incorporating the competency and personal development planning tools. The OHM plans to develop a template for the programme, in collaboration with the HSEA, and then hand it over to employers to be delivered and organized locally.</li> <li>✓ Management competency frameworks for nurse managers are available since 2000. (See report under action 108).</li> </ul>
108.A detailed Action Plan for People Management will be developed.	<ul style="list-style-type: none"> <li>• Publication of Action Plan.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Action Plan for People Management was published November 2002. The Action Plan provides all stakeholders in the system with the direction and actions required to bring people management to the standard needed to successfully achieve service imperatives. It provides a road map for developments in people management within the health service for the foreseeable future. The Plan identified seven key areas to be addressed: <ul style="list-style-type: none"> <li>• Manage people effectively</li> <li>• Improving the quality of working life</li> <li>• Devise and implement best practice employment policies and procedures</li> <li>• Develop partnership further</li> <li>• Invest in training development and education</li> <li>• Improve employee and industrial relations in the health sector</li> <li>• Develop performance management</li> </ul> <p>The implementation of the Action Plan is a critical success factor in achieving the objectives of the national health strategy. The first annual report has been compiled. It indicates that satisfactory progress has been made in the implementation of all areas of the APPM to date.</p> </li> <li>✓ Funding of €2m was provided to Health Boards and the ERHA in their 2003 financial allocations to support the development of human resources and implementation of the Action Plan for People Management. This has been incorporated into base allocations for 2004. A further €1m was allocated by the APPM Monitoring Committee to support projects with a national focus and linked to the Sustaining Progress agreement.</li> </ul>



		✓ The Clinicians in Management (CIM) initiative was successfully linked to the seven main themes of the Action Plan for People Management, which involved the health boards modifying their CIM objectives to those in the APPM.
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### Organisational reform

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
109.The Department of Health and Children will be restructured.	<ul style="list-style-type: none"> <li>Independent review completed.</li> <li>New organisational structure in place</li> </ul>	<ul style="list-style-type: none"> <li>✓ In line with the commitment in Quality and Fairness, the Department commenced an internal review of its structures. In September 2003, an Action Project on the Restructuring of the Department of Health and Children was established. It concluded its deliberations in that format in December 2003. The Action Project Committee included representatives from senior management, staff, partnership, Department of Finance and the Health Services.</li> <li>✓ Hay Management Consultants were commissioned to work with the department to develop a new organisation design. Draft organisation design has been completed and is currently under discussion with key stakeholders.</li> </ul>
110.Health boards will be responsible for driving change, including a stronger focus on accountability linked to service plans, outputs and quality standards.	<ul style="list-style-type: none"> <li>Increased link between service planning and service provision.</li> </ul>	<ul style="list-style-type: none"> <li>✓ This action is ongoing. A high-level Steering Group and Project Team have been established to develop guidelines for strategic implementation plans, standardised service planning and performance indicators.</li> <li>✓ Boards report the following measures: <ul style="list-style-type: none"> <li>• Adoption of standardized service plan template for 2004 as far as possible</li> <li>• Deepening of the service planning process in the health system with an emphasis on all staff participation in the process</li> <li>• Integrated reporting mechanisms so that expenditure, activity, staffing, performance indicators and service planning process are appropriately linked.</li> <li>• Improving returns on national performance indicators</li> <li>• Improved incident reporting and risk management strategies</li> <li>• Service agreements with relevant agencies</li> <li>• Mainstreaming of reporting on progress in implementation of the National Health Strategy through the Service Planning process</li> <li>• Partnership initiatives</li> </ul> </li> </ul>

111. An independent Health Information and Quality Authority will be established.	<ul style="list-style-type: none"> <li>Authority established.</li> </ul>	<ul style="list-style-type: none"> <li>✓ A key policy aim of the Health Strategy is to deliver high quality services that are based on evidence-supported best practice. The Health Information and Quality Authority is being established to advance this aim. Its responsibilities will be built around three related functions (i) developing health information; (ii) promoting and implementing quality assurance programmes nationally; and (iii) overseeing health technology assessment. The structure of the organisation will reflect these functions.</li> <li>✓ The new Health Bill currently being drafted to underpin the Health Service Reform Programme will provide, inter alia, for the establishment of HIQA on a statutory basis.</li> </ul>
112. The Health Boards Executive (HeBE) will be developed as a key instrument in the change agenda.	<ul style="list-style-type: none"> <li>HeBE established and operational.</li> </ul>	<ul style="list-style-type: none"> <li>✓ HeBE was established on 1st March 2002 to enable health boards to operate jointly on issues where a national approach to implementing a programme or service is the best way of achieving the objectives of the Strategy. The HeBE has organised its work into the following programmes: <ul style="list-style-type: none"> <li>• Programme of action for children</li> <li>• Information and Communication Technology (ICT)</li> <li>• eGovernment</li> <li>• Health Gain</li> <li>• Service improvement and modernisation</li> <li>• Health Strategy Implementation Projects</li> <li>• Value for money</li> <li>• Knowledge management</li> </ul> </li> <li>✓ At the end of 2003, some fifty projects had either been concluded by HeBE or were underway. Under the Health Service Reform Programme, HeBE will be absorbed into the new Health Service Executive.</li> </ul>
113. The role of the Office for Health Management will be expanded.	<ul style="list-style-type: none"> <li>Expanded role agreed with Office for Health Management.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The role of the OHM was expanded under the Health Strategy to include organisation development as well as management development. The OHM has reported on the following initiatives for 2003: <ul style="list-style-type: none"> <li>• A communication and consultation programme with staff throughout the health services in 2003 concerning the purpose and content of the Health Service Reform Programme on behalf of the Department. Thirteen</li> </ul> </li> </ul>

		<p>workshops were convened for senior managers in July and August 2003. Almost 300 managers participated. The OHM produced a report on the results of the consultation process.</p> <ul style="list-style-type: none"> <li>• Commissioned two research studies to provide guidance on the change management programme, in light of the Health Service Reform Programme.</li> <li>• It plays a central role in supporting the Clinicians in Management initiative through a number of activities aimed at facilitating health agencies in the change process.</li> <li>• Commissioned two discussion papers on Clinicians in Management in 2003. The OHM also organised and provided action-learning sets for project leaders with responsibility for CIM on the subject of implementing CIM. The leaders will continue to meet in 2004.</li> <li>• Convened a small discussion group of hospital consultants and senior managers focused on the goal of increasing co-operation between doctors and managers at both local hospital and national decision-making level. This will involve building a framework for effective working partnerships.</li> <li>• Continued to work with three health boards to help employers throughout the system to concentrate on how to manage and implement the change agenda outlined in the Health Strategy.</li> <li>• Three programmes entitled Quality and Fairness Making Change Happen were commissioned from Savage Young and Associates Ltd and were launched in December 2002. The programmes have been ongoing throughout 2003 and are due to conclude early in 2004. An independent external evaluation of this initiative has been commissioned and will be available in 2004.</li> <li>• Provided advice and support in the implementation of the Primary Care Strategy.</li> <li>• Continued to liaise with the HSEA in regard to assisting managers in meeting their obligations under equality legislation and the equal opportunities/diversity aspects of their people management role. Networking opportunities with similar cross-border initiatives and international best practice in this regard were also explored.</li> <li>• Continued to provide support and advice to the women's regional</li> </ul>
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		<p>networks during 2003. A two-day seminar entitled Leadership within a Changing Professional Environment was held in April 2003. The event was targeted at senior women and was designed to provide participants with the opportunity to develop their influencing strategies within an increasingly complex work environment.</p> <ul style="list-style-type: none"> <li>Continued to support its network of people throughout the health service who are working in organisation development and change management.</li> </ul>
114. An independent audit of functions and structures in the health system will be carried out.	<ul style="list-style-type: none"> <li>Audit completed.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Audit of Structures and Functions of the Health System was carried out by Prospectus Strategy Consultants.</li> <li>✓ On 18<sup>th</sup> June 2003 the Government announced a radical and challenging Health Service Reform Programme primarily based on the Audit of Structures and Functions in the Health System (Prospectus report) and the Commission on Financial Management and Control Systems in the Health Service (Brennan report). Subsequently the Report of the Task Force on Medical Staffing dealing with the reorganisation of hospital services was published.</li> <li>✓ Immediately after the Government decision the Minister and the Secretary General began a series of information sessions throughout the country, informing people about the programme of change.</li> <li>✓ The Department of Health and Children also commissioned the Office for Health Management to consult with employees and staff representatives throughout the system. Some 20,000 people were involved in the consultation sessions and a report on the findings of the Office for Health Management has been published.</li> <li>✓ To further advance the reform programme the Minister established a Project Office staffed by personnel from the Department, the health boards and the voluntary sector. Thirteen action projects were established to develop the core concepts of the Reform Programme, in line with the Government decision.</li> <li>✓ A composite report, based on the work of the action projects, was published setting out the key next steps to follow through on the change programme.</li> </ul>

		<ul style="list-style-type: none"> <li>✓ A communications strategy has been devised and is currently being implemented.</li> <li>✓ The project office for the Health Service Reform Programme launched a website which will help to improve the communication around the reform programme.</li> <li>✓ In November 2003 the Minister announced the establishment of the Board of the Interim Health Service Executive chaired by Kevin Kelly. An Interim Health Service Executive Establishment Order SI 90/04 to establish the Interim HSE as a statutory body under the Health (Corporate Bodies) Act, 1961 has been signed by the Minister for Health and Children.</li> <li>✓ A National Steering Committee on the Health Service Reform Programme has also been set up.</li> <li>✓ Legislation is required to give statutory effect to the Government Decision on the Health Service Reform Programme. Work has begun on drafting Heads of the main Bill. The current objective is to have the legislation in place by January 2005.</li> </ul>
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#### Information

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
115.The National Health Information Strategy will be published and implemented.	<ul style="list-style-type: none"> <li>• Publication of National Health Information Strategy</li> </ul>	<ul style="list-style-type: none"> <li>✓ The National Health Information Strategy has been approved by the Government and will be launched in 2004.</li> </ul>
116.There will be a sustained programme of investment in the development of national health information systems as set out in the National Health	<ul style="list-style-type: none"> <li>• Specific developments in the information infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>✓ In anticipation of the launch of the National Health Information Strategy, planning work is taking place in relation to a national IT plan. In 2002 the Department indicated that funding for future mainstream IT developments would be on the basis that systems were national and that shared options should be considered. €30.25m capital funding was provided for ICT developments in 2002.</li> <li>✓ Further significant work was undertaken on the development of the ICT</li> </ul>

Information Strategy.		infrastructure during 2003. A sum of approximately €40 million was applied to this purpose, which was a substantial increase over the previous year. The major projects supported were Enterprise Resource Planning Systems for Personnel and Financial Management, Information and Communications Technology Infrastructure Development, Laboratory Information Systems and eProcurement.
117.Information and communications technology will be fully exploited in service delivery.	<ul style="list-style-type: none"> <li>• Implementation of the National Health Information Strategy</li> </ul>	<ul style="list-style-type: none"> <li>✓ In anticipation of the publication of the National Health Information Strategy, and pending the establishment of the Health Information Quality Authority, the Health Boards Executive is developing a strategic ICT framework for the Irish Health System.</li> <li>✓ The introduction of the Civil Registration System in the General Register Office resulted in the capability to electronically search the historic indexes to all life events throughout 2003 and allowed for the provision of electronically generated certificates from July 2003. These developments have resulted in an enhanced customer service for personal callers and postal applicants. The rollout of the Civil Registration System to five health boards has resulted in similar benefits to their customers. It also allows for certificates to be produced for other health board areas. Heretofore, this facility was only available in the General Register Office. On-line registration of Births and Deaths commenced in the Southern Health Board in September 2003 and in the North-Western Health Board in December 2003. This has resulted in the Department of Social and Family Affairs being able to automatically allocate a PPSN for newborn children, automatically trigger child benefit payments and the automatic generation of statistical information for the Central Statistics Office. The system is expected to be rolled out nationally in 2004.</li> <li>✓ System development completed throughout 2003 will allow for the Death Event Publication Service to be operational early in 2004 through REACH. This will facilitate health boards in maintaining an accurate medical cardholder database, resulting in cost savings, (see action 117 also). It will also facilitate medical research for approved bodies.</li> </ul>
118.Information-sharing systems and the use of electronic patient	<ul style="list-style-type: none"> <li>• Phased implementation of the electronic health-care record in line with the National Health Information Strategy.</li> </ul>	<ul style="list-style-type: none"> <li>✓ To be progressed following publication of the National Health Information Strategy and the Health Boards Executive's Strategic ICT Framework. The first group of priority systems involved includes a National Hospital Information</li> </ul>

records will be introduced on a phased basis.		Systems development, which will over time enable movement to an Electronic Patient Record. During 2003 and 2004 planning arrangements were put in place and project work was advanced in relation to the European Health Insurance Card which was launched on 1 June 2004, during the Irish Presidency of the EU, (see also reports under action 116 & 117).
119. A national secure communications infrastructure will be developed for the health services.	<ul style="list-style-type: none"> <li>Health services secure network.</li> </ul>	<ul style="list-style-type: none"> <li>✓ The Government Virtual Private Network (gVPN) has been adopted by the Health Boards as the standard communications infrastructure. The Health Boards Chief Executive Officers are considering a proposal to link General Practitioners to the gVPN including provision of a secure eMail capability</li> <li>✓ In anticipation of the publication of the National Health Information Strategy, consideration is being given to setting up a national project under the Health Boards Executive on IT Infrastructure including secure communications.</li> </ul>
120. Information system development will be promoted as central to the planning process.	<ul style="list-style-type: none"> <li>Enhanced planning protocols in place.</li> </ul>	<ul style="list-style-type: none"> <li>✓ See reports under actions 115-121.</li> </ul>
121. Health information legislation will be introduced.	<ul style="list-style-type: none"> <li>Bill published.</li> </ul>	<ul style="list-style-type: none"> <li>✓ To be progressed following publication of the National Health Information Strategy.</li> </ul>

## CAPITAL DEVELOPMENTS 2003

### Health Capital 2003

Total funding provided by Hospital Planning Office to health agencies under the Health Capital Programme of the National Development Plan in 2003 was €470.310m. The voted capital provision for Hospital Planning Office in 2003 reflects the Government's strong commitment to much needed investment in the health services under the NDP.

A special minor capital initiative of approx. €100m was undertaken across all care programmes of the health sector in 2003. Of this, a special provision of €30m was designated to Disability Services. These minor capital works met a range of priority needs such as replacement equipment, refurbishment, health & safety, fire precautions, backlog of maintenance etc.

Examples of projects (over €2m cost) funded by Hospital Planning Office in 2003 included:-

### Acute Hospitals

#### *In Planning*

Mater / Temple St. Hospitals

Longford/Westmeath General Hospital, Mullingar - Phase 2B

Developing acute hospital services in the MWHB and NEHB

Cork University Hospital – Cardiac Services and Renal Dialysis Unit

Beaumont Hospital – Renal Dialysis Unit

National Maternity Hospital

Coombe Women's Hospital – Extension to ICU, new theatre, scanning room etc.

Naas General Hospital – Phase 3B & 3C

Incorporated Orthopaedic, Clontarf – Phase 2

Wexford General Hospital

Merlin Park Hospital – Rehabilitation Unit

St. Luke's, Kilkenny

Ennis General Hospital, Development Control Plan

Waterford Regional Hospital

NEHB Acute Hospitals – Developing Briefs for 5 sites

Croom Orthopaedic – Developing Brief

Midland Regional Hospital, Portlaoise – A&E Department

Letterkenny General Hospital – A&E Department

Our Lady's Hospital for Sick Children – Planning for Development Control Plan; and for interim projects (MRI and Haematology/Oncology)



### *Under Construction*

Midland Regional Hospital, Tullamore  
Cork University Hospital - Maternity Unit  
Cork University Hospital - A&E Unit / Day Procedures Unit  
Our Lady's Hospital for Sick Children – Theatres  
St. Vincent's Hospital, Elm Park - Phase I  
St. James's Hospital – Phase 1H  
University College Hospital Galway - Phase II  
Our Lady's Hospital, Cashel – Development  
Roscommon County Hospital – A&E Department  
Beaumont – reequipping and refurbishment  
St. Colmcille's, Loughlinstown - Development  
St. James's Hospital – Expansion to existing A&E Department

### *Completed Construction*

James Connolly Memorial Hospital, Blanchardstown - Phase 1  
Rotunda Hospital – Development  
Midland Regional Hospital at Portlaoise – Phase 1  
St. Joseph's, Clonmel – Phase 1  
Naas General Hospital - Phase 2, 2A and Phase 3A

### **Non- Acute Hospitals**

#### *In Planning*

St. Ita's Portrane - Intellectual Disability Services (Disability)  
Beaumont Hospital - Acute Psychiatric Unit (Mental Health)  
Nenagh Hospital - Acute Psychiatric Unit (Mental Health)  
Hospital of the Assumption, Thurles (Older People)  
Sligo General Hospital - Acute Psychiatric Unit (Mental Health)  
St. John's Hospital, Enniscorthy (Elderly)  
Cope Foundation – Centre for young adults (Disability)  
Merlin Park – Rehabilitation Unit (Older People)  
Nenagh Health Centre  
St Ita's Dementia Unit, Newcastle West.  
Dingle Hospital (Older People)  
Tralee CNU  
Fermoy Hospital (Older People)  
JCM, Services for Older People  
C.C.H.Q. at Tralee

### *Completed Construction*

Clodagh House, Portlaw (Child care)

### **Nursing Degree Programme.**

This programme is designed to facilitate the full integration of nursing students into the higher education sector, with capital costs in the region of €240m over the period 2002 - 2005. Expenditure of €19.928m was incurred in the year 2003. Expenditure covered the following projects:

Trinity College Dublin  
Dublin City University  
University College Dublin  
University College Cork  
University College Galway  
University of Limerick  
St Angela's College Sligo  
Athlone Institute of Technology  
Letterkenny Institute of Technology  
Dundalk Institute of Technology  
Institute of Technology Tralee  
Waterford Institute of Technology.