



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

***GUIDANCE DOCUMENT***

***FOR***

***PRIMARY CARE DEVELOPMENTS***

***(In line with PCCC Transformation Programme)***

***Health Service Executive***



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## 1. STRATEGIC FOCUS

Primary care is the first of the six frameworks for change set out in the National Health Strategy, which seeks to rebalance the emphasis from secondary care to primary care. Between 90% to 95% of the health and personal social service needs of our population can be delivered in a primary care setting. These services provide first level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being.

The Mission of the HSE is '*To enable people live healthier and more fulfilled lives.*' (HSE Transformation Programme 2007-2010). At an early stage in the establishment of the Health Services Executive, development of Primary Care services was identified as a cornerstone to reforming healthcare service delivery. To deliver on our mission, planning and development of infrastructure and service delivery must be integrated including the provision of an appropriate physical environment for the delivery of health and social care services.

Building on the National Health Strategy, 'Quality and Fairness - A Health System for You', the HSE Transformation Programme 2007-2010 includes a focus on developing the Primary Care model. The HSE's 2006 Service Plan target of 100 Primary Care Teams (PCTs) in development was set in this context.

The Transformation Programme focuses on service transformation and infrastructure transformation. The planning and development of PCCC infrastructure is encompassed within this strategy.

There are 13 different Transformation Programmes – the objective of Programme 2 is to **Configure Primary, Community and Continuing Care services to deliver optimal and cost effective results.**

With existing services organised on the basis of Care Group and professional grouping the new emphasis will be on integrated service delivery which will be met by local multidisciplinary teams and local diagnostic services. This will involve reconfiguring resources to provide a significant range of client services within local communities.

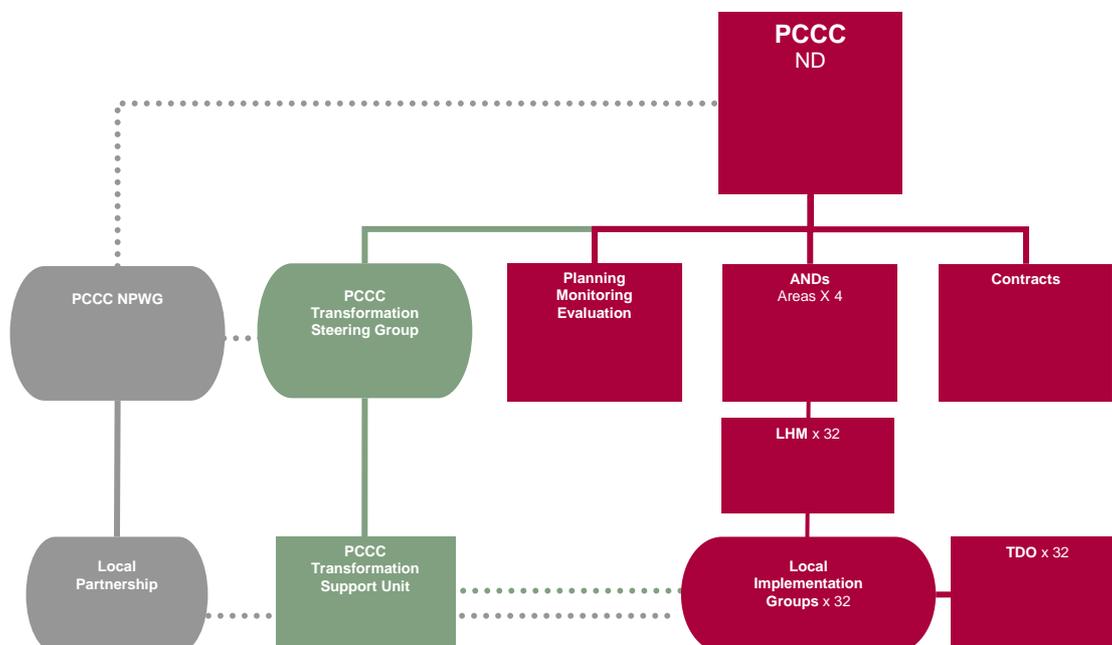


The significant projects within Programme 2 are:

- 1 Develop and implement Primary, Community and Continuing Care (PCCC) configuration framework
- 2 Reconfigure the existing services that support Primary Care Teams
- 3 Establish Primary Care Teams
- 4 Develop Primary and Social Care Networks
- 5 Expand and augment services in the community
- 6 Implement care group sector specific service transformation, consistent with PCCC configuration framework (i.e. mental health, disability, child care, older people, social inclusion, emergency care, etc)
- 7 Implement community scheme modernisation project.

The objective of this Programme is to ensure that by 2010 users will be able to easily access (as close to home as possible) a broad spectrum of care services through their local primary care team. Users must then experience integrated services across all stages of their care journey.

#### PCCC TRANSFORMATION IMPLEMENTATION STRUCTURE



ND = National Director  
AND = Assistant National Director  
LHM = Local Health Manager  
NPWG = National Partnership Working Forum



During 2006, extensive dialogue with stakeholders (General Practitioners (GP's), Unions, etc.) was required to secure their engagement and the confidence of the HSE commitment to delivering Primary Care Teams. This was progressed at National level through Partnership and supported locally by Local Health Managers.

The new Primary Care model, consisting of easily identifiable Primary Care Teams and Social Care Networks, will ensure a unified system of care in a nationally consistent manner, with full integration of all PCCC services.

During the next three years and beyond, as primary and community care services are further developed, more care will be provided locally, closer to people's homes. The key principles, which represent building blocks for this integrated development, are set out in the PCCC transformation document as follows:

1. Integrated Primary and Community Care puts people first and is designed to make it far easier for people to access the appropriate services when and where they need them.
2. Multi Disciplinary Primary Care Teams will provide access to a wide range of health and personal social services to a local community of about 10,000 people.
3. Primary Care Teams will be linked together by Primary and Social Care Networks (PSCN). Each network will generally support 4/5 Primary Care Teams and will include a shared pool of specialised resources.
4. All services provided will be linked to each other and, as required, linked into the wider health system to hospitals and the multi agencies.

In the context of the multi-annual capital planning framework as part of the transformation process the HSE will explore imaginative ways of providing Primary Care Infrastructure in a timely and cost effective manner including private provision and having regard to the fact that Services are delivered through a mix of contracted providers (such as GP's, Dentists, Pharmacists, Opticians etc) and HSE Employees (Public Health Nurses (PHN's), Allied Health Professionals, etc).



## 2. LOCAL IMPLEMENTATION TEAMS

During 2006 a five-year programme was initiated to establish 500 Primary Care Teams across the country. They have the potential to provide up to 90% of the health and social care people will ever need from within their own communities such as GP services, occupational therapy, physiotherapy, social work, etc.

### 2.1 Formation of Local Implementation Groups

Each of the 32 Local Health Offices (LHOs) established a Local Implementation Group to drive the Identification of potential Primary Care Team Sites and the transformation programme in their area. The Local Health Manager chairs these groups.

The membership of the groups includes:

- Heads of Disciplines,
- General Practitioners,
- National Hospitals Office representatives,
- Other local professional and community representatives.

A PCCC Transformation Development Officer (from within existing PCCC resources) supports each Group and is fully dedicated to delivering results in their Local Health Office area.

These Group responsibilities include:

- Develop and gain agreement for an overall implementation plan for the area.
- Promote interest in and explain to relevant stakeholders the transformation implementation strategy and actions required.
- Implement local projects such as Primary Care Teams and service enhancements through local resources.
- Collaborate with central support and other Local Implementation Groups to ensure national consistency where appropriate.
- Work with LHO Partnership Committees.
- Capture learning and share the lessons.



The National Mapping Exercise undertaken by the PCCC Project Office identifies 506 Primary Care Teams and 126 Social Care Networks to serve the entire population.

In 2007 the locations of 157 PCTs, covering an additional 1,302,000 population with 762 (potential) GPs have been. Final agreement with key stakeholders (GPs) is in train. By the end of the year 2,100,000 of the population (50%) will be covered by PCT's involving 1,260 GPs nationally.

## 2.2 Criteria for Location of PCTs

The identification of locations for Primary Care Teams takes into consideration Spatial Factors, GP Populations and Community Integrity:

- Population sizes as per PC Strategy.
- Existing travel patterns.
- Existing social, cultural and service links.
- Availability of GPs in local areas.
- Natural GP affiliations.
- Existing GMS patterns.
- Public transport system.
- Existing and future road system.
- Location of existing and proposed centres.
- The Regional Planning Guidelines / future development proposals.
- Areas of high deprivation including RAPID.
- The maintenance of DED boundaries as a basic building block.

To determine the most appropriate delineation for Primary Care Team catchments, workshops have been held by the Projects Office in each LHO throughout the entire country. These workshops included individuals with valuable local knowledge from a wide range of disciplines including public health nurses, general practitioners, therapy professionals, and mental health professionals. Primary Care Team catchments arising from the workshops have been finalised.

Given the many divergent delivery systems in both public and private service, the following team formations have emerged as the most appropriate to ensure maximisation of team working, community engagement and improved access to services.



**A. Primary Care Teams with defined community catchment areas (3,000 to 10,000 of population)**

This option allows for a recognised community catchment area to emerge, which encompasses the practice populations of a number of GP's. This model is suitable for a team:

- Where a number of villages and their hinterlands that have clear spatial links combine to form a Primary Care Team.
- Where a distinct community of 3,000 to 10,000 is identified within a large urban area.

**B. Teams with enrolled GP practice populations within a compact densely populated geographic area.**

This option has emerged within large urban areas (population 20,000 to 30,000) that cannot be broken into natural community boundaries. The most appropriate model is to have 2 to 3 Primary Care Teams each comprised of the amalgamation of a number of GP practice populations.

**C. Primary Care Teams with multi located GP's**

A number of GP's have a significant practice population at a distance from their Primary Care Team. This requires some GP's to have strong affiliations with a number of teams. This will ensure that GP clients who physically reside in another Primary Care Team catchment will receive a team response in their own local community.

### 2.3 Criteria defining a core Primary Care Team

A Primary Care Team and Extended Team are defined broadly as follows:

- **Core** minimum team members typically GP Services, Nursing, Therapy, Social Working, Home Help.
- **Extended** team members will be involved as required and may also service other PCT's within the same Primary and Social Care Network. Extended team members will include specialists (e.g. Dietetics, Dental, and Orthodontics).

#### Sample PCT

##### Core

**GP** = General Practitioner

**PHN** = Public Health Nurse

**Phy** = Physiotherapist

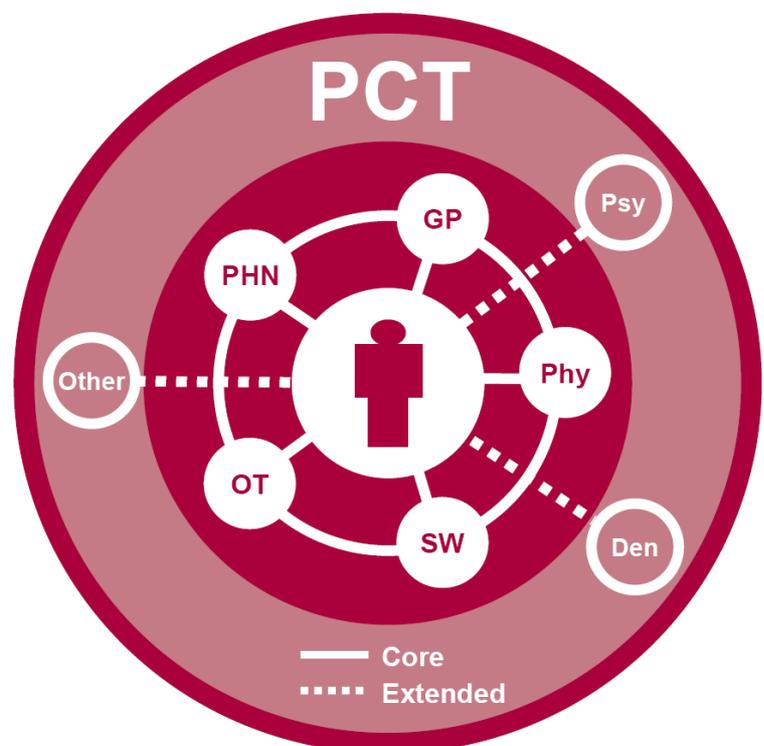
**OT** = Occupational Therapist

**SW** = Social Worker

##### Extended

**Psy** = Psychologist

**Den** = Dentist



The composition of Primary Care Teams will vary depending on local needs.

The **Extended Team members** will comprise a wider range of disciplines providing a service to a larger catchment population and may include some or all of the following depending on need:

- Chiropodist
- Community Pharmacist
- Community Welfare Officer
- Dentist
- Orthodontist
- Dietician
- Psychologist



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Under the new model the Primary Care Teams and Social Care Network, in conjunction with the support staff, will integrate their services. The integrated service will have the potential to deliver much of the care currently provided by specialist services.

The Primary Care model envisages a system whereby people are invited to actively enrol on a voluntary basis with a Primary Care Team. The concept of a key worker who will assist and facilitate the patient's access to and navigation through the services, through well-defined pathways, will be a key feature of a transformed and integrated delivery system.

#### 2.4 Defining a Primary Care Team 'in place'

In order to identify when a Primary Care Team moves from being a Primary Care Team 'in development' to a Primary Care Team 'in place' the following have been identified as key components:

- Identification of PCT boundary,
- Mapping of current population, by identifying population sizes, locations of proposed centres, road systems, public transport, GMS patterns, natural GP affiliations, availability of GPs, social cultural and service links etc.,
- Primary Care Team staff in place, including additional resources appointed,
- Establishment of Local Implementation Team meetings, where guidelines / protocols have been agreed and implemented,
- Referral process / inter referrals,
- Meeting management – frequency,
- Information sharing,
- Enrolment process / criteria agreed,
- Commencement of Clinical Meetings (attended by multi-disciplinary team members), where a patient's needs requiring two or more inputs from professionals, has commenced.



### 3. DELIVERY OF PCT INFRASTRUCTURE

#### 3.1 Primary Care Infrastructure Provision

A project to procure integrated HSE and GP resourced Primary Care centres has been initiated. The project is based on the principle that the GP Primary Care infrastructure elements in these centres are funded by the GP's, that the HSE fund the public healthcare infrastructure elements and that the shared common infrastructure elements are funded jointly on an agreed proportional basis. The HSE elements of the centres will be leased from the market and will be funded from a Primary Care revenue funding provision being managed by the HSE Estates Directorate.

The approach will facilitate the provision of standardised infrastructure solutions at identified PCT locations. The process will provide for Primary Care centres with one, two and three primary care team configurations. To operate effectively, criteria have been set out to facilitate selection of the infrastructure proposals to progress. The criteria are listed in Section 3.2 of this document but a summary of the criteria is also given in [Appendix C](#) for ease of reference.

Having agreed the procurement methodology, following legal advice, we can now move into implementation mode.

The next phase of the implementation is driven from the list of Primary Care locations identified by the HSE. An advertisement will be placed in the national media seeking expressions of interest from the market place in order to confirm the level of interest and identify potential landlords with whom to conclude agreements. Pre-defined eligibility criteria will govern the proposals to be progressed. Where a suitable market response is received for a location the following will happen: a) achieve 'heads of agreement' and, after testing for compliance, b) negotiate and conclude a detailed lease agreement.

The objective is to bring as many of these 'locations' to detailed lease agreement. As soon as the broad 'heads of agreement' are agreed at each location and are demonstrated to be aligned with the HSE policy including the Guidance Document each proposal will move in to detailed negotiations concluding with clear agreement on lease terms, payment terms including apportionment, design configuration and facilities management arrangements. Each proposal will be signed off in line with existing HSE protocols.

At the locations where the 'heads of agreement' achieved cannot be reconciled with HSE policy and the Guidance Document, or where agreement on 'heads' cannot be achieved, the proposals will not be progressed.



In location terms each site must be shown to enable ease of access by the catchment's population to the centre on the one hand, and on the other hand, be shown to position the outreach services close to their catchment's population.

A central feature of each of the projects is the expectation of releasing existing facilities where the services are currently being delivered. The release of existing infrastructure will contribute centrally to funding future infrastructural facilities.

### 3.2 Primary Care Criteria

The HSE will seek to advance Primary Care solutions Primary Care services being provided by both the public and private sector (HSE and GP's) on an integrated basis, through private sector provision of the PCT infrastructure with the HSE taking fixed term leases for their portion of the facilities. Expressions of Interest for the identified locations will be evaluated against the general principles set out below.

The proposals for the Primary Care Centres should be based on the following general principles:

#### Primary Care Centres:

- Ability of private provider to provide existing facilities that meet the space requirements hereunder.
- Primary Care centres will not be located on HSE owned land or property, on acute hospital grounds or on existing PCCC lands.
- Private provider will provide accommodation for both GP and HSE services to be located in the integrated facility. (Preference will be given to proposals where GP's are based in the PCT centre)
- Preference will be given to proposals with 5 to 15 GP's involved with the PCT Centre (Refer Note2 below).
- Layout of the HSE portion of facility will be based on local HSE defined needs.
- Provision of the Primary Care centres will be based on the service providers (the HSE and the GP's) each funding their respective infrastructure elements of the Primary Care Centres through their own independent mechanisms.
- Tenancies that do not have a natural linkage with health and social care provision will not be included in proposals.



- HSE to approve other tenancies in the Primary Care Centre where such tenants' services relate to health and social care provision.
- Private provider will lease the relevant areas of the facility to the HSE.
- Lease will be for a minimum of 15 years and a maximum of 35 years with option to renew at the end of the term.
- There will be no break clause during this term.
- The lease must reflect a significant discount on local market rents (local market rents will be independently assessed).
- Rent reviews, if any, during the lease will reflect a continuing market discount and will be based on CPI increases only.
- An annual service charge based on a Service Level Agreement will also be paid by the HSE to cover maintenance, energy supply, cleaning, security (if necessary) and any other identified services.
- The
- The lease may contain an option for the HSE to purchase the freehold from year 10 onwards.
- There will be no land swaps or contribution from HSE to any 3rd party developments.
- The optimum number of PCT's to be located in an individual centre ranges from one to three. However centres with more than three PCT's will be considered on a local service needs basis.
- The HSE required space in these centres is:
  - **1 PCT Centre:** 546 – 670 sq.m.  
Shared Common Space: 364 – 536 sq.m.
  - **2 PCT Centre:** 739 – 836 sq.m.  
Shared Common Space: 466 – 605 sq.m.
  - **3 PCT Centre:** 1,030 – 1,128 sq.m.  
Shared Common Space: 518 - 647 sq.m.

**Note1:** These figures do not include the floor area required by the GP element in the facility.



- Provision of space for diagnostics will be optional and may be provided by the private or public healthcare providers in the facility.
- A timeline must be defined to deliver each project proposal.
- As elements of the common spaces will be shared by clients / patients attending the GP's and the HSE healthcare providers, a proportional sharing of the cost of these elements will be reflected in the lease agreement.

**Note2: Consideration may be given to proposal involving 3 to 5 GP's (depending on PCT catchment and location).**

Consideration should be given in all Primary Care proposals to the funding provision for specialist equipment needs where this is required, based on the nature or extent of services to be provided at the Primary Care centre.

In the interim where urgent accommodation is required for PCCC staff who may not yet be reconfigured to PCT's in development or who await identification of a centre, solutions will be achieved on an interim basis through 3 to 5 year leases. This is to ensure that proposed Primary Care centres are completed during the currency of these short leases. Such proposals will be submitted to the Property Committee for consideration in the normal way.

### **3.3 Primary & Social Care (PSC) Network:**

- PSC Network solutions will **not** be included in the Primary Care project.
- Where practical they will not be located in higher cost urban areas.
- Where Primary Care teams are located with the PSC Network team there will be a maximum of 3 PCT's only in the building; these solutions will not be included in the Primary Care project.

### **3.4 Information and Communication Technology**

The HSE will be prioritising the allocation of ICT capital funding in the current year to provide, in the first instance, ICT infrastructure for the developing Primary Care Teams. A working group representative of the Business (including service providers) and the ICT Directorate will be established to carry out a detailed business and information analysis which will inform the formulation of a coherent ICT strategy aimed at enabling the delivery of integrated care through Primary Care teams. The HSE, in collaboration with the ICGP, has re-established the National GP IT Group, which, inter-alia, is focussed on promoting the computerisation of GP Practices as well as informing the computerisation of the wider Primary Care environment.



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Appropriate electronic communications and electronic record systems are central to the operation of both the Primary Care team and the wider Primary and Social Care Network. Information and communication infrastructure requirements include the following:

- Electronic communication between team and network members,
- IT requirements: hardware, software, education, training and technical support,
- Linkages with acute hospitals, for example for referral and diagnostic results and other health service providers,
- Client communication with Primary Care Services including key workers.



### 3.5 Retail Pharmacies and Primary Care Centres

The development of retail pharmacies in Primary Care developments is occurring throughout the country. This developing trend needs to be effectively regulated by the HSE such that risks to the public are addressed.

These risks can be summarised as follows:

1. Abuse of the co-location facility for endorsement and patient recruitment purposes in order to maximise return on investment. This presents particularly with patients being channelled by direct or indirect methods to the pharmacy in the particular PCU.
2. Loss of choice for patients in choice of medical or pharmacy service.
3. Inappropriate and / or unnecessary referral of patients to adjoining services.
4. Patients being subjected to inappropriate and unnecessary treatments for the economic benefit (either directly or indirectly) of the parties owning the facilities. This presents particularly in patterns of prescribing and duration of treatment.
5. Loss of professional independence and autonomy to act as advocates in the patient's best interest.
6. Inappropriate proximity and access to medicinal products including controlled drugs.
7. Inappropriate professional integration in the care process.

The management of risk requires that a policy regarding retail pharmacy facilities in the context of Primary Care Developments needs to be developed. Such a policy will have to ensure that there remains effective delineation and separation of the business ownership and business interests of those who prescribe and those who dispense. In this regard the following should inform the HSE's approach:

- Pharmacy -HSE Capital Plan development:  
Where the HSE develops Primary Care facilities on its own property a retail pharmacy outlet will not be included in the schedule of accommodation for such a facility.
- HSE Lease from the market:  
Where the HSE leases facilities from the market as Primary Care centres it will be a condition of such leases that any retail pharmacy outlet will not be accessed directly from the Primary Care centre. Any such pharmacy facility will have to have its own door access, independent of the access to the Primary Care Centre.



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While there are no contractual or legislative constraints on GP and Pharmacy Practices operating from the same location, where this occurs, contracted pharmacies and general practice surgeries should occupy discrete premises, with separate entrances. There should be no interconnecting doors or hatches between the GP / Prescriber practice and Community Pharmacy. The patient / client should have to leave one premises to re-enter the other to present their prescription.

There should also be recognition that all contract and relevant professional guidelines should be adhered to including those that may be developed by the HSE for regulating such co-located environments.



#### 4. PRIMARY CARE TEAM ACCOMMODATION

##### 4.1 Primary Care Team Accommodation - Description of Rooms

This accommodation list applies to a single Primary Care Team. Where two and three PCT's are integrated in a Primary Care Centre there will be some modifications to the list below.

**NOTE:** GP space in the centres will be at the GPs discretion. However indicative facilities for GP's are included above in order to demonstrate overall requirements. Elements of the common spaces will be shared by clients / patients attending the GP's and the HSE healthcare providers.

##### 4.1.1 Nurse/Midwife Accommodation

**Treatment Room (with 4 cubicles):**

Provide facility for treatment of individual patient's i.e. nebulisers; wound dressing, injections, changing of colostomy / ileostomy bags.

**Treatment Room (separate room):**

Provide facility for phlebotomy, childhood vaccinations, health education/promotion and suturing.

**Wound tissue viability room with shower including leg ulcer treatment:**

Provide facility for examination of wounds with large recliner shower chair.

**Clinic room soundproof interconnecting (Audiology):**

Provide facility for audiology examinations, room should be sound proofed.

**Pharmacy Room - clinical supplies:**

Provide facility for the storage of pharmacy and clinical supplies. Provide lock up drug storage. If MDA drugs are stored in this room provide drug cabinet with inner lockable chamber fitted with alarm to comply with MDA regulations. Provide air conditioning as per thermal environment guidelines re storage of drugs.

**Accommodation for nursing staff /students (6 pods):**

Provide facility for student /staff public health on training programmes regarding community services.



**Store Room for equipment:**

Provide facility for the storage of equipment.

**Sub Waiting Area:**

Provide facility to accommodate 10-12 people waiting assessment / consultation. To be of sufficient size to accommodate persons with crutches, buggies, Zimmer frames and wheel chairs. This waiting area may be a shared with adjoining services.

**4.1.2 Healthcare Assistants**

**Healthcare Attendants facilitated with PHN & Therapist accommodation:**

Provide 3 workstation pods shared among the PHN and Therapist facilities for health care assistants.

**4.1.3 Home Help**

**Room for Home Help with 3 workstation pods:**

Provide facility for home-help staff with 3 workstation pods.

**4.1.4 Accommodation for Integrated Therapy Services**

(Physiotherapists, Occupational Therapists and S&L Therapists)

**Office Accommodation (shared):**

Office accommodation shared between Physiotherapists, Occupational Therapists and healthcare assistants.

**Treatment Room, Physiotherapy:**

Provide facility for physiotherapy treatments with 2 individual patient cubicles

**Treatment Room, Occupational Therapy:**

Provide facility for O/T treatments with including assessment, treatment and group therapy.

**Treatment Room, Speech & Language Therapy:**

Provide therapy room for treatment of clients and for use as office accommodation.

**Bookable Treatment Room:**

Provide shared bookable room with hoist for use by the therapy and other services.



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**Store Room:**

Provide shared storage facility for use by the therapy services.

**Equipment Store:**

Provide shared storage facility for use by the therapy services for storage of equipment.

**Sub Waiting Area:**

Provide facility to accommodate 10-12 people waiting assessment / consultation. To be of sufficient size to accommodate persons with crutches, buggies, Zimmer frames and wheel chairs. This waiting area may be a shared with adjoining services.

**4.1.5 Social Worker**

**Office / Interview Room:**

Provide combined facility with office / meetings /interviews function. Locate adjacent to a sub-waiting area.

**Family Access Room:**

Provide facility that families can utilise while patient assessments and therapies are been carried out. Include for use as therapy room, group room and child observation. The room should be fitting with video facilities and be large enough to accommodate a viewing area. The video facilities should be linked to the Social Worker Interview Room / Office. This room can be used to provide patient assessments and group therapy sessions and will be shared with other services as necessary.

**Sub waiting area:**

Provide facility to accommodate 10-12 people waiting assessment / consultation. To be of sufficient size to accommodate persons with crutches, buggies, Zimmer frames and wheel chairs. This waiting area may be a shared with adjoining services.

**4.1.6 Administration Support**

**Office Accommodation for Secretarial /Administration:**

Provide shared office facility for shared Secretarial / Administration support to the Primary Care Team. Provide 4 workstation pods to this room.

**Administrator (1 person):**

Provide an office facility for the Administrator (One administrator for facility, whether a 1, 2 or 3 PCT solution).



#### 4.1.7 Common Facilities

Facilities to be shared between the public and private healthcare service providers will be included in the Primary Care Centre. These facilities include:

- Reception and Waiting Area.
- Public female/male toilets.
- Enabling toilet (female/male) with baby changing facility.
- Staff Changing / toilet / showers.
- Bookable Room for visiting clinics.
- Group Room / Meeting Room.
- Student Room (to facilitate students from any discipline attending the Centre).
- Records Room.
- Baby & Parent Room.
- Childs Play Room.
- Kitchen / Break Room.
- Wheelchair trolley bay.
- Photocopy room / Stationery Room.
- Clean Utility Room.
- Dirty Utility Room.
- Clinical Waste Room.
- Household Waste Room.
- Cleaners Store.
- General Store.
- IT/Communication Room.
- Plant Room.
- Boiler House.
- Circulation Area including Stairs / Lifts.



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- Note 1:** *Generally:* building to facilitate wheelchair use and other disabilities.
- Toilets:* floor area will vary dependent on scale of facility including size, layout and number of floors.
- Kitchenette:* may be accommodated as a single facility for all occupants of the building or as small local tea stations dependent on scale of building.
- Sub Waiting Areas:* may not be required as the main waiting area may be sufficient or may be shared. The scale of the building and the nature of the services will determine the requirement.

**Note 2:** 'Potential Common Facilities' are included in Appendix A.



## 4.2 Extended Primary Care Team Services - Description of Accommodation

The accommodation listed below relates to the healthcare personnel providing 'Extended Primary Care Team' services. As a general rule these services will be located in the Primary & Social Care Network building(s). On an exception basis, dependent on the disposition of teams and the population in their catchments, a case may be put forward for them to be included in Primary Care Centres.

### 4.2.1 Chiropodist

**Treatment Room with wash hand basin / Office:**

Provide Chiropodist's treatment room with wash hand basin and incorporating office facility.

**Workshop:**

Provide facility for Chiropodist workshop.

### 4.2.2 Community Pharmacist

**Office Accommodation:**

Provide for office facility for Community Pharmacist.

### 4.2.3 Community Welfare Officer

**Interview Room / Office Accommodation:**

Provide interview room facility to interview clients and for use as office accommodation.

**Open-plan office for CWO's with Outlets/Hatches:**

Provide Open-plan office facility for CWO's with workstation pods and CWO outlets/hatches.

**Sub Waiting Area:**

Provide facility for sub waiting area for CWO Service. This may be shared with other services.



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#### 4.2.4 Dentist: General Practice Contractor

**Dental Surgeries:**

Provide facility for dental surgeries with whb, compressor / vacuum area with ducting, compressed medical gases, medical air and scavenging system.

**Sterilisation Room:**

Provide sterilisation room with steam extraction and sterile water supply.

**Treatment Room:**

Provide treatment room with lead lining and x-ray facilities with intra oral x-ray machine.

**X –Ray Processing and Storage Area:**

Provide facility for x-ray processing and storage area with x-ray developer and extraction fan venting.

**Principal Dental Surgeon / Senior Admin Office:**

Provide office accommodation for PDS and senior admin personnel.

**Senior PDA pod:**

Provide workstation pod facility for senior PDA.

**Oral Health Promotion Pod:**

Provide pod facility for oral health promotion personnel.

**Store Room for Sterile Dental Equipment:**

Provide facility for sterile dental equipment.

**Storeroom for non-sterile stores:**

Provide facility for non-sterile stores.

**Plant Room:**

Provide plant room with compressor, suction motors, amalgam separators / water distillation unit.

**Gas Cylinder Storage:**

Provide facility for medical gas cylinder storage.



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#### 4.2.5 Dietician

**Interview Room / Office:**

Provide interview room for the interviewing of clients that can also be used as an office.

#### 4.2.6 Psychologist

**Office Accommodation for Psychologist:**

Provide facility for office accommodation for Psychologist.

#### 4.2.7 Common Facilities

Common shared facilities may be as indicated in Section 4.1.8 above.



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## *APPENDIX A*

### Primary Care Team Accommodation - Potential Common Facilities.



## APPENDIX A

### Primary Care Team Accommodation - Potential Common Facilities.

#### Potential Common Facilities

The accommodation on the following table is not included in the core facilities for a Primary Care centre or Social Care Network centre. However, should the services delivered or the scale of a centre suggests the inclusion of individual facilities from the table below their inclusion may be proposed on an item by item basis.

#### Potential Common Facilities Menu:

- Crèche and Play Room.
- Centre Manager/Security Officer.
- Coffee Dock.
- Porters Base.
- Gym - adult rehabilitation (shared).
- Gym - paediatric (shared).
- Conference Room.
- Library.
- Paper Shredding Room.
- Archive Area.
- Social Worker student room 4-5 students.
- Medical Gases Manifold.



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## *APPENDIX B*

### Primary & Social Care Network Accommodation.



## **APPENDIX B**

### **Primary & Social Care Network Accommodation.**

The following is a menu of potential common / shared facilities for a Primary & Social Care (PSC) Network unit:

#### **Potential Common Facilities Menu:**

- Reception & Waiting Area.
- Shared clerical support (unit area per pod).
- Public female / male toilets.
- Wheelchair female / male toilets.
- Staff changing / toilets / showers.
- Group room / meeting room.
- Records room.
- Baby & parent room.
- Kitchen / break room.
- Wheelchair trolley bay.
- Photocopy room / stationery room.
- Clean utility room.
- Dirty utility room.
- Clinical waste room.
- Household waste room.
- Cleaners store.
- General store.
- IT / communication room.
- Plant room.
- Boiler house.
- Circulation area including stairs / lift.

Where other healthcare services not listed above are to be delivered through the PSC Network these should be identified, the need established and demonstrated and the proposal included in the submission for inclusion on the Capital Plan or for approval by the PCCC Capital Steering Group if already on the Capital Plan.



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## *APPENDIX C*

Primary Care Criteria (Section 3.2 of the Guidance Document).



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#### Primary Care Criteria

The HSE will seek to advance Primary Care solutions Primary Care services being provided by both the public and private sector (HSE and GP's) on an integrated basis, through private sector provision of the PCT infrastructure with the HSE taking fixed term leases for their portion of the facilities. Expressions of Interest for the identified locations will be evaluated against the general principles set out below.

The proposals for the Primary Care Centres should be based on the following general principles:

#### Primary Care Centres:

- Ability of private provider to provide existing facilities that meet the space requirements hereunder.
- Primary Care centres will not be located on HSE owned land or property, on acute hospital grounds or on existing PCCC lands.
- Private provider will provide accommodation for both GP and HSE services to be located in the integrated facility. (Preference will be given to proposals where GP's are based in the PCT centre)
- Preference will be given to proposals with 5 to 15 GP's involved with the PCT Centre (Refer Note2 below).
- Layout of the HSE portion of facility will be based on local HSE defined needs.
- Provision of the Primary Care centres will be based on the service providers (the HSE and the GP's) each funding their respective infrastructure elements of the Primary Care Centres through their own independent mechanisms.
- Tenancies that do not have a natural linkage with health and social care provision will not be included in proposals.
- HSE to approve other tenancies in the Primary Care Centre where such tenants' services relate to health and social care provision.
- Private provider will lease the relevant areas of the facility to the HSE.



- Lease will be for a minimum of 15 years and a maximum of 35 years with option to renew at the end of the term.
  - There will be no break clause during this term.
  - The lease must reflect a significant discount on local market rents (local market rents will be independently assessed).
  - Rent reviews, if any, during the lease will reflect a continuing market discount and will be based on CPI increases only.
  - An annual service charge based on a Service Level Agreement will also be paid by the HSE to cover maintenance, energy supply, cleaning, security (if necessary) and any other identified services.
  - The
  - The lease may contain an option for the HSE to purchase the freehold from year 10 onwards.
  - There will be no land swaps or contribution from HSE to any 3rd party developments.
  - The optimum number of PCT's to be located in an individual centre ranges from one to three. However centres with more than three PCT's will be considered on a local service needs basis.
  - The HSE required space in these centres is:
    - **1 PCT Centre:** 546 – 670 sq.m.  
Shared Common Space: 364 – 536 sq.m.
    - **2 PCT Centre:** 739 – 836 sq.m.  
Shared Common Space: 466 – 605 sq.m.
    - **3 PCT Centre:** 1,030 – 1,128 sq.m.  
Shared Common Space: 518 - 647 sq.m.
- Note1: These figures do not include the floor area required by the GP element in the facility.
- Provision of space for diagnostics will be optional and may be provided by the private or public healthcare providers in the facility.
  - A timeline must be defined to deliver each project proposal.



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- As elements of the common spaces will be shared by clients / patients attending the GP's and the HSE healthcare providers a proportional sharing of the cost of these elements will be reflected in the lease agreement.

**Note2:** Consideration may be given to proposal involving 3 to 5 GP's (depending on PCT catchment and location).

Consideration should be given in all Primary Care proposals to the funding provision for specialist equipment needs where this is required, based on the nature or extent of services to be provided at the Primary Care centre.

In the interim where urgent accommodation is required for PCCC staff who may not yet be reconfigured to PCT's in development or who await identification of a centre, solutions will be achieved on an interim basis through 3 to 5 year leases. This is to ensure that proposed Primary Care centres are completed during the currency of these short leases. Such proposals will be submitted to the Property Committee for consideration in the normal way.