

# Health System Achievements

*October 31, 2005*



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## Health System Achievements – Introduction

There have been significant improvements in our health system since 1997. These have meant:

- People living longer
- People getting treatments faster
- People getting to see more specialists
- People living and working in healthier atmospheres

**NOTE:** This document focuses on key achievements such as increases in services and activity as they relate to the public/patients. It is not intended to capture all achievements but to highlight key developments and to provide a snapshot of activities that are underway to further improve our health system. Specific achievements are addressed by care area and where necessary more detailed background information is provided in the appendix.

## Health System Achievements – Overview

The following are just some of the key achievements since 1997:

- **15% decrease in mortality from cancer** in the **under-65 age group** achieved in 2001, three years ahead of the target
- Up to **153% increase** in certain **cardiology procedures** and surgery (1999 – 2004)
- **91% reduction** in Group C **Meningitis** cases (2004 vs. 2000)
- **Over 30,000 patients** have had treatment arranged **under the NTPF**
- Ground breaking public health measure introduced in March 2004 to make enclosed **workplaces smoke-free**
- **Over 1 million in-patient and day cases treated in acute hospitals in 2004** (*provisional*)
- **240,000 more people** treated as day cases in 2004 - almost double the 1997 levels (*2004 provisional vs. 1997*)
- There were over 60,000 births in 2004.
- **806 additional in-patient beds/day places** put in place since 2001
- **620 additional consultant** posts since 1997 (a 47% increase)
- **Total funding increased by 220%** since 1997 resulting in significant improvements in our health services

## National Health Strategy – Quality and Fairness

In 2001 the Government announced its National Health Strategy, *Quality and Fairness: A Health System for You* to provide vision and strategic direction for development of the health and personal social services.

The continued development of our public health service is a core

objective for the Government. Based on the blueprint set out in the National Health Strategy, a combination of greater investment and a reform of the system, the goal is to provide a high quality and accessible health service for all.

☐ Key Achievements	
<p>➤ 93% of the 121 actions set out in the Strategy action plan have been commenced including:</p> <ul style="list-style-type: none"> <li>• Expanding public hospital bed capacity in line with the recommendation to provide 3,000 new acute beds by 2011 – Funding provided for an additional 900 beds/day places since 2001, 806 are open and the remaining 94 to come on stream over the coming months.</li> <li>• Providing new A&amp;E departments. <i>See page 6 for more details.</i></li> <li>• Reducing waiting times for elective operations – over 30,000 patients have had treatment arranged under the National Treatment Purchase Fund to date. <i>See page 8 for more details.</i></li> <li>• Strengthening role of primary care through development of multidisciplinary primary care teams and establishment of GP Out of Hours co-operatives. <i>See page 9 for more details.</i></li> <li>• Improving income guidelines in order to increase the number of people on low incomes who are eligible for medical cards. <i>See page 11 for more details.</i></li> </ul> <p><b>Note</b> - For detailed reports regarding progress in implementing the Strategy visit <a href="http://www.dohc.ie">www.dohc.ie</a></p>	<b>Funding</b>
	<b>Capital Investment</b>
	<b>Staffing</b>

## ▣ Funding

- **Total funding increased by 220%** since 1997 resulting in significant improvements in our health services
- Current funding increased 215% (1997 - 2005)
- Capital investment programme of €585m in 2005; capital funding increased 323% (1997 - 2005)
- In 2005, total health funding is €11,941m, an increase of 11% over 2004
- Fastest growth of all OECD countries in spending per capita on health

**Note:** See Appendix 1 (page 27) for additional details as published in the 2005 Revised Estimates Volume

## ▣ Staffing

- 10 out of 11 additional employees recruited since 1997 are engaged in direct services to patients and public  
*Source: Report of the Commission on the Financial Management and Control Systems in the Health Service (Brennan Report)*
- 120,000 people work full time or part time in our public health services
- Since 1997, there has been an **increase of almost 32,000** (46%) in **employment levels** in the health service, including:
  - 620 additional consultant posts, bringing the total to 1,947 – a 47% increase
  - 2,000 additional Medical/Dental personnel – a 41% increase
  - Almost 7,000 additional nurses – a 25% increase
  - Nearly 7,000 other health professionals – a 116% increase
- 70% increase in the number of nursing training places (since 1998) – a total of 672 additional students
- €240m Capital investment approved in 2002 to provide 13 new schools of nursing in universities/institutes of technology; 7 opened to date

## Acute Hospitals

Key Achievements													
<ul style="list-style-type: none"> <li>➤ <b>Over 1 million</b> in-patient and day case <b>discharges</b> from acute hospitals in <b>2004</b> (provisional) <i>Equivalent to the population of Dublin and approximates to almost <b>2,900 patients</b> being discharged <b>every day of the year</b></i></li> <li>➤ <b>Total patients treated increased by 36% - over 280,000 additional people</b> <i>(2004 provisional vs. 1997)</i></li> <li>➤ 4.4% increase in the total number of patients treated - almost 45,000 additional people <i>(2004 provisional vs. 2003)</i></li> <li>➤ In line with International best practice the proportion of day work has increased significantly:               <ul style="list-style-type: none"> <li>• <b>240,000 more people</b> were treated as day cases in 2004 - almost double the 1997 levels <i>(2004 provisional vs. 1997)</i></li> <li>• Almost 8% increase in the number of day cases - over 35,000 additional people <i>(2004 provisional vs. 2003)</i></li> <li>• In 2004, over <b>45% of total patients treated were day cases</b></li> <li>• In 2003, almost 450,000 day cases were treated at a base price of €540 each, totaling in excess of €242m</li> </ul> </li> <li>➤ <b>Elective surgery rate</b> in public hospitals <b>increased</b> by a remarkable <b>85%</b> <i>(1995 - 2002)</i></li> <li>➤ 806 additional in-patient beds/day places have been put in place <i>(to October 2005)</i></li> <li>➤ <b>1.24 million people</b> were treated in <b>A&amp;E in 2004</b> – almost 3,400 people a day</li> <li>➤ <b>92.9%</b> of <b>patients</b> indicated that they were “<b>satisfied</b>” or “<b>very satisfied</b>” with the level of quality of care they received upon admittance. <i>Source: Irish Society for Quality in Healthcare Survey 2002</i></li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e0e0e0;">Funding</th> </tr> </thead> <tbody> <tr> <td>➤ Over €150m to open 900 new beds/day places; approximately €50m capital investment to equip and commission these beds</td> </tr> <tr> <th style="background-color: #e0e0e0;">Capital Investment</th> </tr> <tr> <td>➤ A number of new and upgraded emergency departments delivered including:*</td> </tr> <tr> <td>- Cork University Hospital</td> </tr> <tr> <td>- Mayo General Hospital</td> </tr> <tr> <td>- Naas General Hospital</td> </tr> <tr> <td>- Roscommon General Hospital</td> </tr> <tr> <td>- James Connolly Memorial Hospital</td> </tr> <tr> <th style="background-color: #e0e0e0;">Staffing</th> </tr> <tr> <td>➤ Now have 52 consultant posts in Emergency medicine, versus 14 in 1997 (a 270% increase)</td> </tr> <tr> <td>➤ Senior medical staff should facilitate rapid clinical decision making, enhanced management, diagnosis and treatment of patients</td> </tr> </tbody> </table>	Funding	➤ Over €150m to open 900 new beds/day places; approximately €50m capital investment to equip and commission these beds	Capital Investment	➤ A number of new and upgraded emergency departments delivered including:*	- Cork University Hospital	- Mayo General Hospital	- Naas General Hospital	- Roscommon General Hospital	- James Connolly Memorial Hospital	Staffing	➤ Now have 52 consultant posts in Emergency medicine, versus 14 in 1997 (a 270% increase)	➤ Senior medical staff should facilitate rapid clinical decision making, enhanced management, diagnosis and treatment of patients
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\***Note** - See Appendix 2 (from page 28) for additional information

☐ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<p><b>Implementation of A&amp;E 10-point Action Plan to improve the delivery of emergency services*</b></p> <ul style="list-style-type: none"> <li>➤ As a priority, the HSE is working to deliver sustainable solutions to improve patients' experience of healthcare and in particular A&amp;E</li> </ul>	<ul style="list-style-type: none"> <li>➤ Improve access to A&amp;E services</li> <li>➤ Improve patient flows through A&amp;E departments</li> <li>➤ Free up beds in hospital for people awaiting admission</li> <li>➤ Provide appropriate longer term care for patients outside of the acute hospital setting</li> <li>➤ Minimise the need for people to go to A&amp;E</li> </ul>	<p>Additional funding provided in 2005:</p> <ul style="list-style-type: none"> <li>➤ Revenue funding of €70m</li> </ul>
<p><b>New A&amp;E Departments</b></p>	<ul style="list-style-type: none"> <li>➤ In 2005 a new department opened at St. James Hospital, Dublin</li> <li>➤ Midland Regional Hospital, Portlaoise (Anticipated completion date March/April 2006)</li> </ul>	
<p><b>Expansion of Public Hospital Bed Capacity</b></p> <ul style="list-style-type: none"> <li>➤ In line with the recommendations in National Health Strategy</li> </ul> <p><b>Public Bed Initiative</b> (announced July 2005)</p> <ul style="list-style-type: none"> <li>➤ Initiative to move private beds in public hospitals into new purpose built private facilities to be built adjacent to public hospitals</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide 900 additional acute hospital beds in-patient beds and day places:* <ul style="list-style-type: none"> <li>• 806 additional beds/day places in place</li> <li>• Remaining 94 beds/day places to come on stream over the coming months</li> </ul> </li> <li>➤ Cost effectively provide 1,000 new public beds, over 5 years</li> </ul>	<ul style="list-style-type: none"> <li>➤ Over €150m to open beds/day places; approximately €50m capital investment to equip and commission these beds</li> <li>➤ Private health sector investment</li> </ul>

**\*Note** - See Appendix 2 (from page 28) for additional data

## Waiting Lists

- Collation and publication of waiting list and waiting time data is the responsibility of the National Treatment Purchase Fund (NTPF)
- The NTPF was set up on a statutory basis with effect from 1 May 2004

☐ Key Achievements	
<ul style="list-style-type: none"> <li>➤ Continued progress on cutting waiting times for elective operations; in most instances anyone waiting more than three months for treatment will be facilitated by the Fund</li> <li>➤ <b>Over 30,000 patients</b> have had treatment arranged <b>under the NTPF</b> *</li> </ul> <p><i>*Note - To help generate awareness an advertising campaign has been carried out to encourage people to contact the NTPF if waiting more than 3 months</i></p>	Funding
	Capital Investment
	Staffing

☐ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<b>Patient treatment through NTPF</b>	<ul style="list-style-type: none"> <li>➤ In 2005, the Fund is expected to arrange treatment for 16,000 patients</li> </ul>	<ul style="list-style-type: none"> <li>➤ In 2005, the allocation to the NTPF is €64m, up from €44m in 2004</li> </ul>
<b>National Patient Treatment Register</b>	<ul style="list-style-type: none"> <li>➤ An improved system that will make it even easier to offer treatment to patients and will improve the measurement of waiting times</li> </ul>	
<ul style="list-style-type: none"> <li>➤ A new online register is being developed by the Fund. It is intended that it will be implemented on a phased basis during 2005</li> </ul>		

## Primary Care

*Primary Care: A New Direction (2001)* sets out the Government's vision for the development of primary care as a central focus in the delivery of health and personal social care services. The Strategy aims to shift the

emphasis from an over-reliance on acute hospital services to one where patients can access an integrated multi-disciplinary service in their local community.

▣ Key Achievements		
<b>Primary Care Implementation Projects</b> <ul style="list-style-type: none"> <li>➤ Ten multidisciplinary primary care teams established</li> <li>➤ Delivering an enhanced and expanded range of services, such as improved access to physiotherapy and occupational therapy, shared care arrangements with general hospitals and social work services focusing on general family support needs</li> </ul>		<b>Funding</b> <ul style="list-style-type: none"> <li>➤ Additional allocation of €12m annually provided in ongoing funding to support implementation of the Primary Care Strategy</li> <li>➤ Almost €73m provided for development of Out of Hours GP services (2000 - 2004) (not including fees paid to GPs)</li> </ul>
<b>GP Out of Hours Co-operatives</b> <ul style="list-style-type: none"> <li>➤ Co-operatives available in all HSE areas, providing part or full coverage in 25 of the 26 counties</li> <li>➤ Independent evaluations of co-operatives in two former health boards indicate that:                             <ul style="list-style-type: none"> <li>• "overall patient satisfaction with both co-operatives is high and compares well with that of other studies"</li> <li>• From the GP perspective "it was agreed that the co-ops have had a beneficial effect on stress, quality of family/social life and the ability to cope with the demands of work"</li> </ul> </li> </ul>		<b>Capital Investment</b> <ul style="list-style-type: none"> <li>➤ Once-off capital funding of over €2.7m and a further €1.8m provided for ICT supports</li> </ul>
		<b>Staffing</b>
▣ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<b>National roll out of Primary Care Teams</b> <ul style="list-style-type: none"> <li>➤ HSE to draw on experience to date in preparing plan for national rollout of interdisciplinary primary care model</li> </ul>	<ul style="list-style-type: none"> <li>➤ Meet the vast majority of people's day-to day health care needs</li> <li>➤ Provide a first class integrated service, close to home and available around the clock</li> <li>➤ Shift from an over-reliance on acute services</li> </ul>	
<b>Further develop GP Out of Hours Co-</b>	<ul style="list-style-type: none"> <li>➤ Strengthen primary care and reduce demand</li> </ul>	<ul style="list-style-type: none"> <li>➤ In 2005, almost €32m provided in baseline</li> </ul>

<p><b>Operatives</b></p> <ul style="list-style-type: none"> <li>➤ Provide 24-hour GP cover nationwide through co-operative and out-of-hours service</li> <li>➤ HSE to continue to support co-ops and to further extend their coverage and availability</li> </ul>	<p>from, and treat appropriately, patients who would otherwise attend A&amp;E</p> <ul style="list-style-type: none"> <li>➤ Provide all patients with access to appropriate out of hours medical care, simply by dialling a lo call number; includes home visits if deemed appropriate</li> </ul>	<p>funding (<i>not including fees paid to GPs</i>)</p>
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## Medical Cards

As part of the Government's commitment to improving access to primary care, two initiatives were announced for 2005 (see deliverables). These

changes will help increase the number of people on low incomes who are eligible for medical cards and will give priority to families with children.

☐ Key Achievements		
<ul style="list-style-type: none"> <li>➤ <b>29.2%</b> of the population were in receipt of <b>medical cards</b> (<i>end of Jan 2005</i>) <i>Source: As reported by GMS Payments Board</i></li> <li>➤ Since July 2001 all persons aged 70 and over have a statutory entitlement to a medical card</li> <li>➤ Medical card income guidelines increased:               <ul style="list-style-type: none"> <li>• By 7.5% generally from January 2005 and by a further 20% from October 2005</li> <li>• Income allowance for each of first two children increased in January 2005 by 20% and for the third and subsequent children by 30%</li> <li>• Since June 2005 allowance is also made for reasonable expense incurred in respect of mortgage/rent, childcare and travel to work costs.</li> </ul> </li> <li>➤ Legislation to enable the introduction of the new GP Visit cards has been enacted. The basic income threshold for these cards is 25% higher than that for a medical card.</li> <li>➤ IR issues related to introduction of the GP Visit card have been resolved</li> </ul>	<b>Funding</b>	
	<b>Capital Investment</b>	
	<b>Staffing</b>	
☐ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<b>Extend Medical Card Eligibility</b> <ul style="list-style-type: none"> <li>➤ In line with the National Health Strategy the medical card scheme is being further extended to people on low incomes</li> <li>➤ The GP Visit Card Scheme is now in operation and applications are being received and processed.</li> <li>➤ Advertisements have been placed to encourage people to apply for cards</li> </ul>	Enable 230,000 additional people (bringing total to approx 1.38 million) to see GP free of charge:  <b>Improve Medical Card Income Guidelines</b> <ul style="list-style-type: none"> <li>➤ Increase number of people eligible for standard medical cards by approx. 30,000</li> </ul> <b>Introduce GP Visit medical cards</b> <ul style="list-style-type: none"> <li>➤ Enable 200,000 people particularly those on low incomes to visit their doctor free of charge</li> </ul>	Additional €60m provided to the HSE in 2005 to provide for: <ul style="list-style-type: none"> <li>• Additional persons to become eligible for a standard medical card</li> <li>• Issuing 200,000 new GP Visit medical cards</li> </ul>
<b>GMS Schemes Modernisation</b>	<ul style="list-style-type: none"> <li>➤ Streamline and standardise application</li> </ul>	

<p>➤ <i>National Schemes Modernisation Project</i> and <i>National Client Index Project</i> to modernise the Medical Card Scheme making it more customer friendly, administratively streamlined and accountable</p>	<p>process to improve fairness and transparency</p> <ul style="list-style-type: none"> <li>➤ Provide clearer information about how and where to apply for medical cards</li> <li>➤ Proactively seek out those eligible for cards to ensure they have access to available services</li> <li>➤ Develop a national schemes client index</li> </ul>	
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## Immunisation – Meningococcal Group C

The Meningococcal C vaccine (introduced October 2000) has had a significant impact on reducing both morbidity and mortality due to the Group C Meningococcal disease.

<b>▣ Key Achievements</b>	
<p><b>98.5% reduction in Group C Meningococcal cases</b> (2005 vs. 2000)  <i>Number of cases Jan to August: 2005 = 1; 2000 = 68</i></p> <p>➤ <b>91% reduction</b> in the number of <b>Group C Meningitis deaths</b> (2004 vs. 2000); with a particularly significant reduction in young people.  <i>Number of deaths: 2000 = 11 (all under 23 yrs); 2004 = 1.</i></p>	<b>Funding</b>
	➤ Spend of almost €60m (2000 - 2002)
	<b>Capital Investment</b>
	<b>Staffing</b>

## Cardiovascular Health

### ▣ Key Achievements

Immediate benefits are evident including:

- **Stronger intersectoral partnerships in the area of health promotion** such as:
  - Smoking cessation services
  - Disadvantaged Area Scheme led by the Irish Sports Council
  - Health promotion initiatives in workplace, community and schools
  - Physical activity initiatives
  - GP exercise referral in HSE Southern Area and Mid-Western Area
  
- **Reduction in emergency call to treatment times:**
  - Substantial investment in upgrading cardiac equipment used in ambulances has contributed to reducing call to needle time
  - E.g. in HSE North East Area and HSE South East Area, 12 lead ECG telemetry reduced time for cardiology assessment
  
- **Substantial expansion of non-invasive cardiac investigation services:**
  - Most HSE areas are self-sufficient in the range of non-invasive cardiac services
  - 81 additional cardiac technicians employed, greatly improving access to diagnostic services including ECG services, stress testing and blood pressure monitoring
  
- **New service developments, including chest pain clinics and cardiac rehabilitation**
  - Chest pain assessment service linking the emergency and cardiology departments at St James's Hospital (Sept 2001); majority of patients discharged without hospital admission
  - Chest pain clinics set up in HSE Southern Area to "fast track" patients for assessment quicker than through out-patients appointments
  - Structured Phase 1 and Phase 2 cardiac rehabilitation services to provide personalised information and advice are in place in most hospitals that treat patients with heart disease
  - Phase 3 cardiac rehabilitation services – lifestyle education and supervised exercise - are available in 29 hospitals compared to 12 in 1998
  - Phase 4 is being developed in a small number of centres including Mayo General Hospital

### Funding

- Since 1999 the Government has committed over €60m towards implementation of the strategy *Building Healthier Hearts*

### Capital Investment

### Staffing

- Funding has provided for the appointment of almost 800 new staff including:
- 19 consultant cardiologists
  - 109 cardiac rehabilitation staff
  - 328 hospital-based professionals
  - 139 health promotion staff providing services on smoking cessation, nutrition and physical activity
  - 113 primary care and pre-hospital care personnel supporting prevention, diagnosis and rapid response to the care of people in the community
  - 81 staff employed in the area of management, information systems, audit and research

<p>➤ <b>Increase in certain cardiology procedures is resulting in reduced waiting lists and waiting times for operations:</b></p> <ul style="list-style-type: none"> <li>• 42% increase in coronary arteriography (<b>1999:</b> 7,126, <b>2004:</b> 10,129)</li> <li>• 153% increase in Percutaneous Coronary Interventions (<b>1999:</b> 1,790, <b>2004:</b> 4,527)</li> <li>• 58% increase in Coronary Artery Bypass Grafting (CABG) (<b>1999:</b> 911; <b>2004:</b> 1,437)</li> </ul>	
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☐ <b>In Progress / Upcoming</b>		
Action	Deliverables/Outputs	Funding
<p><b>Heartwatch</b></p> <ul style="list-style-type: none"> <li>➤ National Programme commenced in 2003 for the secondary prevention of cardiovascular disease in general practice</li> <li>➤ In the coming weeks external consultants will provide recommendations on the future of the programme</li> </ul>	<ul style="list-style-type: none"> <li>➤ Approx. 10,500 patients with identified coronary heart disease and diabetes recruited</li> <li>➤ Over 40,000 patient consultations have taken place</li> </ul>	<ul style="list-style-type: none"> <li>➤ Funding of €3m per annum has been allocated to the programme</li> </ul>
<p><b>National Cardiovascular Information Systems (NCIS)</b></p> <ul style="list-style-type: none"> <li>➤ Develop a national system of cardiac registers of major disease entities (e.g. acute events, heart failure) and procedures</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide a means for site specific and national continuous clinical audit</li> <li>➤ Inform national and regional resource planning and allocation</li> <li>➤ Facilitate relevant clinical and epidemiological research</li> </ul>	
<p><b>Task Force on Sudden Cardiac Death</b></p> <ul style="list-style-type: none"> <li>➤ Established in late 2004 it is due to conclude its work shortly</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide recommendations on the prevention of sudden cardiac death, on response services and surveillance</li> </ul>	

# Cancer

<b>▣ Key Achievements</b>	
<ul style="list-style-type: none"> <li>➤ Key goal of the National Cancer Strategy to achieve a <b>15% decrease in mortality</b> from cancer in the <b>under-65 age group</b> was achieved in 2001, three years ahead of the target <i>Source: Deloitte Evaluation of the 1996 National Cancer Strategy</i></li> <li>➤ In the region of <b>42,000 additional people</b> were treated for cancer – representing a 90% increase in the number of patients discharged from hospital with a diagnosis of cancer (1994 - 2003)*</li> <li>➤ <b>38,798 additional people</b> treated as <b>day cases</b> – an increase of 225% (1994 - 2003)*</li> <li>➤ <b>3,050 additional people</b> were treated <b>as inpatients</b> – an increase of 10.5% (1994 - 2003)*</li> </ul> <p><b>BreastCheck</b></p> <ul style="list-style-type: none"> <li>➤ In the region of <b>185,000 women screened</b> (to end of 2004)</li> <li>➤ Cancer detection rate estimated at 7.4 per 1,000; <b>over 1,300 cancers detected to date</b>; early detection helps to save lives</li> <li>➤ Screening programmes extended to Wexford (March 2004) and Carlow (April 2005)</li> </ul> <p><b>The National Cervical Screening Programme (Pilot)</b></p> <ul style="list-style-type: none"> <li>➤ Pilot introduced in the Mid-Western Area (Oct 2000); cervical screening is now being offered, free of charge, to approximately 74,000 women in the 25 to 60 age group, at five year intervals</li> </ul> <p><b>Radiation Oncology Services</b></p> <ul style="list-style-type: none"> <li>➤ <i>University College Hospital Galway (UCHG)</i>: New Radiation Oncology Dept commenced treatments March 2005; 70 additional staff recruited to date; 300 patients treated</li> <li>➤ <i>Cork University Hospital (CUH)</i>: 3<sup>rd</sup> linear accelerator commenced treatments March 2004; 4<sup>th</sup> expected to commence treatments in October 2005; 29 additional staff recruited</li> </ul> <p><b>Ireland-Northern Ireland-NCI Cancer Consortium*</b></p> <ul style="list-style-type: none"> <li>➤ Significant achievements in clinical trials, cancer registries, education &amp; training, IT and prevention</li> </ul>	<p style="background-color: #e0e0e0;"><b>Funding</b></p> <ul style="list-style-type: none"> <li>➤ Cumulative investment of over €720m in the development of cancer services since 1997</li> <li>➤ <b>BreastCheck</b>: Cumulative investment of approx €60m in revenue funding since 1998</li> <li>➤ <b>Radiation Oncology Services</b>: €15m full year revenue funding approved in 2004 to open new Dept in UCHG; expand capacity at CUH</li> </ul> <p style="background-color: #e0e0e0;"><b>Capital Investment</b></p> <ul style="list-style-type: none"> <li>➤ New Radiation Oncology Dept. in UCHG opened</li> <li>➤ Six specialist Symptomatic Breast Disease units are now fully operational</li> </ul> <p style="background-color: #e0e0e0;"><b>Staffing</b></p> <ul style="list-style-type: none"> <li>➤ Investment has enabled the funding of 110 additional Consultant posts in key areas</li> <li>➤ 245 additional clinical nurse specialists have been appointed in cancer services</li> <li>➤ Approval granted in 2004 to appoint 130 additional staff for the Radiation Oncology Departments at UCHG and CUH</li> </ul>

☐ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<b>New National Cancer Strategy</b> <ul style="list-style-type: none"> <li>➤ Currently being developed by National Cancer Forum; due to be published in coming months</li> </ul>	<ul style="list-style-type: none"> <li>➤ Set out key priorities for development of cancer services over the coming years</li> <li>➤ Provide recommendations for a balanced organisation of services nationally, with defined roles for hospitals in providing care</li> </ul>	<ul style="list-style-type: none"> <li>➤ Funding requirements will be considered in the context of the Estimates process</li> </ul>
<b>BreastCheck Programme</b> <ul style="list-style-type: none"> <li>➤ Progress national roll-out in South and West, target date for commencement of screening in 2007</li> </ul>	<ul style="list-style-type: none"> <li>➤ Construct clinical static units at South Infirmary/Victoria Hospital, Cork and University College Hospital, Galway</li> <li>➤ Ensure mobile units are available to screen women in the remaining regions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Capital funding of approx. €21m approved under the Capital Investment Programme 2005-2009</li> </ul>
<b>Symptomatic Breast Disease Services</b> <ul style="list-style-type: none"> <li>➤ Progress development of specialist units nationwide per <i>Report on the Development of Services for Symptomatic Breast Disease</i></li> </ul>	<ul style="list-style-type: none"> <li>➤ Progress work of <i>National Quality Assurance Group for Symptomatic Breast Disease Services</i> (established June 2005)</li> </ul>	<ul style="list-style-type: none"> <li>➤ In 2005, €100,000 allocated HSE Eastern Regional area to support the quality group</li> </ul>
<b>National Cervical Screening Programme</b> <ul style="list-style-type: none"> <li>➤ Feasibility/implications of a national roll out examined by International expert</li> <li>➤ Consultation underway re national roll out with professional representative/advocacy groups</li> </ul>	<ul style="list-style-type: none"> <li>➤ Roll out the introduction of new technology</li> <li>➤ Improve QA and laboratory training</li> <li>➤ Complete stakeholder consultations on national roll-out</li> </ul>	<ul style="list-style-type: none"> <li>➤ Funding requirements will be considered in the context of the Estimates process</li> </ul>
<b>Radiation Oncology Services</b> <ul style="list-style-type: none"> <li>➤ National network of radiation oncology services to be in place by 2011 to ensure access to high quality radiation oncology services by cancer patients nationwide</li> <li>➤ Develop a national telesynergy network for radiation oncology services to improve service delivery, reduce consultant/patient travel, and support earlier and improved diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>➤ 6 extra linear accelerators (2 at St. Luke's, St. James's &amp; Beaumont) to be in place by 2008</li> <li>➤ Develop large centres in Dublin (St. James's, Beaumont), Cork and Galway</li> <li>➤ Progress integration of satellite centres in Waterford and Limerick</li> <li>➤ Pursue access to services in N. Ireland for patients in the North-West</li> <li>➤ Proposed installation in CUH and UCHG, followed by installation of telesynergy lite in South-East, Mid-West and North-West Areas referring patients to Dublin, Cork &amp; Galway</li> </ul>	<ul style="list-style-type: none"> <li>➤ Capital costs of full national plan estimated at approx €480m (over the period to 2011) and indicative revenue costs (arising at the earliest in 2008) are of the order of €72m</li> <li>➤ To be implemented using a PPP procurement approach with some initial increase in capacity funded from the Capital Investment Framework for the health sector</li> <li>➤ Capital funding of €1m approved for telesynergy project in 2005</li> </ul>

**\*Note** - See Appendix 4 (page 33) for additional data

## Palliative Care

☐ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<b>Report of the National Advisory Committee (2001)</b> ➤ Oversee implementation of recommendations of <i>Report of the National Advisory Committee on Palliative Care</i>	➤ Establish the National Council for Specialist Palliative Care ➤ Launch and disseminate <i>A Palliative Care Needs Assessment for Children</i> ➤ Launch and disseminate <i>Design Guidelines for Specialist Palliative Care Settings</i>	➤ Additional investment in excess of €16m (October 2001 to date) to improve palliative care services in line with recommendations of the <i>Report of the National Advisory Committee on Palliative Care</i>

## Disability Services

☐ Key Achievements								
<ul style="list-style-type: none"> <li>➤ In the region of <b>1,700 additional residential places</b> provided (1997 - 2002)</li> <li>➤ <b>2,950 new day places</b> provided (1997 - 2002)</li> <li>➤ <b>465 dedicated respite places</b> provided (1999 - 2002)</li> <li>➤ In 2005, <b>97%</b> of individuals registered on the <b>National Intellectual Disability Database - 24,078</b> people, were <b>receiving services</b></li> <li>➤ Service provision level increased from 88.7% to 97% (1999 vs. 2005)</li> <li>➤ 59% reduction in the number of people with an intellectual disability accommodated in psychiatric hospitals (1996 - 2005)*</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #e0e0e0;">Funding</th> </tr> </thead> <tbody> <tr> <td>Additional funding provided (1997-2004)</td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>➤ €400m for services for persons with an intellectual disability or autism</li> <li>➤ Approx. €230m for maintenance and development of services to people with physical and sensory disabilities</li> </ul> </td> </tr> <tr> <th style="background-color: #e0e0e0;">Capital Investment</th> </tr> <tr> <td> </td> </tr> <tr> <th style="background-color: #e0e0e0;">Staffing</th> </tr> <tr> <td> </td> </tr> </tbody> </table>	Funding	Additional funding provided (1997-2004)	<ul style="list-style-type: none"> <li>➤ €400m for services for persons with an intellectual disability or autism</li> <li>➤ Approx. €230m for maintenance and development of services to people with physical and sensory disabilities</li> </ul>	Capital Investment		Staffing	
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Capital Investment								
Staffing								

*\*Note - See Appendix 5 (page 34) for additional details regarding expansion of care places for people with disabilities*

☐ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<b>Investment in Disability Services</b>	<b>Intellectual Disability Services</b> <ul style="list-style-type: none"> <li>➤ Range of support services, including over 1,200 residential places, 430 respite places and 2,500 day places for people with intellectual disability and autism</li> <li>➤ 204 new and 96 enhanced residential places</li> <li>➤ 71 new and 58 enhanced respite places</li> <li>➤ 409 new day places</li> <li>➤ €3m for assessment, diagnosis and early intervention services</li> <li>➤ €1.5m enhanced specialist support services for people with major challenging behaviour</li> <li>➤ €2.5m to meet costs associated with moving individuals to more appropriate placements</li> </ul> <b>Physical and Sensory Disabilities</b>	<ul style="list-style-type: none"> <li>➤ Multi-annual investment programme (2006 – 2009) providing a cumulative investment in the region of €900m in services for people with disabilities; with the bulk of the funding being spent on health services</li> <li>➤ In 2005, additional revenue funding of €70m and capital funding of €60m was provided for people with intellectual disabilities, autism and mental illness</li> </ul>

	<ul style="list-style-type: none"> <li>➤ 56 new places for people with significant disabilities who are currently placed in inappropriate settings</li> <li>➤ About 100,000 extra hours of home support and personal assistance in line with the current philosophy of independent living for people with disabilities</li> <li>➤ Additional funding of €3m for aids and appliances</li> <li>➤ 90 extra rehabilitative training and sheltered work places</li> <li>➤ Additional funding of €1.95m to voluntary organisations</li> <li>➤ €2.5m for additional therapy posts</li> </ul>	<ul style="list-style-type: none"> <li>➤ In 2005, additional revenue funding of €15m made available for services for People with Physical and Sensory Disabilities</li> </ul>
<p><b>National Physical and Sensory Disability Database</b></p> <ul style="list-style-type: none"> <li>➤ Currently being implemented in all HSE areas</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide accurate information on the level of services required nationwide</li> <li>➤ Act as an essential planning tool in the delivery of quality and efficient services</li> </ul>	
<p><b>National Standards for Disability Services (NSDS)</b></p> <ul style="list-style-type: none"> <li>➤ Develop standards for HSE funded day, residential, respite, training and home support services for people with disabilities</li> <li>➤ Draft standards developed by DOHC/NDA</li> <li>➤ Appropriate structures for implementing standards are being considered by DOHC</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ensure that services for people with disabilities are provided to an agreed and consistent level of quality nationwide</li> </ul>	

## Services for Older People

▣ Key Achievements		
<ul style="list-style-type: none"> <li>➤ 734 people have received Home Care Grants to assist older people living at home in the community (to March 2005)</li> </ul>		<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>➤ Approx €287m additional funding allocated for Services for Older People (1997 - 2004) including the development of community based services</li> </ul> <p><b>Capital Investment</b></p> <ul style="list-style-type: none"> <li>➤ Under the Capital Investment Framework a total of €293m will be provided for Services for Older People for the period 2004-2008</li> </ul> <p><b>Staffing</b></p>
▣ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<p><b>Investment in Services for Older People</b></p>	<ul style="list-style-type: none"> <li>➤ Provide funding for:                             <ul style="list-style-type: none"> <li>• Nursing Home Subvention Scheme</li> <li>• Elder abuse programme</li> <li>• Funding to voluntary groups</li> <li>• Centre of Excellence in Ageing (St. James' Hospital, Dublin)</li> <li>• Social Housing (medical cover)</li> <li>• Home Help Service</li> <li>• Home Care Grant Scheme</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Additional revenue funding of over €15m was allocated for 2005 for services for older people</li> <li>➤ Of this, €5m allocated to the HSE for the home help service (to support older people living in the community) bringing funding for the service in 2005 to approximately €120m</li> <li>➤ Funding of €2m was allocated to the HSE for the Home Care Grant Scheme</li> </ul>
<p><b>Implementation of A&amp;E 10-point Action Plan*</b></p> <ul style="list-style-type: none"> <li>➤ Provide appropriate longer term care for older patients outside of the acute hospital setting</li> </ul>	<ul style="list-style-type: none"> <li>➤ Transfer 100 high dependency patients from acute hospitals to private nursing home care</li> <li>➤ Provide intermediate care to 500 additional older people annually for up to six weeks, through negotiation with private sector</li> <li>➤ Expand Home Care Grant Scheme to support 500 additional older people at home</li> </ul>	

\***Note** - See Appendix 2 (page 31) for: Information regarding the A&E 10 Point Action Plan

## Mental Health Services

☐ Key Achievements		
<b>Mental Health Act, 2001 enacted</b>		
<ul style="list-style-type: none"> <li>➤ Mental Health Commission established (2002) to progress its implementation; to promote/foster high standards and good practices in the delivery of mental health services; and to ensure that the interests of the detained persons are protected</li> <li>➤ Inspector of Mental Health Services appointed by Commission (2003) to visit and inspect all approved centres at least once a year and to conduct a review of decisions by consultant psychiatrists to detain patients on an involuntary basis or to extend the duration of such detention</li> <li>➤ <b>24 % reduction</b> in the number of inpatient stays (2003* vs. 1997)</li> <li>➤ Number of community residences increased from 391 to 418, providing over <b>322 new placements – an 11% increase</b> (2003 vs. 1997)</li> <li>➤ In 1997, there were 16 acute psychiatric units in General Hospitals – this is now 24, <b>an increase of 44%</b> (1997 vs. 2005)</li> </ul>	<b>Funding</b>	
	<ul style="list-style-type: none"> <li>➤ 135% increase in expenditure from €326m to €766m (2005 vs. 1997)</li> </ul>	
	<b>Capital Investment</b>	
	<ul style="list-style-type: none"> <li>➤ Capital investment has delivered a number of new and upgraded facilities including:                             <ul style="list-style-type: none"> <li>• Central Mental Hospital (CMH) - 15 bed unit</li> <li>• New acute psychiatric units recently opened in Kilkenny Castlebar, Portlaoise, St. Vincent's, Elm Park and Blanchardstown (part)</li> </ul> </li> </ul>	
	<b>Staffing</b>	
<ul style="list-style-type: none"> <li>➤ 72 additional Consultant posts approved, to total 295 - a 32% increase (2005 vs. 1998) including 70% increase (33 to 56) in Child &amp; Adolescent Psychiatry Consultant posts (2005 vs. 1997)</li> <li>➤ 33 extra staff being recruited for CMH</li> </ul>		
*Latest year for which figures are available		

☐ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<b>Investment in Mental Health Services</b>	<ul style="list-style-type: none"> <li>➤ Increase the number of acute psychiatric units attached to general hospitals</li> <li>➤ Review the number of community facilities</li> <li>➤ Increase the number of child and adolescent psychiatric inpatient beds</li> <li>➤ Enhance the development of multi-disciplinary teams working within mental health</li> </ul>	
<b>Working Group on Child and Adolescent</b>	<ul style="list-style-type: none"> <li>➤ Implement recommendations regarding</li> </ul>	

<p><b>Psychiatry</b> (established 2000)</p> <ul style="list-style-type: none"> <li>➤ Additional consultants recruited (see staffing)</li> <li>➤ Design teams being appointed to develop new C&amp;A inpatient units in Cork, Limerick, Galway</li> <li>➤ C&amp;A psychiatric services being expanded to enhance existing consultant-led multidisciplinary teams/establish new teams</li> <li>➤ Provision of services for ADD/ADHD sufferers and future direction of C&amp;A Psychiatry, including C&amp;A in-patient psychiatric units is being considered and is expected to be completed by end 2005</li> </ul>	<p>development of psychiatric services for children and adolescents</p>	
<p><b>Redevelopment of the Central Mental Hospital</b></p> <ul style="list-style-type: none"> <li>➤ Project Team established to examine options for redevelopment (2003)</li> <li>➤ Recommendations provided (May 2004) and subsequently approved</li> </ul>	<ul style="list-style-type: none"> <li>➤ Relocate hospital to a new purpose built facility which will provide services for patients to the highest international standards</li> <li>➤ Immediately improve conditions for patients by moving to new facilities on existing campus</li> </ul>	
<p><b>National Strategy for Action on Suicide Prevention</b></p> <ul style="list-style-type: none"> <li>➤ Working Group established in 2003 to <b>consider measures aimed at reducing the number of deaths by suicide</b></li> </ul>	<ul style="list-style-type: none"> <li>➤ “Reach Out” Report launched on 8<sup>th</sup> September, 2005.</li> </ul>	
<p><b>Development of National Policy Framework on Mental Health Services</b></p> <ul style="list-style-type: none"> <li>➤ Expert Group established (2003) to examine all aspects of mental health care/treatment</li> <li>➤ Work expected to be completed later in 2005</li> </ul>	<ul style="list-style-type: none"> <li>➤ Prepare a comprehensive mental health policy framework for the next ten years</li> <li>➤ Address further modernisation of the mental health services</li> <li>➤ Provide recommendations on organisation and delivery of services and associated costs</li> </ul>	
<p><b>Operation of Mental Health Tribunals</b></p> <ul style="list-style-type: none"> <li>➤ Mental Health Commission has indicated that putting the appropriate structures in place for tribunal operation is a priority</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide independent review of decisions by consultant psychiatrists to involuntarily detain patients for psychiatric care/treatment</li> <li>➤ Release of a patient if considered that he/she does not require to be detained involuntarily</li> <li>➤ Provide free legal aid for detained patients</li> </ul>	

## Child Care

<b>▣ Key Achievements</b>							
<p><b>Implementation of Health Related Parts of Children Act 2001</b></p> <ul style="list-style-type: none"> <li>➤ Provides for family welfare conferences that allow a family to determine, with the help of the HSE, how to best meet their child's need for special care or protection.</li> <li>➤ Imposes obligations on the HSE to provide for children who may be in need of special care or protection. Imposes obligations on persons arranging or undertaking private foster care arrangements to notify the HSE within a specified period before the placement of a child.</li> <li>➤ Places Special Residential Services Board on a statutory footing to advise on policy and placement of children in respect of whom children detention orders/special care orders are made</li> <li>➤ <b>22 Springboard Family Support Projects established</b> (since 1998) catering for 1,200 families *</li> <li>➤ <b>Youth Advocacy Programmes (YAP) pilots established</b> in former Northern Area Health Board (2002), former Western Health Board (2002) and former North Eastern Health Board (2004)*</li> <li>➤ <b>Teen Parents Support Projects established</b> in Galway, Limerick, Dundalk and Dublin*</li> </ul> <p><i>* Note: For more details see Deliverables/Outputs in the In Progress/Upcoming section below</i></p> <p><b>Foster Care</b></p> <ul style="list-style-type: none"> <li>➤ Substantial increases (<i>Aug 2001 - Jan 2005</i>) in foster care allowance as recommended in Report of Working Group on Foster care:             <ul style="list-style-type: none"> <li>▪ Increase from €95.93 to €297 for children under 12</li> <li>▪ Increase from €108.88 to €324 for children 12 years and over</li> </ul> </li> <li>➤ National Standards for Foster Care developed and disseminated</li> </ul> <p><b>Social Services Inspectorate (SSI)</b></p> <ul style="list-style-type: none"> <li>➤ First round inspections of HSE operated residential childcare services completed; inspection reports issued; recommendations being implemented by HSE in consultation with DOHC and SSI</li> <li>➤ Pilot foster care inspections completed</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #e0e0e0;"><b>Funding</b></td> </tr> <tr> <td>➤ Since 1997, €198m additional revenue provided for child protection and welfare services</td> </tr> <tr> <td style="background-color: #e0e0e0;"><b>Capital Investment</b></td> </tr> <tr> <td> <ul style="list-style-type: none"> <li>➤ €50m capital provided to increase the number of high support and special care places</li> <li>• Number of places increased by approx. 100 since 1997</li> </ul> </td> </tr> <tr> <td style="background-color: #e0e0e0;"><b>Staffing</b></td> </tr> <tr> <td> </td> </tr> </table>	<b>Funding</b>	➤ Since 1997, €198m additional revenue provided for child protection and welfare services	<b>Capital Investment</b>	<ul style="list-style-type: none"> <li>➤ €50m capital provided to increase the number of high support and special care places</li> <li>• Number of places increased by approx. 100 since 1997</li> </ul>	<b>Staffing</b>	
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<b>Staffing</b>							

☐ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<b>Social Services Inspectorate (SSI)</b> <ul style="list-style-type: none"> <li>➤ Themed inspections of High Support Units undertaken.</li> <li>➤ Recommendations received by the Department are being followed up with HSE</li> <li>➤ Management visits to units inspected in the first round are being planned by SSI</li> </ul>	<ul style="list-style-type: none"> <li>➤ Inspection reports against national standards to identify good practice and the extent to which standards are being met</li> </ul>	
<b>Springboard Family Support Projects</b> <ul style="list-style-type: none"> <li>➤ Five new projects being developed in Athlone, Tralee, Wexford/NewRoss, Tallaght and Mulhuddart/Blanchardstown</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide services to help improve the well-being of and meet the needs of vulnerable families</li> </ul>	<ul style="list-style-type: none"> <li>➤ €1.7m in 2005</li> </ul>
<b>Youth Advocacy Programmes</b> <ul style="list-style-type: none"> <li>➤ Being extended to former East Coast Area, South Western Area, the South, Mid-West and North East</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide support to at-risk young people and their families</li> <li>➤ Aims to reduce number of young people entering out-of-home placement, reduce their length of stay in care and to return children to the most appropriate family placement as quickly as possible</li> <li>➤ A mentoring service is at the core of the programme that matches a young person with a locally recruited adult “advocate” who will advise and guide them to choose wisely and resist from partaking in anti-social behaviour</li> </ul>	<ul style="list-style-type: none"> <li>➤ €1.65m in 2005</li> </ul>
<b>Teen Parents Support Projects</b> <ul style="list-style-type: none"> <li>➤ Being developed in the North West, the South and South East of the country</li> </ul>	<ul style="list-style-type: none"> <li>➤ Provide services to support and enhance the well-being of young parents and children to ensure equality of equal opportunity – social, education, health and personal development</li> <li>➤ Support provided during pregnancy and until child is two years of age</li> </ul>	<ul style="list-style-type: none"> <li>➤ €0.3m in 2005</li> </ul>

## Health Service Reform Programme

The *Health Service Reform Programme*, announced in June 2003, represents the most ambitious programme of change for the Irish health system in over 30 years. It addresses a range of reforms to help modernise the health services to better meet the needs of patients.

The reforms are designed to achieve a health service that provides high quality care, better value for money and improves health care management.

☐ Key Achievements		
<ul style="list-style-type: none"> <li>➤ <b>Enactment of Health Act 2004</b> (December 2004)                             <ul style="list-style-type: none"> <li>• Provides legal framework underpinning reform of health services into a single unified system</li> <li>• Effective 1 January 2005, the Health Service Executive (HSE) was established and assumed responsibility for the management and delivery of health and personal social services</li> <li>• Involved transferring functions and responsibilities of former health boards/authority and six specialised agencies into the HSE</li> </ul> </li> <li>➤ HSE's first National Service Plan was laid before the Houses of the Oireachtas (April 2005)</li> <li>➤ HSE Corporate Plan was laid before the Houses of the Oireachtas (October 2005)</li> <li>➤ HSE Chief Executive Officer took up post (August 2005)</li> </ul>	<b>Funding</b>	
	<b>Capital Investment</b>	
	<b>Staffing</b>	
☐ In Progress / Upcoming		
Action	Deliverables/Outputs	Funding
<b>Establishment of HIQA</b> <ul style="list-style-type: none"> <li>➤ Interim HIQA established by Statutory Instrument (March 2005)</li> <li>➤ Health Bill 2005 to provide for establishment of the Health Information &amp; Quality Authority as an independent statutory agency</li> </ul>	<ul style="list-style-type: none"> <li>➤ Promote continued development of a high quality, safe and effective health care system</li> <li>➤ Ensure that services provided meet nationally agreed standards clinically and managerially</li> <li>➤ Assess if services are being managed and delivered to ensure best possible outcomes within available resources</li> </ul>	
<b>Restructuring Dept. of Health and Children</b> <ul style="list-style-type: none"> <li>➤ Role built around supporting Minister for Health and Ministers of State, and accounting to Government and the Oireachtas</li> </ul>	<ul style="list-style-type: none"> <li>➤ Legislation and regulation</li> <li>➤ Monitoring financial position and service provision (<i>money and activity</i>)</li> <li>➤ Evaluating efficiency (<i>value for money</i>) and effectiveness (<i>outcomes</i>) of service delivery</li> <li>➤ Policy analysis and formulation</li> </ul>	

*Note: visit [www.healthreform.ie](http://www.healthreform.ie) for more information regarding the Reform Programme*

## Appendix 1 – 2005 Funding

- Figures below are the gross figures for both Votes 39 (DoHC) and 40 (HSE) published in the 2005 Revised Estimates Volume.
- The individual published figures are as follows:

### 2005 Gross Funding

	DOHC Vote 39	HSE Vote 40	Total Health Funding
Current	380,976,000	10,975,481,000	11,356,457,000
Capital	20,437,000	564,063,000	584,500,000
€Total	401,413,000	11,539,544,000	11,940,957,000

#### NOTE:

- Of the €11.356bn current funding, €543.2m relates to HSE income which must now be included as the HSE has a separate Vote. This does not affect net spending.
- In addition €216.566m relates to once-off technical adjustments, which of themselves do not give rise to increased expenditure, arising from the HSE having a separate Vote.
- By excluding the above items, which enables us to compare like with like, the increase in Total Health Funding over 2004 is 11.04% while the percentage increase in current funding over 2004 is 10.8%.

### Increases in Funding since 1997

By excluding the above mentioned technical adjustments and income from the 2005 REV figures the **percentage increase in total health funding since 1997 is 219.72%**, the corresponding **increase in current funding is 215.46%** and the **increase in capital funding is 323.32%**

## Appendix 2 – Acute Hospitals

### Acute Hospital Activity:

*Hospital throughput – Inpatients, Day Cases, A&E Attendances: Summary Activity Data, 1997 to 2004*

	1997	1998	1999	2000	2001	2002	2003	2004
<b>In-Patients Discharged</b>	536,236	537,841	531,456	551,834	560,745	558,026	567,730	576,547
<b>Day Cases</b>	243,303	263,767	289,625	318,363	357,676	403,211	448,676	484,435
<b>Total Discharges</b>	779,539	801,608	821,081	870,197	918,421	961,237	1,016,406	1,060,982
<b>A&amp;E Attendances</b>	1,213,321	1,242,243	1,229,303	1,214,154	1,228,406	1,213,669	1,211,071	1,242,723

- In line with international best practice, the proportion of day work has significantly increased since 1997.

<b>SUMMARY ACTIVITY DATA: JANUARY TO DECEMBER, 2003 &amp; 2004</b>				
	January to December		Increase	% Increase
	2003	2004		
<b>In-Patients Discharged</b>	567,730	576,547	8,817	1.55
<b>Day Cases</b>	448,676	484,435	35,759	7.97
<b>Total Discharges</b>	1,016,406	1,060,982	44,576	4.39
<b>Average Length of Stay in Days</b>	6.71	6.70	-.01	-0.15
<b>% Occupancy</b>	84.93	85.37	0.44	0.52
<b>A&amp;E Attendances</b>	1,211,071	1,242,723	31,652	2.61

- The above table provides provisional data for 2004 and allows comparisons with figures for 2003.
- Total discharges in 2004 have increased by almost 45,000 compared with 2003.

### **Acute Hospitals – New Units (by former health board region announced September 2004)**

Region	Hospital	Description of Project
<b>Eastern Regional Health Authority</b>	James Connolly Memorial Hospital	Full commissioning new hospital incl.12 beds, 2 theatres
	James Connolly Memorial Hospital	Acute Psychiatric Unit
	Naas General Hospital	Full Commissioning of new hospital (including 62 beds)
	Our Lady's Hospital, Crumlin	Two additional operating theatres/ Day unit
	St. James's Hospital	Full commissioning of Phase 1H New hospital (incl 62 beds, 2 theatres)
<b>Midland Health Board</b>	Midland Regional Hosp at Mullingar	12 bed assessment unit
	Birr	Commissioning 20 additional beds in Community Nursing Unit
	Midland Regional Hosp at Portlaoise	Acute Psychiatric Unit
<b>Mid Western Health Board</b>	Limerick Regional Hospital	Commissioning of 2 new theatres and supporting infrastructure
<b>North Western Health Board</b>	Letterkenny General Hospital	New Maternity Suite/Theatre opening phased basis
<b>South Eastern Health Board</b>	South Tipperary Hospital, Clonmel	Amalgamation of Surgical Services on Clonmel site
	Wexford	Full Commissioning of new Day Hospital
<b>Southern Health Board</b>	Cork University Hospital	New and expanded A&E Department
	Cork University Hospital	Commission 2 new Linacs for Radiotherapy Unit
	South Infirmary/Royal Victoria	Additional 17 Beds in Medical Rehabilitation Unit
<b>Western Health Board</b>	Mayo General Hospital	Full commissioning orthopaedic service
	Mayo General Hospital	Phase II – Elderly Unit (15 Beds),
	Portiuncula General Hospital	3 new medical beds and 2 ICU beds
	Roscommon County Hospital	Full commissioning new A&E +Medical Assessment Unit (9 new beds)
	University College Hospital Galway	Orthopaedic Trauma/Intensive care
	University College Hospital Galway	Commission new Radiotherapy Unit

## Acute Hospitals – Additional Bed Capacity:

<b>Hospital</b>	<b>Additional beds in place</b>	<b>Beds due to open 2005</b>
Beaumont/St. Joseph's, Raheny	104	
St. James's	140	
St. Vincent's, incorporating St. Michael's, Dun Laoghaire	42	
Naas General	61	30
Connolly Hospital	22	
Tallaght	7	
Temple Street	15	
Midland Regional Hospital, Tullamore	6	
Midland Regional Hospital, Mullingar	12	
Midland Regional Hospital, Portlaoise	5	
Mid West Regional Hospital, Limerick	55	
Croom Orthopaedic	17	
Nenagh General	6	
Louth General	14	
Monaghan General		10
Our Lady's Navan	14	
Letterkenny General	8	
Sligo General	30	
Kilcreene Orthopaedic	28	
St. Luke's Kilkenny	14	
Waterford Regional	24	
Wexford General	10	
Bantry General	8	
Mercy University Hospital	13	
South Infirmary / Victoria, Cork	23	12
Kerry General, Tralee	16	
Mayo General	60	
Roscommon General Hospital	9	
UCHG	40	40
Portiucula	3	2
<b>Total (900)</b>	<b>806</b>	<b>94</b>

## Accident and Emergency 10-point Action Plan:

Funded by €70 million in new current expenditure, some of the actions are aimed at minimising the need for people to go to Accident and Emergency. Others are designed to free up beds in hospital for people awaiting admission:

- The development and expansion of minor injury units, chest pain clinics and respiratory clinics in hospitals to relieve pressure on Accident and Emergency departments
- The provision of a second MRI at Beaumont Hospital
- The provision of acute medical units for non-surgical patients at Tallaght, St. Vincent's and Beaumont Hospitals.
- The transfer of 100 high dependency patients to suitable private nursing home care. The scope for using greater numbers of private nursing home beds to alleviate pressure on acute hospitals will also be actively pursued
- Negotiation with the private sector to meet the needs of 500 people annually for intermediate care of up to six weeks. These are older people who are awaiting discharge to nursing home care or back to their own home with appropriate supports
- Expanded home care packages to support 500 additional older people at home
- Provision of more out of hours GP services in order to keep people's need to attend Accident and Emergency to a minimum
- Dedicated cleaning services and security measures for Accident and Emergency departments
- The further expansion of palliative care facilities
- Measures to enhance direct access for GPs to diagnostic services
- In addition, hospitals will be requested to prioritise the delivery of Accident and Emergency services and to prioritise Accident and Emergency admissions. Each hospital will be required to undertake a detailed analysis of their patient flows in order to identify patient profiles, bottlenecks and improved ways of treating patients

## Appendix 3 – Cardiovascular Health

Increase in Cardiac procedures and surgery:

	1999	2004	Change	% Increase
Coronary ateriography	7,126	10,129	3,003	42%
Percutaneous Coronary Interventions	1,790	4,527	2,737	153%
Coronary Artery Bypass Grafting	911	1,437	526	58%

## Appendix 4 – Cancer

### Ireland-Northern Ireland-NCI Cancer Consortium:

Significant achievements made as follows:

- **Clinical Trials:** Awards to the value of €3.5m made through the HRB to enable hospitals to improve their infrastructure with a view to participating in clinical trials. First All-Ireland Cancer Network launched in Feb 2003
- **Cancer Registries:** 2 All-Ireland Cancer Registries Reports published (May 2001 and Sept 2004)
- **Scholar Exchange:** Cancer Epidemiology Fellowships awarded; New Joint Research Project Fellowship Programme; Nursing Exchanges; NCI Summer Curriculum in Cancer Prevention
- **Information Technology:** Telesynergy system installed in Belfast City Hospital in July 2002, completed in St. Luke's Hospital in August 2002 and most recently installed in the Academic Unit of Clinical and Molecular Oncology at TCD.
- **Prevention:** Workshops on Smoking Cessation and Obesity took place in May 2003 and Sept 2004.

### Number of patients treated:

	1994	2003	% Increase
Number of patients	Approx 46,000	88,000	91%

### Number of in-patients and day cases (all neoplasms) in 1994 and 2003:

	1994	2003	Change	% Increase
In-Patients	28,990	32,040	3,050	10.5%
Day Beds	17,189	55,987	38,798	225%

- Total including patients from outside State
- Data from HIPE (summarised in the Public Health Information System)

### Cancer Trends:

- Between 1994 and 2001, an average of 20,523 cancer cases were registered each year
- During the same period, there was an average of 7,584 cancer deaths annually, amounting to about 25% of all deaths.
- The true risk of dying from cancer is decreasing by about 1% per year.
- A third of the population will suffer some form of cancer in their lives
- Over half of all cancer patients should receive radiation oncology as an integral part of their treatment; a sixth of the population will require radiation oncology services

## Appendix 5 – Disability Services

### Expansion of appropriate care places

- Additional revenue funding of €10.48m and €42.4m capital was allocated to the programme to provide more appropriate care settings (1999 – 2003).
- Examples of developments include the transfer of over 60 persons in the former Mid-Western Health Board from St. Joseph's Hospital, Limerick and Our Lady's Ennis; 29 persons from St. Finan's, Killarney; 21 persons from St. Canice's, Kilkenny; and, 30 persons from St. Joseph's Service, St. Ita's, Portrane.
- Other centres apart from psychiatric hospitals, which have received revenue and capital funding include St. Raphael's, Youghal, St. John of God House, Enniscorthy, Alvernia Centre, Portlaoise, St. Peter's, Castelpollard, Lough Sheever, Mullingar, Sean O'Hare Unit, Stranorlar, Cloonamahon, Sligo and Aras Attracta, Swinford.
- This programme encompasses not only a capital investment in new or re-furbished facilities, but also aims to enhance the staff numbers and skill mix working with this group and the quality of services available to them and will be further progressed in 2005 and subsequent years as a result of the multi-annual investment plan which is part of the National Disability Strategy.