



DEPARTMENT
OF HEALTH
AND CHILDREN
AN ROINN
SLÁINTE
AGUS LEANAÍ

Quality and Fairness

A Health System for You

Action Plan Progress Report 2004

May 2005

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Introduction

The National Health Strategy *Quality and Fairness - A Health System for You* was announced by the Government in 2001 to provide vision and strategic direction for the health and personal social services. The Strategy sets out the key objectives for the health system up to 2010, which are centred on four national goals:

- Better Health for Everyone
- Fair Access
- Responsive and Appropriate Care Delivery
- High Performance

It was recognised that in order to achieve these goals that the health system would need to be reformed. The following areas were identified as core Frameworks for Change:

- Reforming the acute hospital system
- Funding the health system
- Strengthening primary care
- Developing human resources
- Organisational reform
- Developing information

The Strategy contains a 121 point Action Plan which sets out the steps required to put the various aspects of the Strategy into operation. The enclosed report outlines the progress made in 2004 in implementing this Action Plan. There are also some references to 2005 for purposes of completeness. Please note that this Action Plan Progress Report provides a detailed report on the implementation of *Quality and Fairness*, to review the 2004 Annual Report on implementation of the Department of Health and Children's Statement of Strategy for 2003-2005 please visit the Department's website, www.dohc.ie.

In 2004, considerable progress was made on implementation of the *Health Service Reform Programme*. The Health Act 2004 provided for the establishment of the Health Service Executive (HSE) which took over responsibility for the management and delivery of health services from the Eastern Regional Health Authority (ERHA) and the health boards, with effect from 1 January 2005. In addition, the following agencies were subsumed into the HSE: Health Service Employers Agency, The Health Boards Executive, the Office of Health Management, Comhairle na nOspidéal, the GMS (Payments) Board, and the National Disease Surveillance Centre. Please note that as this Progress Report relates to 2004 period, actions are attributed to the bodies that were in operation prior to the establishment of the HSE. These actions and deliverables are now the responsibility of the Health Service Executive.

During the first half of 2004, the Department of Health and Children implemented a significant programme of work and events as part of the EU Presidency. This ensured that there was a considerable focus on health initiatives under the Presidency and these are outlined in Appendix 2.

National Goal No. 1: Better health for everyone

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

Action	Deliverable	Progress
1. Health impact assessment will be introduced as part of the public policy development process.	<ul style="list-style-type: none"> • Health impact assessment to be carried out on all new Government policies. 	<ul style="list-style-type: none"> ✓ The Department of Health and Children, with the technical support of the Institute of Public Health (IPH) has been progressing the issue of Health Impact Assessment (HIA). A policy seminar for senior managers took place in July 2003. Health impact assessment guidelines and a screening tool for HIA were launched at the seminar. ✓ During 2004 the Department of Health and Children, in conjunction with the Institute of Public Health held initial bilateral meetings with six government Departments in relation to HIA. As a follow-up to these meetings a HIA seminar attended by approximately 40 staff from these Departments was held in February 2005. ✓ The Department of Social and Family Affairs and the Department of Transport have indicated that they will be conducting a health impact assessment on particular policies.
2. Statements of Strategy and business plans of all relevant Government Departments will incorporate an explicit commitment to sustaining and improving health status.	<ul style="list-style-type: none"> • Departmental Statements of Strategy to include commitments to sustaining and improving health status. 	<ul style="list-style-type: none"> ✓ Guidelines on the preparation of Statements of Strategy issued by the Department of the Taoiseach now reflect this requirement. ✓ Eight Government Departments have indicated that their Statements of Strategy/human resource strategies/health and safety statements/business planning documents include commitments to sustaining and improving the health status of their clients and employees - the Departments of Social and Family Affairs, Education and Science, Transport, Environment, Heritage & Local Government, Finance, Arts, Sport & Tourism, Agriculture and Food and Justice, Equality & Law Reform.
3. The National Environment and Health Action Plan (NEHAP) will be prepared.	<ul style="list-style-type: none"> • Plan submitted to Government. 	<ul style="list-style-type: none"> ✓ The Department has prepared a draft NEHAP entitled <i>A Shared Vision for Quality of Life</i> and has sought and received the observations of relevant Government Departments and State agencies. In 2004 the Department participated in the development and finalisation of the <i>European Environment and Health Action Plan 2004 - 2010</i> (EU) and the <i>Children's Environment and Health Action Plan for Europe</i> (WHO). Both of these documents impact on NEHAP and will facilitate the progression of NEHAP to finalisation.

<p>4. A population health division will be established in the Department of Health and Children.</p> <p>A population health function will be established in each health board.</p>	<ul style="list-style-type: none"> • New division to be established and begin reorganisation and expansion of existing function. • Reorganisation and expansion of existing function in health boards 	<ul style="list-style-type: none"> ✓ Preparatory work on the implementation of the new organisation design for the Department of Health and Children has commenced (see action 109). ✓ The Health Act 2004 provided for the establishment of a Health Service Executive (HSE) on a statutory basis. The HSE has a population health directorate. The core function of this directorate is to lead, inform and support all aspects of the workings of the HSE in a manner that positively influences health, health service delivery and outcomes for individuals, communities and the population including marginalised groups. The HSE population health directorate will work closely with the Department, the Health Information and Quality Authority (HIQA) and other agencies and sectors
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Objective 2: The promotion of health and well-being is intensified

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
<p>5. Actions on major lifestyle factors targeted in the National Cancer, Cardiovascular and Health Promotion Strategies will be enhanced.</p>	<ul style="list-style-type: none"> • To achieve targets set out in the National Health Promotion Strategy (2000-2005) through: 	<ul style="list-style-type: none"> ✓ Implementation of the National Cancer, Cardiovascular and Health Promotion Strategies is ongoing. ✓ A review of the Health Promotion Strategy was completed in 2004 which aimed to highlight the substantial developments in health promotion at national and regional levels since the Strategy's publication in 2000. ✓ The review aimed to: <ul style="list-style-type: none"> • determine the progress to date in implementing the aims and objectives as set out in the National Health Promotion Strategy (2000-2005) • identify areas where progress has yet to be made and make recommendations for further action. ✓ It highlighted the growth in the health promotion workforce and that there are now teams of dedicated health promotion specialists in each health board region and in many of the non-statutory health agencies. ✓ Partnership and inter-sectoral working is now perceived as being integral to the health promotion function and there is evidence of increased engagement between statutory and non-statutory agencies as well as community and social partners. The establishment of national networks, linked with their European and international counterparts, has played a significant role in exchanging and promoting best practice in health promotion work in Ireland. A range of innovative developments and programmes at both national and regional level have

	<p>Smoking</p> <ul style="list-style-type: none"> Enhanced health promotion initiatives aimed at addressing the risk factors associated with cancers such as smoking. Targeting a reduction in smoking for young women. <p>Alcohol</p> <ul style="list-style-type: none"> Introducing further actions to promote sensible alcohol consumption on the basis of a review of the National Alcohol Policy. Examining possible 	<p>contributed towards the implementation of the National Health Promotion Strategy.</p> <ul style="list-style-type: none"> ✓ The review presents an overview of progress made across the key areas of population groups, settings and topics including smoking, alcohol, diet and exercise, breastfeeding, mental health, men's health, schools, colleges, workplaces etc. ✓ On 29th March, 2004 the ban on smoking was introduced in most places of work, including licensed premises (see action 6). ✓ In anticipation of the increased demand for smoking cessation services, a smoking cessation campaign was developed by the Department of Health and Children called <i>Every Cigarette is Doing You Damage</i>. This hard-hitting advertising campaign, which features images of the damage caused to the brain and heart by smoking, achieved excellent recognition levels of 89%. ✓ The campaign also highlighted the establishment of the National Smokers Quitline, which was launched in 2003. The Quitline was an initiative of the Department, in partnership with the Irish Cancer Society. It offers information and counselling services daily. The Quitline received 27,000 calls from its launch in October 2003 to the end of 2004. Survey evidence suggests that almost 7,000 smokers who contacted the National Smokers Quitline have quit smoking. In addition, public awareness campaigns aimed at young people were developed. ✓ All boards/Authority reported smoking cessation clinics/programmes provided in a variety of settings including acute hospitals, residential care settings for older people, primary care settings, schools, workplaces, health services and community settings throughout the country. ✓ The Strategic Task Force on Alcohol has published two reports, one in May 2002 and one in September 2004. The reports contain approximately 100 recommendations which are based on a comprehensive review, by international experts of the most effective alcohol policy measures. These recommendations will form the basis for a new alcohol action plan to be developed in 2005/2006. ✓ The Heads of a Bill in relation to the Advertising of Alcohol have been approved by Government and work is underway on the drafting of the Bill.
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	<p>further restrictions on the advertising of alcohol.</p> <p>Diet and exercise</p> <ul style="list-style-type: none"> Continuing action to improve Irish diet so that essential nutrients and energy levels are maintained and fat consumption is controlled. 	<ul style="list-style-type: none"> ✓ A new alcohol awareness advertising campaign was launched in December 2004 to raise awareness among young people about alcohol consumption. ✓ Obesity is becoming one of the fastest growing health problems in Ireland. It is a complex condition that affects and threatens virtually all ages and socio-economic groups. Its health consequences range from increased risk of premature death to serious chronic conditions that reduce the overall quality of life. ✓ The Report of the National Taskforce on Obesity - <i>Obesity: the Policy Challenges</i> - was presented to the Taoiseach, Bertie Ahern TD on 16 May 2005. The report contains 93 recommendations aimed at tackling obesity including recommendations on banning vending machines in primary schools, a new education and training programme for health professionals, guidelines for food labelling, an examination of fiscal policy and its impact on overweight and obesity, and guidelines for the detection and treatment of overweight and obesity. The report also highlighted the need for 'joined-up' policy, cross collaboration between all key stakeholders and real practical engagement by both the public and the private sectors. ✓ In addition the Department of Health and Children developed a new obesity public awareness campaign. This campaign promotes the two main lifestyle areas of healthy eating and regular physical activity. The healthy eating message <i>What's your portion.... Size Matters</i> is aimed at encouraging people to choose smaller portion sizes. The Physical Activity component <i>Every Step Counts.... Small Changes Make the Difference</i> encourages people to incorporate more physical activity in their routine through walking, dancing or using stairs instead of lifts. During the campaign months of September, October and November (2004), a high profile programme of activity was carried out nationwide and included the distribution of thousands of leaflets and posters; supermarket activity; nationwide dance events for young people; press competitions and workplace information programmes. ✓ Food and nutrition guidelines for primary schools and pre schools were published in 2004. ✓ The <i>Healthy Catering Guidelines for Staff and Visitors in Healthcare Facilities</i> were published by the Department in October 2004. ✓ <i>Food and Nutritional Care in Hospital – Preventing Undernutrition</i> guidelines are being developed by the Department and it is anticipated they will be published in 2005. ✓ Nutrition programmes are provided in a variety of settings including the community, primary care facilities, workplace, schools/colleges, hospitals, residential care and long stay facilities.
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	<ul style="list-style-type: none"> Continuing measures to promote physical exercise. 	<ul style="list-style-type: none"> ✓ A National Framework for Developing General Practice Exercise Referral in Ireland was agreed by a working group consisting of key stakeholders including the Irish College of General Practitioners, the Institute of Leisure and Amenity Management and the Exercise and Sports Science Association of Ireland. Work on developing this initiative will continue in 2005. ✓ Health boards/Authority have appointed twelve physical activity co-ordinators and structures have been put in place to provide advice and support in a number of settings, including schools, workplaces and communities, targeting in particular the young and older people. ✓ All boards/Authority have reported on physical activity programmes provided in a variety of settings including the community, primary care facilities, workplace, schools/colleges, hospitals, residential care and long stay facilities. (see Actions 12 and 13)
<p>6. The Public Health (Tobacco) Bill will be enacted and implemented as a matter of urgency.</p>	<ul style="list-style-type: none"> Enactment of Bill. Implementation of Act. 	<ul style="list-style-type: none"> ✓ The Public Health (Tobacco) Act 2002 was enacted in March 2002. The Public Health (Tobacco) (Amendment) Act 2004, enacted in March 2004, was designed to amend the 2002 Act, in order to allow for the re-enactment of certain provisions of the 2002 Act which required to be notified to the European Commission pursuant to “the Transparency Directives”. The 2004 Act was also designed to amend certain provisions of the 2002 Act and to give effect and have regard to EU and international measures including the 2001 Manufacturing Directive, the 2003 Advertising Directive, the 2002 Council Recommendation on the prevention of smoking and on initiatives to improve tobacco control and the 2003 World Health Organisation Framework Convention on Tobacco Control (FCTC). ✓ Directive 2001/37/EC of 5 June 2001 concerning the manufacture, presentation and sale of tobacco products was implemented by means of the European Communities (Manufacture, Presentation and Sale of Tobacco Products) Regulations 2003. These Regulations provide for, inter alia, larger health warnings on tobacco products. The area provided for health warnings was extended to 30% of the external area on the front and 40% of the external area of the back of all tobacco packets. Many of the new warnings refer to the damage smoking causes to health and to specific diseases caused by smoking. ✓ Following the introduction of the ban on smoking in most places of work provided for in section 47 of the Public Health (Tobacco) Act 2002, as amended, the Office of Tobacco Control (OTC) set up a compliance telephone line in order to monitor complaints regarding non-compliance with the legislation. All complaints were passed to the appropriate local health board/Authority. From the date of the introduction of the legislation on the 29th March 2004 to end year a total of 3,142 calls were made to the compliance telephone line.

	<ul style="list-style-type: none"> • Policing of bans on advertising and sponsorship. • Establishment of register of retailers. 	<ul style="list-style-type: none"> ✓ The National Inspection programme has been ongoing with the aim of ensuring the consistent enforcement of tobacco control legislation. The OTC co-ordinates and implements this programme with the co-operation of the health boards/Authority, now Health Service Executive. On a quarterly basis Implementation Progress Reports have been prepared to monitor compliance with the legislation. These reports draw on data from three sources, the workplace compliance line, the national tobacco control inspection programme and market research on public attitudes and behaviours. The last report for 2004 found that over 94% of premises inspected were compliant with the law. ✓ A number of sections of the Public Health (Tobacco) Acts 2002 and 2004, including the prohibitions on the advertising of tobacco products, are currently being challenged by Irish and international tobacco companies in the High Court. This legal challenge is delaying the commencement and implementation of certain sections of the Acts. ✓ Section 37 of the Public Health (Tobacco) Act, 2002 and Section 8 of the Amendment Act, 2004 refers to the establishment and maintenance of a register of all persons who carry on the business of selling tobacco products by retail. When this section of the Act has commenced the establishment of this register can begin. ✓ See also report under action 5.
7. A reduction in smoking will continue to be targeted through Government fiscal policies.	<ul style="list-style-type: none"> • Decisions on tax and excise duties on tobacco products. 	<ul style="list-style-type: none"> ✓ A reduction in smoking through Government fiscal policies remains on the agenda for consideration in each budget. The Department of Finance reports that since budget 2002, the duty on cigarettes has been increased by 87.7 cent per packet of 20 cigarettes, VAT inclusive (with pro-rata increases on other tobacco products).
8. Initiatives to promote healthy lifestyles in children will be extended.	<ul style="list-style-type: none"> • Extension of substance abuse prevention programme and social, personal and health education programmes (SPHE). 	<ul style="list-style-type: none"> ✓ The Social Personal and Health Education (SPHE) programme has been a mandatory subject on the curriculum of all primary and post primary schools since September 2003. ✓ The aim of SPHE is, inter alia, to promote physical, mental and emotional health and well-being. At post-primary level, the SPHE Junior Cycle programme is composed of 10 modules, one of which is entitled "Physical Health". This module builds on the primary SPHE Curriculum and involves further exploration of nutrition and physical activity. Cross-curricular links with other subjects that deal with SPHE-related topics (for e.g. Home Economics, PE and Junior Science) are encouraged. ✓ A curriculum for Senior Cycle SPHE is currently being developed by the National Council for Curriculum and

		<p>Assessment (NCCA). It is envisaged that “physical activity and nutrition” will be one of the core content areas within the curriculum that will emerge.</p> <ul style="list-style-type: none"> ✓ In post-primary schools the implementation of SPHE is supported through partnership between the Department of Health and Children and the Department of Education and Science together with the health boards/Authority. Collaborative work between the SPHE team of the Primary Curriculum Support Programme (PCSP) and Health boards is also being undertaken. ✓ The SPHE Support Services actively bring schools’ attention to the need to develop nutrition policies which are informed by current nutritional advice. School nutrition policies can, for example, influence decisions regarding the availability of vending machines that dispense fizzy drinks, chocolate and other high fat, energy dense foods. They can also ensure that food being served in school cafeterias is in keeping with the nutritional needs of pupils. ✓ <i>Guidelines for Developing a School Substance Use Policy</i> were issued to all schools in May 2002. All schools were asked to engage with the process of developing their policies, if they were not already engaged with this process or if they did not have one in place already. Progress has also been made towards the requirement for all schools to have a current drugs policy, under the National Drugs Strategy 2001-2008. Structures and guidelines are now in place in all regions to support and facilitate schools in developing their policy. Resources have been developed to support this process and are available at http://www.drugsinfo.ie. ✓ In the Home Economics curriculum at post-primary level, the concepts of ‘Balanced Eating’ and ‘Healthy Exercise’ underlie the Junior Cycle and Senior Cycle syllabi. These are addressed in the core content areas of Food Studies and Social and Health Studies at Junior Cycle. Home Economics in the post-primary curriculum promotes the current dietary guidelines from the National Nutrition Survey. ✓ National Healthy Eating Week is promoted by the Department of Health and Children in co-operation with the Department of Education and Science and the Association of Teachers of Home Economics. It is a themed week during which activities to promote the concept of healthy eating to the whole school are organised and delivered through the medium of Home Economics including cookery demonstrations, projects and displays. ✓ The Department of Education and Science is cooperating on an ongoing basis with the Department of Social and Family Affairs in identifying schools for inclusion in the School Meals Scheme, which aims to supplement the nutritional intake of pupils from disadvantaged backgrounds in order to allow them to fulfil their potential within the educational system and also to reduce the risk of early school leaving.
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		<ul style="list-style-type: none"> ✓ Through the flexibility offered by the Transition Year programme, schools can avail of a variety of resources that have been made available. These include ‘Mental Health Matters’ which was developed by the Mental Health Association and which links physical well-being with the need for a balanced healthy diet. Also included is ‘Safe Food for Life’ which focuses on nutrition and has been developed through the Food Safety Authority ✓ Development of an Irish model for Health Promoting Schools has been progressed in 2004 through a Department of Health and Children and Department of Education and Science Interdepartmental Committee in partnership with the health boards. A model and implementation structure will be agreed in 2005. ✓ The National Youth Health Programme provides on-going training and support to out of school setting programmes similar to SPHE. Throughout 2004 a new Strategic Action plan has been developed by the Programme and this will provide the basis for activities from 2005 to 2007. ✓ <i>Ready, Steady, Play: A National Play Policy</i> was prepared by the National Children’s Office in consultation with eight Government Departments, and was launched in March, 2004, by Brian Lenihan, T.D., Minister of State with Special Responsibility for Children. The Policy, which covers the period 2004-2008, provides a framework for the expansion of existing and the development of new public play opportunities for children up to and including primary school age. The implementation of the Play Policy, in co-operation with the Local Authorities and other stakeholders, should contribute to improved play opportunities and the promotion of healthier lifestyles, and consequently improved health, for children.
<p>9. Measures to promote and support breastfeeding will be strengthened.</p>	<ul style="list-style-type: none"> • Appoint a national breastfeeding committee • Review the national breastfeeding policy and make recommendations to the Minister 	<ul style="list-style-type: none"> ✓ The National Committee on Breastfeeding was established in March 2002. The initial task undertaken by the Committee was to evaluate the impact of the 1994 National Breastfeeding Policy and to issue a public call for submissions seeking proposals for future actions to promote, support and protect breastfeeding. The results of both these initiatives are included in the Committee’s Interim Report, which was published in May 2003. Currently the Committee is developing a Strategic Action Plan on Breastfeeding, which will be finalised in 2005. ✓ Ireland hosted an international conference to showcase the launch of a Blueprint for Action on Breastfeeding in Europe, which was developed by breastfeeding experts from 29 European countries, including Ireland. The launch formed part of the Department’s input into the Irish EU Presidency 2004. ✓ Departmental support for the Baby Friendly Hospital Initiative continues and 2004 saw the first three Irish hospitals (Portiuncula, Waterford Regional and St. Munchins Hospital, Limerick) achieved full national Baby Friendly Hospital awards. This research-based Initiative forms an integral part of all national and international strategies to promote, protect and support breastfeeding. All maternity hospitals and units are participating in

		<p>the Baby Friendly Hospital Initiative and are currently working towards the achievement and maintenance of the rigorous standards required for this globally recognised award.</p> <p>✓ A Breastfeeding Awareness campaign was launched in 2004</p>
10. A National Injury Prevention Strategy to co-ordinate action on injury prevention will be prepared.	<ul style="list-style-type: none"> Action plan drawn up. 	<p>✓ The Department continues to work in partnership with other agencies on the issue of accident prevention. It is represented on the National Fire Safety Committee and the National Accident Prevention Committee of the National Safety Council.</p> <p>✓ The Department is to work in partnership with the National Council on Ageing and Older People to develop a National Falls Prevention Strategy to commence in 2005.</p>
11. The programmes of screening for breast and cervical cancer will be extended nationally.	<ul style="list-style-type: none"> Full extension of breast screening programme. Full extension of the cervical screening programme. 	<p>✓ Planning for the national expansion of the BreastCheck programme has continued. Up to September 2004, 167,000 women have been invited for screening and 120,000 women have availed of the service. As part of the national expansion, screening commenced in Wexford in 2004 and screening will commence in Kilkenny and Carlow during 2005. In May 2005 the Tánaiste and Minister for Health and Children approved the appointment of a design team to prepare plans for the construction of two static units, one in South Infirmary, Cork and one in University College Hospital, Galway which would target up to 150,000 women in the South, West, Mid-West and North-West. The capital costs involved are approximately €22m.</p> <p>✓ Under the Irish Cervical Screening Programme, which was introduced on a pilot basis in the Mid Western area in October 2000, cervical screening is being offered free of charge to approximately 74,000 women in the 25-60 year age group at 5 year intervals. At the request of the Department of Health and Children, the Health Board Executive (HeBE) commissioned an international expert in cervical screening to examine the feasibility and implications of a national roll out of a cervical screening programme and the report was submitted to the Department in October, 2004. The Department has begun a consultation process with stake-holders to inform its response to the report. Approximately 230,000 cervical smear tests were processed in hospital laboratories during 2004.</p>
12. A revised implementation plan for the National Cancer Strategy will be published.	<ul style="list-style-type: none"> Revised implementation plan published. 	<p>✓ The National Cancer Forum is currently developing a new National Cancer Strategy, due for completion in 2005. The Forum was informed by the broad strategic context in which the Cancer Strategy exists, a review of the current status of cancer care, a review of the literature evidence concerning key aspects of the organisation of cancer services and a review of international models of care. The Forum will also make recommendations in relation to integration of cancer care, genetics, research, health information, early detection, supportive care and survivorship.</p> <p>✓ The key goal of the National Cancer Strategy 1996 was to achieve a 15% decrease in mortality from cancer in</p>

		<p>the under 65 age group in the 10 year period from 1994. The Deloitte Evaluation of the 1996 National Cancer Strategy, published in December 2003, demonstrated that this figure was achieved in 2001, which was three years ahead of target.</p> <p>✓ Significant progress has been made in implementing the recommendations of the Report on <i>The Development of Radiation Oncology Services in Ireland</i>. Approval issued in 2004 for the appointment of 130 staff and additional on-going revenue of €15 million to open the radiation oncology department in Galway and to increase capacity at Cork University Hospital. The International Panel established to advise on the optimum locations for radiation oncology services in the Eastern Region has submitted its advice to the Tánaiste and Minister for Health and Children and a decision in relation to this is expected shortly.</p>
<p>13. The Heart Health Task Force will monitor and evaluate the implementation of the prioritised cardiovascular health action plan.</p>	<ul style="list-style-type: none"> • Monitoring and implementation processes agreed and in place. 	<p>✓ Since the launch of the Cardiovascular Health Strategy - <i>Building Healthier Hearts</i> in July, 1999 the Government has invested in excess of €60 million towards the implementation of the Strategy's recommendations.</p> <p>✓ During 2004 additional consultant cardiologists were approved and funded by the Department of Health and Children. The provision of 19 additional consultant cardiologists since the launch of the Strategy, brings to a total of 48 the number of consultant cardiologists in Ireland or one per 83,000 of population.</p> <p>✓ As a result of investment there were substantial increases in diagnostic and treatment cardiology services between 1999 and 2003, as follows:</p> <ul style="list-style-type: none"> • Coronary arteriography (diagnostic) procedures increased from 7,125 to 9,599 (+35%); • Coronary angioplasty (treatment) procedures increased from 1,790 to 4,562 (+255%); • The proportionate increase was greatest in those aged 75 years and over. • From 1999 to 2003 coronary artery bypass surgery almost doubled from 911 to 1,810 cases. • Discharges of patients with heart failure increased from 20,507 to 22,876 with almost all of the increase being in those aged 75 and over. <p>✓ A national programme in General Practice for the secondary prevention of cardiovascular disease, Heartwatch was established in 2002 as part of the implementation of the Cardiovascular Health Strategy. The first patients were seen in April 2003 and since then more than 10,500 patients have been recruited to the programme with over 40,000 patient consultations having taken place. Improvements in the control of the major risk factors for coronary heart disease are already being demonstrated as a result of the strategic approach. An evaluation of the Heartwatch programme commenced in 2004 and will be completed in 2005.</p>

		<ul style="list-style-type: none"> ✓ In September 2004 the Department of Health and Children established the Task Force on Sudden Cardiac Death. The terms of reference include the detection and assessment of those at increased risk, including those with a family history of sudden death at a young age and those involved in sports. The Task Force will also advise on priorities for training in basic life support and on the location and maintenance of equipment such as automatic external defibrillators. The Task Force will conclude its work in 2005. ✓ Progress in implementing the Cardiovascular Health Strategy will be reviewed in 2005, updating the review which was published in 2003.
<p>14. Initiatives will be taken to improve children's health.</p>	<ul style="list-style-type: none"> • Integrated programme for child health developed. • National minimum standards and targets for surveillance and screening drawn up. 	<ul style="list-style-type: none"> ✓ The Health Boards Executive established a Programme of Action for Children (PAC) and appointed an interim steering group to oversee its work. This programme facilitates a co-ordinated and integrated approach to the delivery of a range of child health and child care projects and encompasses a number of child related measures, including projects associated with <i>Best Health for Children</i>. ✓ The <i>Best Health for Children</i> Programme provides for a core surveillance programme for all children in the 0-12 age group; it covers both pre-school developmental examinations as well as the school health service. Underpinning the recommendations in the <i>Best Health for Children</i> Report is a model that embraces a more holistic child health promotion approach and that emphasises the role of parents in achieving best health for their children. ✓ In 2004 the PAC continued its national review of recommendations for core child health surveillance in Ireland; working groups have been established to develop a revised national Core Child health Surveillance and Screening Programme. This systematic national review will (amongst other things) help to develop guidelines and standards for each surveillance and screening opportunity and to agree appropriate tools and equipment. In addition, a training programme was launched in 2004 for those involved in the delivery of the Core Surveillance Programme; training continued throughout the year. The PAC recently held a consensus conference on growth measurement in Ireland; the conference was attended by key experts from Ireland and the United Kingdom in this area; the conference was largely funded by the Department. ✓ In 2004 the Department provided funding of €0.08m to the PAC to initiate the national development of a Personal Health Record for children. ✓ The objective of the Primary Childhood Immunisation Programme (PCIP) is to achieve an uptake level of 95%, which is the rate, required to provide population immunity and to protect children and the population generally from the potentially serious diseases concerned. Following consideration of proposals submitted by the Health Boards Executive on behalf of the health boards in relation to childhood immunisation, €2.778m was allocated by the Department in 2004 on a "once off" basis in order to fund initiatives to improve childhood immunisation

	<ul style="list-style-type: none"> • Mental health services for children & adolescents will be expanded: • Implementation of the recommendations of the First Report of the Working Group on Child & Adolescent Psychiatry. 	<p>uptake. A further €3.378m has been allocated to the Health Service Executive in 2005 to further progress the implementation of the recommendations contained in the National Review of Immunisation / Vaccination Programmes.</p> <p>✓ Progress in 2004 over 2003 National quarterly immunisation uptake rates at 24 months. Immunisation uptake figures from the National Disease Surveillance Centre for Quarter 4, 2004 compared with the same quarter in 2003.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Q4 2004</td> <td style="width: 20%; text-align: center;">Q4 2003</td> </tr> <tr> <td>Vaccine</td> <td></td> <td></td> </tr> <tr> <td>Diphtheria</td> <td style="text-align: center;">91%</td> <td style="text-align: center;">87%</td> </tr> <tr> <td>Pertussis</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">86%</td> </tr> <tr> <td>Tetanus</td> <td style="text-align: center;">91%</td> <td style="text-align: center;">87%</td> </tr> <tr> <td>Haemophilus Influenzae type b (Hib)</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">87%</td> </tr> <tr> <td>Polio</td> <td style="text-align: center;">90%</td> <td style="text-align: center;">87%</td> </tr> <tr> <td>MMR</td> <td style="text-align: center;">83%</td> <td style="text-align: center;">80%</td> </tr> <tr> <td>Meningitis C</td> <td style="text-align: center;">89%</td> <td style="text-align: center;">86%</td> </tr> </table> <p>The figures show that there has been an improvement in the uptake of all vaccines in the PCIP, though uptake (particularly of MMR) still remains significantly lower than the desired 95%.</p> <p>✓ From 2002 to 2004, an additional €7.7m has been provided to allow for the appointment of additional consultants in child and adolescent psychiatry, for the enhancement of existing consultant-led multi-disciplinary teams and towards the establishment of further teams. This has resulted in the funding of a further 12 child and adolescent consultant psychiatrist posts. Nationally, there are now 52 such psychiatrists employed. The future direction and delivery of all aspects of our mental health services, including Child and Adolescent Psychiatry, will be considered in the context of the work of the Expert Group on Mental Health Policy which is due to report in 2005.</p> <p>✓ A Working Group on Child and Adolescent Psychiatry was established by the Minister for Health and Children in June 2000 to make recommendations on how child and adolescent psychiatric services should be developed in the short, medium and long term to meet identified needs. The development of services for the management and treatment of Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) was considered by the Working Group's in its first report which was presented to the Minister in March 2001. That report recommended that a total of seven child and adolescent in-patient psychiatric units for children ranging from 6-16 years should be developed throughout the country. Project teams have been established to develop child and adolescent in-patient psychiatric units in Cork, Limerick, Galway and one in the Eastern Regional Health Authority area at St. Vincent's Hospital, Fairview. Approval to tender for design teams for the units in</p>		Q4 2004	Q4 2003	Vaccine			Diphtheria	91%	87%	Pertussis	90%	86%	Tetanus	91%	87%	Haemophilus Influenzae type b (Hib)	90%	87%	Polio	90%	87%	MMR	83%	80%	Meningitis C	89%	86%
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	<ul style="list-style-type: none"> • Development of mental health services to meet the needs of children aged between 16 and 18. 	<p>Cork, Limerick and Galway was given by the Department recently. At present, in-patient services for children and adolescents are provided at Warrenstown House, Dublin and St. Anne's in Galway.</p> <ul style="list-style-type: none"> ✓ The Second Report of the Working Group on Child and Adolescent Psychiatry published in June, 2003, contains proposals for the development of psychiatric services for 16-18 year olds. It recommends that, in the further development of the Child & Adolescent Psychiatric Service, priority should be given to the recruitment, in each health board, of a Consultant Child & Adolescent Psychiatrist with a special interest in the psychiatric disorders of later adolescence. The Working Group's report further recommends that arrangements should be made with the relevant Adult Psychiatric Services for the admission to acute psychiatric units of persons aged 16-18, under the care of the Consultant Child & Adolescent Psychiatrist with a special interest in the psychiatric disorders of later adolescence, where such a Consultant is available.
15. A policy for men's health and health promotion will be developed.	<ul style="list-style-type: none"> • Working group established. • Consultation commenced. • Working group report finalised. 	<ul style="list-style-type: none"> ✓ A Men's Health Research Officer was appointed in 2002 (based in the South Eastern Health Board) to undertake research on the role of gender and masculinity on Irish men's concept of health, their knowledge, beliefs and attitudes to health and illness, health behaviours and risk behaviours, and the barriers that Irish men perceive in accessing the health services. The results of this research was launched at the first National Conference on Men's Health held in December 2004. ✓ The Department of Health and Children commenced a consultation process in January 2004 and a National Steering Committee was established later in 2004 to oversee the development of a men's health policy and action plan. The consultation process is due to be completed by mid 2005 and it is intended that the action plan will be completed by mid 2006.
16. Measures will be taken to promote sexual health and safer sexual practices.	<ul style="list-style-type: none"> • Action plan prepared. 	<ul style="list-style-type: none"> ✓ The Department, in partnership with the Crisis Pregnancy Agency commissioned the first ever National Survey of Sexual Knowledge, Attitudes and Behaviour in Ireland. The Survey is due to be completed in June 2005 and published in the autumn of 2005. The outputs from the research survey will inform the development of the Action Plan. ✓ The Department continues to promote sexual health and safer sexual practices at both a national and regional level in the context of the commitments set out in the Report of the National Aids Strategy Committee (NASC) 2000 and the aims and objectives set out in the National Health Promotion Strategy 2000 – 2005. <ul style="list-style-type: none"> • At national level an advertising campaign using washroom advertising in places frequented by young people in entertainment and education venues was extended. • At the regional level the Department of Health and Children continues to collaborate with the regional health boards/area boards and other statutory bodies in promoting sexual health and safer sexual practices. Programmes/measures which have been put in place include education/awareness

		<p>programmes, advertising campaigns, training and support in order to improve the position of relationship and sexuality education, counselling and family planning services and appropriate health services.</p> <ul style="list-style-type: none"> ✓ Through the Education and Prevention Sub-committee of the NASC, particular measures for HIV/AIDS prevention specifically targeting at risk groups are being implemented through funding and support for non-governmental organisational (NGO) activity. For 2004/2005 specific actions with regard to HIV and Migrant Populations have been identified as a priority. ✓ An Advanced Nurse Practitioner (ANP) for sexual health was appointed in 2002. The ANP practices within the Genito-Urinary Medicine Team at St. James's Hospital, Dublin. The role involves the treatment of uncomplicated sexually transmitted diseases and sexual health screening.
17. Legislation in the area of food safety will be prepared to take account of developments in food safety regulation at national and EU level.	<ul style="list-style-type: none"> • Legislation prepared. 	<ul style="list-style-type: none"> ✓ The European Commission's White Paper on Food Safety (2000) set out a radical reform plan for food safety in the EU. The White Paper included a major programme of legislative reform in order to complete the EU's "farm to table" approach to food safety. The Department of Health and Children is playing an active role in the development of all legislative proposals arising from the White Paper through its representation on various EU Working Groups and through participation at the Standing Committee for the Food Chain and Animal Health. From November 2001 to end 2004, thirty pieces of legislation in the area of food safety were prepared by Food Unit and signed into Irish law. ✓ During the Irish Presidency in the first six months of 2004, considerable progress was made on two Commission proposals (Commission Proposal for a Regulation of the European Parliament and of the Council on Nutrition and Health Claims made on Food; and Commission Proposal for a Regulation of the European Parliament and of the Council on the Addition of Vitamins and Minerals and of certain other Substances to Foods) under the chairmanship of the Department of Health and Children. In 2004, eight Statutory Instruments were drafted by the Food Unit and signed into domestic law. ✓ The Department is responsible for the ongoing development of the Food Safety Authority of Ireland and the Food Safety Promotion Board and worked closely with both bodies on a range of issues in 2004.

Objective 3: Health inequalities are reduced

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
18. A programme of actions will be implemented to	<ul style="list-style-type: none"> • Target for premature mortality achieved. 	<ul style="list-style-type: none"> ✓ Work has been ongoing since 2002 in relation to a programme of actions to achieve the NAPS Health Targets (see <i>Building for Inclusion</i> for targets http://www.welfare.ie/publications/naps/index.html). The actions are being pursued in conjunction with a range of stakeholders both within and outside the health services e.g. the

<p>achieve National Anti-Poverty Strategy (NAPS) and Health targets for the reduction of health inequalities.</p>	<ul style="list-style-type: none"> • Target for life expectancy for the Travelling community achieved. • Targets for health of Travellers, asylum seekers and refugees developed. • Targets for birth weight rates achieved. 	<p>Institute of Public Health, the former health boards and Health Boards Executive, the Office for Social Inclusion (OSI), the Combat Poverty Agency, the Equality Authority, the Social Partners (as represented on the Working Group on NAPS and Health) and communities themselves.</p> <ul style="list-style-type: none"> ✓ During 2004 the Institute of Public Health, on foot of a commission from the Department of Health and Children, progressed work on data and monitoring requirements for NAPS health targets and, using CSO mortality and population statistics and Perinatal data, provided analysis on the difference between the highest and lowest socio-economic groups in relevant mortality data for 2002 and low birthweight data for the latest available years. These data show considerable gaps between the highest and lowest socio-economic groups for death rates for circulatory diseases, cancers, injuries and poisoning and low birthweight. These 2002 data provide a baseline for measuring progress on the key mortality target. ✓ The Department commissioned the Institute of Public Health (IPH) to work with the Health Boards Executive, the Office for Social Inclusion (OSI) and the Combat Poverty Agency (CPA) to develop a work programme to support the achievement of the NAPS targets to reduce health inequalities. The first phase of the work, information gathering and agenda setting, (by means of interviews with senior management, surveys of staff from the health boards and document analysis) took place during 2004. A draft integrated report on this phase has been finalised. ✓ Liaison took place and is ongoing in relation to the pursuit of NAPS targets in the context of existing strategies e.g. Primary Care, Cardiovascular Health and upcoming strategies i.e. Cancer and Mental Health. During 2004 the Department of Health and Children worked with the Office for Social Inclusion to develop Poverty Proofing Guidelines for the health services. Draft Guidelines have been produced which will be piloted within the Department. As this is a pilot project it will be the subject of ongoing reporting from the Department of Health and Children to the Office for Social Inclusion (OSI). OSI intend doing a general review of the whole poverty proofing process following the pilot. ✓ The Working Group on NAPS and Health was reconvened in 2003 in an advisory capacity in relation to monitoring the achievement of the NAPS health targets. ✓ The Department held ongoing discussions with the Equality Authority on integrating an equality dimension into the health services. ✓ The national suite of Performance Indicators (PIs) for Service Planning in 2004 included PIs for a number of groups at risk of social exclusion - Travellers, Refugees and Asylum Seekers, Homeless people and addiction
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		<p>services. These performance indicators are now in use in association with the annual National Service Plan of the Health Service Executive (HSE).</p> <ul style="list-style-type: none"> ✓ Ongoing participation of the health sector in the Revitalising Areas by Planning, Investment and Development (RAPID) and Ceantair Laga Árd-Riachtanais (CLÁR) programmes was secured to the extent possible within available resources. ✓ <i>Traveller Health – A National Strategy 2002-2005</i>, which is now Government policy, was officially launched in 2002. It provides a clear statement of policy which focuses on the underlying problems associated with the poor health status of Travellers and sets out a clear and practical plan, extending to over 100 actions proposed, for specific improvements in that status. The Strategy is currently being implemented throughout the country. ✓ The Department of Health and Children and the Department of Health, Social Services and Public Safety, Northern Ireland are jointly committed to carrying out a Travellers’ All Ireland Health Study to develop and extend the indicators collected in the 1987 study of Travellers’ health and to inform appropriate actions required in the area of Travellers’ health. A Study Group incorporating the members of the Traveller Ethics, Research and Information Working Group and with representatives from relevant statutory and non-statutory organisations in Northern Ireland has been established to progress the Study. ✓ Following a consultation process with approximately 400 stakeholders throughout the country in 2003, the design of the Traveller’s All-Ireland Health Study was finalised by the Institute of Public Health in 2004. Work commenced in the Department of Health and Children during 2004 on preparation of tenders for the conduct of the study and it is expected that the study itself will commence in 2005.
<p>19. Initiatives to eliminate barriers for disadvantaged groups to achieve healthier lifestyles will be developed and expanded.</p>	<ul style="list-style-type: none"> • Implement fully existing policy in the National Health Promotion Strategy. • Community-level programmes introduced. 	<ul style="list-style-type: none"> ✓ Implementation of the <i>National Health Promotion Strategy</i>, the <i>Traveller Health Strategy</i>, <i>Homelessness Strategy</i> and the <i>National Drugs Strategy</i> is continuing. Specific groupings targeted include migrant workers, ethnic minorities, asylum seekers, children/teenagers, young mothers, young people at risk of homelessness, travellers, older people, people with disabilities, early school leavers and mental health services clients. ✓ Health boards have continued to develop key partnerships with organisations in the community, both voluntary and statutory sectors, to educate and inform specific socio-economic disadvantaged groups on eliminating the barriers to achieving and the benefits of healthier lifestyles. ✓ In May 2003, the Department and the Combat Poverty Agency jointly launched the Agency's <i>Building Healthy Communities Programme</i>, which has a special focus on community development approaches to reducing health inequalities. In 2003 the Department provided €15,000 to each of two community development projects under

		<p>this programme and the Department funded three projects in 2004 – two associated with primary health care implementation projects and the third involving Tallaght Intercultural Action training ethnic minority women to facilitate a series of training sessions for health board staff.</p> <p>✓ Measures reported on by the health boards/Authority include:</p> <ul style="list-style-type: none"> • <i>Making it home – Action Plan on Homelessness in Dublin 2004 – 2006</i> was launched leading to improved local services to prevent homelessness, increase move on housing options and preventative strategies (ERHA) • <i>Community Cardiovascular Health Programme</i> which addresses risk factors for cardiovascular disease with a range of groups including targeted disadvantaged groups (MHB) • Community based services for young people at risk of homelessness (MHB) • Staff training on Age Awareness, dementia care (MHB), • Cultural awareness workshops and traveller friendly workshops (WHB) • Disability awareness workshops (SEHB) • Childhood Accident Prevention programmes (NWHB) • <i>Traveller Cultural Awareness Sensitivity Training Programme</i> for health service providers (MWHB). • Twelve projects established in 2004 applying a community development approach ranging from childhood immunisation, smoking, homelessness, sexual health, child care and nutrition (NEHB) • A regional Sexual Assault Treatment Unit opened during 2004 (SEHB, MHB) • Asylum seekers translation facilities organised for non-nationals (SEHB, WHB) • Ten community tutors trained in a healthy eating programme for low income families and 16 tutors trained in community health programme to reach disadvantaged groups (SHB) • Primary care projects for travellers continued to be developed in 2004 (ERHA, SEHB) <p>✓ (See also reports under actions 5, 14, 18, 20, 21, 22, 23, 24, 26 ,27, 30, 33, 34, 35, 51, 54)</p>
<p>20. The health of Travellers will be improved.</p>	<ul style="list-style-type: none"> • Travellers Health Strategy published. • Implementation commenced. 	<p>✓ <i>Traveller Health - A National Strategy</i> was published in 2002.</p> <p>✓ €5.215m has been allocated to health boards/Authority since 2002 for the implementation of the Strategy at regional level. A Travellers’ Ethics, Research and Information Working Group (TERIWG) has been established and is currently finalising standards and codes of practice for research and information gathering in relation to Traveller Health.</p> <p>✓ A sub-group of TERIWG is progressing a pilot project to identify ethnicity on the Hospital Inpatient Enquiry/Perinatal Systems in the Tallaght and Rotunda Hospitals. Data collection commenced in Tallaght</p>

		Hospital in July 2004 and is currently being analysed.
		✓ (See report under action 18).
21. Initiatives to improve the health and well-being of homeless people will be advanced.	<ul style="list-style-type: none"> Implementation of <i>Homelessness – an Integrated Strategy</i>. 	<ul style="list-style-type: none"> ✓ <i>Homelessness - An Integrated Strategy</i>, published in May 2000 aims to tackle all aspects of homelessness. In implementing the strategy, the Department of Health and Children, through the former health boards, has responsibility for the care costs associated with the running of such accommodation as hostels, transitional and supported housing, and the Department of the Environment, Heritage and Local Government has responsibility for the non-care costs associated with this accommodation. Since 2000, the Department of Health and Children has provided €30.2m additional funding to the health boards towards the implementation of <i>Homelessness – An Integrated Strategy</i>. ✓ A review of the operation of the Homeless Strategy and action plans is underway and it is intended that findings will be presented in 2005. ✓ Three-year action plans have been adopted in all local authority areas and are currently being implemented. These action plans will be reviewed under the review of the Homeless strategies. ✓ The plans detail how accommodation, health, settlement and welfare services will be provided. Substantial progress has been made in Dublin in tackling homelessness: In the three-year period 2001-2004: <ul style="list-style-type: none"> • Almost 2,000 homeless persons will have been housed by the local authority and voluntary housing sectors and the Housing Access Unit in the four Dublin Authorities. • Over 1,000 additional emergency beds have been provided. • Designated accommodation has been provided for street drinkers and drug users. • Dublin City Council has provided a night bus to assist people to access the homeless services available to them. • A 48 bed foyer has been provided under the Department of Environment, Heritage and Local Government’s Capital Assistance Scheme by the Voluntary Sector in Dublin which will cater for the needs of homeless young people including those leaving care who are otherwise homeless. • Education programmes provided for homeless persons, provision of information, staff training and referrals to other programmes. ✓ The new <i>Dublin Action Plan on Homelessness 2004-2006</i> entitled <i>Making it Home</i> was launched on 28 July 2004. The Plan was prepared by The Homeless Agency on behalf of the four Dublin local authorities in conjunction with the health boards and other relevant statutory and voluntary bodies. It followed a period of consultation with homeless service providers, both voluntary and statutory and other interested sectors. A

	<ul style="list-style-type: none"> • Implementation of <i>Youth Homelessness Strategy</i>. 	<p>range of measures and objectives are contained in the new Action Plan. The general objectives outline the preventative and interventive (care and case management) measures including:</p> <ul style="list-style-type: none"> • increasing housing options for single households, • tenancy sustainment service, • the preparation of a preventative strategy for Dublin, • dealing with unplanned discharge from institutions, • homeless proofing Government policies, • improving awareness of real nature and issues surrounding homelessness, • establish new structure to manage and deliver services in local areas and • reducing the number of rough sleepers to below 50. <p>✓ The Department of the Environment, Heritage and Local Government recoups local authorities for expenditure incurred in the provision of accommodation and related services for homeless persons. In 2004, the Department recouped €45.73 million for this purpose.</p> <p>✓ The <i>Homeless Preventative Strategy</i> was launched in February 2002. The Department of Health and Children's input focuses on having appropriate discharge procedures in place in institutional settings. In August 2002, a requirement was placed on all psychiatric hospitals/units and acute hospitals to have in place a formal and written discharge policy and to identify a nominated discharge officer to ensure that the policy is in place.</p> <p>✓ The Preventative Strategy places responsibility on the health boards to ensure that a written policy in relation to aftercare is prepared and again to ensure that this policy is followed. It is necessary for the HSE to have in place a designated person to provide support for each young person leaving care. The majority of the health board/Authority areas now have preventative protocols in place and are in the process of implementing them.</p> <p>✓ Homeless persons have the same rights as other members of society to avail of mainstream health services. For a variety of reasons, many homeless people do not access services in the usual way. As a result, the HSE has established initiatives to bring health services to homeless people, e.g. through the establishment of outreach multi-disciplinary teams that provide sessions in a range of homeless hostels and day services.</p> <p>✓ The <i>Youth Homelessness Strategy</i> was published on 31st October 2001. The Health Service Executive has lead responsibility for implementation of the Strategy and detailed action plans have been prepared by the health boards in this regard, to be phased in over 2002-2004. The implementation of the <i>Youth Homelessness Strategy</i> is being monitored and co-ordinated by the Youth Homelessness Strategy Monitoring Committee (YHSMC), which is being chaired by the National Children's Office and is representative of the relevant stakeholders.</p>
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		<p>✓ The Committee identified a number of key areas which required attention in order to drive the implementation of the Strategy in an effective, co-ordinated way, on a nationwide basis and the following progress has been made:</p> <p><i>Leaving and Aftercare</i></p> <ul style="list-style-type: none"> • National Guidelines on Leaving and Aftercare were approved by the YHSMC and were circulated by the Department of Health and Children to the health boards in July 2004. <p><i>Statistics</i></p> <ul style="list-style-type: none"> • A Statistics sub-group recommended the introduction of a new Youth Homeless Contact Form as a way of gathering more reliable and consistent statistics. The Department of Health and Children circulated the form to the health boards in December 2003 for introduction on 1st January 2004. <p><i>Information and Advocacy</i></p> <ul style="list-style-type: none"> • An Information and Advocacy sub-group has met on a number of occasions since 21st May 2004. The work of the group is progressing in accordance with the agreed terms of reference and work plan and is expected to be completed in 2005. <p><i>Education and Training</i></p> <ul style="list-style-type: none"> • An Education and Training sub-group has met on a number of occasions since 23rd June 2004. The statutory and voluntary education and health sectors are involved on the group and good progress is being made. The group is expected to complete its work in 2005. <p>✓ The areas of Inter-Agency Co-ordination and Linkages, Aftercare, and Statistics have been given priority.</p> <p>✓ Since the publication of the <i>Youth Homelessness Strategy</i>, significant progress has been made, including:</p> <ul style="list-style-type: none"> • The Youth Homelessness Strategy Monitoring Committee (YHSMC) is supporting the sharing of information across health boards in relation to experience and best practice. • Approximately €12m has been allocated by the Department of Health and Children to the health boards/Authority for the development of youth homelessness services since 2001. • 195 new whole-time equivalent posts, which impact on youth homelessness, have been filled across the Health Service Executive up to 31st December 2004. • 11 new units have opened nationwide. • Over 42 new/extended services have been developed around the country.
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<p>22. Initiatives to improve the health and well-being of drug misusers will be advanced.</p>	<ul style="list-style-type: none"> Implementation of National Drugs Strategy. 	<ul style="list-style-type: none"> ✓ In relation to Action 38 of the <i>National Drugs Strategy</i>, two further phases of the National Drugs Awareness Campaign were developed in 2004 focusing on parents and cocaine. The phase for parents focussed on raising awareness and information provision at both national and regional levels through mass media and local road shows. The cocaine phase of the campaign targeted 18-35 year olds. ✓ Considerable progress has been made in the area of treatment including increased capacity. From 2001 to 2004 there has been an expansion in the order of 25% in the numbers of methadone treatment places as follows: <ul style="list-style-type: none"> No. of people receiving methadone treatment <table border="0"> <tr> <td>▪ Year end 2004</td> <td>7,301</td> </tr> <tr> <td>▪ Year end 2003</td> <td>6,883</td> </tr> <tr> <td>▪ Year end 2002</td> <td>6,449</td> </tr> <tr> <td>▪ Year end 2001</td> <td>5,865</td> </tr> </table> ✓ The number of GPs and pharmacists involved in the methadone protocol has also increased by 31% in the case of GP's and 35% in the case of Pharmacists. <table border="0"> <thead> <tr> <th></th> <th>GP's</th> <th>Pharmacists</th> </tr> </thead> <tbody> <tr> <td>• Year end 2004</td> <td>221</td> <td>329</td> </tr> <tr> <td>• Year end 2003</td> <td>205</td> <td>295</td> </tr> <tr> <td>• Year end 2002</td> <td>187</td> <td>258</td> </tr> <tr> <td>• Year end 2001</td> <td>169</td> <td>243</td> </tr> </tbody> </table> ✓ Regional Drug Task Forces (RDTFs) were established in each health board/Authority area. During 2004, the RDTFs mapped out of the patterns of drug misuse in their areas as well as the range and level of existing services with a view to better co-ordination and addressing gaps in the overall provision of services. These RDTFs are in addition to the Local Drugs Task Forces which were established in 1997 in 14 areas (13 in Dublin, 1 in Cork) most affected by heroin use. ✓ A protocol for the treatment of under 18 year olds presenting with serious drug problems was developed by a ERHA Working Group comprising a broad range of statutory and non-statutory service providers and community representatives and was chaired by the Department of Health and Children. This report has been finalised and funding of €500,000 was allocated to the ERHA to fund the development of services for this age cohort. 	▪ Year end 2004	7,301	▪ Year end 2003	6,883	▪ Year end 2002	6,449	▪ Year end 2001	5,865		GP's	Pharmacists	• Year end 2004	221	329	• Year end 2003	205	295	• Year end 2002	187	258	• Year end 2001	169	243
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• Year end 2001	169	243																							

		<p>✓ As part of the <i>National Drugs Strategy</i> a mid-term review is being undertaken by the Department of Community, Rural and Gaeltacht Affairs. The Department of Health and Children is actively involved in this review which aims to examine the progress being made in achieving the overall key strategic goals set out in the Strategy and will enable priorities for further action to be identified and the refocusing of the Strategy, if necessary, for the remaining period up to 2008.</p> <p>(See report under action 8)</p>
<p>23. The health needs of asylum seekers/refugees will be addressed.</p>	<ul style="list-style-type: none"> • Statement prepared and published. • Implementation commenced. 	<p>✓ Overall responsibility for the reception and management of asylum seekers rests with the Department of Justice, Equality and Law Reform. In discharging its international obligations, the Department of Health and Children, through the health boards (now the HSE), provides for the health care needs of asylum seekers. These are addressed in the context of general arrangements governing eligibility for public health services. As part of the reception process for asylum seekers, communicable disease screening is offered on a voluntary basis by health boards. Other services offered at this stage include GP, community welfare, maternity, psychological services, Public Health nursing services, particularly for newborn infants, medical services for victims of torture, services to unaccompanied minors and translation services for these individuals.</p> <p>✓ Following on from the Department's participation in the consultation process to develop a <i>National Action Plan Against Racism</i> (NAPAR), a health element has been taken on board in the NAPAR which was launched at the end of January 2005. The Department of Justice, Equality and Law Reform is co-ordinating the initiative.</p> <p>✓ Work continued in 2004 on the Health Research Board Fellowship in Health Services Research (on ethnic minorities) awarded to the Department of General Practice, NUI, Galway in Autumn 2002. The project is entitled <i>Health Service Delivery in a Multicultural Ireland: Perceptions of Refugees, Asylum Seekers and Primary Health Care Providers</i>. This work is due to be completed in Autumn 2005.</p> <p>✓ A Regional Health Strategy for Ethnic Minorities for the Eastern Regional Health Authority area was launched in September 2004. Ethnic minorities were involved in drafting the strategy and are represented on the Implementation Group established to oversee the implementation of the strategy and its three sub-groups.</p> <p>✓ Initiatives reported on by the health boards/Authority include:</p> <ul style="list-style-type: none"> • The provision of a GP, Public Health Nurse, Community Welfare Officer, services and health screening on site (MWHB) • Provision of a wide range of services and supports to asylum seekers and refugees, with structures/dedicated staff in place to deliver, manage and monitor services • Social work service for unaccompanied minors

		<ul style="list-style-type: none"> • European Migrant Friendly Hospital Initiative to promote health and health literacy for migrant and ethnic minorities through a network of pilot hospitals (MHB, WHB) • A Review of Asylum seeker Communicable Disease Screening has been completed, the outcomes of which will be applied to further addressing health needs of this group (ERHA) • Asylum Seekers and Refugees Counselling Support Service (ARCSS) project which is developing a dedicated counselling support service for asylum seekers/refugee children and adults who are affected by trauma (NEHB) • Awareness training courses for staff (NEHB) • Health promotion training for teachers working with children from ethnic minority community (SHB) • Provision of interpretation services. • Translation of information leaflets into the required languages • Establishment of central co-ordination units • Health education programmes for young women and mothers (SEHB) • Ethnic Minority Health Forum (SHB) and establishment of Regional Asylum Seeker/Refugee Health Forum with representation to ensure integrated, co-ordinated planning and delivery of services (NWHB). • Community Education Courses have been developed and are being delivered to asylum seekers in this region on an ongoing basis (WHB) <p>✓ The Reception and Integration Agency (RIA) of the Department of Justice, Equality and Law Reform is now operating 74 centres in 25 counties. This includes nine large Regional Centres where services can be provided in a more streamlined and cost effective manner while also improving the quality of life of residents, and nine self catering facilities for those with serious medical conditions or social problems or who have spent over two years in Direct Provision.</p> <p>✓ There has been an increase of over 65% in the numbers being accommodated by the RIA over the last two years, from 4,100 in January 2003 to 6,300 at end December 2003 (increase of 53% over that year) and almost 6,800 at end December 2004. The RIA is continuing to develop and enhance its operations to ensure that the reception and accommodation needs of asylum seekers are met and that refugees are supported in integrating into Irish society. The RIA is also working to promote and develop cross-Department/Agency supports for reception and accommodation of asylum seekers and meeting the integration needs of refugees.</p>
24. Initiatives to improve the health of prisoners will be advanced.	<ul style="list-style-type: none"> • Implementation commenced. 	<p>✓ Health services for prisoners are being developed through a working party comprising members from the Department of Health and Children, the HSE, the Department of Justice, Equality and Law Reform and the Irish Prison Services. One of the primary functions of the working party has been to consider the implementation of the recommendations of the Report of the Group to Review the Structure and Organisation</p>

		<p>of Prison Health Care Services published in September 2001. Its work has focussed in particular on the development of a primary care needs assessment of the prison population, the provision of mental health services and upon developing links with the acute sector.</p> <ul style="list-style-type: none"> ✓ In 2003, the Minister for Health & Children established a Project Team, to progress the re-development of the Central Mental Hospital. The Project Team completed its work in March 2004 and submitted two reports, through the ERHA, to the Minister. The first report, Assessment of Need, outlines the case for the construction of a modern, purpose-built facility to meet the current and future requirements of the Central Mental Hospital. The second report, Appraisal of Development and Procurement Options, examines various options for the re-development of the Hospital. <p>The Project Team recommended that the Central Mental Hospital be relocated to a new purpose built facility in the greater Dublin area, as this was judged to be the most appropriate option for delivery of patient care.</p> <ul style="list-style-type: none"> ✓ A Government Decision on 30 November 2004 approved in principle, the purchase of a site for the location of a prison complex to replace the Mountjoy Prison Complex, and agreed in principle, and subject to further study, that the Central Mental Hospital should be transferred from Dundrum to the same site. The size and layout of the new site would provide scope for the construction of a new Central Mental Hospital with its own grounds and with a separate entrance, access road and address but adjacent to the prison complex.. ✓ With a view to eliminating delays in the provision of in-patient psychiatric care to prisoners, the Government has established a special committee to draw up a Service Level Agreement on the admission of mentally ill prisoners to the Central Mental Hospital. This Committee comprises representatives of the Department of Health and Children, the Irish Prison Service, the East Coast Area Health Board and the Department of Justice, Equality and Law Reform. The Service Level Agreement was finalised in 2003. In 2004, additional revenue funding of €1m and capital funding of €1m was provided to the Central Mental Hospital to allow refurbishment works to be carried out to increase the hospital's capacity to admit prisoners with a mental illness. Phase 1 of the Service Level Agreement has commenced and a 15 bed male unit for the Hospital is due to be completed in 2005.
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Objective 4: Specific quality of life issues are targeted

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
<p>25. A new action programme for mental health will be developed.</p>	<ul style="list-style-type: none"> • Mental Health Commission will be established. • A national policy framework prepared. • A programme of ongoing investment in the development of specialist services. • Report on services for people with eating disorders prepared. • Patient advocacy 	<ul style="list-style-type: none"> ✓ The Board of the Mental Health Commission was appointed on 5th April 2002. ✓ The Commission has indicated that one of its priorities is to put in place the structures required for the operation of the Mental Health Tribunals. The Mental Health Tribunals, operating under the aegis of the Mental Health Commission, will conduct a review of each decision by a consultant psychiatrist to detain a patient on an involuntary basis or to extend the duration of such detention. ✓ Under the provisions of the Mental Health Act, 2001 the Commission appointed an Inspector of Mental Health Services. A team of Assistant Inspectors has also been appointed. The Inspector is required to visit and inspect all approved centres at least once a year. The Minister is empowered to make regulations specifying the standards to be maintained in all approved centres and these will be enforced by the Inspector. The Inspector's annual report and review of the mental health services will be published along with the Commission's annual report. ✓ An Expert Group on Mental Health Policy to prepare a national policy framework for the further modernisation of the mental health services, updating the 1984 policy document, <i>Planning for the Future</i>, was established on 4th August 2003. The Group has now completed an extensive consultation process which included consultation initiatives with various stakeholders, including users of the mental health services. The Group is expected to complete its work in 2005. ✓ A programme of investment in the development of specialist services is ongoing. Later life psychiatry services have been expanding in recent years and €0.67m was provided in 2003 to enable the enhancement of existing services and the establishment of additional consultant-led teams. Liaison Psychiatry deals with psychiatric referrals from the A & E Departments of General Hospitals and attends to the needs of general hospital in-patients or out-patients attending medical, surgical or other services. The provision of this service ensures that psychological problems in general hospital patients are dealt with promptly. €0.45m was provided in 2003 for this service. (See report under action 24 - forensic psychiatry). ✓ The Expert Group on Mental Health Policy, which is due to report in 2005, is considering the services to be provided for persons with an eating disorder. ✓ There are growing moves to provide advocacy services in Ireland. Health boards and the ERHA are working in

	<p>services introduced</p> <ul style="list-style-type: none"> • Programmes to promote positive attitudes introduced • Suicide prevention programme will be intensified. 	<p>partnership with the Irish Advocacy Network to progress this initiative. This, although still embryonic, is most advanced for people who experience mental distress. Since 2002 additional funding provided was:</p> <ul style="list-style-type: none"> • €0.25m in 2002 • €0.351m in 2003. • €0.057m in 2004 bringing the total funding for 2004 to €0.35m. <p>✓ The health boards/Authority reported on the following initiatives:</p> <ul style="list-style-type: none"> • On-going development of advocacy services including training programmes for health professionals • Development and delivery of mental health promotion initiatives in schools, colleges ,youth groups and a variety of community settings • Working in partnership with voluntary agencies to promote mental health awareness • Multidisciplinary training for staff and carers in dementia • Seminars, Conferences, education programmes, information stands and workshops held in 2004 to raise awareness around suicide and attempted suicide, supporting the suicide bereaved and to promote mental health well- being <p>✓ Work is now well underway on a new National Action-oriented Strategy for Suicide Prevention which is being prepared, jointly, by the HSE , the National Suicide Review Group and the Department of Health and Children. This strategy will build on existing policy and on the recommendations contained in the <i>Report of the National Task Force on Suicide</i>. All measures aimed at reducing the number of deaths by suicide will be considered in the preparation of this strategy. The Strategy is due for completion in summer 2005. The following additional funding has been provided for suicide prevention programmes and research:</p> <ul style="list-style-type: none"> €1.1m in 2002 €0.655m in 2003 €0.1m was provided in 2004 bringing the total funding for 2004 to more than €4.5m.
<p>26. An integrated approach to meeting the needs of ageing and older people will be taken.</p>	<ul style="list-style-type: none"> • A programme of investment. • Funding of community groups. • A co-ordinated action 	<p>✓ From 2002 to 2004, approximately €121 million in additional revenue funding was allocated to Services for Older People including €9.5 million in 2004. This funding was used for a variety of services including Nursing Home Subvention, Personal Care Packages, Home Help and Elder Abuse services.</p> <p>✓ The health boards/Authority reported that funding was made available to over 770 community groups in 2004. The groups funded provide a wide range of services including home help services, voluntary housing, information/drop in centres, social clubs and outings, day care centres and health promotion initiatives.</p> <p>✓ The Inter-Departmental Group on the Needs of Older People, which was established in 2002, published a</p>

	<p>plan to meet the needs of ageing and older people.</p> <ul style="list-style-type: none"> • Health Promotion Strategy implemented. • Action plan for dementia will be implemented. 	<p>progress report in April 2004. The groups initial focus has been on current processes, with a view to bringing about better co-ordination and integration between Departments and the various agencies. Cross cutting issues being addressed include housing, home improvements, security and equality.</p> <ul style="list-style-type: none"> ✓ The Department of Health and Children continues to work in partnership with the National Council on Ageing and Older People to implement the <i>Health Promotion Strategy for Older People</i> through the healthy ageing programme. In 2004, the Healthy Ageing Database and a Healthy Ageing Directory, developed by the Health Promoting Residential Care Initiative in 2003, was expanded and the programme undertook research into the health and safety needs of older people. ✓ The <i>Action Plan for Dementia</i> was published by the National Council for Ageing & Older People in 1999. Old Age Psychiatry services have been expanding in recent years and the integration of community and hospital based psychiatric services with geriatric medicine is progressing. New Units for treating Dementia sufferers are being established on a gradual basis.
<p>27. Family support services will be expanded.</p>	<ul style="list-style-type: none"> • Percentage of child welfare budget spent on supportive measures increased. • Marked increase in number of family support projects. • Wider availability of parenting programmes. 	<ul style="list-style-type: none"> ✓ The provision of support services is one of the most cost effective means of reducing the pressures on the more resource intensive areas of child care services. Their aim is to provide support to young people and their families in a community setting to enable these young people to remain in the family setting as an alternative to entering foster or residential care. There are now 22 Government funded Springboard Family Support Projects countrywide (Four were established in 2002 and one in 2003). In the region of €7 million was spent on the Springboard initiative in 2004. Other projects funded include the Teen Parents Support Programme (5 Projects), Youth Advocacy Programmes (YAP) (3 Projects) and mainstream family support services. Voluntary bodies play a large role in providing these services in partnership with the Health Service Executive (HSE). ✓ The Department of Health and Children together with the HSE is undertaking a review of Family Support Services. The Review will map out a national policy and plan for the future development of family support services by the HSE. The <i>Family Support Strategy</i> is the final strand in this extensive review process. The Strategy will be completed and launched in 2005 and implemented by the HSE, over a seven to ten year period. ✓ In 2004, an additional two projects under the Teen Parents Support Programme were established by the Department of Health and Children with funding by the Crisis Pregnancy Agency. The projects are based in the North Eastern Area and the Northern Area (Eastern Region) of the Executive. A Teen Parents Support co-ordinator has been employed. In addition a Resource Pack and Directory for Key Workers and Young Parents

	<ul style="list-style-type: none"> • Out-of-hours service available • Children Act, 2001 fully implemented. 	<p>was developed by Treoir (National Federation of Services for Unmarried Parents and their Children).</p> <ul style="list-style-type: none"> ✓ All boards/Authority reported development and delivery of parenting programmes. ✓ Child care ‘out of hours’ service is an issue for the HSE in the context of the implementation of the Children Act, the <i>Youth Homelessness Strategy</i> and the <i>Report of the Working Group on Foster Care</i> and the development of child care services generally. Significant additional resources will be required and therefore this action is subject to budgetary constraints. ✓ In the Children Act 2001 there are three Parts that specifically relate to the health area i.e. Parts 2, 3 and 11. Part 2 provides for family welfare conferences, Part 3 amends the Child Care Act, 1991 by inserting two new parts – Part IVA which imposes duties on the Health Service Executive in relation to a child who may be in need of special care or protection and Part IVB relating to private foster care. Almost all of Parts 2 and 3 and the regulations for family welfare conferences and special care units were commenced in 2004. ✓ The order commencing Part 11 of the Children Act, 2001, which places the Special Residential Services Board on a statutory footing, came into effect towards the end of 2003. The Board has an important role in advising on the co-ordination of special residential services run by the Health Service Executive for non-offending children and the Department of Education and Science for offending children.
<p>28. A comprehensive strategy to address crisis pregnancy will be prepared.</p>	<ul style="list-style-type: none"> • Crisis Pregnancy Agency established. • Strategy prepared. 	<ul style="list-style-type: none"> ✓ The Crisis Pregnancy Agency (CPA) was established in October 2001 ✓ Its <i>Strategy to Address the Issue of Crisis Pregnancy</i> was launched in November 2003. The Strategy is a comprehensive and ambitious document that encompasses all aspects of crisis pregnancy from prevention to post-crisis pregnancy support. All strategy objectives are planned to be achieved over a three year period to 2006. ✓ Funding of €5.973 million was allocated to the Agency for 2004, so that it can continue to work with statutory and non-statutory agencies to ensure successful implementation of the Strategy. ✓ The Agency is delivering a national sexual health promotion campaign that includes the development of a range of resource/promotional materials and training programmes. The Agency delivered the first phase of the high profile <i>Think Contraception</i> Campaign in 2004. ✓ The Agency continued to develop the <i>Positive Options</i> campaign (initiated in 2003) to effectively

		<p>communicate the options that are available to women who face a crisis pregnancy; it launched a number of campaigns aimed at contraception awareness and the dangers of unprotected sex; it also commissioned the production of an audio visual resource on how parents can communicate with young people (adolescents in junior cycle) on sexual health.</p> <ul style="list-style-type: none"> ✓ The Agency also delivered a comprehensive €3.81m annual funding programme in 2004 to support 69 innovative projects in the areas of the prevention of crisis pregnancy, services and supports for women experiencing a crisis pregnancy, and post-crisis pregnancy supports. ✓ The Agency increased the provision of crisis pregnancy counselling by nearly 50%. ✓ The CPA has initiated a comprehensive research programme with over 30 original research projects undertaken in the period 2002-2004 in the area of crisis pregnancy. Approximately €1.4m was expended up to end 2004 and a further €0.25m has been provided for 2005. The Agency has developed effective channels to disseminate research findings to key stakeholders. ✓ The Agency has agreed interdepartmental actions with relevant Government Departments and made recommendations to other Government Departments around addressing the issue of crisis pregnancy.
29. Chronic disease management protocols to promote integrated care planning and support self-management of chronic disease will be developed.	<ul style="list-style-type: none"> • Protocols published. 	<ul style="list-style-type: none"> ✓ Action to be progressed by the Health Information & Quality Authority (HIQA) (see action 63). ✓ While the establishment of protocols will be a matter for HIQA, policy work which will inform HIQA is currently underway in the following areas: <ul style="list-style-type: none"> • The Department of Health and Children has established a Diabetes Task Force which is planning best models of diabetic care into the future. • The report of the National Expert Group on the Prevention of Transmission of Blood-Borne Virus Infections is due for publication in 2005. • Asthma was one of the key themes of the Irish EU Presidency from a health perspective. Proposals in this area, were adopted by the European Council in 2004, which included, inter alia, the need for better information, guidelines and improved primary care services.
30. An action plan for rehabilitation services will be prepared.	<ul style="list-style-type: none"> • Action plan prepared. 	<ul style="list-style-type: none"> ✓ The Department of Health and Children will be examining this matter with the Health Service Executive in the context of the Health Service Reform Programme.

<p>31. A national palliative care service will be developed.</p>	<ul style="list-style-type: none"> • Report of Expert Group to examine design guides for specialist palliative care completed. • Research on the specialist palliative care service requirements of non-cancer patients commissioned. • Needs assessment studies for specialist palliative care needs completed for each health board area. 	<ul style="list-style-type: none"> ✓ The <i>Design Guidelines for Specialist Palliative Care Settings</i> have been finalised and are due to be published in mid 2005. ✓ Research on the specialist palliative care service requirements of non-cancer patients is being dealt with in the context of the needs assessment studies mentioned below. ✓ Six of the eight health boards have completed the palliative care needs assessment studies and the remaining studies are at an advanced stage of preparation. ✓ The Department, the HSE and the voluntary sector are actively involved in planning for the development of palliative care services in line with the recommendations in the report of the National Advisory Committee on Palliative Care published in October 2001. Funding is being provided for the development of such services on an incremental basis in line with the recommendations in the report. ✓ Since October 2001, an additional €14.84 million has been invested in palliative care services. This funding has been used to improve palliative care services in line with the recommendations in the National Advisory Report. ✓ In 2004, €1.2 million in additional funding has been made available specifically for palliative care.
<p>32. Entitlement to high-quality treatment services for people with Hepatitis C, infected by blood and blood products, will be assured.</p>	<ul style="list-style-type: none"> • Services kept under review. 	<ul style="list-style-type: none"> ✓ The Department of Health and Children is in regular consultation with the representative groups, service providers and the Consultative Council on Hepatitis C to ensure that the health care system is responding to the needs of this cohort of patients. Services continue to be monitored on an ongoing basis. A <i>Guide to Liver Transplantation</i> was published during 2004 and also leaflets on <i>Relationship Issues and Hepatitis C</i> and <i>Living Positively with Hepatitis C</i>, in collaboration with the Consultative Council on Hepatitis C. An information day on Hepatitis C was held in the Royal College of Surgeons in September 2004 in collaboration with the Consultative Council on Hepatitis C and representative groups. ✓ An information guide to services and leaflets on primary care and hospital entitlements were published in 2003. An international conference on Hepatitis C was held in Trinity College in June 2003 in collaboration with the

<p>33. Resources will be provided to support the full implementation of AIDS Strategy 2000.</p>	<ul style="list-style-type: none"> • Liaison nurse identified in all health boards to act as liaison person between patients and medical service providers. • Uptake of routine antenatal testing of HIV to reach 90 percent or more. 	<p>Consultative Council on Hepatitis C and representative groups.</p> <ul style="list-style-type: none"> ✓ The National AIDS Strategy Committee (NASC) and its sub-committees on Education and Prevention, Surveillance and Care and Management continue to work to implement the recommendations of AIDS Strategy 2000. ✓ Education and Prevention measures are co-ordinated by the Department within the context of both the National <i>Health Promotion Strategy</i> and <i>AIDS Strategy 2000</i>. The Department is involved in and supports a range of initiatives and interventions aimed at preventing and raising awareness of HIV and other sexually transmitted infections (STIs) including a national public awareness advertising campaign and a National Survey of Sexual Knowledge, Attitudes and Behaviour (KAB) of adults living in Ireland. ✓ The Care and Management sub-committee has finalised a report on HIV/AIDS and STIs services in the country. This report identifies gaps and makes recommendations for the future direction of these services. Funding of €1.5 million was allocated in 2004 to provide additional clinical services to address emerging pressures as a result of increased patient numbers. ✓ Liaison nurses are in place in some areas of the HSE which is keeping the situation under review. ✓ The National Disease Surveillance Centre (NDSC), on behalf of the Department of Health and Children, continues to monitor the implementation of routine antenatal testing for HIV. It reports an uptake rate of over 90% for routine linked antenatal testing. On foot of this uptake rate anonymous unlinked testing was discontinued from 2004.
<p>34. Measures to prevent domestic violence and to support victims will continue.</p>	<ul style="list-style-type: none"> • Initiatives will be included in health board service plans. 	<ul style="list-style-type: none"> ✓ Initiatives are provided for in the service plan as appropriate. ✓ All boards/Authority have services in place to support victims of domestic violence and utilize multi-agency approaches to address this issue. Initiatives reported on include: <ul style="list-style-type: none"> • 11 services in place receiving funding of over €4.5m (ERHA). The Eastern Region's Planning Committee on Violence against women is continuing to work with other statutory agencies and non statutory providers to ensure the most effective use of resources to meet the needs of these families and to agree a strategic framework for the development of appropriate services. • The Midland Regional Hospital, Portlaoise published guidelines <i>Lean on Me</i> for personnel who come into contact with women living with domestic violence (MHB). • <i>Strategy Statement on Violence against Women</i> was published in 2004. People suffering from mental health difficulties and the Travelling Community were targeted with specific initiatives (MWHB). • Inter-agency Best Practice Training was commenced in April 2004. A total of 11 training days took

		<p>place and 83 people attended (MWHB).</p> <ul style="list-style-type: none"> • A report <i>Changing Direction</i> evaluating services in the region was launched in 2004. Staff in acute services receiving information on identification and management of domestic violence (NEHB). • Service level agreements were agreed with eight non-governmental organisations. Three staff training/information Awareness and Prevention Programmes relating to working with domestic violence were delivered to a total of 50 staff. The NWHB supported a local awareness campaign in the context of 16 Days of Action Against Violence Against Women (NWHB). • Sexual Assault Treatment Unit opened in Waterford Regional Hospital in 2004. Also in 2004 training programmes were provided for Local Area Networks, hospital staff, family support workers, perpetrators of family violence and partners, spouses (SEHB). • The Southern Regional Committee on Violence Against Women provided support and funding to a number of organisations dealing with the issue of violence against women (SHB). • Work on the implementation of the HSE Western Area's three year strategic plan for Violence Against Women is in progress. The plan has ten specific aims and includes emergency accommodation, outreach services, awareness training, looking at gaps in service, legal system, rape crisis centre, funding and data collection. In-service training for health care staff has begun on the use of the <i>Violence Against Women Guidelines</i> which were developed in 2003.
<p>35. A national policy for the provision of sheltered work for people with disabilities will be developed.</p>	<ul style="list-style-type: none"> • Policy prepared. 	<ul style="list-style-type: none"> ✓ A draft Code of Practice for Sheltered Occupational Services was submitted to the Department of Health and Children in January 2003 by the Working Group established under the Programme for Prosperity & Fairness in August 2000. It is one of two key measures that are required to regularise the status of current sheltered workshops for people with disabilities. ✓ The other essential measure is the production by the Department of Enterprise, Trade & Employment of “a policy framework aimed at enhancing the potential of sheltered employment to provide better employment opportunities for people with disabilities” (<i>Sustaining Progress 13.13</i>). Such a policy is currently being finalised by the Department of Enterprise, Trade & Employment and is expected to be implemented in the near future. It is essential for the future enhancement of sheltered work and employment services for people with disabilities and for the effective transition from current arrangements that these two measures are taken in tandem.

National Goal No. 2: Fair Access

Objective 1: Eligibility for health and personal social services is clearly defined

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
36. New legislation to provide for clear statutory provisions on entitlement will be introduced.	<ul style="list-style-type: none"> Publish Bill. 	<ul style="list-style-type: none"> ✓ An initial review of existing eligibility legislation has been carried out. The Department has now commenced work on a new legislative framework. This is a very complex task but legislation will be prepared as soon as possible.
37. Eligibility arrangements will be simplified and clarified.	<ul style="list-style-type: none"> Guide to schemes updated and published incorporating guidelines proposed by PPF Medical Card Review Group. 	<ul style="list-style-type: none"> ✓ The HSE has introduced a standard national framework for managing and controlling the medical card database and ensuring data integrity and currency to minimise the risk of creating duplicate records. Expired records and duplicate records have been removed from the medical card register. ✓ The HSE is making preparations for a national client index and currently 95% of cardholders on the medical card register have a valid Personal Public Service Number (PPSN) assigned to them. The PPSN will be the unique identifier going forward. ✓ A national medical card assessment guidelines document is under consideration by the Department of Health and Children. ✓ The introduction of a standard national medical card application form and the implementation of a national standard training programme for staff involved in administering the medical card scheme throughout the HSE is being progressed.

Objective 2: Scope of eligibility framework is broadened

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
38. Income guidelines for the medical card will be increased.	<ul style="list-style-type: none"> Revised income Guidelines. 	<ul style="list-style-type: none"> ✓ Income limits were increased with effect from the 1st of January 2005 for 30,000 additional medical card holders. The Tánaiste and Minister for Health and Children announced her intention to introduce a "doctor visit" card to cover 200,000 persons. This will be introduced shortly and income limits are being reviewed to ensure the additional card holders are added to the medical numbers as against those on the 1st of January 2005.
39. The number and nature of GP visits for an infant under the Maternity and	<ul style="list-style-type: none"> 4 extra free GP visits under the Maternity and Infant Care Scheme to cover general childhood 	<ul style="list-style-type: none"> ✓ The timing of the introduction of this action will be decided by Government in the context of the prevailing budgetary situation.

Infant Care Scheme will be extended.	illnesses.	
40. The Nursing Home Subvention Scheme will be amended to take account of the expenditure review of the scheme.	<ul style="list-style-type: none"> • Introduction of a Pilot Home Subvention Scheme. • Increased subvention rates. 	<ul style="list-style-type: none"> ✓ The <i>Review of the Nursing Home Subvention Scheme</i> was published in 2003. A Working Group comprising all stakeholders was established by the Department of Health and Children to review the operation and administration of the Nursing Home Subvention Scheme following on from the publication of the Review. The Review Group met on a number of occasions in 2004 and it received both written and oral submissions from interested parties (see report under action 42). ✓ A pilot home based subvention scheme is in operation in a number of health board areas. Increased subvention rates will be considered by the Review Group on the Nursing Home Subvention Scheme in the context of creating a modified scheme, which represents value for money. Average enhanced subvention rates paid by the health boards have increased due to the increasing cost of private nursing home beds. <p>(See action 42)</p>
41. A grant will be introduced to cover two weeks' respite care per annum for dependent older persons.	<ul style="list-style-type: none"> • Scheme finalised. 	<ul style="list-style-type: none"> ✓ Action has not commenced
42. Proposals on the financing of long-term care for older people will be brought forward.	<ul style="list-style-type: none"> • Proposals submitted to Government. 	<ul style="list-style-type: none"> ✓ The Review of the Nursing Home Subvention Scheme (by Professor Eamon O'Shea) was launched simultaneously with the Department of Social and Family Affairs' Report on the Financing of Long-Term Care in 2003. A Working Group comprising all stakeholders was established by the Department to review the operation and administration of the Nursing Home Subvention Scheme following on from the publication of the Expenditure Review. The purpose of this review is to develop a scheme which will be transparent, offer a high standard of care for clients, provide equity within the system to include standardised dependency and means testing, be less discretionary; provide both a home and nursing home subvention depending on need; be consistent in implementation throughout the country and draw on experience of the operation of the old scheme. ✓ The <i>Study to Examine the Future Financing of Long Term Care in Ireland</i> undertaken by Mercer Human Resources Ltd. was published in June 2003. A consultation process on the report was then undertaken by the Department of Social and Family Affairs.

		<p>✓ A Working Group chaired by the Department of An Taoiseach and comprising senior officials from the Departments of Finance, Health and Children and Social and Family Affairs has been established. The objective of this Group is to identify the policy options for a financially sustainable system of long-term care, taking account of the Mercer Report, the views of the consultation that was undertaken on that report and the Review of the Nursing Home Subvention Scheme by Eamon O'Shea. The Group will report to the Tánaiste and Minister for Health and Children, and the Minister for Social and Family Affairs in 2005. Following this process there will be discussions with the relevant interest groups.</p>
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Objective 3: Equitable access for all categories of patients in the health system is assured

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
43. Improved access to hospital services for public patients will be addressed through a series of integrated measures.	<ul style="list-style-type: none"> • Reduction in waiting times for hospital services. 	<p>✓ Ongoing - see report under action 81.</p>
44. Availability of information on entitlements including use of information technology will be improved.	<ul style="list-style-type: none"> • Updated 'Guide to Services' prepared. • Ensure easy local access in a variety of settings. • Maximise use of alternative media and communication channels targeting hard-to-reach groups 	<p>✓ A project to implement a health services Portal is underway which will act as an electronic gateway to allow people and agencies to obtain information about and transact business with the health services. It will interface with eGovernment initiatives for the wider public services including REACH and OASIS. Phase one proof of concept for the Portal has been completed and work has commenced on the strategic development of the technical infrastructure.</p> <p>✓ All boards/Authority continue to provide information on mainstream services and are taking steps to ensure the provision of user friendly, accessible, up to date, timely and relevant information through information booklets, websites, IT initiatives and local radio.</p> <p>✓ Examples of alternative media channels and communication channels for hard to reach groups reported on by the health boards/Authority include:</p> <ul style="list-style-type: none"> • Intellectual disability services talking mats (ERHA) • Translation and interpretation services for ethnic groups • Literacy proofing of board publications through the National Adult Literacy Agency and homeless

		<ul style="list-style-type: none"> groups (ERHA, MHB) • Computer access training for older people (ERHA, MWHB) • Further development of Information line (NEHB, SHB) • Learning disability service website (NWHB) • Information centres (NWHB, WHB) • Outreach information talks and clinics • Suicide prevention/advice/information cards distributed to schools (SEHB) • Regional customer care freephone helpline and walk-in centres (ERHA, MHB)) • Joint venture with parent group to develop information website on autism (ERHA) • Dietetic clinic details and advice are published on an ongoing basis in Community and Church newsletters to target low income service users • Developments in the use of IT to promote awareness of available services and how they can be accessed
<p>45. All reasonable steps to make health facilities accessible will be taken.</p>	<ul style="list-style-type: none"> • Transport needs of users considered when planning services that cannot be provided locally. • All health facilities 	<ul style="list-style-type: none"> ✓ The National Treatment Purchase Fund provides for transport arrangements. ✓ All boards are aware of the transport needs of clients when designing services. Initiatives include: <ul style="list-style-type: none"> • Carnew Rural Transport scheme to provide low cost state assisted transport in rural county Wicklow and St. Mary’s Phoenix Park courtesy bus service (ERHA). • Regional transport initiative in Sligo and minibus service in Donegal to assist service users (NWHB) • GP out of hours service provides treatment in peripheral centres to minimise the distance patients have to travel for treatment (MHB) • Transport preferences accommodated for patients receiving radiotherapy treatment in Dublin (MWHB) • Ambulance Dept actively involved in the National Rural Transport Initiative (SEHB) • Outreach services being provided by boards/Authority including Outreach antenatal services are now available in Navan, Dundalk, and Monaghan (NEHB) • Taxi provided for renal patients and where clients need access to day services, out-patient departments, specific bus stops in grounds of Cork University Hospital for elderly/or disabled persons (SHB) • Incapacitated patients and paediatric patients treated under treatment abroad schemes are given subsidised travel. • Mobile MRI service, outreach paediatric clinics and ante-natal clinics, pre-planning of non-emergency transport needs for service users (WHB) ✓ The Planning Briefs for all new projects include a specific design requirement that the facility is accessible to

	designed and adapted to provide access for all users.	all users. All agencies are cognisant of the access needs of users when designing services and work is taking place on an ongoing basis as resources permit.
46. Appointment planning arrangements will be reviewed to provide greater flexibility and specific appointment times.	<ul style="list-style-type: none"> • Specific appointment times introduced. • Extended/more user-friendly clinic and out-patient opening times 	<ul style="list-style-type: none"> ✓ Guidelines on timed individual appointments were developed by HeBE in 2002 in association with the Department of Health and Children. Implementation of this action, having regard to these guidelines, is ongoing. ✓ Five boards/Authority reported that 100% of out-patient clinics give a timed appointment slot (ERHA, MHB, MWHB, NEHB, WHB). The percentage varies in the other boards with some hospitals reporting 100% timed appointments in a hospital or within a speciality in a hospital and other hospitals reporting that they are working towards the introduction of timed appointment slots. ✓ Measures reported on by the health boards/Authority include <ul style="list-style-type: none"> • Review of Out Patient Department including appointment planning arrangements, waiting times and recommendations to ensure maximum efficiency in Out Patient Department processes (ERHA, WHB) • Early morning ENT clinic (MHB) • Saturday service for GP X-ray referrals and a walk in phlebotomy service for GP's every morning (ERHA) • GP Out of Hours service • Extended clinic hours for paediatric services, disability sector (MHB) • Lunch-time opening in breast services and medical oncology (MWHB) • Early morning dressing service (MWHB) • Out of hours services in ante-natal clinics and mental health services (NEHB) • Greater flexibility in appointment planning for Child Protection and Family Support services (NWHB) • Early morning, evening and weekend addiction services (ERHA, NWHB) • Extended hours for Heart Failure and Rheumatology services (SEHB) • Extended opening hours for community service centres (SHB) • Use of freephone system to confirm appointments introduced on a pilot basis for symptomatic breast service. Results confirmed a reduction in non attendance from the average 24% to 4% (WHB) • Ante-natal clinics and cardiac rehabilitation outside normal working hours (WHB)
47. Waiting areas in health facilities will be upgraded.	<ul style="list-style-type: none"> • Improvement/adaptation of waiting facilities. 	<ul style="list-style-type: none"> ✓ Ongoing. All boards/Authority have reported work on upgrading and improving waiting areas in health facilities during 2004.

National Goal No 3: Responsive and appropriate care delivery

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

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
48. A national standardised approach to measurement of patient satisfaction will be introduced.	<ul style="list-style-type: none"> Agreed system published and implemented. 	<ul style="list-style-type: none"> ✓ Guidelines on the development of a standardised approach to the measurement of patient/client satisfaction were published by the Health Boards Executive in 2003 (see action 49). ✓ The Health Services National Partnership Forum in association with the Irish Society for Quality and Safety in Healthcare also published a document in this area in 2003 entitled <i>The measurement of Patient Satisfaction within Acute Services in Ireland</i>.
49. Best practice models of customer care including a statutory system of complaint handling will be introduced.	<ul style="list-style-type: none"> Customer care programme prepared and implemented in all boards. 	<ul style="list-style-type: none"> ✓ All boards/Authority are involved in initiatives to improve customer care and to address complaints. Initiatives reported on include: <ul style="list-style-type: none"> • Customer Care Programme/Strategy under preparation or in place (ERHA, NWHB, SHB, WHB) • Regional framework for handling complaints progressed in 2004 and development of a national framework underway (ERHA) • First national conference of complaints managers as part of consultation process to put regulations in place for national complaints framework (ERHA) • Comments, Enquiries, Complaints and Appeal (CECA) system in place for dealing with customer's complaints and concerns (MHB) • Training programmes in complaints and customer care (ERHA, MHB, MWHB, NEHB, SEHB,SHB,WHB) • Regional Advocacy Framework progressed and training for advocates provided (ERHA) • Customer care programme under preparation (ERHA,MHB, MWHB) • New comments, enquiries and appeals stands established in major locations around the board/Authority (ERHA,MHB) • Customer Care Strategy is currently being published and will be rolled out to all managers in 2005 (MWHB) • Customer Care Trainer appointed in 2004 (MWHB) • Comments and Complaints Service in place. This service allows clients to comment or complain about any of the Boards services. Feedback Co-ordinators (across the service areas) are trained in complaint handling and procedures (MWHB, SEHB) • Customer service standards adopted which are in line with Government recommendations and are frequently reviewed (MWHB)

	<ul style="list-style-type: none"> • Legislation on statutory complaints procedure published. 	<ul style="list-style-type: none"> • Signs, comment boxes etc. erected in all main Health Centres in 2004 to facilitate and encourage customers to avail of the customer care facility (SEHB) • Appeals and Complaints Officer appointed in 2004 for child care issues.(SEHB) • Complaints Procedure in place in all Service areas with designated Complaint Officers (NEHB, NWHB) <p>✓ It was decided that provision for the establishment of a statutory complaints framework would be made in the Health Act 2004. The statutory complaints framework is provided for in Part 9 of the 2004 Act. The regulations required to bring it into operation will be prepared in 2005.</p>
50. Individuals and families will be supported and encouraged to be involved in the management of their own health care.	<ul style="list-style-type: none"> • Codes of practice for shared decision-making developed. • Codes incorporated into professional training programmes. • Training of existing staff. 	<p>✓ The Health Service Executive and the Department of Health and Children are involved in developing guidelines for a Home Care Grant Scheme to build on the pilot schemes which have been in operation in a number of areas. Funding has also been provided to the Executive to increase the number of people being supported in their own homes under the pilot schemes.</p> <p>✓ The Therapy Advisory Unit for the Therapy Professions was established in the Department in late 2004. It has commenced work with the Therapy Professional Bodies and the relevant universities to further strengthen this action amongst the therapy disciplines (see action 51). The action will be progressed further on the establishment of the Health and Social Care Professionals Council (see action 105).</p> <p>✓ Measures reported by the health boards/Authority include: ongoing involvement of older people and mental health service users and their carers/families in developing individual care packages, provision of grants for home care, training programmes for staff/carers/volunteers across the service areas, information and advice services for carers, staff training in the use of computerised care plans, consultation with user interest groups, person-centred care planning, involvement of parents in child care reviews and child protection conferences, public/private partnership links developed with housing/relevant agencies in response to the accommodation needs of older people.</p> <p>✓ (See also action 51)</p>
51. An integrated approach to care planning for individuals will become a consistent feature	<ul style="list-style-type: none"> • Training initiatives to promote inter-disciplinary working for existing staff delivered. 	<p>✓ Primary care implementation teams are facilitating planned, structured multi-disciplinary teamworking, where all team members are committed to the provision of services as a team to meet the needs of the target population.</p> <p>✓ In 2004 the National Primary Care Steering Group submitted a series of recommendations to the Working Group on Medical Education and Training with regard to the education and training requirements of medical</p>

<p>of the system.</p>	<ul style="list-style-type: none"> • Inter-disciplinary working incorporated into professional training programmes. 	<p>practitioners at both undergraduate and postgraduate level to ensure that practitioners are equipped with the appropriate skills and competencies for effective team based service delivery in the primary care setting.</p> <ul style="list-style-type: none"> ✓ The Therapy Advisory Unit for the Therapy Professions (established in the Department of Health and Children in late 2004) has commenced liaison with the Therapy Professional Bodies, the relevant universities and other members of the multi-disciplinary team disciplines are to pursue achievement of the objective. ✓ Implementation of the <i>Report of the National Task Force on Medical Staffing</i> is proceeding. The Report makes particular reference to multi-disciplinary working in the health and social care professions. It states that multi-disciplinary working between health and social care professionals should be fostered, and that this is most likely achievable through close liaison between the universities at undergraduate level and the relevant professional bodies at postgraduate level. It makes a number of detailed recommendations regarding changes in skill-mix and practice in the areas of radiology, phlebotomy, pathology, pharmacy, surgery, nursing and frontline clerical/administrative grades. These changes are currently being discussed with the Irish Medical Organisation and the Irish Nurses Organisation as part of the European Working Time Directive implementation process. ✓ Training in the soft skills required for inter-disciplinary working (e.g. team leading; team working; project management) is ongoing across the country. With regard to inter-disciplinary working and training, initiatives reported by the health boards/Authority include: <ul style="list-style-type: none"> • All initiatives to improve services are approached from a multidisciplinary perspective (ERHA) • Multi-disciplinary training for staff on elder abuse and dementia care (MHB) • Joint education for hospital and GP practice nurses (MWHB) • Workshops on team management/leadership delivered, inter-disciplinary working incorporated into professional training programmes (NEHB) • Inter-disciplinary training is a feature of Childcare, Child Health and Learning Disability Services, multi-disciplinary, inter hospital/community services discharge group in place, bed usage partnership forum made up of consultants, management and nurses (NWHB) • Regional inter-disciplinary Advisory Forum (SEHB) • Multi-disciplinary working in place in several sites in the region (WHB) • Pilot in place for the introduction of team performance management in part of mental health and elderly services (SEHB) • Inter-disciplinary training programmes in place as well as multi-disciplinary team work in place in a number of areas (SHB)
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	<ul style="list-style-type: none"> • Extension of key workers for: Older people; and Children with disabilities. 	<ul style="list-style-type: none"> ✓ Some work has begun on the implementation of the extension of key workers for children with disabilities in the health boards/Authority. This issue will be progressed further in 2005. <ul style="list-style-type: none"> • ERHA, NEHB, NWHB and MWHB appointed key workers in the context of care planning for older people. • ERHA has appointed key workers for children with disabilities. All 6 - 18 year olds are assigned a key worker in NEHB. Action has commenced in SEHB by Early Intervention Team. • Where a key worker was not assigned services are provided in the context of enhanced integration of services, initiatives reported by MHB, NEHB, SEHB, SHB and WHB.
<p>52. Provision will be made for the participation of the community in decisions about the delivery of health and personal social services.</p>	<ul style="list-style-type: none"> • Public information/education campaign devised. • Regional advisory panels/co-coordinating committees established • Establishment of consumer panels 	<ul style="list-style-type: none"> ✓ All regions have undertaken initiatives to inform and educate the public about the <i>National Health Strategy</i> and <i>Health Service Reform Programme</i>. A variety of mechanisms are being used including websites, information sessions and booklets, newspaper features, radio slots and education units. ✓ Guidelines on a health service approach to community participation were produced in 2002 by the Health Boards Executive in association with the Department of Health and Children. ✓ The <i>Primary Care Strategy</i> places a strong emphasis on strengthening community participation in primary care. The health boards have been exploring a range of mechanisms to engage with communities and users of primary care services in the ten primary care implementation team projects around the country. In 2004 the National Primary Care Steering Group, through its sub-group on Community Involvement and Health, prepared a position paper on community involvement which will inform the process of developing effective community participation in the planning and delivery of health services. ✓ Three health boards have established regional Advisory Panel/Co-Ordinating Committees for older consumers and their carers. A number of consumer panels are in place in other health boards which address issues in relation to services for older consumers. ✓ Regional Advisory Panels/Co-Ordinating Committees in relation to services for people with a mental illness have not been established as yet, although four health boards have indicated that other initiatives, including consumer panels, are underway to consult with users of mental health services. The Expert Group on Mental Health has consulted widely on the development of a new national policy framework for mental health. ✓ Seven health boards (including the ERHA) have established consumer panels. Issues addressed by the panels include: <ul style="list-style-type: none"> • Service delivery

	<ul style="list-style-type: none"> • Establishment of National Strategy Forum 	<ul style="list-style-type: none"> • Service development • A&E and acute hospital services • Services for care groups • Appointment times • Development of multi-disciplinary primary care services <p>✓ The National Consultative Forum is convened on an annual basis to consider progress reports on the implementation of the Health Strategy and to comment on priorities in the light of progress and emerging trends. The Forum membership includes the community and voluntary pillar, other organisations in the voluntary sector, patient and client groups, service providers, trade unions, professional bodies, senior management in the health system and relevant government departments. The 2002 and 2003 Forums centred around the implementation of Quality & Fairness as well as the <i>Health Service Reform Programme</i>, which was a key aspect of the 2003 Forum. The National Consultative Forum last took place on 24th November 2004. The main focus of this Forum was 'Preparing for Change' in the Irish Health System.</p>
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Objective 2: Appropriate care is delivered in the appropriate setting

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
53. Initiatives will be developed and implemented to ensure that care is delivered in the most appropriate setting.	<ul style="list-style-type: none"> • Primary care development. • Review of clinical pathway systems. 	<p>✓ See actions 76-77.</p> <p>✓ All boards/Authority report work/reviews on clinical pathways to systems across a wide range of services to improve the quality of services to clients. This work is ongoing.</p> <p>✓ Initiatives reported on by the health boards/Authority include:</p> <ul style="list-style-type: none"> • Training on the development of integrated care pathways (ERHA) • Rapid Access Clinics (ERHA) • An initiative has been put in place between the acute sector and primary care teams to review the number of inappropriate admissions of elderly patients post-falls in Accident and Emergency Departments (SHB) • Work on clinical pathways commenced in 2004 in the Emergency Department of Connolly Hospital, Blanchardstown to enable the hospital to open the new chest pain unit in the department. The unit is due to open in July 2005. (ERHA) • Developments in models of maternity care (ERHA) • Age Care Evaluation Team established between the Acute Hospitals (SHB and Voluntary) and Community Care Services. Its role is to recommend care options for all individuals based on assessed

	<ul style="list-style-type: none"> • Review of charges. 	<p>need (SHB)</p> <ul style="list-style-type: none"> • Discharge Planning Policy has been developed to facilitate the integrated and appropriate discharge planning for clients from acute settings. Pilot Sites have been selected and Project Manager appointed (NEHB) • An outreach clinic for warfarin patients and outpatient physiotherapy service (MWHB) • Primary Care Cardiovascular initiative (NEHB) • GP physiotherapy service for medical card holders (NEHB) • Diabetes pilot initiative rolled out to 12 training practices with over 450 patients enrolled (NEHB). • Cross Programme Admission and Discharge Planning Forum (NWHB) • Implementation of care and case management approach to delivering care to people with chronic diseases and chronic disabilities (NWHB) • Review of pathways of care between acute and community services in relation to traveller mothers and babies (NWHB) • Midwives ante-natal clinic where midwives work within agreed set of guidelines and an agreed referral system collaboratively with consultant obstetricians (SEHB) • Integrated care pathways for symptom control in palliative care area (SEHB) • Inter-disciplinary input into care standards through the hospital accreditation teams (SHB). <p>✓ The issue of charging for services is being examined as part of the review of eligibility legislation which commenced in 2005.</p>
<p>54. Community and voluntary activity in maintaining health will be supported.</p>	<ul style="list-style-type: none"> • Programmes to support informal carers expanded and extended. • Programmes to support 	<p>✓ Programmes to support informal carers expanded and extended. The supports in place are continuously reviewed and improved. Ongoing initiatives reported by boards/Authority include:</p> <ul style="list-style-type: none"> • The enhancement of the provision of Personal Assistant Services. (NEHB) • Links established with organisations from outside the disability sector with a view to encouraging and assisting them to make their facilities accessible to people with physical and sensory disabilities for respite purposes (SHB) • Increased therapy services and Psychologist and Child Care Worker employed (SEHB) • Carer Support Groups (ERHA, NWHB, WHB, NEHB, SHB) • Funding of respite for carers • Training, information and counselling services • Home Care Support Scheme • Continued support provided for Volunteers of Senior Help Line (MHB)

	<p>voluntarism developed.</p> <ul style="list-style-type: none"> • First responder service developed. • Funding arrangements 	<ul style="list-style-type: none"> ✓ A Voluntary Activity Unit has been established in the Department of Health and Children in accordance with the proposals in the White Paper <i>Supporting Voluntary Activity</i>. ✓ All boards/Authority continue to develop links with voluntary organisations and are working in partnership to support community and voluntary activity in maintaining health. Financial support is provided using service level agreements as appropriate. Initiatives reported by the boards/Authority include: <ul style="list-style-type: none"> • Training, support and counselling across a wide range of services including users and their families (All boards/Authority) • Staff representatives/support for voluntary community groups. (All boards/Authority) • Consumer Panel established during 2004 for older people (MHB) • Hosting of Health Impact Assessment (HIA) training for both health board staff and local authorities (MHB) • Special Olympics Network (MHB, NWHB) • In October 2004 the Home Care Grant Scheme was introduced. This scheme provides funding, up to the maximum subvention amount, to older people who are high dependency allowing them to remain at home in the community. (MWHB) • Women’s Health Advisory Committee hosted the fourth <i>Women of the West Health Forum</i> in November 2004. The theme was <i>Health is Wealth – You are in Charge</i>. It focused on women and cardiovascular disease, promotion of well-being, combating stress and the role of nutrition.(WHB) • Revitalising Areas by Planning, Investment and Development (RAPID) Programme ✓ The health boards/Authority have reported the following initiatives: <ul style="list-style-type: none"> • First Responder scheme involving ambulance staff commenced in the region (ERHA) • Cardiopulmonary resuscitation departments carry out training for all levels of staff (ERHA) • Further development of the first responder role. The Pre-Hospital Emergency Care Council (PHECC) is currently developing curricula and standards for first responders. (NWHB, WHB) • GP’s resuscitation skills updated and supplied with automated external defibrillators. (NEHB) • CPR Training delivered to members of the public (NWHB) • Community heart health initiatives nationally ✓ Prior to the establishment of the Health Service Executive on 1st January 2005, HeBE operated a protocol for the management and administration of funding to national voluntary bodies.
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Objective 3: The system has the capacity to deliver timely and appropriate services

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
55. A programme of investment to provide the necessary capacity in primary care, acute hospital and other services will begin.	<ul style="list-style-type: none"> Enhanced services across a range of programmes. 	<ul style="list-style-type: none"> ✓ Increase in health allocation 2001 to 2005 2001 €7bn outturn 2002 €8.4bn outturn 2003 €9.3bn outturn 2004 €10.6bn outturn 2005 €11.9bn estimate (see Appendix 1 on Capital investment)
56. The Cancer Forum and the Advisory Forum on Cardiovascular Health will work with the National Hospitals Agency and the Health Information and Quality Authority to ensure service, quality, accessibility and responsiveness.	<ul style="list-style-type: none"> Services at local, regional and national levels agreed. Structures and requirements for evidence-based practice agreed. Appropriate outcome and performance indicators agreed. 	<ul style="list-style-type: none"> ✓ See action 12. ✓ The National Cancer Forum is currently finalising a new <i>National Cancer Strategy</i>. The new Strategy will have regard to the multi-faceted aspects of cancer control. The key priority in the development of improved cancer care is the provision of multi-disciplinary care. The Strategy will set out the key priorities for the development of cancer services over the coming years and will make recommendations in relation to a balanced organisation of cancer services nationally. It is anticipated that the Strategy will be published in Autumn 2005. The implementation of these recommendations will involve the Health Service Executive and the Health Information & Quality Authority. ✓ Progress on implementation of the <i>Cardiovascular Health Strategy</i> is being reviewed, with the intention of transferring the planning and delivery of services to the Health Services Executive, including the National Hospitals Office and the Primary and Community Continuing Care Directorate. ✓ Some issues have been identified as requiring policy development and planning, including appropriate and timely access to primary percutaneous coronary intervention (PCI) and the provision of shared care services for patients with heart failure. ✓ Capital and human resource issues will receive attention in the context of the review of the <i>Cardiovascular Health Strategy</i>. ✓ Some progress has been made on the implementation of guidelines and protocols of care for patients with acute

		<p>coronary syndrome. Information will be made available to the interim Health Information & Quality Authority (iHIQA).</p> <ul style="list-style-type: none"> ✓ The tender for the design of cardiovascular information systems was awarded on behalf of the National Cardiovascular Information Systems (NCIS) Steering Committee. The design documents are now available and tender documents have been prepared for the national hardware and software components of NCIS. The Department of Health and Children are commencing discussions with the HSE and iHIQA on the further development of NCIS.
<p>57. Measures to provide the highest standard of pre-hospital emergency care/ambulance services will be advanced.</p>	<ul style="list-style-type: none"> • Development of standards. • Community training of GPs and other health 	<ul style="list-style-type: none"> ✓ The primary function of the Pre-Hospital Emergency Care Council (PHECC) is to develop appropriate standards in pre-hospital emergency care. The Council is pursuing the development of professional and performance standards for the ambulance services, and for ambulance services personnel in addition to the accreditation of institutions providing training for emergency medical technicians. ✓ A Statutory Instrument amending the Council's Establishment Order was signed in September 2004 to facilitate the introduction of the Emergency Medical Technician – Advanced Programme. The training element of the programme has since commenced. Further legislative changes will be progressed in 2005 to facilitate the introduction of the operational element of the programme. ✓ Capital funding was allocated to the health boards and the Eastern Regional Health Authority in 2004 for a significant upgrading of the ambulance fleet. ✓ Funding was also provided to facilitate the reduction/elimination of on-call and the introduction of two-person crewing. ✓ The <i>Report of the Feasibility Study on a Helicopter Emergency Medical Service for the Island of Ireland</i> was published in April 2004. The findings of the Report will be taken forward in the context of the strategic framework for the development of existing emergency services and the expenditure priorities which flow from this. ✓ Performance indicators have been developed for the Ambulance Service to ensure consistent quality practices throughout the service. ✓ All health boards/Authority have reported community training initiatives in 2004 for GP's, other health care professionals, including community training, first responder training programmes, basic life support training, resuscitation training, training initiatives under the <i>Cardiovascular Health Strategy</i> and ongoing training

	<p>care professionals.</p> <ul style="list-style-type: none"> • Training in clinical protocols. • Resuscitation training for all staff in acute hospitals. 	<p>including revalidation for emergency medical technicians with a focus on maintaining Pre-Hospital Emergency Care Council (PHECC) clinical practice guidelines.</p> <ul style="list-style-type: none"> ✓ All health boards/Authority report that training in clinical protocols is ongoing with particular regard to the clinical practice guidelines for emergency medical technicians, which have been adopted. ✓ All the health boards/Authority report on-going provision of resuscitation training for staff in acute hospitals.
58. A plan to provide responsive, high-quality maternity care will be drawn up.	<ul style="list-style-type: none"> • Working Party established. • Working Party report submitted to Minister. 	<ul style="list-style-type: none"> ✓ Future policy and practice in respect of maternity services will be informed, inter alia, by the report of the Lourdes Hospital Inquiry and the outcome of the review of maternity services currently being undertaken by the Institute of Obstetricians and Gynaecologists. ✓ The development of national policies, procedures and protocols for domiciliary births will be informed by the Report of the Domiciliary Births Group. This report is currently being examined by both the Health Service Executive and the Department of Health and Children.
59. A review of paediatric services will be undertaken.	<ul style="list-style-type: none"> • Working Party established. • Working Party report submitted to Minister. 	<ul style="list-style-type: none"> ✓ The HSE has been asked to conduct a review of paediatric hospital services.
60. A national review of renal services will be undertaken.	<ul style="list-style-type: none"> • Patients to have access to adequately resourced centres close to home. • Consultant-led nephrology services to be available in all regions. • Alternative dialysis services will be available. 	<ul style="list-style-type: none"> ✓ An expert group to carry out a national review of renal services was established in 2003. The terms of reference of the review group are as follows: <ul style="list-style-type: none"> • To make recommendations for a high quality and patient-centred renal service to meet current and projected demand, having regard to current best practice, and the need to obtain the best use of, and maximum benefit from the resources available. In particular, the Group will advise on: <ul style="list-style-type: none"> ○ Measures to facilitate the early detection of renal disorder; ○ The development of appropriate services at primary care level; ○ The most efficient and effective configuration of consultant provided services for people with renal disease ○ The potential for widening the availability of alternative dialysis treatment programmes to allow patients to manage their dialysis care at home.

	<ul style="list-style-type: none"> The Irish Kidney Association (IKA) supported to develop targeted programmes to address the health and social needs of the renal population. 	<ul style="list-style-type: none"> ✓ A researcher was appointed to the review in July 2004. The Health Act 2004 established the Health Service Executive (HSE) and the Executive's Population Health Division will take on responsibility for carrying out the review in 2005. ✓ Additional €m was allocated in 2003 to commission extra renal dialysis facilities. In 2004 additional funding of €m was allocated for the development of renal services. In December 2004, the health boards/Authority were allocated a further additional €m for continued development of renal services.
61. Organ transplantation services will be further developed.	<ul style="list-style-type: none"> Increase in organ donation and utilisation rates. 	<ul style="list-style-type: none"> ✓ The Lung Transplant Unit at the Mater Hospital was formally opened by the Taoiseach in March 2004. The pre- and post-operative assessment unit has been operational since May 2003. The unit is currently assessing up to 90 pre-transplant patients annually, and is caring for more than 250 post-transplant heart and lung patients. ✓ The first lung transplant was performed at the Unit in May 2005. ✓ Ongoing revenue funding of €7.9m has been provided for the development of the Programme. As well as funding the operation of the Unit itself within the Mater, it also supports the associated programme in St Vincent's Hospital, the Tissue Typing Laboratory in Beaumont Hospital which will provide an essential tissue matching service to the Programme, research into lung disease, and the Cystic Fibrosis Registry. ✓ The Health Strategy commitment to further develop organ transplantation services to increase organ donation and utilisation rates is being progressed. The Health Service Executive has been asked to undertake a review and analysis of any factors that impact on organ procurement and retrieval rates in hospitals around the country. The Department of Health and Children will undertake an analysis of the possible legislative needs governing donor procurement and transplantation.
62. Specialist dental services will be expanded.	<ul style="list-style-type: none"> New goals for oral health formulated. Action plan prepared. Recognition of additional areas of specialisation. 	<ul style="list-style-type: none"> ✓ The ERHA, on behalf of the Department and the regional health boards, awarded a research contract into the practice of dentistry and specialist dental services in Ireland. The Department has started a process of consultation with a wide range of service providers and interested parties into the research undertaken to date. The results of this process, once finalised, will be collated with the research and will greatly assist with the formulation of new goals for oral health and in the development of a future dental strategy and will also provide sound direction on the prospect of expanding specialist dental services. ✓ In 2004, the Department and the health boards continued funding nineteen dentists from various health boards for Specialist in Orthodontics qualifications at training programmes in Ireland and at three separate universities

	<ul style="list-style-type: none"> • Establishment of training programmes. • More widespread use of private sector orthodontic services. 	<p>in the United Kingdom. Six of the dentists completed their training in October 2004 and have taken up posts in a number of health boards.</p> <ul style="list-style-type: none"> ✓ The Professor in Orthodontics for the Cork Dental School commenced duties on the 1st of December 2003. Work on the development of the facilities and programmes at the Cork Dental School was progressed during 2004 and it is envisaged that training of specialists in orthodontics will commence at the School in October 2005. In recognition of the importance of this post at Cork Dental School, the Department approved, in 2004, a capital funding contribution of €2.7m to further substantially improve the training facilities for orthodontics at the School. ✓ An additional Consultant in Oral and Maxillofacial Surgery was approved for Cork University Hospital in 2004. ✓ In 2002, once off additional funding of €5m from the National Treatment Purchase Fund was provided to health boards specifically for the purchase of orthodontic treatment. This is enabling boards to purchase treatment from private specialist orthodontic practitioners.
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National Goal No. 4: High performance

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

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
63. Quality systems will be integrated and expanded throughout the health system.	<ul style="list-style-type: none"> • National standards and protocols for quality care, patient safety and risk management drawn up for all health and personal social services. • Quality assurance systems introduced. 	<ul style="list-style-type: none"> ✓ To be progressed under the <i>Health Service Reform Programme</i> with the establishment of HIQA. The Board of the interim HIQA (iHIQA) was announced by the Tánaiste and Minister for Health and Children on 28th January 2005. The iHIQA was established by Statutory Instrument on 11th of March 2005. It will make the necessary organisational preparations for HIQA to be established under primary legislation. A new Health Bill will be drafted during 2005 which will provide for, <i>inter alia</i>, the establishment of the HIQA and the establishment of the Social Services Inspectorate (SSI) on a statutory basis. ✓ The Department of Health and Children, in partnership with the National Disability Authority (NDA), has developed draft National Standards for Disability Services in consultation with people with disabilities, their families, carers, service providers, the health boards/Authority and other stakeholders. The draft National Standards for Disability Services have been referred to the interim HIQA for consideration.

	<ul style="list-style-type: none"> • The Hospital Accreditation Programme extended • The Social Services Inspectorate (SSI) to be established on a statutory basis 	<ul style="list-style-type: none"> ✓ The Clinical Indemnity Scheme incident reporting system (STARS) was launched in February 2004. The system links hospitals and other healthcare enterprises via a secure web link to a national database and enables them to access analyse and report on their own incident and claims data. The System is an integral part of the national clinical risk management strategy. ✓ The National Health Promotion Information Project (NHPIP) was established to facilitate the provision of quality health promotion information materials nationally. During 2004, the project has supported a wide range of service providers to improve the quality of their information materials. A Health Publications database was established and training workshops were delivered during 2004 on the <i>Guidelines for Writing Effective Health Information Materials</i>. ✓ The Irish Health Services Accreditation Board has continued to roll-out the acute hospitals accreditation scheme. Fourteen hospitals have now been surveyed, with a total of twenty-nine acute care organisations (representing thirty-eight hospital sites) having applied for accreditation. 79% of all public hospitals are now part of the accreditation scheme. The iHIQA has commenced discussions with the Irish Health Services Accreditation Board on arrangements for their integration into the organisational design of the HIQA. ✓ A new Health Bill is being drafted during 2005 which will provide, inter alia, for the establishment of the SSI on a statutory basis.
64. A review of medicines legislation will be undertaken.	<ul style="list-style-type: none"> • Review to commence. 	<ul style="list-style-type: none"> ✓ This review has been incorporated into the implementation process arising from the adoption of the <i>2001 EU Pharmaceutical Review</i> package which was adopted on 30 April 2004 and which includes Directive 2004/27/EC (amending Directive 2001/83/EC), Directive 2004/24/EC (relating to traditional herbal medicinal products) and Regulation EC No. 726/2004 (relating to centrally authorised medicinal products). This legislation must be implemented in Irish law by October 2005.
65. Licensing of alternative medicines will be examined.	<ul style="list-style-type: none"> • Submission of recommendations to Minister. 	<ul style="list-style-type: none"> ✓ The need for a scheme of licensing of alternative medicines has been overtaken by the adoption of Directive 2004/24/EC relating to traditional herbal medicinal products. This is due to be implemented by 30th October 2005 and is now incorporated in the overall review of medicines legislation under the '2001 EU Pharmaceutical Review' package.
66. The highest international standards of safety in transfusion	<ul style="list-style-type: none"> • Standards achieved. 	<ul style="list-style-type: none"> ✓ The Irish Blood Transfusion Service continues to be supported in maintaining international standards of quality and safety. In addition, the Irish Medicines Board, which is the regulatory authority for the Service, carries out twice yearly inspections. Work is underway on the transposition and implementation of the EU Directive on Blood Quality and Safety which is expected to be transposed into Irish law in June 2005.

medicine will be set and adhered to.		✓ In accordance with the recommendations of the Lindsay Tribunal of Inquiry into the Infection with HIV and Hepatitis C of Persons with Haemophilia and Related Matters, the National Haemophilia Council was established on a statutory basis on 22 July, 2004 (S.I. No. 451 of 2004). The principal functions of the Council are to advise and make recommendations to the Minister for Health and Children and to health agencies on all aspects of haemophilia. Membership of the Council, which is chaired by Professor John Bonnar, includes representatives of the Irish Haemophilia Society, haemophilia treaters and healthcare administrators.
67. Legislation on assisted human reproduction will be prepared.	<ul style="list-style-type: none"> • Bill published. 	✓ The Commission on Assisted Human Reproduction was established in March 2000 with the following terms of reference: "To prepare a report on the possible approaches to the regulation of all areas of assisted human reproduction and the social, ethical and legal factors to be taken into account in determining public policy in this area." The Commission presented its report to the Tánaiste and Minister for Health and Children in May 2005; its recommendations will inform public debate on this area before policy is formulated.

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

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
68. Decisions across the health system will be based on best available evidence.	<ul style="list-style-type: none"> • Part of quality programme - to include staff training. 	<p>✓ In 2001, Ireland became the first country in the world to negotiate, through the Health Research Board, free national access to the Cochrane Library for all residents on the island and in 2003 signed a five year contract for this free access. The Cochrane Library is an electronic publication designed to supply high quality evidence to inform people providing and receiving care, and those responsible for research, teaching, funding and administration at all levels. It is used by researchers and clinicians worldwide, and increasingly by patients and their families. It also provides the evidence base for many people involved in the preparation of health guidelines. Website: link through the Health Research Board website: http://www.hrb.ie/ or http://www.thecochranelibrary.com/</p> <p>✓ The HIQA will promote delivery of health and personal social services based on practices that evidence has shown produce high quality, effective and efficient results by:</p> <ul style="list-style-type: none"> • ensuring the services provided in the health system meet nationally agreed standards, both at clinical and managerial level, and • assessing whether health and personal social services are managed and delivered to ensure the best possible outcomes within available resources. <p>(See action 111)</p>

		<p>✓ The health boards/Authority reported that during 2004 as part of their review processes they continued to ensure that best available evidence was incorporated into planning and development of services. Initiatives reported include:</p> <ul style="list-style-type: none"> • Implementation of Personnel Payroll and Related Systems (PPARS) system as part of national project in all acute services areas (WHB). • Services for older people including: standards and protocols for quality care, risk management and health and safety, patient safety programmes, falls prevention/management programmes, elder abuse guidelines (MHB). • Initiatives under the <i>Cardiovascular Health Strategy</i> including: audit of hospital door-to-needle times, audit of cardiac rehabilitation services and audit of diabetes structures care (MHB). • Evaluation of orthopaedic referrals (ERHA). • An oncology best practices group was established in Cork University Hospital. The radiation oncology best practices group was audited externally in April 2004. The Oncology Unit and the Surgical Oncology Unit were involved in producing guidelines for two types of cancers which were launched in 2004 (SHB). • Continued development of risk management policy including health & safety standards; fire safety; policy & procedure manuals in Community Hospitals/ Nursing Units regionally. (NWHB,WHB) • Management of falls in Older Persons in Carlow/Kilkenny: having investigated current best available evidence, the protocol was introduced in December 2004 and its implementation will be reviewed in June 2005 (SEHB). • Training and educational courses provided for staff in the mental health and disability services areas, Therapeutic Crisis Intervention training for residential care staff, unqualified residential care staff, home support workers providing services to acquired brain injury, counselling service staff and disability services staff and IT training for staff. <p>✓ (See also Action 63)</p>
<p>69. An information / education campaign will be undertaken for all decision-makers in the health system on the Strategy's goals and objectives.</p>	<ul style="list-style-type: none"> • National, regional and local communications programme. 	<p>✓ An Information Project Officer was appointed to the Department in October 2004 to devise and support communications activities related to the <i>Health Service Reform Programme</i>.</p> <p>✓ In 2004, the Health Reform communications programme included the following elements:</p> <ul style="list-style-type: none"> • Issuing newsletter bulletins to staff working in the health system. • Providing the latest updates on the dedicated <i>Health Service Reform Programme</i> web site. • Addressing queries received via the Health Reform web site. • Exhibiting and/or providing speakers for relevant conferences and events. • Developing press releases to highlight key progress and developments.

		<ul style="list-style-type: none"> ✓ Information sessions and training sessions were provided to staff and voluntary agencies on the goals and objectives of the Health Strategy and on developments in the health reform process. <i>Quality and Fairness</i> is an integral part in the development of the National Service Plan of the HSE.
70. Accountability will be strengthened through further development of the service planning process.	<ul style="list-style-type: none"> • Standard formats for service plans agreed. • Reporting mechanisms agreed. • Standardised performance indicators agreed 	<ul style="list-style-type: none"> ✓ On the 16th March 2005, the Tánaiste and Minister for Health and Children approved the National Service Plan submitted by the HSE under the 2004 Health Act. A copy of the Plan was laid before both Houses of the Oireachtas on the 6th April and it has been published on the Internet by the HSE. ✓ A broad framework on Service Plan monitoring has been agreed with the HSE, who will be submitting monthly reports on activity and employment as well as quarterly reports on Performance Indicators and progress on the delivery of the Service Plan. In addition, work will continue through 2005 with the HSE on further developing Service Planning, Reporting and Performance Measurement. ✓ In February 2005, a Framework Document on Corporate and Financial governance issued to the HSE from the Department of Health and Children. The HSE is in the process of drafting its own code of governance in keeping with the framework, and its code will require Ministerial approval. The HSE code will map internal governance arrangements to ensure adequate accountability and stewardship. ✓ The Framework Document is currently being adapted with a view to issuing it to about 27 health sector agencies funded directly by the Department of Health and Children in the light of their statutory status and requirements. The governance agenda will continue to be progressed through a series of frameworks covering a range of areas, including risk management, clinical governance and quality.
71. Each health board will develop implementation plans.	<ul style="list-style-type: none"> • Format for implementation plans agreed. • Framework for linkages between service plans, national policy and implementation plans established. 	<ul style="list-style-type: none"> ✓ The format and information for the 2005 National Service Plan were agreed between the Department and the HSE in the course of 2004 and early 2005. ✓ Under the Health Act 2004, the HSE is required to submit a three year corporate plan to the Minister for approval.
72. Service	<ul style="list-style-type: none"> • Service agreements for 	<ul style="list-style-type: none"> ✓ Boards have reported that work was proceeding on an ongoing basis with regard to the extension of service

<p>agreements between the health boards and the voluntary sector will be extended to all service providers and associated performance indicators will be introduced.</p>	<p>all voluntary providers.</p>	<p>agreements to voluntary providers as appropriate. Reports from the boards indicate varying degrees of success in securing service agreements within a reasonable timeframe.</p>
<p>73. Health research will continue to be developed to support information and quality initiatives.</p>	<ul style="list-style-type: none"> • Implementation of the Health Research Strategy. 	<ul style="list-style-type: none"> ✓ Implementation of <i>Making Knowledge Work for Health: A Strategy for Health Research</i> is ongoing . ✓ A Head of Research and a new Board were appointed to the Health Research Board (HRB) in 2002. ✓ The Health Research Board (HRB) received an allocation of €20.98 million revenue and €7 million capital from the Department in 2004 for the implementation of <i>Making Knowledge Work for Health</i>. In 2004, the HRB awarded funding for the first two PhD training sites in health research. This initiative will greatly improve the quality of doctoral training in health research. The Board also awarded the first Strategic Research and Development for Health Awards. The aim of these awards is to build capacity for R&D within the health services addressing the goals and priorities of the Health Strategy, <i>Quality and Fairness</i>. At the request of the Department of Health and Children, the HRB facilitated the participation of Ireland in a major research initiative led by the US National Institute of Health to locate the gene or genes associated with autism. The value of the Irish award is €5m over five years. ✓ A Head of Research and a Research Officer were appointed to the National Children’s Office in January 2003. The National Children’s Strategy Research Scholarship Scheme and the Children’s Research Programme continued to support research into children’s lives throughout 2004. ✓ The National Longitudinal Study of Children in Ireland has been put out to tender. This study will focus on two age groups, babies and nine-year old children, and will initially examine their lives at different intervals over a seven-year period. It aims to examine factors, which will contribute to, or undermine, the well-being of children in contemporary Irish families. This study is the largest of its kind to take place in Ireland and it is proposed that 18,000 children will be enrolled in the study. ✓ A National Set of Child Well-Being Indicators has been developed. This indicator set, which will inform the

		<p>production of the biennial <i>State of the Nation's Child Report</i>, was developed in consultation with leading experts in children's lives, including children themselves.</p> <p>✓ The ChildONEurope dissemination network organisation brings together researchers and policy makers from a number of different EU countries in order to discuss best practice in relation to children's issues. Ireland continues to be represented at this forum by the research division of the National Children's Office.</p>
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Frameworks for change

Primary care

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
74. A new model of primary care will be developed.	<ul style="list-style-type: none"> • <i>Primary Care: A New Direction</i> published. 	<p>✓ Strengthening primary care is one of the six frameworks for change identified in the Health Strategy. The Primary Care Strategy <i>Primary Care: A New Direction</i> was published in November 2001 and sets out the direction for primary care as the central focus for the delivery of health and personal social care services in a modern health system. The aim of the Strategy is to develop the capacity of primary care so that it can provide the full range of services appropriate to that setting and this Strategy will continue to shape the ongoing development of primary care and related policy over a ten year period or more.</p> <p>✓ In 2004 the Department of Health and Children prepared the Framework to Guide Development of Primary Care Teams and Primary Care Networks which expands on the key principles of the Strategy and reflects the learning from the implementation process to date.</p>
75. A National Primary Care Task Force will be established.	<ul style="list-style-type: none"> • National Primary Care Task Force established. 	<p>✓ The National Primary Care Task Force was established in April 2002. The Primary Care Task Force, working in partnership with a range of interests, continues to drive the implementation of the Primary Care Strategy and to develop policy in this regard.</p> <p>✓ The implementation process is being overseen by the National Primary Care Steering Group, which is representative of a wide range of relevant stakeholders, and gives national leadership and guidance in relation to several key elements of the implementation plan.</p> <p>✓ In July 2004, the Steering Group published a Progress Report which provides an overview of implementation progress to date.</p>
76. Implementation projects will be	<ul style="list-style-type: none"> • 40-60 primary care teams and networks in 	<p>✓ Additional revenue funding of €7.0m per annum is being provided on an ongoing basis to support the</p>

<p>put in place.</p>	<p>place.</p> <ul style="list-style-type: none"> • 400-600 primary care teams and networks in place. 	<p>implementation of the Primary Care Strategy. To date, once-off capital funding of €2.725m and a further €1.8m in respect of information and communications technology supports has also been provided.</p> <ul style="list-style-type: none"> ✓ Since the launch of the Strategy development funding has been provided for the establishment of ten primary care implementation teams. Many of these teams are now providing new and enhanced services to their target populations including physiotherapy, shared care arrangements with the general hospitals and the development of social work services with a focus on general family support needs. ✓ The ten teams have provided, and continue to provide, a lot of useful experience which will help in the process of wider implementation, particularly in the context of the transition to a single delivery system under the Health Service Executive. ✓ The Strategy recognises that a significant component of the development of primary care teams must involve the reorientation of the substantial staff and resources already within the system. During 2004 detailed work was undertaken by the health boards to map the numbers and locations of future primary care teams and networks. This will provide a basis on which existing resources can be reorganised and supplemented so as to initiate further teams and networks. ✓ The East Coast Area Health Board and the Mid-Western Health Board, as the two Phase 1 implementation regions for the Report of the Task Force on Medical Staffing, also prepared plans for the development of primary care in order to support the reconfiguration of the hospital services in these regions. ✓ The Health Service Executive will have responsibility for building on these ongoing initiatives to progress the rollout of the primary care teams and networks as the core units of service delivery.
<p>77. Investment will be made in extension of GP co-operatives and other specific national initiatives to complement the primary care model.</p>	<ul style="list-style-type: none"> • GP co-operatives nationally. • Increase in personnel needed in both teams and networks. 	<ul style="list-style-type: none"> ✓ From 2000 to 2004 the total amount allocated to health boards for the development of out of hours services was €72.882m. In 2005 €31.98m was included in baseline funding to the Health Service Executive for out of hours services, of which €5.6m was additional funding. Out of hours general practitioner led co-operatives are now operating in at least part of all 26 counties ✓ A macro-level primary care needs assessment has been undertaken by each health board/Authority, addressing: <ul style="list-style-type: none"> • Demography and population projections • Epidemiology • Geographical considerations • Staffing levels as per the team and network members outlined in the Strategy • Buildings used for primary care services and activities

	<ul style="list-style-type: none"> • New physical infrastructure and equipment • Improved information and communications technology. 	<ul style="list-style-type: none"> • Contractors • Equipment ✓ This will inform detailed national human resources planning for the future to ensure that the capacity requirements of primary care can be addressed. ✓ The Department of Health and Children is committed to developing policy that facilitates the provision of the physical infrastructure needed to support the multi-disciplinary delivery of primary care services. A range of different approaches financing these facilities are being explored in the course of implementing the new model. ✓ Private sector investment will be encouraged and opportunities for public-private partnership will be fully explored. The <i>Framework to Guide Development of Primary Care Teams and Primary Care Networks</i>, prepared by the Department in 2004, sets out key considerations when establishing primary care teams and networks and will serve to inform and facilitate the engagement of interested parties in the implementation process. ✓ The Primary Care Strategy recognises the crucial role of information and communications technology (ICT) in supporting and facilitating integrated team based primary care. The Department provided funding of €0.800m to the health boards in 2004 for ICT initiatives to support the ongoing reconfiguration of existing staffing and resources to facilitate the development of further primary care teams and networks. ✓ In June 2004 a national steering group was jointly set up by the Department and the health boards to develop an ICT strategy to support the implementation of the Primary Care Strategy. Consultants have been commissioned to assist in the development of the ICT strategy for this sector. The consultancy is examining existing infrastructure with a view to making recommendations on the ICT systems needed to support effective service delivery by primary care teams and networks and their interaction with other sectors of the health services.
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Acute hospital services

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
78. Additional acute hospital beds will	<ul style="list-style-type: none"> • 650 extra beds. 	<ul style="list-style-type: none"> ✓ Provision has been made for 900 additional in-patient/day beds. 600 had been commissioned up to the end of 2004

be provided for public patients.	<ul style="list-style-type: none"> • Rising to 3,000 extra beds. 	
79. A strategic partnership with private hospital providers will be developed.	<ul style="list-style-type: none"> • Forum established under National Hospitals Agency 	<ul style="list-style-type: none"> ✓ The Department has engaged a consultancy firm to provide advice on an assessment framework which should be applied to proposals for developing private hospitals on public hospital sites. The advice from the consultants is currently under consideration. ✓ The National Treatment Purchase Fund is working closely with private hospitals to source additional capacity and arrange treatments for those patients who have been waiting longest for treatment. ✓ This action will also be progressed by the National Hospitals Office in the HSE.
80. A National Hospitals Agency will be established.	<ul style="list-style-type: none"> • Agency established. 	<ul style="list-style-type: none"> ✓ A National Hospitals Office has been set up as part of the Health Service Executive.
81. A comprehensive set of actions will be taken to reduce waiting times for public patients, including the establishment of a new earmarked Treatment Purchase Fund.	<ul style="list-style-type: none"> • Targets to ensure that no public patient will wait longer than three months for treatment following referral from an outpatient department. 	<ul style="list-style-type: none"> ✓ The National Treatment Purchase Fund (NTPF) was established in April 2002 to treat people who had been longest on public hospital waiting lists. The NTPF was established as a statutory body from 1 May 2004 and has provided the following progress report: <ul style="list-style-type: none"> • Initially the NTPF was set up to deal with the 6,805 adults and 1,500 children who were identified at March 2002 as waiting over a year and six months respectively on a public hospital waiting list for surgical treatment. However, by the end of 2003 this target was exceeded and waiting times were reduced for adults and children to six and three months respectively. • Funding of €4m was provided to the Fund in 2004. The Fund had a target of treating a minimum of 12,000 patients in 2004. However, this target was exceeded and a total of 13,627 patients were treated throughout last year. As of the end of December 2004, a total of 23,379 patients had been treated under the NTPF since its establishment. • The time patients spent on waiting lists fell significantly in 2004. NTPF figures showed that 37% of patients are now waiting between three and six months and 43% are now waiting between six and 12 months for surgery. 80% of patients now wait less than one year for surgical treatment. This represents a major reduction in the length of time patients have to wait for treatment. • The National Treatment Purchase Fund is giving consideration to the question of how improvements in relation to waiting times for out-patient appointments might be progressed and are in the process of

		<p>undertaking a number of pilot projects in this regard.</p> <ul style="list-style-type: none"> • 2004 also witnessed a significant increase in the number of potential patients accessing the NTPF's Lo Call line. 12,534 patients called the Lo-Call line throughout 2004, leading directly to the treatment of 2,898 patients. Feedback from treated patients has continued to remain positive throughout 2004. Based on a survey of treated patients, patient satisfaction now stands at approximately 98.5%. • In May 2004, the Department of Health and Children announced that the NTPF would become responsible for the collation and publication of national waiting list figures. Upon its appointment, the NTPF began a review of the system for collecting waiting list figures that had been in place. The NTPF announced in December 2004 that it planned to introduce a new system, the Patient Treatment Register. The Patient Treatment Register will be introduced on a phased basis during 2005, it is planned to have a new national system in place in 2006. The Patient Treatment Register will be a national online system, capturing current patient details and changes to a patient's status. It will also empower patients in relation to access to information and inform GP's in relation to decisions at out-patient consultation level. • The NTPF will build on the success it has achieved to date and aims to treat a minimum of 16,000 patients in 2005. The main goal for the Fund is to continue its progress in reducing the length of time that patients have to wait for operations. The successful introduction of the Patient Treatment Register is regarded as key in helping the NTPF achieve this goal. <p>(See Actions 82 and 91)</p>
82. Management and organisation of waiting lists will be reformed.	<ul style="list-style-type: none"> • The management and classification of waiting lists will be reorganised in several important ways and used in the operation of the Treatment Purchase Fund. 	<p>✓ The National Treatment Purchase Fund (NTPF) arranges treatment for public patients who have been waiting longest for surgery. In 2004, the NTPF reported that 80% of patients now wait less than one year for surgical treatment. This has been achieved through active management of waiting lists at a local level and the involvement of the NTPF. It is now the case that, in most instances, anyone waiting more than three months will be facilitated by the Fund. The NTPF received funding of €44m in 2004 which brings total funding since it was set up in 2002 to €79.1m.</p> <p>(See report under action 81)</p>
83. One-day procedures will be used to the maximum consistent with	<ul style="list-style-type: none"> • Increase in proportion of one-day procedures. 	<p>✓ Implementation of this action is ongoing. Day activity is now a significant component of hospital-based care in Ireland. Evidence shows that much of the growth is the result of technological and medical innovations, such as less invasive surgery and advances in anaesthetics. The latest available Hospital In-Patient Enquiry (HIPE) data show that day cases represent 70.3% of all acute hospital elective activity for 2004 as compared with 66.6% in 2001.</p>

international best practice.		
84. The organisation and management of services will be enhanced to the greatest benefit of patients.	<ul style="list-style-type: none"> • Set of measures. 	<ul style="list-style-type: none"> ✓ The focus of the <i>Health Service Reform Programme</i> is improved client/patient care, improved health care management and better value for money in health care investment. All agencies in the health system are taking steps to ensure that the organisation and management of services is to the benefit of clients/patients. Measures include: <ul style="list-style-type: none"> • Development of actions regarding A&E services • Exploring alternative pathways of care for hospital patients • Provision of services from hospital to community and vice versa • Implementation of HeBE guidelines on admission and discharge planning protocols (2003). ✓ The Tánaiste and Minister for Health and Children has now asked the HSE's National Hospitals Office to progress the hospital related aspects of the Report of the National Taskforce on Medical Staffing and to build on the preparatory work undertaken on behalf of the Acute Hospital Review Group during the past year.
85. The operation of outpatient departments will be improved.	<ul style="list-style-type: none"> • Individual appointment times. • Referral protocols development. 	<ul style="list-style-type: none"> ✓ See report on Action 46 ✓ All health boards/Authority report initiatives including: <ul style="list-style-type: none"> • An evaluation process examining the organisational process across Out-Patient Departments (OPDs) was carried out for 15 hospitals (ERHA) • Vascular Surgery out-patient clinics were extended by 30 minutes and a review was carried out of current out-patient performance in one hospital (MWHB) • Additional nurse led clinics • Clinical Nurse Specialists extended hours in a number of specialties. Timed out-patient appointments and clinic audit being introduced (SEHB) • Process mapping of fracture clinics undertaken, patient views on their experiences and expectations sought and new initiative implemented as a result (NEHB) • Out-patient recall rates were analysed during the year and initiatives put in place to reduce Did Not Attend rates (SHB). • Out-patient review carried out in one hospital – categories further divided into DNAs and CNAs (Did not attend and Cannot Attends) with the result that the timeframe for calling out-patients has increased from one week to two weeks (NWHB) • Localisation of treatments as a result of developments of services such as Portarlington Primary Healthcare team and the physiotherapy outreach services (MHB)

		<ul style="list-style-type: none"> • OPD service review was carried out and a draft OPD policy prepared in Galway Regional Hospital. A review of ophthalmology pre-assessment was also carried out. A review of DNA policy was developed for Mayo General. At Portiuncula a system of Cardiac Rehab appointments was introduced (WHB). • Two midwifery-led clinics were established (NEHB). <p>(see report under action 86 also)</p>
<p>86. A substantial programme of improvements in accident and emergency departments will be introduced.</p>	<ul style="list-style-type: none"> • Additional A & E consultants appointed. • Triage procedures will be put in place to help channel patients quickly to most appropriate form of care. • Advanced nurse practitioners (emergency) appointed. 	<ul style="list-style-type: none"> ✓ Many of the difficulties and delays experienced in Emergency Medicine or A&E Departments reflect system-wide issues. It is, therefore, necessary to take a whole-system approach, involving primary care, acute care, and sub-acute and community care in tackling the problems in A&E Departments. In 2004 a range of additional measures were identified for implementation which will improve the delivery of A&E services. Additional funding of €70 million revenue and €10 million capital for the measures has been provided to the Health Service Executive (HSE) and the Department will continue to work with the HSE throughout 2005 towards their implementation. ✓ There are now 52 Emergency Medicine Consultant posts in hospitals throughout the country. ✓ All Boards reported on development of Triage in their areas, progress on the recruitment and training of Advanced Nurse Practitioners (ANPs) and other Nurse Specialists and the further development of admission policies. ✓ Twelve ANP posts in Emergency medicine were approved up to the end of 2004 with ten ANPs appointed and two appointments pending. ✓ Five minor-injury clinics are now established, led by 12 Advanced Nurse Practitioners (ANPs) and three Clinical Nurse Specialists (CNS's). ✓ Many Boards have reviews of A&E ongoing and have escalation policies in place. ✓ In addition individual boards reported on specific initiatives taking place: <ul style="list-style-type: none"> • GP's have direct referral of patients to surgical day wards. A directory of "direct-dial" numbers has been circulated in the area (MWHB)

		<ul style="list-style-type: none"> • A three strand approach to admissions has been developed locally (NEHB) • GP medical referrals get fact track access to radiology and lab services (NWHB) • Waterford Regional Hospital has 24 hour access to lab and x ray (SEHB) • A city wide Clinical Policy Group for A&E has been set up in Cork (SHB) <p>✓ (see report under action 85)</p>
87. Diagnostic services for GPs and hospitals will be enhanced.	<ul style="list-style-type: none"> • Improve facilities. 	<p>✓ All boards/Authority report ongoing work in this area. Work is progressing on:</p> <ul style="list-style-type: none"> • Strengthening the diagnostic facilities available to GP's. • Arrangement for GP's to have direct access to hospital diagnostic facilities and direct access to laboratory results is ongoing. Pilot projects are being carried out to advance these facilities. • Opening hours have been extended in diagnostic departments (radiology and laboratory services) to maximise the use of facilities and to provide services as soon as possible to patients. • Some boards have entered into public private partnerships in respect of Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scanning services.
88. The extra acute beds in public hospitals will be designated for use by public patients.	<ul style="list-style-type: none"> • Formal designation order. 	<p>✓ The bed designation process is under review in the context of the negotiations on a new consultants contract.</p> <p>(See report under actions 78 and 89)</p>
89. Greater equity for public patients will be sought in a revised contract for hospital consultants.	<ul style="list-style-type: none"> • Agreement on revised contract 	<p>✓ As part of the <i>Health Service Reform Programme</i> a new contract will be negotiated with consultants. Achieving equity for public patients will be a key element of any new contract.</p> <p>✓ Negotiations have not yet begun due to medical unions' opposition to introduction of Clinical Indemnity Scheme for consultants.</p>
90. The rules governing access to public beds will be clarified.	<ul style="list-style-type: none"> • Implementation of rules. 	<p>✓ Following the negotiation of a new contract for consultants, the Department will clarify the rules governing access to public beds to ensure equity for public patients.</p>
91. Action may be taken to suspend admission of private patients for elective treatment if the maximum	<ul style="list-style-type: none"> • Monitoring of public/private mix. 	<p>✓ The level of private activity in public hospitals is monitored on an ongoing basis.</p> <p>✓ The National Treatment Purchase Fund is continuing to arrange treatment for public patients waiting longest for treatment.</p> <p>(see report under action 81 and 82)</p>

target waiting time for public patients is exceeded.		
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Funding

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
92. Additional investment will be made in the health system.	<ul style="list-style-type: none"> Continued increases for specified purposes. 	<ul style="list-style-type: none"> ✓ Health outturn increased from €7bn for 2001 to €10.6bn for 2004.
93. Capital funding will be allocated for the regular maintenance of facilities and the planned replacement of equipment.	<ul style="list-style-type: none"> Facilities and equipment properly maintained. 	<ul style="list-style-type: none"> ✓ A review of the current method of maintenance funding including both capital and revenue funding has taken place. This review included facilities and equipment maintenance, the methods used and discussions on best practices going forward. A review of the current method of equipment replacement funding has also taken place, again with the focus on introducing best practices. It is anticipated that a final report will be available in 2005.
94. Public-private partnerships will be initiated to help in the development of health infrastructure.	<ul style="list-style-type: none"> Selected projects. 	<ul style="list-style-type: none"> ✓ Plans were announced to pilot a public private partnership (PPP) initiative in the ERHA and SHB in 2002 to deliver 17 new Community Nursing Units for older people providing 850 new beds. ✓ In 2003 business advisers were appointed by the ERHA and SHB to assist the delivery of the PPP Pilot Projects. In March, 2003 work commenced on the preparation of the Public Sector Benchmarks (PSBs) for each of the projects. ✓ In 2004 the PSBs for each of the projects were submitted to the Department of Finance for approval. The Department has also been examining other procurement options with a view to finding the approach that will deliver additional long stay beds and provide the best services and value for money to the Exchequer. ✓ In this regard there have been discussions between this Department and the Department of Finance on an initiative which is based on entering into a medium term service level agreement with the private sector to deliver the additional long stay beds required to relieve pressure on the acute hospitals and community care programme. ✓ Provision of €275m for the capital cost of the PPP projects is included in the Multi Annual Investment

		Envelope (2004-2008).
95. Multi-annual budgeting will be introduced for selected programmes.	<ul style="list-style-type: none"> • Movement towards multi-annual budgeting and planning. 	<ul style="list-style-type: none"> ✓ Five year multi- annual Capital Investment Envelope (2004-2008) was introduced in 2004. ✓ A decision has subsequently been made by the Department of Finance not to proceed with Multi-Annual Budgets.
96. The allocation process will be reviewed by the Department of Health and Children.	<ul style="list-style-type: none"> • Document on allocation system. 	<ul style="list-style-type: none"> ✓ Considerable work was undertaken during 2004 to improve the allocation process with the establishment of the HSE through the examination of individual health board budgets. ✓ This action will fall to the HSE to be progressed. A separate Vote has been established for the HSE from 2005 onwards.
97. Financial incentives for greater efficiency in acute hospitals will be significantly strengthened.	<ul style="list-style-type: none"> • Refinement of case mix budget model and extension in coverage. 	<ul style="list-style-type: none"> ✓ The Casemix system has been significantly expanded and strengthened since the launch of <i>Quality and Fairness</i>. The number of hospitals participating in the programme has increased from 32 to 37 between 2001 and 2004 which has increased the coverage from 85% to 95% of all acute hospital admissions recorded on the Hospital Inpatient Enquiry System. This has expanded the scope of the programme to include the major maternity and paediatric hospitals. ✓ Casemix has also undergone a major modernisation programme. In 2001 a ‘Root and Branch’ review was instigated and was concluded in 2004 with the development of a modernisation strategy for the next five years and beyond. This strategy builds on the current progress made towards achieving the deliverables set out for Casemix. The first phase of this strategy was implemented in 2004. ✓ In 2004 the following changes were made to the Casemix Budget Model: <ul style="list-style-type: none"> • Increase in the Daycase ‘blend-rate’ (the amount of funding that is peer group performance related) from 10% to 20% • Inclusion of The Children’s University Hospital, Temple Street and Our Lady’s Hospital for Sick Children, Crumlin in the Casemix programme. • Inclusion of (non-admitted) A&E cases, Dialysis cases and Acute Psychiatry cases into the model. • A ‘new’ Casemix Grouper was introduced allowing patients to be classified into four levels of severity rather than the previous two. • Major review and remodelling of the cost weights programme was undertaken.
98. Annual statements of funding	<ul style="list-style-type: none"> • Annual statements by Department and health 	<ul style="list-style-type: none"> ✓ Considerable work was undertaken during 2004 to better align the Service Plan with the Annual Report/Annual Financial Statement. This is provided for in the Health Act 2004, and will, in the main, be progressed by the

processes and allocations will be published.	boards.	HSE.
99. The management of capital projects will be enhanced.	<ul style="list-style-type: none"> Review of process completed/proposals for change. 	<ul style="list-style-type: none"> A review of capital procurement processes, which include brief preparation, design, construction and equipping, has been carried out, and a draft report has been prepared by the appointed working group. The proposals are being further evaluated and finalised in the context of restructured health system. The report is due for completion in 2005.

Human resources

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
100. Integrated workforce planning will be introduced on a national basis.	<ul style="list-style-type: none"> Integrated set of plans for health staff. 	<ul style="list-style-type: none"> The Health Skills Group was established in 2002 to work closely with the Department to help identify ways of meeting workforce requirements in the system. At the Department's request the Skills and Labour Market Research Unit in FÁS undertook to produce a healthcare skills monitoring report for the Expert Group on Future Skills Needs. The report aims to study 31 occupations in the main healthcare groups and work is continuing on an advanced draft. The report is due for publication by the Expert Group on Future Skills Needs in 2005. It is intended that the report will assist the health service workforce planning agenda (see also action 101). Throughout 2004, under the auspices of the Labour Relations Commission (LRC), management and the Irish Medical Organisation (IMO) have been involved in negotiations on the reduction of Non Consultant Hospital Doctors (NCHDs) working hours. In July 2004, the Department of Health and Children issued regulations which applied the provisions of the European Working Time Directive to doctors in training. At that time, the LRC instructed the Department of Health and Children and the IMO to avoid unilateral or precipitate action pending the resolution of discussions on working hours. Progress remains slow. However, the IMO has agreed to participate in pilot groups in nine hospitals which will map out and document how measures to reduce or reorganise NCHD hours can be best implemented. The work of these groups commenced in Quarter 4 2004. The Irish Nurses Organisation joined the Industrial Relations (IR) negotiations process in November 2004. There is ongoing liaison to progress issues with agencies which are outside of the IR process. The Healthcare Support Certificate was rolled out on a national basis in 2003. This training programme enables Health Care Assistants (HCAs) to undertake a wider range of tasks, thereby freeing up nursing resources to concentrate on exclusively nursing tasks. In 2003, 513 training places were provided and 995 in 2004-2005 (2004 course commenced in latter half of 2004). Since 2005 the course has been administered by the HSE (formerly HSEA). In 2004 additional elective modules (including care of the elderly) were made available. A

		<p>pilot programme to train HCAs in Mental Health Services commenced.</p> <ul style="list-style-type: none"> ✓ A study of the Nursing and Midwifery Resource was published in 2002. The report contains recommendations in relation to workforce planning in a nursing context. The Department, the HSE and the Nursing and Midwifery Planning and Development Units monitor, report and publish annual data on the turnover in nursing and midwifery. ✓ The working group established to examine the development of appropriate systems to determine nursing staffing levels met on a number of occasions in 2004. This group is expected to report in the first half of 2005. ✓ There will be no nursing graduates in autumn 2005 because nurse education is moving from a three year diploma programme to a four year degree programme. A working group representing health service employers and the Department of Health and Children was established in April 2004 to examine the issue and provide advice to employers on addressing potential shortfalls. Ensuring an adequate supply of nurses will be a priority for the HSE in 2005.
<p>101. The required number of extra staff will be recruited.</p>	<ul style="list-style-type: none"> • Increases in each targeted area. 	<ul style="list-style-type: none"> ✓ The FÁS Skills and Labour Market Research Unit attached to the Expert Group on Future Skills Needs has continued work on a skills monitoring study of the main healthcare groups, including nurses. ✓ The nursing degree programme was implemented with its first intake into 13 higher education institutions in Autumn 2002. The number of nursing training places has increased from 1,572 in 2001 to 1,640 from 2002 onwards. ✓ In September 2004 the Minister for Health and Children established an Expert Group on Midwifery and Children's Nursing Education to develop a comprehensive strategy for the future of midwifery and children's nursing education. The Group completed its work in December 2004 and the final report will be published mid 2005. ✓ Flexible working arrangements have been introduced and almost 25% of public service nurses have availed of this. ✓ A comprehensive range of financial and other supports have been introduced covering part-time degrees and areas of specialised clinical practice. ✓ A scheme for the payment of fees and salary for nurses undertaking "back to nursing" courses has been introduced.

		<ul style="list-style-type: none"> ✓ Overseas recruitment continues to be a feature of nursing recruitment and figures from An Bord Altranais indicate that 13,658 overseas nurses have been registered since 1998. ✓ The National Council for the Professional Development of Nursing and Midwifery has to date approved 1,652 clinical nurse/midwife and 24 advanced nurse practitioner posts. Applications for accreditation of additional posts are being received by the National Council on an ongoing basis. ✓ The additional therapy training places announced by the Minister for Education and Science and the Minister for Health and Children in May, 2002 arising from recommendations contained within the Bacon report on the current and future supply and demand conditions in the labour market for certain professional therapists have now commenced. A total of 175 additional therapy places will be available per year in the following areas: <ul style="list-style-type: none"> • BSc Physiotherapy at the University of Limerick (UL) commenced in the 2002/2003 academic year • MSc Speech & Language Therapy and Occupational Therapy at UL commenced in June, 2003 • BSc Speech & Language Therapy and Occupational Therapy at University College Cork (UCC) commenced in October, 2003 • BSc Speech & Language Therapy and Occupational Therapy at the National University of Ireland, Galway (NUIG) commenced in October, 2003 ✓ The implications for post-graduate medical education and training of the proposed changes arising from the implementation of the European Working Time Directive will continue to be examined by the Medical Education and Training (MET) Group that was originally established as part of the National Task Force on Medical Staffing. The MET group's final report is expected in 2005. ✓ The <i>Report of the National Task Force on Medical Staffing</i> makes detailed recommendations regarding: <ul style="list-style-type: none"> (i) Reducing the working hours of non-consultant hospital doctors (NCHDs) in line with the requirements of the European Working Time Directive (EWTD). (ii) Introducing a "consultant-provided" (rather than "consultant-led") service. (iii) Reform of medical education and training. ✓ The Department has worked closely with the Health Service Employers Agency (HSEA) and other health agencies to implement measures as recommended in the <i>Report of the National Task Force on Medical Staffing</i> to reduce the average weekly working hours of junior doctors. Negotiations commenced on this issue with the Irish Medical Organisation on 17/12/03. Local EWTD Implementation Groups were established in nine pilot
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		<p>sites in November 2004.</p> <p>✓ The <i>Report of the National Task Force on Medical Staffing</i> recommended that Consultants should work under a new contract as part of a consultant-provided, rather than consultant-led service and set out a framework for establishing more effective and efficient work practices. This includes the provision of 24hour/7day health services to patients, delivered by consultants themselves and requires doubling the number of consultants working in our hospitals. Change of this nature cannot be delivered under the existing contract. A number of meetings have taken place between officials from the Department of Health and Children, health service employers and representatives of the Irish Hospital Consultants Association and the Irish Medical Organisation, but consultant contract negotiations are paused pending resolution of issues related to medical indemnity arrangements. Significant preparatory work has, however, been undertaken on a draft consultant contract and management position paper. The Department will provide policy support to the Health Service Executive in the forthcoming negotiations.</p> <p>✓ (See action 100 also).</p>
102. The approach to regulating the number and type of consultant posts will be streamlined.	<ul style="list-style-type: none"> • New procedure in line with the service planning process. 	<p>✓ The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, Comhairle na nOspidéal was dissolved on the day the Health Service Executive was established and the functions of Comhairle, including the regulation of consultant posts, have been transferred to the Health Service Executive. Revised procedures have been put in place.</p>
103. Best practice in recruitment and retention will be promoted.	<ul style="list-style-type: none"> • Guidelines on best practice. 	<p>✓ <i>Guidance for Best Practice on Recruitment of Overseas Nurses</i> was published by the Department in December 2001.</p> <p>✓ The HSEA has negotiated an “Agreement on Flexible Working in the Health Service” with all the trade unions representing health staff. In association with this agreement, arrangements have also been made to afford access to occupational pension schemes to temporary and part-time staff who were traditionally excluded from pension schemes.</p> <p>✓ Individual employees may apply to work on a permanent part time basis.</p> <p>✓ The HSE Employers Representative Division maintains continuous liaison with employers in relation to implementation of these more flexible family policies.</p> <p>✓ A project was undertaken by the Health Boards Executive to further improve the recruitment advertising</p>

		<p>process in the short and medium term, with a particular emphasis on ensuring value for money, this will be progressed by the HSE.</p> <p>✓ (see also report under action 107).</p>
<p>104. Greater inter-disciplinary working between professions will be promoted.</p>	<ul style="list-style-type: none"> • Adaptation of training programmes. 	<p>✓ See actions 50 & 51.</p> <p>✓ A nurse prescribing project, which is being jointly conducted by An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery, will conclude in 2005 and a final report will be subsequently published. The project is cross disciplinary involving close cooperation between nurses and other health care professionals. The report will inform legislative changes in the Nurses Bill.</p> <p>✓ Ongoing education, training and development is a feature of employment within the health service and, in particular, is a requirement in relation to clinical development. There are several initiatives currently underway in relation to better utilization of the professional skills of staff, for example, through the creation of Clinical Nurse Specialists and Advanced Nurse Practitioners. Shared learning is a feature of preparation for the appointment of Advanced Nurse Practitioners.</p> <p>✓ A funding package for medical education and training was provided for once-off projects proposed by the postgraduate medical training bodies and the Medical Council. A number of projects were selected on their multidisciplinary application. These include simulators, a virtual library, a teaching qualification fund and training the trainer courses.</p> <p>✓ The appointment of a Chief Therapist Advisor in the Department of Health and Children to advise on the six therapy professions (physiotherapy, speech and language therapy, occupational therapy, dietetics, chiropody/podiatry and orthoptics) reflects the commonalities shared by these professions and their interdisciplinary working. The Therapy Advisory Unit is working with the professional bodies and the relevant universities to strengthen their collaboration towards client-centred care.</p>
<p>105. Provisions for the statutory registration of health professionals will be strengthened and expanded.</p>	<ul style="list-style-type: none"> • Revise legislation on doctors. 	<p>✓ A Medical Practitioners' Bill is currently being drafted by Parliamentary Counsel. The aim is to publish it in the autumn of 2005.</p> <p>✓ Work on a new bill, the Nurses and Midwives Act 2005, is well underway. The Act will modernise the regulatory framework operated by An Bord Altranais for nurses and midwives. The legislation will emphasise the protection of the public and encompass the issue of nurse prescribing. The Bill will be published during 2005.</p>

	<ul style="list-style-type: none"> • Revise legislation on nurses. • New legislation on other health professionals. 	<ul style="list-style-type: none"> ✓ The Health and Social Care Professionals Bill was published on 27 October 2004 and is currently being considered by the Oireachtas.
106.Registration of alternative/ complementary therapists will be introduced.	<ul style="list-style-type: none"> • Independent study of the practical steps required to be published. 	<ul style="list-style-type: none"> ✓ The <i>Report on the Regulation of Practitioners of Complementary and Alternative Medicine in Ireland</i> was launched by the Minister for Health and Children in November 2002. As recommended in the report, a national working group was established in May 2003 to advise the Minister in relation to the appropriate regulation of complementary therapists. The Group met nine times during 2004 and is expected to report by late autumn of 2005.
107.The HR function in the health system will be developed.	<ul style="list-style-type: none"> • Flexible human resource models established 	<ul style="list-style-type: none"> ✓ Following a pilot review in 2003, the Learning and Development Needs Analysis Toolkit, was rolled out by the Office for Health Management to the wider health service in 2004. ✓ In 2004, further work was undertaken by the Office for Health Management with regard to implementing the Management Competency Frameworks (MCFs) for Health and Social Care Professionals and Clerical/Admin grades. Quality assurance guidelines (incorporating templates for content, methodology and commissioning) for a three day People Management Skills Programme were developed and handed over to employers along with a funding contribution for local implementation. In addition, a Development Directory for the MCFs was devised, published and distributed. The directory is designed to complement the MCFs and Personal Development Planning assessment tools. ✓ In 2004 the Office for Health Management initiated research into the competencies required for Managers of Support Grades. It is expected that this work will conclude later in 2005 and that Competency Frameworks will subsequently be available to the health service. ✓ The Health Service Employers Agency reported the following initiatives in 2003: <ul style="list-style-type: none"> • Development of:

		<ul style="list-style-type: none"> ○ Guide to Equal Opportunities/Accommodating Diversity (in the workplace) ○ Dignity at Work Policy ○ National Grievance Procedure for the health service ○ National Disciplinary Procedure and Managing Attendance Policy ○ Guidelines to the Salient Provisions of the Protection of Employees Fixed Term Work Act 2003 ● Consultation process around greater flexibility in times of work/attendance patterns and implementation guidelines ● Development of Performance Management System.
<p>108.A detailed Action Plan for People Management will be developed.</p>	<ul style="list-style-type: none"> ● Publication of Action Plan. 	<ul style="list-style-type: none"> ✓ The Action Plan for People Management (APPM) was published in November 2002. The Action Plan provides all stakeholders in the system with the direction and actions required to bring people management to the standard needed to successfully achieve service imperatives. It provides a road map for developments in people management within the health service for the foreseeable future. The Plan identified seven key areas to be addressed: <ul style="list-style-type: none"> ● Manage people effectively ● Improving the quality of working life ● Devise and implement best practice employment policies and procedures ● Develop partnership further ● Invest in training development and education ● Improve employee and industrial relations in the health sector ● Develop performance management <p>The implementation of the Action Plan is a critical success factor in achieving the objectives of the National Health Strategy. The first annual report has been compiled which indicates that satisfactory progress has been made in the implementation of all areas of the APPM to date.</p> ✓ In addition to the baseline funding previously provided to health boards and the ERHA (€m in 2003) to support the development of human resources and implementation of the Action Plan for People Management, a further €1m was allocated by the APPM Monitoring Committee to support projects with a national focus and linked to the Sustaining Progress agreement. ✓ The Clinicians in Management (CIM) initiative was successfully linked to the seven main themes of the Action Plan for People Management by the health boards/Authority.

Organisational reform

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
109. The Department of Health and Children will be restructured.	<ul style="list-style-type: none"> • Independent review completed. • New organisational structure in place 	<ul style="list-style-type: none"> ✓ Considerable work is underway in relation to the restructuring of the Department of Health & Children and a new organisation design will be completed and implemented in 2005.
110. Health boards will be responsible for driving change, including a stronger focus on accountability linked to service plans, outputs and quality standards.	<ul style="list-style-type: none"> • Increased link between service planning and service provision. 	<ul style="list-style-type: none"> ✓ Under the restructured health system, this action will be progressed by the HSE from 1 January 2005 onwards (see report under actions 70 and 71).
111. An independent Health Information and Quality Authority will be established.	<ul style="list-style-type: none"> • Authority established. 	<ul style="list-style-type: none"> ✓ It is intended that the Health Bill 2005 will provide, inter alia, for the establishment of the Health Information and Quality Authority (HIQA) on a statutory basis. ✓ The Board of the interim HIQA (iHIQA) was announced by the Tánaiste and Minister for Health and Children on 28th January 2005. ✓ On the 11th of March, the Tánaiste and Minister for Health and Children signed a Statutory Instrument establishing an interim HIQA, primarily to make the necessary organisational preparations for the Health Information and Quality Authority to be established under primary legislation. ✓ The iHIQA has commenced discussions with the Irish Health Services Accreditation Board and the National Cancer Registry on arrangements for their integration into the organisational design of the HIQA.
112. The Health Boards Executive (HeBE) will be developed as a key instrument in the change agenda.	<ul style="list-style-type: none"> • HeBE established and operational. 	<ul style="list-style-type: none"> ✓ The Health Act 2004 provided for the dissolution of HeBE and the transfer of its functions to the HSE. This took effect on 1 January 2005

<p>113.The role of the Office for Health Management will be expanded.</p>	<ul style="list-style-type: none"> Expanded role agreed with Office for Health Management. 	<ul style="list-style-type: none"> ✓ The role of the Office for Health Management (OHM) was expanded under the Health Strategy to include organisation development as well as management development. The OHM has reported on the following initiatives in 2004 building on its work in recent years: <ul style="list-style-type: none"> Continued support for the Clinicians in Management (CIM) initiative. A draft document entitled <i>A Charter of Rights and Responsibilities for Hospital Consultants and Managers</i> was prepared which is being circulated widely within the system for consultation purposes. In 2005, it will be revised to incorporate feedback, then published and circulated. Provision of Action Learning sets for CIM project leaders. In a CIM related initiative, the Office has been involved in developing the leadership and management skills of doctors in specialist training. Continued to support the implementation teams of the Primary Care Strategy. Provided advice and support to the women’s regional networks. The Office continued to liaise with the HSEA in regard to assisting managers in meeting their obligations under equality legislation and the equal opportunities/diversity aspects of their people management role.
<p>114.An independent audit of functions and structures in the health system will be carried out.</p>	<ul style="list-style-type: none"> Audit completed. 	<ul style="list-style-type: none"> ✓ The <i>Audit of Structures and Functions in the Health System</i> was carried out by Prospectus Strategy Consultants. On 18th June 2003, the Government announced the <i>Health Service Reform Programme</i> which was primarily based on the Prospectus Report and the <i>Report of the Brennan Commission on Financial Management Control Systems in the Health Service</i>. Subsequently the <i>Report of the Task Force on Medical Staffing</i> was published. ✓ Immediately after the Government decision, the Department of Health and Children initiated a communications process. ✓ The Department commissioned the Office for Health Management (OHM) to conduct an information and consultation exercise for health service staff and prepare a report. ✓ On the 26th of November 2003 the Minister for Health and Children announced the establishment of the interim Board of the Health Service Executive (iHSE). The iHSE was subsequently established on a statutory basis on 9th March 2004. ✓ The Health Act 2004 provided for the establishment of the Health Service Executive (HSE) on a statutory basis. The HSE took over responsibility for the management and delivery of health and personal social services on a national basis with effect from 1 January 2005. The 2004 Act provided for the dissolution of

		<p>the Eastern Regional Health Authority, the health boards, the area boards, the Hospital Bodies Administrative Bureau, the Health Boards Executive, the General Medical Services (Payments) Board, the Health Service Employers Agency, the interim Health Service Executive and Comhairle na nOspidéal and the transfer of their functions to the HSE on the date of its establishment.</p> <ul style="list-style-type: none"> ✓ The Board of the HSE comprises the former members of the interim Health Service Executive. The full national management team for the HSE has been appointed, through a combination of permanent and acting arrangements, to cover all areas required. The HSE is in the process of filling key management positions. ✓ The former CEOs of the health boards will continue to handle regional and local management, and maintain existing reporting relationships to assist the transition process to the unitary system during the first half of 2005. ✓ A new organisation design for the Department of Health and Children has been prepared. The Department will be devolving a range of functions to the HSE. The restructuring of the Department to implement the organisational design will be carried out in 2005 in tandem with the handover of functions to the HSE. (see action 109) ✓ An interim HIQA has been established (see action 111). ✓ On the 16th March 2005, the Tánaiste and Minister for Health and Children approved the National Service Plan submitted by the HSE under the 2004 Act. A copy of the Plan was laid before both Houses of the Oireachtas on the 6th April and it has been published on the Internet by the HSE. ✓ In February 2005, a Framework Document on Corporate and Financial governance issued to the HSE by the Department of Health and Children. The HSE is now required to draft its own code of governance in keeping with the framework, and its code will require Ministerial approval. The governance agenda will continue to be progressed through a series of frameworks covering a range of areas, including risk management, clinical governance and quality. This code will require the Tánaiste and Minister for Health and Children's approval and will be published by the Executive.
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Information

<i>Action</i>	<i>Deliverable</i>	<i>Progress</i>
115.The National Health	<ul style="list-style-type: none"> • Publication of 	<ul style="list-style-type: none"> ✓ The National Health Information Strategy <i>Health Information: A National Strategy</i> (NHIS) was launched by

Information Strategy will be published and implemented.	National Health Information Strategy.	the Minister in July, 2004. The NHIS sets out a phased action plan for the development of information systems to meet the requirements of improved evidence-based decision making throughout the health sector. The lead role in many of these actions will be taken by the Health Information and Quality Authority which is in the process of being established (see report under action 111).
116. There will be a sustained programme of investment in the development of national health information systems as set out in the National Health Information Strategy.	<ul style="list-style-type: none"> • Specific developments in the information infrastructure. 	<p>✓ Since 2002, the Department has provided Information Communications Technology (ICT) funding on the basis that systems would be national and that shared options should be considered.</p> <p>✓ Further significant work was undertaken on the development of the ICT infrastructure during 2004. A sum of approximately €7 million was provided for this purpose under the National Development Plan, which was a substantial increase over the previous year (€40m). €30.25m was provided for ICT developments in 2002. The major projects supported were Enterprise Resource Planning Systems for Personnel and Financial Management and development of the underlying Information and Communications Technology Infrastructure</p>
117. Information and communications technology will be fully exploited in service delivery.	<ul style="list-style-type: none"> • Implementation of the National Health Information Strategy. 	<p>✓ The National Health Information Strategy was published in 2004 – see Action 115 and 116.</p>
118. Information-sharing systems and the use of electronic patient records will be introduced on a phased basis.	<ul style="list-style-type: none"> • Phased implementation of the electronic health-care record in line with the National Health Information Strategy. 	<p>✓ During 2004, a number of initiatives were undertaken which are necessary precursors to the introduction of the Electronic Healthcare Record. These included the SAFE initiative which is considering the use of cards to facilitate citizen access to public services, including health services, the launch of the European Health Insurance Card and the commencement of a project to define the information requirements for Primary and Continuing Care.</p> <p>(see also report under action 116).</p>
119. A national secure communications infrastructure will be developed for the health services.	<ul style="list-style-type: none"> • Health services secure network. 	<p>✓ The Government Virtual Private Network (GVPN) has been adopted as the standard communications infrastructure. The health board Chief Executive Officers set up a project to consider the way forward in the development of basic ICT infrastructure generally, including the development of a health services secure network. Activity during 2004 included:</p> <ul style="list-style-type: none"> • Tendering for a strategic partner to assist with the delivery of a national infrastructure review and plan • E-mail branding on behalf of the iHSE • Participation in the Centre for Management and Organisation Development data centre consolidation project

		<ul style="list-style-type: none"> • Ongoing involvement in current key infrastructure developments including the GVPN. <p>✓ Plans for 2005 include:</p> <ul style="list-style-type: none"> • A national PC/Laptop/Printers and services contract to leverage Value for Money (VFM) for the unitary HSE structure • Specific GVPN workgroup set up working in conjunction with the Department of Finance on the new tenders for data, voice and mobile services • Carry out the Infrastructure review and plan across the entire HSE <p>✓ The overall focus for this project will be VFM initiatives that promote national standards and the best use of existing and new technologies in creating an ICT infrastructure foundation that can support the development of both patient care and administrative systems.</p>
120.Information system development will be promoted as central to the planning process.	<ul style="list-style-type: none"> • Enhanced planning protocols in place. 	<p>✓ See reports under actions 115-119 & 121.</p>
121.Health information legislation will be introduced.	<ul style="list-style-type: none"> • Bill published. 	<p>✓ The National Health Information Strategy was published in 2004. It is proposed that legal issues arising from the Information Strategy will be addressed in separate legislation.</p>

Appendix 1 - Capital Developments

Health Capital 2004

Total funding provided to health agencies under the Health Capital Programme of the National Development Plan (NDP) in 2004 was €508m. The voted capital provision for Hospital Planning Office in 2004 reflects the Government's strong commitment to much needed investment in the health services under the NDP.

2004 was also the first year of the Government's new multi-annual Capital Investment Framework (2004-2008). The purpose of the Framework is to allow better planning and delivery of health service infrastructure in the future.

Significant new investment of approximately €90m was designated in 2004 for minor capital. These minor capital works met a range of priority needs such as replacement equipment, refurbishment, health & safety, fire precautions, backlog of maintenance etc.

Examples of projects (over €2m cost) funded by the Department of Health and Children in 2004 included:-

Acute Hospitals

At Planning Stage

- Mater / Temple St. Hospitals
- Beaumont Hospital – Renal Dialysis Unit
- National Maternity Hospital – Phased Development
- Coombe Women's Hospital – Extension to Intensive Care Unit, new theatre, scanning room etc
- Naas General Hospital – Phase 3B & 3C
- Incorporated Orthopaedic, Clontarf – Phase 2
- Wexford General Hospital – Extension
- St. Luke's, Kilkenny – Development
- Ennis General Hospital - Development Control Plan (DCP)
- Waterford Regional Hospital – Development
- Our Lady of Lourdes Hospital, Drogheda – A&E Upgrade
- Our Lady of Lourdes Hospital, Drogheda – Site Feasibility study
- Louth County Hospital – Outline DCP; Interim Theatres; Kitchen upgrades
- Cavan General Hospital – Outline DCP
- Monaghan General Hospital – Ward upgrade; Site Feasibility study
- Our Lady's Hospital, Navan – Outline DCP
- Midland Regional Hospital, Portlaoise – A&E Department
- Midland Regional Hospital, Mullingar – Phase 2B
- Letterkenny General Hospital – A&E Department
- Our Lady's Hospital for Sick Children – DCP; and interim projects (Magnetic Resonance Imaging and Haematology/Oncology)
- Croom Orthopaedic Hospital – Development
- Cork University Hospital – Cardiac Services and Renal Dialysis Unit

Tralee General Hospital – A&E Extension
Mercy University Hospital – A&E Unit; Nurse Education Centre

Under Construction

Midland Regional Hospital – Tullamore
Cork University Hospital – Maternity Unit; Infrastructure Upgrade;
Replacement Linear Accelerators
St. Vincent's Hospital, Elm Park – Phase I
St. James's Hospital – A & E
St. James's Hospital – Picture Archiving & Communications System (PACS)
installation
Mater & Children's Hospital – Enabling and Decanting works
Beaumont – re-equipping and refurbishment
Limerick Maternity Hospital – Extension
Sligo General Hospital – Renal Unit

Completed Construction

Connolly Hospital, Blanchardstown – Phase 1
Naas General Hospital – Phase 2, 2A & 3A
St. Colmcille's Hospital, Loughlinstown - Development
Our Lady's Hospital for Sick Children – Theatres & Central Sterile Supplies
Department (CSSD) development
Midland Regional Hospital, Portlaoise – Phase 1
Our Lady's Hospital, Cashel – Development
South Tipperary General Hospital – Phase 1
Cork University Hospital – A&E Unit / Day Procedures Unit
University College Hospital Galway – Phase 2

Non-Acute Hospitals

At Planning Stage

National Rehabilitation Hospital – Re-development
Connolly Hospital – Services for Older People
St. Ita's Portrane – Intellectual Disability Services (Disability)
Beaumont Hospital – Acute Psychiatric Unit (Mental Health)
Nenagh Hospital – Acute Psychiatric Unit (Mental Health)
St. Joseph's, Dungarvan – Replacement of District Hospital
St. Luke's Kilkenny – Acute Psychiatric Unit
Castleblaney – Day Resource Centre (Disability Services)
Castleblaney – Rath na nOg – Phase 2 (Child Care)
Dundalk – St. Alphonsus Road – Primary Care Unit
Navan – New Community Unit (Older Persons)
Sligo General Hospital – Acute Psychiatric Unit (Mental Health)
Merlin Park – Rehabilitation Unit (Older Persons)
St Ita's Dementia Unit, Newcastle West,
Limerick – Child & Adolescent Psychiatric Unit (Mental Health)

Dingle Hospital (Older Persons)
COPE Foundation, Cork – Centre for young adults (Disability)
Cork University Hospital – Orthodontic Unit
Tralee Community Nursing Unit
Fermoy Hospital (Older Persons)
Marymount Hospice ,Cork
Mayfield, Cork – Resource Centre
South Infirmary/Victoria, Cork – BreastCheck Unit
St. Raphael's, Youghal – Residential Units (Disability Services)
Bessboro, Cork – Eist Linn Child & Adolescent Unit (Mental Health)
St Mary's, Mullingar
St Peters, Castlepollard
Belmullet Disability Services
UCHG – BreastCheck Unit
UCHG – Recompression/Hyperbaric Unit
Athlone Health Infrastructure
St Anne's Psychiatric Development, Galway
Midland Regional Hospital Mullingar – Acute Psychiatric Unit

Under Construction

St Johns Hospital, Enniscorthy (Older Persons)
Meath Hospital (Older Persons Unit)
Nenagh Health Centre
Hospital of the Assumption, Thurles (Older Persons)
Tralee Community Care Headquarters and Health Centre

Nursing Degree Programme

To December 2004, €138.5 capital expenditure has been expended under this Programme, of which €69m was spent in 2004. The Programme will facilitate the full integration of nursing students into the higher education sector, and capital costs are expected to be in the region of €240m. over the period 2002 – 2005. Expenditure to date relates to projects in the following third level institutions:

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

Appendix 2 - Achievements of the Irish Presidency under the Employment, Social Policy, Health and Consumer Affairs Council (January to June, 2004)

Key health initiatives during the Irish Presidency include:

- The introduction of the European Health Insurance Card which facilitates access to emergency medical treatment for EU citizens while on a temporary stay in another Member State.
- Agreement secured on the establishment of a European Centre for Disease Prevention and Control to combat the risk of epidemics and enhance the control of communicable diseases which might affect European Union citizens.

The Council adopted conclusions in the following areas:

- Patient Mobility
- Promoting Heart Health
- eHealth
- Pandemic Preparedness Planning
- Alcohol and Young People
- Childhood asthma