



# PRIMARY PROGRESS

AN OCCASIONAL BULLETIN ON RECENT DEVELOPMENTS WITHIN PRIMARY CARE SERVICES IN THE EAST COAST AREA HEALTH BOARD

This newsletter is the first of what I hope will be many bulletins to inform you of progress in our Board's plans for Primary Care. As you know, we asked Ms Hilary Maher to undertake a consultation process with staff in Community Care Areas and this newsletter is one result of the recommendations which came from that. I would like to thank all staff who co-operated with Hilary. Community staff have been enthusiastic and wholehearted in their participation and I believe this augurs well for our future plans.

Before going on to expand on future developments, I believe it is important to look back at the origins of the current initiative and at recent developments in Primary Care in the East Coast.

## Our Funding

Since our Board was established in 2000, the following funding was received from ERHA for Primary Care or community based developments. As you will see, some of these came from funding available under the Cardiovascular Strategy or the Cancer Strategy.

Initiative	Budget
Palliative Care: Staff training grant	20,000
Palliative Care: GP fees	22,000
Palliative Care: Blackrock Hospice	1,440,000
Palliative Care: CNMII Home Care team, Wicklow	50,705
Cancer: Health Promotion – Education & Prevention	30,000
Cancer: nursing education grant	15,000
Cardiovascular Health: Heartwatch / secondary prevention	63,060
Cardiovascular Health: Diabetes Shared Care Programme	110,425
Cardiovascular Health: Clinical dietetics	61,485
Cardiovascular Health: Resuscitation training	5,000
Cardiovascular: Cardiac rehabilitation outreach programme, Arklow	26,669
GP delivered minor surgery	30,000
Hepatitis C	415,417
Immunisations	898,600
Ophthalmic service	275,600
Out of Hours GP cooperatives	596,910
Primary Care Teams	505,000
Primary Care Strategy - mapping	55,000
<b>Total</b>	<b>€ 4,620,871</b>

This combination of various streams of funding, working together, is providing a singular impetus in progressing our implementation of the Primary Care Strategy. It is hoped that continuing funding will strengthen this momentum.

## Our Project in Arklow

You will know that since the launch of the Primary Care Strategy, our Board, along with each Board in the country, was allocated one Implementation Project to begin the roll-out of the Strategy. We proposed that this should be located in Arklow. There were a number of reasons for this decision, among them being: Arklow is a defined geographic area; the town has a strong track record of community participation; clearly expressed enthusiasm and willingness to participate from Arklow's general practitioners and a strong history of close working relationships between our Board's staff and local GPs.

The composition of the Primary Care team in Arklow is as follows:

- \* Project Manager
- \* Clerical Officer
- \* Public Health Nurses x 3
- \* Registered General Nurses x 1.5
- \* Home helps x 2
- \* Home Care attendants x 2
- \* Physiotherapist
- \* Occupational Therapist
- \* Social Worker

8 general practitioners, 10 practice nurses and 7 practice staff have also joined this team, which provides a more accessible, flexible and coordinated primary care service to the people of Arklow and surrounding areas.

A Project Manager has been assigned to lead the Team in Arklow and significant preparatory work has taken place there. Planning permission has been received for the centre and the Office for Health Management has played a major role in team preparation.



## Our Work for the Hanly Report

Since the launch of the Primary Care Strategy and the establishment of the Team in Arklow, the Hanly Report has been published. The East Coast Area Health Board has been identified as a pilot site for implementing the Hanly Report, along with the Mid Western Health Board. Although primarily about the implementation of the European Working Time Directive, the Hanly Report has many implications for how health care is delivered in this country.

Our Board was invited to meet the Deputy Secretary General of the Department of Health and Children to discuss our response to the Hanly Report. The Department strongly believes that Primary Care must be strengthened considerably if the continuum of care as envisaged by the Hanly Report is to be delivered. We were asked by the Department to develop a plan for Primary Care in the East Coast which will accelerate the roll-out of the Primary Care Strategy and meet the recommendations of the Hanly Report.

We took the following steps:

- 1.** We commissioned two separate but complementary research projects. Hilary Maher was requested to focus on integration at Community level, since integrated care for patients is one of the main cornerstones of the Primary Care Strategy. Training and development needs have been identified as a result and we have identified a training company and a training schedule to meet these needs so that staff will be assisted to work in an integrated way.
- 2.** Alongside Hilary Maher's work, the Department of General Practice in U.C.D. was asked to scope integration between general practice and the acute sector. General Practitioners who were consulted spoke of their need for better access to diagnostics for Primary Care patients. To respond to this, we have identified and costed a number of specific steps that can be taken and have submitted this proposal to the Department of Health and Children and the ERHA.
- 3.** Because Information and Communications Technology is key to improved integration, we also commissioned a needs assessment of these requirements from the ICT Department in Dr Steevens' Hospital. This included computer, phone and voicemail provision at Community level, along with ICT linkages to acute hospitals for General Practitioners. The recommendations from this research have also been costed and included with our proposal to the Department and ERHA.
- 4.** We also undertook an exercise to show the shortfall between current provision of staff in Community Services when compared to that described in the Strategy. The number of additional posts required in each grade or discipline has been identified, costed and included in our proposal.
- 5.** Capital needs were also included in the plans: both minor capital equipment needs for use by nursing and therapy grades and also major capital requirements like the development of new health centres.
- 6.** We are starting to improve Primary Care communications for the East Coast Area in order to meet the need identified by Hilary Maher.
- 7.** Since there are so many elements of the plan which will need to be drawn together and developed energetically, our plan also proposes the appointment of a Primary Care Development Officer for each Community Care Area. We have applied to ERHA to establish these posts and hope to progress this very soon.

## And Finally

I would like to thank everyone for giving of your time and sharing your views and experiences when Hilary Maher undertook the consultation process. Thank you too for your continuing hard work and your invaluable contributions to the Board's ongoing efforts to develop Primary Care. I hope to keep you all fully informed of our most recent progress in the next edition of this bulletin.

Best wishes

*Mary O'Connell*

Mary O'Connell  
Assistant Chief Executive Officer



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