



Quality and Fairness

A Health System for You

Executive Summary

Health Strategy



DEPARTMENT
OF HEALTH AND
CHILDREN
AN ROINN
SLÁINTE AGUS LEANAÍ



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Taoiseach's Foreword



Over the last few years, the largest ever expansion in health funding has been accompanied by an unprecedented series of studies and detailed investigations into all aspects of our health system. These have provided the essential building blocks for a comprehensive plan to develop and reform services which can meet the needs of Irish society today and across the next decade.

There is no denying the fact that our health system has many problems. These must and will be addressed – but there is no 'quick-fix' which can achieve what we all want, the highest quality of care for all.

This Strategy outlines a programme of investment and reform, starting immediately and stretching across the next decade. It sets clear priorities but also involves all elements of the system.

It is a highly ambitious and challenging agenda for change. With effective reform, and fully utilising the expertise of what is the largest professional workforce in the country, the unprecedented levels of investment which have been committed to our health services can deliver major improvements in services throughout the country.

For all parts of the system, from Government down, implementation will require an effective partnership with people willing to work together and, where necessary, change the way business is currently done.

On behalf of the Government I would like to thank the thousands of people who participated in the work of developing the Strategy. I have no doubt that the same spirit of openness and commitment will be seen as we all move forward to bring about the future which the Strategy is pointing us towards.

A handwritten signature in cursive script, reading "Bertie Ahern".

Bertie Ahern, T.D.
Taoiseach

Minister for Health and Children's Foreword



In every aspect of every individual's life, health is pivotal. It is the key factor in a child's development to adulthood. It is a prerequisite to the achievement of wholeness and fulfilment in adult life. It is central to a contributory and confident later life.

Health is also crucial to Ireland as a nation. Our health care system must reflect our national values: our concerns for equity, our commitment to diversity, our determination to end poverty and disadvantage. It must, as a major employer, provide a context for professionalism, growth and development at every level within the workforce.

Public health systems, worldwide, are experiencing unprecedented pressures in these, the early years of a new century. Those pressures include a quantum leap in available technology, matched by radically different expectations within the population. Our growing population and changing lifestyles create new and different needs.

It is essential, therefore, to inform the long-term development of this massive, complex system, that we have an over-arching Strategy. Such a Strategy empowers Health Boards, institutions, agencies and voluntary organisations to structure their planning in an integrated, streamlined way. In turn, this will make the best of the immeasurable human resource they represent, to share best practice across all disciplines, and to make full and transparent use of the unequalled funding this Government is committing to health.

What distinguishes this Strategy is the unique level of public consultation on which it is based. Individuals, professional groups, disciplines, voluntary organisations and state agencies all contributed significantly to the thinking manifest in the Strategy, and will continue to contribute to the management of the changes they sought. The Strategy, at all points, envisages cross-disciplinary collaboration to achieve new standards, protocols and methods. In setting out an innovative and costed programme of massive change, as Minister for Health and Children, I have at all times stressed the involvement and influence of those who have – often under great financial constraint – constantly delivered care which, in its professionalism and humanity, is second to none.

This is a comprehensive and ambitious Strategy: a blueprint to guide policy makers and service providers towards delivery of the articulated vision. It identifies overarching goals to guide planning and activity in the health system over the next 7-10 years.

I must stress, however, that this Health Strategy is more than a considered, conceptual draft for the long-term future. In the immediate future – indeed, before the end of this year – service deficiencies and waiting lists must be, and are, addressed. Underdeveloped services must be enhanced, and the document makes specific provision for immediate enhancements.

Because of this confluence of long-term strategic planning and shorter-term tactical initiative, this Strategy will immediately benefit substantial numbers of our people, while allowing us all to observe, gain from, and contribute to, the construction of a health system which, in little more than half a decade, will be immeasurably improved and visibly different, while retaining the best of what was achieved in the last century.

A handwritten signature in black ink that reads "Micheál Martin". The signature is written in a cursive, flowing style.

Micheál Martin, T.D.

Minister for Health and Children

Acknowledgements

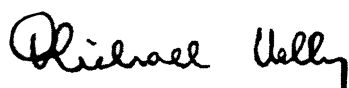
The Health Strategy *Quality and Fairness: A Health System for You* is the result of many months of hard work by the Department of Health and Children, the health boards and many others with an interest in health.

It would not have been possible to bring the work to completion without the excellent input of the individuals, groups and organisations who participated so positively in the National Consultative Forum on the Health Strategy. The Forum was divided into a series of sub-groups to allow detailed consideration of key issues. The energy and enthusiasm of the chairpersons of these sub-groups, and the commitment of all who took part, added greatly to the deliberations on the direction of the Strategy.

The Department received some 1,500 written submissions from individuals and over 300 from organisations. The messages from the submissions helped sharpen our understanding of the concerns about health and the strategic direction that is required for the future. They reflected both the complexity of the policy questions being considered and the breadth of the consultations undertaken in preparing the Strategy. The outcome of the consultation process is being published as a separate document, *Your views about health*.

Work on the Strategy benefited greatly from the input of an international panel and also from the working of an inter-departmental group which focused on how best to address issues beyond the health services that affect our health and well-being. The contribution made by the various working groups within the Department and by staff more generally, in both the Department and the health boards, was significant.

Finally, sincere thanks are offered to the members of the Steering Group that led the development of the Strategy and to the Project Team which drafted the document.



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Secretary General

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Specialist Registrars in Public Health Medicine, Dr. Joan O'Donnell, Dr. Tom O'Connell and Dr. Emer Feely assisted the Project Team during their placement in the Department.

The Project Team was also supported by the staff of the Change Management Unit of the Department of Health and Children

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1 Dr. Tom O'Connell was replaced by Dr. Emer Feely

2 Ms. Rhiona Ní Fhlanghaile acted as alternate for Mr. Tom O'Mahony

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The Vision

A health system that supports and empowers you, your family and community to achieve your full health potential

A health system that is there when you need it, that is fair, and that you can trust

A health system that encourages you to have your say, listens to you, and ensures that your views are taken into account.

This document is a summary of the Health Strategy. For further details refer to the main Strategy document *Quality and Fairness: A Health System for You* or refer to the website of the Department of Health and Children at www.doh.ie.

Introduction

Why a new health strategy ?

Over the last four years health services in Ireland have benefited from the largest ever sustained increase in their funding. Facilities are being developed and refurbished, more staff are being hired and the number of people benefiting from health services has increased substantially.

A lot has been achieved, but a lot remains to be done. Very clear deficiencies in services remain which must be addressed. There are unacceptably long waiting times in various parts of the system, important services remain underdeveloped and major demographic challenges must be addressed. By doubling health funding over the last four years, the Government has moved the debate on health funding from resources alone to both resources and reform.

A wide range of issues must be addressed – encompassing everything from more effective preventive work through to the development of major acute facilities. This requires a comprehensive blueprint for developments, setting out core principles for the whole system and detailed plans for development and reform. This is why a Strategy as wide-ranging and ambitious as this is required.

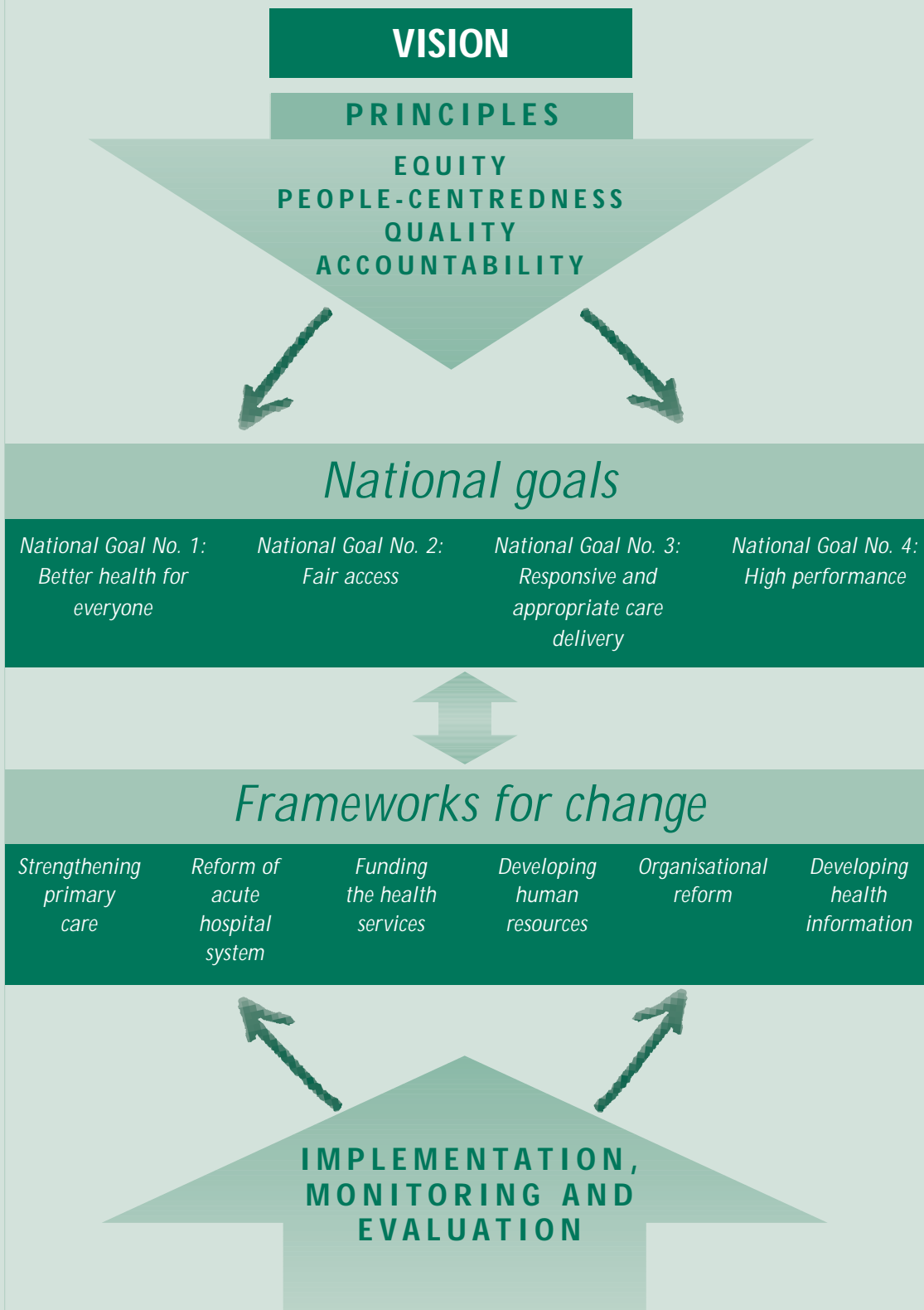
The Strategy is a blueprint to guide policy makers and service providers in achieving the vision of a future health system. It identifies overall goals to guide activity and planning in the health system for the next 7-10 years. It also describes how the Government, the Minister and the Department of Health and Children will:

- work with everyone in the health system who has a role to play in improving health
- engage with the wider community to improve health
- evaluate services so that resources are used to best effect
- reform the way we plan and deliver services within the system
- modernise and expand health and personal social services through focused investment
- support the development and contribution of people who work in the health system.

The Government undertook an unprecedented consultation process to help it devise this Strategy. Deepening the understanding of the difficulties people face in achieving better health status has been essential to planning improvements. An emphasis was also placed on cross-sectoral issues which affect people's health status. The role of an inter-departmental network was vital, as were links with those working on the National Anti-Poverty Strategy and Health.

The Strategy in outline – at-a-glance guide

This section is a quick guide to some of the main elements of the Strategy. It includes the programme of investment across key services, eligibility proposals, the programme for the reform of the acute hospital system and other key provisions as they affect particular groups of the population – children, people with disabilities, people with mental illness and older people.



Programme of investment to increase capacity

Primary care (details in Chapter 5)

- New model of primary care involving teams and associated networks to be put in place
- Extension of GP co-operatives on a national basis.

Acute hospital capacity (details in Chapter 5)

- An additional 3,000 beds to be provided, of which 650 will come on stream in 2002

Older people

Community services

- Recruitment of a multi-disciplinary range of staff to support the development of primary care services such as domiciliary care, day and respite services
- The provision of 7,000 additional day centre places
- Increased funding for aids and appliances in people's homes.

Hospital services

- 1,370 additional assessment and rehabilitation beds; associated development of acute geriatric medical services and appointment of additional geriatricians
- 600 additional day places with facilities encompassing specialist areas such as falls, osteoporosis treatment, fracture prevention, Parkinson's Disease, stroke prevention, heart failure and continence promotion clinics.

Residential care

- 800 additional extended care/community nursing unit places per annum over the next 7 years including provision for people with dementia
- Improved staffing levels in extended care units.

Mental health

- Community care services, i.e. community nursing; day centres, hostels and day hospitals, training and work programmes; family support
- Acute psychiatric units.

Intellectual disability and autism services

- Expansion of day places, training, residential and respite care and other support services (e.g. in settings such as schools)
- Complete programme to transfer people with an intellectual disability currently in psychiatric hospitals to appropriate accommodation as soon as possible and not later than end 2006
- Investment to provide appropriate support services for people with autism; an information system to provide accurate data on the numbers of persons with autism and their service needs to be established as soon as possible.

Physical and sensory disability services

- Home support services, respite care, day care places, residential care including additional places for people with chronic conditions
- Training
- Other multi-disciplinary support services
- Aids and appliances.

Programme for reform of hospital services

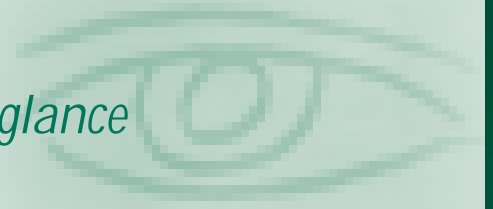
Policy objectives and targets

- Public patients will be provided with a high-quality, efficient and cost-effective service, whether directly in public hospitals or by arrangements with private hospitals.
- Private practice within public hospitals will not be at the expense of fair access for public patients.
- All additional beds will be designated solely for public patients. (Intensive Care Unit and other specialised beds will continue to be non-designated.)
- Co-operation between public and private hospitals will be developed to ensure a cohesive, integrated hospital system.
- Out-patient and accident and emergency services will be greatly improved so that services are better able to provide an efficient, high-quality service.
- The Strategy places a new focus on waiting times. The target is that all public patients commence treatment within a maximum of three months of referral from an out-patient department. The intermediate targets to achieve this aim will be as follows:
 - By the end of 2002, no adult will wait longer than twelve months and no child will wait longer than six months to commence treatment following referral from an out-patient department
 - By the end of 2003, no adult will wait longer than six months and no child will wait longer than three months to commence treatment following referral from an out-patient department
 - By the end of 2004, no public patients will wait longer than three months for treatment following referral from an out-patient department
- A new dedicated Treatment Purchase Fund will be used for the sole purpose of purchasing treatment for public patients who have waited more than three months from their out-patient appointment, until the target of treatment within three months is met by the end of 2004.
- These targets will apply only where waiting times are currently longer than these periods. Hospitals must continue to ensure that patients are treated without unnecessary delay in all areas, including those in which there are no significant waiting times.

To achieve these objectives a mix of actions is required which will address the **capacity, efficiency** and **equity** issues:

Addressing capacity and organisation

- An extra 3,000 beds will be provided over the period to 2011, of which 650 will be in place by the end of 2002
- A strategic partnership with the private sector will be developed in providing services for public patients
- A National Hospitals Agency will be set up to plan the configuration of hospital services



Addressing efficiency

- A new Treatment Purchase Fund will be established to help reduce waiting times
- The management of waiting lists will be reformed
- The use of day-case treatments will be increased in line with international standards
- The organisation and management of services will be enhanced to the greatest benefit of patients
- The operation of out-patient departments will be improved
- A substantial programme of improvements in accident and emergency departments will be implemented
- Diagnostic services for GPs and hospitals will be enhanced

Addressing equity and mix between public and private care

- Targets will be set to commence treating all public patients within a defined timeframe of referral from an out-patient department
- All extra beds will be designated for public patients
- Greater equity for public patients will be secured in a revised contract for hospital consultants
- The rules relating to access of patients to public beds will be clarified
- Incentives will be introduced to safeguard the interests of public patients

Access to services/health inequalities

Eligibility for health and personal social services is clearly defined

- New legislation to clarify entitlements will be introduced. This will include:
 - the existing two categories of eligibility, medical card holders and others, will be maintained
 - medical card holders will be eligible for all publicly funded health and personal social services free of charge and in the shortest possible timeframe in accordance with need
 - non-medical card holders will continue to meet their own general practitioner costs and to pay modest charges for treatment as a public patient in a public hospital. They will continue to be eligible for core services including childhood immunisations, developmental and school health services, the Maternity and Infant Care Scheme and specialist mental health, disability support, child care and family support, substance abuse and palliative care services
- The legislation will also provide a clear framework for financing long-stay care for older people and specify the criteria to apply to the discretionary powers of health board CEOs in granting medical cards.

Scope of eligibility framework is broadened

- Significant improvements will be made in the income guidelines in order to increase the number of persons on low incomes who are eligible for a medical card and to give priority to families with children, particularly children with a disability
- The number of free GP visits under the Maternity and Infant Care Scheme will be increased from two to six in the first year of life. The additional visits will cover general childhood illnesses
- The Nursing Home Subvention Scheme will be amended to take account of the expenditure review of the scheme. The Government intends reforming the operation of existing schemes, including the Carers' Allowance, in order to introduce an integrated care subvention scheme which maximises support for home care. In addition, subvention rates payable in private nursing homes will be reviewed. The Department of Health and Children will begin work immediately with the Department of Social, Community and Family Affairs to develop detailed proposals for the new scheme with a view to introduction as soon as possible
- A grant will be introduced to cover two weeks respite care per annum for dependent older persons.

Better health for everyone: health inequalities

- A programme of actions will be implemented to achieve National Anti-Poverty Strategy and Health targets for the reduction of health inequalities
- Initiatives to eliminate barriers for disadvantaged groups to achieve healthier lifestyles will be developed and expanded
- The health of Travellers will be improved
- Initiatives to improve the health and well-being of homeless people will be advanced
- Initiatives to improve the health and well-being of drug misusers will be advanced
- The health needs of asylum seekers / refugees will be addressed
- Initiatives to improve the health of prisoners will be advanced

In addition to the provisions for services under the investment programme and eligibility/access to services, the following provisions are made:

Children

Better health for everyone

- An integrated national programme for child health will be developed
- National minimum standards/targets for surveillance and screening will be drawn up
- Measures to promote and support breastfeeding will be strengthened
- Initiatives to promote healthy lifestyles in children will be extended
- A National Injury Prevention Strategy to co-ordinate action on injury prevention will be prepared
- Family support services will be expanded:
 - Child welfare budgets will be refocused over the next seven years to provide a more even balance between safeguarding activities and supportive programmes
 - Springboard Projects and other family support initiatives will be further developed
 - Positive parenting supports and programmes will be expanded
 - Effective out-of-hours services will be developed in all health board areas as a priority
 - Family welfare conferences and other services required to support the Children Act, 2001 will be introduced
 - Priority will be given to early intervention for children with behavioural difficulties
- The Youth Homelessness Strategy will be implemented.

Responsive and appropriate care delivery

- An integrated approach to care planning for individuals will become a consistent feature of the system. This will include the appointment of key workers in the context of care planning for children with disabilities
- Mental health services for children and adolescents will be expanded :
 - implementation of the recommendations of the First Report of the Working Group on Child and Adolescent Psychiatric Services
 - development of mental health services to meet the needs of children aged between 16-18 (currently being reviewed by the Working Group on Child and Adolescent Psychiatric Services)
- A review of paediatric services will be undertaken
- Protocols and standards in relation to the care of children in hospitals will be prepared.

Disability Services

Fair access

- The forthcoming Disabilities Bill will outline a statutory framework for the assessment of need and provision of services for people with disabilities
- The Inter-departmental Working Group examining the feasibility of introducing a cost of disability payment will report during 2002. This will include a review of the wide range of existing allowances and concessions for people with disabilities.

Responsive and appropriate care delivery

- An integrated approach to care planning for individuals will become a consistent feature of the system. This will include the appointment of key workers in the context of care planning for children with disabilities.
- Community and voluntary activity in maintaining health will be supported:
 - Programmes to support informal caregivers through the development of informal networks, the provision of basic training and the greater availability of short-term respite care will be developed and implemented
 - Programmes to foster voluntarism and community responsiveness to local needs will be undertaken
- An action plan for rehabilitation services will be prepared
- All reasonable steps to make health facilities accessible will be taken.

High performance

- The remit of the Social Services Inspectorate will be extended to include residential care for people with disabilities
- National standards for residential care for people with disabilities will be prepared
- Service agreements between the health boards and the voluntary sector will be extended to all service providers and associated performance indicators will be introduced.



Mental Health Services

Policy development

- The Mental Health Commission will be established by end of 2001 to begin the implementation of the Mental Health Act, 2001.
- A national policy framework for the further modernisation of the mental health services, updating Planning for the Future (1984), will be prepared.

Better health for everyone

- Services aimed at specific groups will be further developed including:
 - older people
 - those who would benefit from community-based alcohol treatment programmes
- A report on services for people with eating disorders will be prepared by the Working Group on Child and Adolescent Psychiatric Services
- Programmes to promote positive attitudes to mental health will be introduced
- Independent patient advocacy services will be encouraged and resourced
- Mental health services for children and adolescents will be expanded through:
 - Implementation of the recommendations of the First Report of the Working Group on Child and Adolescent Psychiatric Services
 - Development of mental health services to meet the needs of children aged between 16 and 18 (currently being reviewed by the Working Group on Child and Adolescent Psychiatry)
- Suicide prevention programmes will be intensified.

Responsive and appropriate care delivery

- Regional advisory panels / co-ordinating committees (including service providers and consumers) will be established in all health board areas for people with mental illness to advise on the planning and prioritisation of services, the quality of services and the promotion of positive mental health initiatives. These committees will be modelled on similar developments in the area of disability services and include representation of statutory and voluntary service providers as well as consumers.

Services for older people

Better health for everyone

- A co-ordinated action plan to meet the needs of ageing and older people will be developed by the Department of Health and Children in conjunction with the Departments of the Environment and Local Government; Social, Community and Family Affairs; and Public Enterprise
- Community groups will be funded to facilitate volunteers in providing support services such as shopping, visiting and transport for older people
- Health boards will continue take the lead role in implementing the Health Promotion Strategy for Older People, Adding years to life and life to years (1998)
- An action plan for dementia, based on the recommendations of the National Council for Ageing and Older People, will be implemented.

Responsiveness and appropriate care delivery

- An integrated approach to care planning for individuals will become a consistent feature of the system. This will include the appointment of key workers for dependent older people such as those on the margins of home and residential care
- Regional advisory panels/co-ordinating committees (including service providers and consumers) will be established in all health board areas for older consumers and their carers, to provide them with a voice
- Community and voluntary activity will be supported:
 - Programmes to support informal caregivers through the development of informal networks, provision of basic training and the greater availability of short-term respite care will be developed and implemented
 - Programmes to foster voluntarism and community responsiveness to local needs will be undertaken.

High performance

- The remit of the Social Services Inspectorate will be extended to include residential care for older people
- National standards for community and long-term residential care of older people will be prepared.

Chapter 1

New vision, new horizons

This Strategy is centred on a whole system approach to tackling health in Ireland. It goes beyond the traditional concept of 'health services'. It is about developing a system in which best health and social well-being are valued and supported. At its widest limits this system does not just include the services provided under the auspices of the Minister for Health and Children. It includes public and private providers of health services. It includes every person and institution with an influence on or a role to play in the health of individuals, groups, communities and society at large. In describing the strategic direction for the future, this Strategy incorporates many strands of activity within a shared vision to deliver a healthier population and a world class health system.

Health – a definition

This Strategy adopts the definition of 'health' used by the World Health Organisation: 'a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity' ... 'a resource for everyday life, not the objective of living; it is a positive concept emphasising social and physical resources as well as physical and mental capacity'.

Principles

Four principles guided the development of this Strategy

Equity	Health inequalities are targeted People are treated fairly according to need
People-centredness	Health system identifies and responds to the needs of individuals; is planned and delivered in a co-ordinated way; helps individuals to participate in decision-making to improve their health
Quality	Evidence based standards are set in partnership with consumers and are externally validated Continuous improvement is valued
Accountability	Financial, professional and organisational accountability is strengthened for better quality, efficiency and effectiveness

Summary of key messages

Achieving full health potential does not depend solely on the provision of health services. Many other factors and, therefore, many other individuals, groups, institutions and public and private bodies have a part to play in the effort to improve health status and achieve the health potential of the nation. One aim of this Strategy is to ensure that health is given priority across all the sectors with a role to play in improving health status.

The health system must focus on providing individuals with the information and support they need to make informed health choices.

Addressing quality of life issues must be a central objective of the Health Strategy.

The debate about health spending must recognise the social and economic value which accrues from investment in health and personal social services.

Chapter 2

Understanding our health

This Health Strategy is concerned not only with illness, and the health services, but also with the role of other sectors in keeping people healthy. It also recognises the impact that being less healthy, being ill or having a disability may have on the quality of life of individuals, their families, their community and society in general. Chapter 2 has important messages:

Figure 2.1 Female life expectancy at birth Ireland and EU, selected years 1970-1997

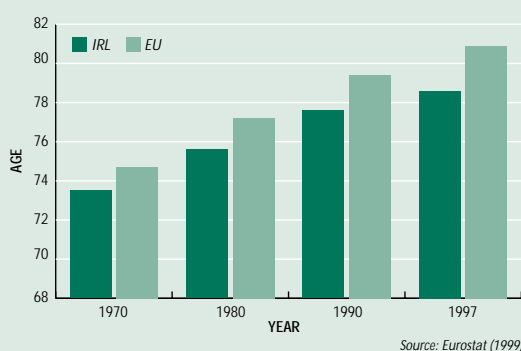
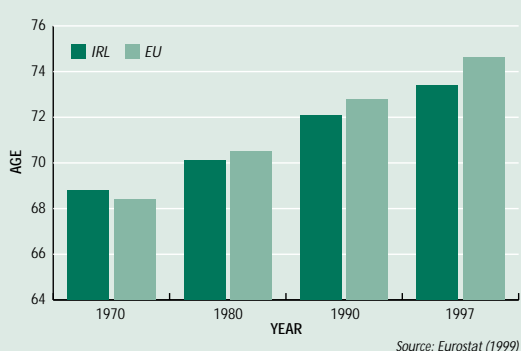
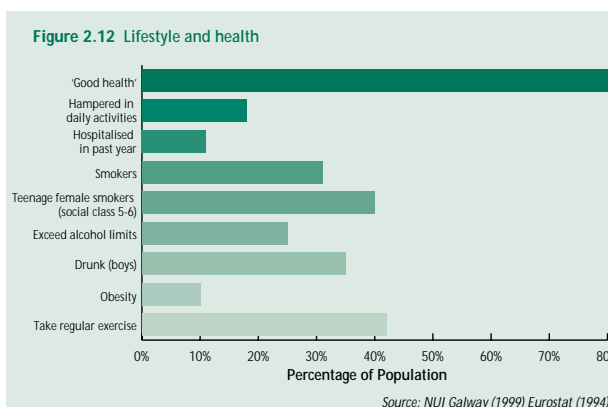


Figure 2.2 Male life expectancy at birth Ireland and EU, selected years 1970-1997

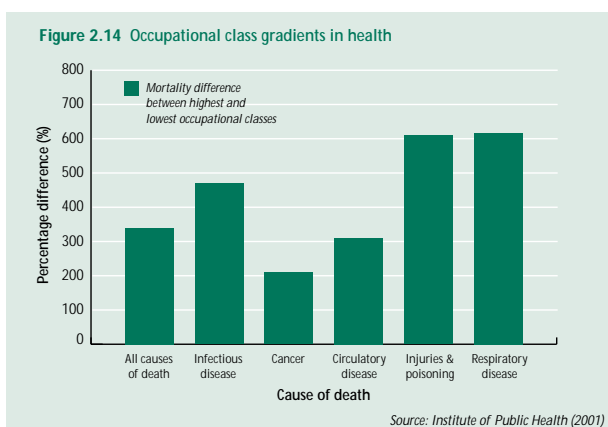


- Life expectancy in Ireland is increasing, but not as fast as in the EU.
- Life expectancy is poorer for males than females.
- The gap in life expectancy between Ireland and the EU is widening.
- Life expectancy for older people has shown only modest improvement.

Premature mortality remains a major public health issue in Ireland today. Many deaths caused by cancer, circulatory diseases and injury are preventable. If the trends in smoking, alcohol consumption, diet and lifestyles are not reversed, this is likely to continue to lead to many avoidable deaths in future years.



The relationship between health and socio-economic status in Ireland is also discussed. This is an important consideration in addressing the overall health of the population. Effective action in relation to this issue will require a multi-sectoral approach.



Finally there are considerable numbers of people with chronic illnesses or disabilities which impact on their ongoing social well-being. Improving information about service needs is a priority. In extending existing services and developing new services, the focus must be on responding to identified needs in a holistic way and maximising the opportunity for individuals to achieve their full health potential.

Summary of key messages

Action to increase life expectancy and to achieve better health for everyone must be a priority. This involves intersectoral action on lifestyle and environmental factors as key determinants of good health. This will require co-operation and input from stakeholders outside the traditional health area based on a recognition of health as a national priority.

There is a need to take more deliberate and assertive action in addressing health inequalities. Trends indicate that, without decisive intervention, the gap in health between the rich and the poor will continue to widen. The Strategy must prioritise supporting the disadvantaged to improve their health status.

The quality of life aspect of health also needs to be highlighted. An increased understanding and awareness of the impact certain illnesses have on quality of life needs to be developed. This will involve creating a supportive environment for maximum social well-being for vulnerable groups.

Chapter 3

The health system explained

This Chapter outlines a critical assessment of the strengths of the system that will support strategic goals; and what weaknesses may hinder achieving them, as well as the opportunities and threats that will influence the achievement of these goals in the years to come. Equity and access, patient focus, integration, quality, configuration, capacity and funding, human resources and organisational structures are all considered. These issues are discussed in the context of key features of the system including the public/private mix of service provision. In conclusion, key goals to complement those identified in Chapter 2 are outlined. The changes and development required within the health system to match a new strategic direction are also established.

Key concerns identified by the analysis of the health system are centred around:

- Eligibility, access and equity
- Responsiveness and appropriateness of care
- Improving system performance

The analysis also identifies that meeting these concerns will require changes to the current health system, particularly in:

- Primary care
- Acute hospital services
- Funding
- Human resources
- Organisational structures
- Information systems

Chapter 4

National goals

This Chapter sets out the four national goals to encompass the many proposed developments and reforms that emerged from the deliberations of the consultation process and the analysis of the Health Strategy Steering Group. It describes the four goals in detail.

Goals

Objectives

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

- ➔ • The health of the population is at the centre of public policy
- The promotion of health and well-being is intensified
- Health inequalities are reduced
- Specific quality of life issues are targeted.

**National Goal No. 2:
Fair access**

- ➔ • Eligibility for health and personal social services is clearly defined
- Scope of eligibility framework is broadened
- Equitable access for all categories of patient in the health system is assured.

**National Goal No. 3:
Responsive and appropriate
care delivery**

- ➔ • The patient is at the centre in planning care delivery
- Appropriate care is delivered in the appropriate setting
- The system has the capacity to deliver timely and appropriate services.

**National Goal No. 4: High
performance**

- ➔ • Standardised quality systems support best patient care and safety
- Evidence and strategic objectives underpin all planning/decision-making.

Actions and target dates for achieving these goals are objectives are set out in detail in the Action Plan at Appendix 1 and in Chapter 7 of the main Strategy document.

National Goal No 1: Better Health for Everyone

Actions 1-35

The first goal is concerned with promoting and improving everyone's health and reducing health inequalities.

Objective 1: The health of the population is at the centre of public policy: This objective is concerned with ensuring a joint approach, co-ordinated under one coherent strategy, to maximise the impact on health of existing policies, structures and initiatives. It is designed to ensure that all policy makers, especially those more indirectly involved in the health system, consider the impact that their decisions might have both directly and indirectly on the health of the population.

Objective 2: The promotion of health and well-being is intensified: The reality is that the achievement of health and well-being is not the responsibility of the individual alone. This objective is concerned with providing a supportive environment to help us all make the healthier choice the easier choice and thereby contribute individually to improving overall health status.

Objective 3: Health inequalities are reduced: This objective is about ensuring that disadvantaged groups get the help and support they need to ensure that everyone in society has an equal chance to achieve their full health potential.

Objective 4: Specific quality of life issues are targeted: As defined in this Strategy, "health" is more than simply the absence of illness or disease. It is also about quality of life. It is clear from the consultation process that actions to improve social gain and quality of life should form part of a coherent health strategy.

National Goal No 2: Fair Access

Actions 36-47

The second goal is concerned with making sure that equal access for equal need is a core value for the delivery of publicly funded services. Access in terms of timing and geographic location are also embraced by this goal.

Objective 1: Eligibility for health and personal social services is clearly defined: The system of eligibility for services within the health system is complex. Criteria are not always clear-cut and there may be inconsistencies in eligibility for certain services between different health board areas. These problems will be addressed in a review of current legislative provisions and in the preparation of new legislation suited to a modern health system.

Objective 2 : Scope of eligibility framework is broadened: The number of people covered by the medical card scheme will be increased significantly. Income guidelines will be extended to cover more people on low incomes and targeted increases will be implemented to ensure that more children are covered. In addition a number of other schemes, including the Maternity and Infant Care Scheme, will be extended.

Objective 3: Equitable access for all categories of patients in the health system will be assured: This Strategy outlines proposals to ensure that all public patients can expect the highest quality of service within a reasonable period of time and in appropriate settings. The proposals include a short, medium and long-term programme for the largest ever concentrated increase in public acute hospital capacity. A more proactive approach to ensuring that people understand their entitlements will be developed. Other issues affecting people's ability to access services, transport to services, opening times, waiting times for appointments and appropriate waiting facilities are also dealt with.

National Goal No. 3: Responsive and appropriate care delivery

Actions 48-62

The third goal aims to gear the health system to respond appropriately and adequately to the needs of individuals and families. It is also concerned with ensuring that the various parts of the system are being utilised to their maximum effectiveness and efficiency.

Objective 1 : The patient is at the centre in planning care delivery: A responsive system must develop ways to engage with individuals and the wider community receiving services. Health care workers will be encouraged and facilitated to listen to and accommodate, as appropriate, individual patient's/client's wishes. At community level, this means allowing the wider community to participate in decisions about services at national, regional and local level.

Objective 2: Appropriate care is delivered in the appropriate setting: Action will be taken to ensure that the care required is delivered in the appropriate setting. This objective is also concerned with empowering and encouraging communities to become more involved in the provision of informal care in the community.

Objective 3: The health system has the capacity to deliver timely and appropriate services: There is increasing evidence that the system does not have the capacity to meet the current demands being placed on it. Additional investment across the system will be necessary. In addition, a reorientation of existing services to meet needs more appropriately and responsively will help to gain better use from available capacity in some areas.

National Goal No. 4: High Performance

Actions 63-73

The fourth goal relates to quality of care, planning and decision-making, the efficiency and effectiveness of the system, commitment to continuous improvement and full accountability. The principles of quality and accountability are embraced by the objectives identified under this goal.

Objective 1: Standardised quality systems support best patient care and safety: This objective is concerned with ensuring that the quality and safety of care in the Irish health system meet agreed standards and are regularly evaluated/benchmarked. A quality outlook must underpin the planning, management and delivery of services within the health system. Quality can then be measured and demonstrated in an objective way.

Objective 2: Evidence and strategic objectives underpin all planning/decision making: The health system is very complex and requires managerial and operational decisions to be made in many different organisations at many different levels. This objective is concerned with ensuring that the Strategy's high-level goals are put into effect. In addition, evidence of effectiveness must inform the policy and decision-making process across the health system. An evidence-based approach will ensure clearer accountability and support improved outcomes generally.

Chapter 5

The frameworks for change

The health system needs to be reform and developed so that the national goals can be achieved. This Chapter details a series of essential actions under six areas for change.

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

Strengthening primary care

Actions 74-77

Primary care is the first point of contact people have with the health and personal social services. It must become the central focus of the health system. It is the appropriate setting to meet 90-95 per cent of all health and personal social services needs. A properly integrated primary care service can lead to better outcomes, better health status and better cost effectiveness. Properly developed primary care services can help prevent or reduce the impact of conditions that might later require hospitalisation and can also facilitate earlier hospital discharge. Overall, the strengthened primary care system will have a major impact in reducing demand for specialist services and the hospital system, particularly accident and emergency and outpatient services.

- **Primary care** is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being.
- Primary care includes the range of services that are currently provided by general practitioners (GPs), public health nurses, social workers, practice nurses, midwives, community mental health nurses, dieticians, dentists, community welfare officers, physiotherapists, occupational therapists, home helps, health care assistants, speech and language therapists, chiropodists, community pharmacists, psychologists and others.

The policy aim is to develop the capacity of primary care to meet the full range of health and personal social services needs appropriate to that setting. This will involve significantly enhanced funding for development of primary care, in terms of staff, physical infrastructure, information and communication systems and diagnostic support.

Strengthening primary care



- A new comprehensive model of primary care to meet the needs of patients and clients in an integrated way, based on close teamwork between health professionals and direct access to services
- Close coordination and integration between primary and hospital services
- Immediate investment in GP co-operatives
- A task force to oversee the phased implementation of the model over the lifetime of the Health Strategy

Full details of the new model are contained in the document, *Primary Care: A New Direction*, which is published separately.

Reform of acute hospital system

Actions 78-91

The overall policy objective for the reform of acute hospitals is improved access for public patients. The reforms involve increasing capacity through further investment, strengthening efficiency and quality of services, and working in closer partnership with the private hospital sector.

Policy Objectives and Targets

- Public patients will be provided with a high-quality, efficient and cost-effective service, whether directly in public hospitals or by arrangements with private hospitals.
- Private practice within public hospitals will not be at the expense of fair access for public patients.
- All additional beds will be designated solely for public patients. (Intensive Care Unit and other specialised beds will continue to be non-designated.)
- Co-operation between public and private hospitals will be developed to ensure a cohesive, integrated hospital system.
- Out-patient and accident and emergency services will be greatly improved so that services are better able to provide an efficient, high-quality service.
- The Strategy places a new focus on waiting times. The target is that all public patients commence treatment within a maximum of three months of referral from an out-patient department. The intermediate targets to achieve this aim will be as follows:
 - By the end of 2002, no adult will wait longer than twelve months and no child will wait longer than six months to commence treatment following referral from an out-patient department
 - By the end of 2003, no adult will wait longer than six months and no child will wait longer than three months to commence treatment following referral from an out-patient department
 - By the end of 2004, no public patients will wait longer than three months for treatment following referral from an out-patient department
- A new dedicated Treatment Purchase Fund will be used for the sole purpose of purchasing treatment for public patients who have waited more than three months from their out-patient appointment, until the target of treatment within three months is met by the end of 2004.
- These targets will apply only where waiting times are currently longer than these periods. Hospitals must continue to ensure that patients are treated without unnecessary delay in all areas, including those in which there are no significant waiting times.

To achieve these objectives a mix of actions is required which will address the **capacity, efficiency** and **equity** issues:

Addressing capacity and organisation

- An extra 3,000 beds will be provided over the period to 2011, of which 650 will be in place by the end of 2002
- A strategic partnership with the private sector will be developed in providing services for public patients
- A National Hospitals Agency will be set up to plan the configuration of hospital services

Addressing efficiency

- A new Treatment Purchase Fund will be established to help reduce waiting times
- The management of waiting lists will be reformed
- The use of day-case treatments will be increased in line with international standards
- The organisation and management of services will be enhanced to the greatest benefit of patients
- The operation of out-patient departments will be improved
- A substantial programme of improvements in accident and emergency departments will be implemented
- Diagnostic services for GPs and hospitals will be enhanced

Addressing equity and mix between public and private care

- Targets will be set to commence treating all public patients within a defined timeframe of referral from an out-patient department
- All extra beds will be designated for public patients
- Greater equity for public patients will be secured in a revised contract for hospital consultants
- The rules relating to access of patients to public beds will be clarified
- Incentives will be introduced to safeguard the interests of public patients

Funding the Health Services

Actions 92-99

The issue of the funding of the health system has been the subject of much public debate and was discussed in detail during the consultative process for the development of the Strategy. The following key elements have been considered - the method of raising health funding, the level of health funding and the method of allocating health funding. This framework outlines the Government's position on these issues which may be summarised as follows:

- the present centrally-funded tax-based system of funding, complemented as at present by private health insurance will be retained
- capital and revenue funding of the system will be increased
- a clear evidence-based methodology for funding, linked to strategic objectives, will create positive incentives to improve access and increase levels of service.

The framework for funding is aimed at improving access and responsiveness in the system by increasing capacity, and at improving performance through evidence-based funding methods such as casemix budgeting, improved accountability and stronger incentives for efficiency.

Funding



- Continued targeted investment in the health system using an evidence-based approach and prioritised programmes
- Transparent systems for funding services, including further development of casemix budget model
- Funding linked to service plans, outcomes and incentives for efficiency
- Multi-annual budgeting for selected long-term programmes
- Annual statements to be published on funding process and criteria

Developing Human Resources

Actions 100-108

The framework for human resources is aimed at harnessing fully the vital contribution made by all staff working in the health system, through further development of all aspects of the human resource function throughout the health services.

Two key strands are addressed in the framework for human resources:

- Ensuring a qualified, competent workforce to meet the changing demands of the people: It is vital to plan effectively at national and local level so as to recruit, retain and develop a workforce with the capacity and skills to meet service needs. Recent studies of workforce requirements for nurses, doctors and certain grades of health and social care professionals have assisted in this process.
- Becoming an employer of choice: Many factors, other than financial rewards, draw workers to join and remain with a particular employer. These include:
 - Best practice employment policies and procedures
 - Positive strategies for improving the work environment and the quality of working life
 - A positive and participative style of management which makes for a stimulating work environment
 - A culture that emphasises the value of continuous learning and improvement in the skills and experience of everyone working in the system.

The Government has asked the National Centre for Partnership and Performance (NCCP) to work closely with Government Departments, State agencies, staff and unions to promote organisational change in a way that will improve the delivery of services and develop the workplace of the future. In this context, the partnership model must be central to meeting the challenges ahead.

Developing human resources



- Competent, qualified workforce in order to meet growing demands through more active workforce planning and maximising recruitment and retention
- The health services to become an employer of choice by developing the HR function, investing in education and training and implementing best practice employment policies
- An Action Plan for People Management to develop these initiatives further

Organisational Reform

Actions 109-114

The framework for organisational reform is aimed at providing a responsive, adaptable health system which meets the needs of the population effectively and at affordable cost.

It is important to develop a single integrated system, rather than one which varies between the approaches taken in individual health board areas. This requires more co-ordination between health boards in the way they work, particularly in areas of planning and service delivery.

Structures are required to support the central development of national quality standards and to ensure consistent national application of those standards. Continuing close co-ordination with the non-statutory sector will also be required.

Organisational reform



- Department of Health and Children restructured
- Health boards focused on a programme of change management
- An independent Health Information and Quality Authority set up
- A comprehensive independent audit of the structures and functions of the health system to determine the scope for rationalisation of bodies and to improve governance

Developing Health Information

Actions 115-121

The framework for information is aimed at improving performance by supporting quality, planning and evidence-based decision-making in the health system. Good information systems will also support equity of access.

The Department of Health and Children is currently preparing a National Health Information Strategy (NHIS). Its implementation has been identified as key in supporting the attainment of the Health Strategy's national goal of high performance. Information has been included in the Health Strategy as a specific framework for change because it plays an integral role in the development of the health system. The actions set out in this section should be seen as supporting and prioritising key areas for attention which are developed in greater detail in the forthcoming National Health Information Strategy.

Information



- Appropriate, comprehensive, high-quality, accessible and timely information on which to plan and organise the health system
- Investment in national health information systems as set out in the forthcoming National Health Information Strategy
- Development of electronic health record to enhance the quality and safety of care

Chapter 6

Responding to people's needs

Chapter 6 describes the implications of the Strategy for particular groups of the population. The groups/service areas considered are:

- Children
- People with disabilities
- Mental health
- Older people
- Women
- Men
- Population health

Chapter 7

Action Plan

Chapter 7 contains a detailed Action Plan which sets out who is responsible for each key element of the Strategy, how it will be implemented, and by when. The full Action Plan is contained in Appendix 1.

Chapter 8

Making change happen

This Chapter describes how implementation of the Action Plan will be supported and how progress in delivering targets will be monitored and the quality and effectiveness of the services evaluated.

The Strategy sets out an ambitious programme of development and reform for the health system. The various initiatives have at their core the guiding principles of *equity, people-centredness, quality and accountability*. They are aimed at achieving the goals of *better health for everyone, fair access, appropriate and responsive care delivery and high performance*.

The approach to implementing the Strategy will:

- make explicit the responsibilities and tasks of relevant sectors, organisations and key individuals
- have clear political leadership

- reflect the valid expectations of users, voluntary and community interests and staff to be involved in reshaping the health system
- allow for responsive innovation in addressing locally-identified priorities and needs.

In addition to implementation, it will be important to put in place a system to monitor progress and systematically evaluate the quality and effectiveness of services being delivered. Monitoring and evaluation must become intrinsic to the approach taken by people at all levels of the health services.

The approach to implementation makes clear not just how change will be implemented, but also how outcomes will be monitored and evaluated over time.

Ongoing measurement and reporting of progress against the targets set out in Chapter 7 will be an essential part of the implementation process. This will ensure that:

- those responsible for implementation are accountable for the progress they are making
- the return on the increased investment in health that will flow from this Strategy is measured
- those charged with the planning, development and delivery of services can make informed choices on the continuing direction for consolidation, improvement and change.

The arrangements to support implementation, monitoring and evaluation functions are described below.

National level

Implementation

- Cabinet Sub-Committee on Implementation of Strategy, chaired by An Taoiseach
- Inter-Departmental Committee to support the Cabinet Sub-Committee and review the cross-sectoral impact of the Health Strategy
- Dedicated National Implementation Team in Department of Health and Children to drive implementation of the Strategy within the health system and to prepare published annual progress report for the Cabinet Sub-Committee and the Joint Oireachtas Committee on Health and Children
- National Steering Group including external expertise in change management to identify approaches for implementation and to help create momentum for change.

Monitoring and evaluation

- Dedicated monitoring and evaluation function within the Department of Health and Children
- Department and health boards to agree a key set of nationally applicable performance indicators. (Individual agencies to supplement these as required with more detailed local indicators)
- New division of population health in the Department of Health and Children to facilitate health impact assessment, promote health proofing of all Government decisions and ensure a population health focus at national level.

Health boards/local level

Implementation

- Implementation Teams to implement Strategy at local level, working with local stakeholders and the National Steering Group
- Dedicated population health function in each health board, headed by senior manager with responsibility for liaison between agencies and health impact assessment.

Monitoring and evaluation

- Dedicated monitoring and evaluation function within each health board to review selected services as specified in service plan
- Performance management systems to be introduced.

Wider stakeholders

- National Forum of all stakeholders to review implementation reports of the Department's Health Strategy Unit and reports on monitoring and evaluation
- Further development of partnership structures for staff involvement in implementation of Health Strategy at local and national level.

External assessment of progress

- Health Information and Quality Authority to:
 - Carry out independent evaluation of selected service areas each year
 - Work with agencies to develop standards, methods and targets against which to evaluate services
 - Drive information developments in line with the National Health Information Strategy
 - Pursue national quality agenda, including accreditation, best practice guidelines and risk management
 - Develop health impact assessment tools for national and local application
 - Oversee health technology assessment.

The Action Plan

National Goal No. 1: Better health for everyone

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

Action	Deliverable	Target date	Responsibility
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 	June 2002	Relevant Government departments
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 	With immediate effect	Relevant Government departments
3 The National Environment and Health Action Plan will be prepared.	<ul style="list-style-type: none"> Plan submitted to Government 	June 2002	Relevant Government departments and agencies
4 A population health division will be established in the Department of Health and Children. A population health function will be established in each health board.	<ul style="list-style-type: none"> New division to be established and begin Reorganisation and expansion of existing function 	March 2002 June 2002	Department of Health and Children (DoHC) Health boards

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

Action	Deliverable	Target date	Responsibility
5 Actions on major lifestyle factors targeted in the National Cancer, Cardiovascular and Health Promotion Strategies will be enhanced.	<p>To achieve targets set out in the National Health Promotion Strategy (2000-2005) through:</p> <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 further restrictions on the advertising of alcohol <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 Continuing measures to promote physical exercise 	Ongoing Ongoing Ongoing Mid 2003 Ongoing Ongoing	DoHC and health boards
6 The Public Health (Tobacco) Bill will be enacted and implemented as a matter of urgency.	<ul style="list-style-type: none"> Enactment of Bill Implementation of Act <ul style="list-style-type: none"> Policing of bans on advertising and sponsorship Establishment of register of retailers 	Passed by Easter 2002 Ongoing End 2002	DoHC Tobacco Control Agency Tobacco Control Agency

7	A reduction in smoking will continue to be targeted through Government fiscal policies.	Decisions on tax and excise duties on tobacco products	Ongoing	Department of Finance
8	Initiatives to promote healthy lifestyles in children will be extended.	Extension of substance abuse prevention programme and social, personal and health education programmes	On an ongoing basis – full extension to all schools by December 2005	Department of Education/ DoHC/health boards
9	Measures to promote and support breastfeeding will be strengthened.	<ul style="list-style-type: none"> • Appoint national breastfeeding committee • Review the national breastfeeding policy and make recommendations to the Minister 	December 2001 End 2003	DoHC/service providers
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 	End 2002	Department of the Environment (lead) DoHC/National Safety Council/ Health and Safety Authority
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 cervical screening programme 	Ongoing Ongoing	Health boards in conjunction with Breastcheck
12	A revised implementation plan for the National Cancer Strategy will be published.	<ul style="list-style-type: none"> • Revised implementation plan published 	End 2002	National Cancer Forum
13	The Heart Health Task Force will monitor and evaluate the implementation of the prioritised cardiovascular health action plan.	<ul style="list-style-type: none"> • Monitoring and implementation processes agreed and in place 	End 2002	Heart Health Task Force/ Health Information and Quality Authority
14	Initiatives will be taken to improve children's health.	<ul style="list-style-type: none"> • Integrated programme for child health developed • National minimum standards and targets for surveillance and screening drawn up • Mental health services for children & adolescents will be expanded: <ul style="list-style-type: none"> – Implementation of the recommendations of the First Report of the Working Group on Child & Adolescent Psychiatric Services – development of mental health services to meet the needs of children aged between 16 and 18 	December 2002 2002 Ongoing Ongoing Ongoing	DoHC DoHC DoHC/Health boards in conjunction with Working Group on Child and Adolescent Psychiatric Services Health Information and Quality Authority
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 	Early 2002 Mid 2002 Mid 2003	DoHC/Health boards
16	Measures will be taken to promote sexual health and safer sexual practices.	<ul style="list-style-type: none"> • Action plan prepared 	End 2003	DoHC
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 	Ongoing to meet EU target of 2003	DoHC

Objective 3: Health inequalities are reduced

Action	Deliverable	Target date	Responsibility
18 A programme of actions will be implemented to achieve National Anti-Poverty Strategy and Health targets for the reduction of health inequalities.	<ul style="list-style-type: none"> Target for premature mortality achieved 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 	2007 2007 Immediate commencement of monitoring targets developed by 2003 2007	DoHC (lead)/ Service providers/ Relevant Government departments/ Inter-Departmental Group on the National Anti-Poverty Strategy
19 Initiatives to eliminate barriers for disadvantaged groups to achieve healthier lifestyles will be developed and expanded.	<ul style="list-style-type: none"> Implement fully existing policy in the National Health Promotion Strategy Community-level programmes introduced 	Ongoing Ongoing	Health boards
20 The health of Travellers will be improved.	<ul style="list-style-type: none"> Travellers Health Strategy published Implementation commenced 	Published 2001 Immediately	DoHC/health boards
21 Initiatives to improve the health and well-being of homeless people will be advanced.	<ul style="list-style-type: none"> Implementation of 'Homelessness – an Integrated Strategy' Implementation of Youth Homelessness Strategy 	Ongoing Implemented by End 2003	Department of Environment (lead) DoHC/health boards/National Children's Office
22 Initiatives to improve the health and well-being of drug misusers will be advanced.	<ul style="list-style-type: none"> Implementation of National Drugs Strategy 	All actions by 2008	Department of Tourism, Sport and Recreation/DoHC/health boards
23 The health needs of asylum seekers/refugees will be addressed.	<ul style="list-style-type: none"> Statement prepared and published Implementation commenced 	5 year implementation	DoHC/Department of Justice, Equality and Law Reform/health boards/service providers
24 Initiatives to improve the health of prisoners will be advanced.	<ul style="list-style-type: none"> Implementation commenced 	Ongoing	Irish Prisons Service

Objective 4: Specific quality of life issues are targeted

Action	Deliverable	Target date	Responsibility
25 A new action programme for mental health will be developed.	<ul style="list-style-type: none"> 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 services introduced Programmes to promote positive attitudes introduced Suicide prevention programme will be intensified 	Mid 2003 Ongoing Following completion of second (current) report Ongoing Ongoing	DoHC Working Group on Child and Adolescent Psychiatric Services Health boards DoHC/health boards DoHC/National Suicide Review Group/health boards

26	An integrated approach to meeting the needs of ageing and older people will be taken.	<ul style="list-style-type: none"> • A programme of investment • A co-ordinated action plan to meet the needs of ageing and older people • Funding of community groups • Health Promotion Strategy implemented • Action plan for dementia will be implemented 	<p>Ongoing</p> <p>Mid 2002</p> <p>Ongoing</p> <p>Ongoing</p> <p>7 year programme</p>	<p>DoHC</p> <p>DoHC in conjunction with relevant Government departments</p> <p>Health boards</p> <p>Health boards</p> <p>DoHC/health boards</p>
27	Family support services will be expanded.	<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 • Out-of-hours service available • Children Act, 2001 fully implemented 	From 2002	Health boards
28	A comprehensive strategy to address crisis pregnancy will be prepared.	<ul style="list-style-type: none"> • Crisis Pregnancy Agency established • Strategy prepared 	<p>Immediate</p> <p>To be agreed</p>	Crisis Pregnancy Agency
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 	2003	Health Information and Quality Authority
30	An action plan for rehabilitation services will be prepared.	<ul style="list-style-type: none"> • Working group established • Action plan prepared 	<p>End 2001</p> <p>End 2002</p>	DoHC
31	A national palliative care service will be developed.	<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 	<p>2002</p> <p>2002</p> <p>2002</p>	<p>Expert Group</p> <p>DoHC</p> <p>DoHC/health boards</p>
32	Entitlement to high-quality treatment services for people with Hepatitis C, infected by blood and blood products, will be assured.	<ul style="list-style-type: none"> • Services kept under review 	Ongoing	DoHC
33	Resources will be provided to support the full implementation of AIDS Strategy 2000.	<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 per cent or more 	<p>Mid 2002</p> <p>End 2003</p>	<p>DoHC</p> <p>Service providers</p>
34	Measures to prevent domestic violence and to support victims will continue.	<ul style="list-style-type: none"> • Initiatives will be included in health board service plans 	From 2002	Health boards
35	A national policy for the provision of sheltered work for people with disabilities will be developed.	<ul style="list-style-type: none"> • Policy prepared 	End 2002	DoHC/Department of Enterprise, Trade and Employment

National Goal No. 2: Fair Access

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

Action	Deliverable	Target date	Responsibility
36 New legislation to provide for clear statutory provisions on entitlement will be introduced.	<ul style="list-style-type: none"> Publish Bill 	2002	DoHC
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 	Ongoing in line with changes Actions 38-41 below	DoHC

Objective 2: Scope of eligibility framework is broadened

Action	Deliverable	Target date	Responsibility
38 Income guidelines for the medical card will be increased.	<ul style="list-style-type: none"> Revised income guidelines 	*	DoHC
39 The number and nature of GP visits for an infant under the Maternity and Infant Care Scheme will be extended.	<ul style="list-style-type: none"> 4 extra free GP visits under the Maternity and Infant Care Scheme to cover general childhood illnesses 	*	DoHC
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. 	* *	DoHC/Health boards
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 	*	DoHC/Department of Social, Community and Family Affairs
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 	2002	Department of Social, Community and Family Affairs (lead)/Department of Health and Children/Department of Finance

* The timing of the introduction of actions will be decided by Government in the context of the prevailing budgetary situation.

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

Action	Deliverable	Target date	Responsibility
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 	See Action 81	DoHC/service providers/ National Hospitals Agency
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 	March 2002 Ongoing Ongoing	DoHC Service providers in conjunction with Comhairle and community representative groups DoHC/health boards

45	All reasonable steps to make health facilities accessible will be taken.	<ul style="list-style-type: none"> Transport needs of users considered when planning services that cannot be provided locally All health facilities designed and adapted to provide access for all users 	Ongoing	Service providers
			Ongoing	Service providers
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 	2002	Service providers
			End 2003	Service providers
47	Waiting areas in health facilities will be upgraded.	<ul style="list-style-type: none"> Improvement/adaptation of waiting facilities 	End 2006	Service providers

National Goal No 3: Responsive and appropriate care delivery

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

Action	Deliverable	Target date	Responsibility
48 A national standardised approach to measurement of patient satisfaction will be introduced.	<ul style="list-style-type: none"> Agreed system published and implemented 	End 2002	Health boards/Health Boards Executive Agency (HeBE)
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 Legislation on statutory complaints procedure published 	June 2003	DoHC/service providers
		End 2002	DoHC
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 	2002	Professional bodies
		2003	Training bodies
		2003	Service providers/professional bodies
51 An integrated approach to care planning for individuals will become a consistent feature of the system.	<ul style="list-style-type: none"> Training initiatives to promote inter-disciplinary working for existing staff delivered Inter-disciplinary working incorporated into professional training programmes Extension of key workers for older people and children with disabilities. 	Programmes to commence 2002	Professional bodies/service providers
		Ongoing	Training bodies
		Commence early 2002	Service providers
52 Provision will be made for the participation of the community in decisions about the delivery of health and personal social services.	<ul style="list-style-type: none"> Public information/education campaign devised Regional advisory panels/co-ordinating committees established. Establishment of consumer panels Establishment of National Strategy Forum 	2002	DoHC/HeBE DoHC/ health boards
		Mid 2002	DoHC/Health boards
		Mid 2002	DoHC
		Mid 2002 First meeting Oct. 2002	

Objective 2: Appropriate care is delivered in the appropriate setting

Action	Deliverable	Target date	Responsibility
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 	Ongoing	DoHC/Primary Care Task Force
	<ul style="list-style-type: none"> Review of clinical pathway systems Review of charges 	Ongoing Completed 2002	Service providers Health boards/HeBE
54 Community and voluntary activity in maintaining health will be supported.	<ul style="list-style-type: none"> Programmes to support informal carers expanded and extended 	Commencing 2002 in all health boards December 2002	Health boards
	<ul style="list-style-type: none"> Programmes to support voluntarism developed 	Ongoing	Steering Committee for the White Paper on Supporting Voluntary Activity DoHC/health boards
	<ul style="list-style-type: none"> First responder service developed 	Ongoing	DoHC/health boards
	<ul style="list-style-type: none"> Funding arrangements for national bodies streamlined 	From 2002 onwards	HeBE

Objective 3: The system has the capacity to deliver timely and appropriate services

Action	Deliverable	Target date	Responsibility
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 	2002-onwards	DoHC
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 	End 2003	National Cancer Forum/Advisory Forum on Cardiovascular Health, Health Information and Quality Authority
	<ul style="list-style-type: none"> Structures and requirements for evidence-based practice agreed 	End 2003	
	<ul style="list-style-type: none"> Appropriate outcome and performance indicators agreed 	End 2003	
57 Measures to provide the highest standard of pre-hospital emergency care/ambulance services will be advanced.	<ul style="list-style-type: none"> Development of standards Community training of GPs and other health care professionals Training in clinical protocols Resuscitation training for all staff in acute hospitals 	All ongoing	DoHC/Pre-Hospital Emergency Care Council/ service providers
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 	2002 2003	DoHC
59 A review of paediatric services will be undertaken.	<ul style="list-style-type: none"> Working Party established Working Party report submitted to Minister 	2002 2003	DoHC
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 The IKA supported to develop targeted programmes to address the health and social needs of the renal population 	Ongoing	DoHC
61 Organ transplantation services will be further developed.	<ul style="list-style-type: none"> Increase in organ donation and utilisation rates 	Ongoing	DoHC/health boards
62 Specialist dental services will be expanded.	<ul style="list-style-type: none"> New goals for oral health formulated Action plan prepared 	Immediate Mid 2002	DoHC
	<ul style="list-style-type: none"> Recognition of additional areas of specialisation 	Ongoing – 2003	DoHC/Dental Council Health boards
	<ul style="list-style-type: none"> Establishment of training programmes More widespread use of private sector orthodontic services 	From 2002 onwards	

National Goal No. 4: High performance

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

Action	Deliverable	Target date	Responsibility
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 	Commencing on establishment of Health Information and Quality Authority	Health Information and Quality Authority
	<ul style="list-style-type: none"> Quality assurance systems introduced 	Ongoing	DoHC
	<ul style="list-style-type: none"> The Hospital Accreditation Programme extended The Social Services Inspectorate (SSI) to be established on a statutory basis 	Ongoing 2003	Service providers/DoHC
64 A review of medicines legislation will be undertaken.	<ul style="list-style-type: none"> Review to commence 	End 2001	DoHC
65 Licensing of alternative medicines will be examined.	<ul style="list-style-type: none"> Submission of recommendations to Minister 	End 2001	DoHC/Irish Medicines Board
66 The highest international standards of safety in transfusion medicine will be set and adhered to.	<ul style="list-style-type: none"> Standards achieved 	Ongoing	DoHC /Irish Blood Transfusion Service/Irish Medicines Board
67 Legislation on assisted human reproduction will be prepared.	<ul style="list-style-type: none"> Bill published 	On completion of the work of Commission on Assisted Human Reproduction	DoHC

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

Action	Deliverable	Target date	Responsibility
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 	Ongoing	Health Information and Quality Authority Service providers
69 An information/education campaign will be undertaken for all decision-makers in the health system on the Strategy's goals and objectives.	<ul style="list-style-type: none"> National, regional and local communications programme 	Commencing immediately	DoHC/health boards/service providers
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 	End 2002	DoHC/health boards
	<ul style="list-style-type: none"> Standardised performance indicators agreed 	End 2002	
	<ul style="list-style-type: none"> Reporting mechanisms agreed 	End 2002	
71 Each health board will develop implementation plans.	<ul style="list-style-type: none"> Format for implementation plans agreed 	Early 2002	DoHC/health boards
	<ul style="list-style-type: none"> Framework for linkages between service plans, national policy and implementation plans established 	End 2002	
72 Service agreements between the health boards and the voluntary sector will be extended to all service providers and associated performance indicators will be introduced.	<ul style="list-style-type: none"> Service agreements for all voluntary providers 	2002-2003	Health boards/voluntary providers
73 Health research will continue to be developed to support information and quality initiatives.	<ul style="list-style-type: none"> Implementation of the Health Research Strategy 	2002 onwards	DoHC/Health Research Board/service providers

Frameworks for change

Primary care

Action	Deliverable	Target date	Responsibility
74 A new model of primary care will be developed.	<ul style="list-style-type: none"> Primary Care: A New Direction published 	Immediate	Primary Care Task Force/health boards
75 A National Primary Care Task Force will be established.	<ul style="list-style-type: none"> National Primary Care Task Force established 	January 2002	DoHC
76 Implementation projects will be put in place.	<ul style="list-style-type: none"> 40-60 primary care teams and networks in place 400-600 primary care teams and networks in place 	End 2006 End 2011	Primary Care Task Force/health boards
77 Investment will be made in extension of GP co-operatives and other specific national initiatives to complement the primary care model.	<ul style="list-style-type: none"> GP co-operatives nationally Increase in personnel needed in both teams and networks New physical infrastructure and equipment Improved information and communications technology 	End-2003 Ongoing Ongoing End 2011	Primary Care Task Force/health boards Primary Care Task Force/health boards/Health Service Employers Agency Primary Care Task Force/health boards Primary Care Task Force/health boards/Health Information and Quality Authority

Acute hospital services

Action	Deliverable	Target date	Responsibility
78 Additional acute hospital beds will be provided for public patients.	<ul style="list-style-type: none"> 650 extra beds Rising to 3,000 extra beds 	End 2002 2011	Health boards National Hospitals Agency/health boards
79 A strategic partnership with private hospital providers will be developed.	<ul style="list-style-type: none"> Forum established under National Hospitals Agency 	2002	DoHC/National Hospitals Agency
80 A National Hospitals Agency will be established.	<ul style="list-style-type: none"> Agency established 	End 2002	DoHC
81 A comprehensive set of actions will be taken to reduce waiting times for public patients, including the establishment of a new ear-marked 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 out-patient department 	End 2004 Intermediate targets in end 2002 and end 2003	DoHC/National Treatment Purchase Team/Health boards
82 Management and organisation of waiting lists will be reformed.	<ul style="list-style-type: none"> Set of measures implemented 	Ongoing	Health boards/service providers
83 One-day procedures will be used to the maximum consistent with international best practice.	<ul style="list-style-type: none"> Increase in proportion of one-day procedures 	Ongoing	Health boards/service providers
84 The organisation and management of services will be enhanced to the greatest benefit of patients.	<ul style="list-style-type: none"> Set of short-term measures Long-term measures 	June 2002 Ongoing	Health boards/service providers
85 The operation of out-patient departments will be improved.	<ul style="list-style-type: none"> Provision of individual appointment times Referral protocols development 	Immediate Ongoing	Health boards/service providers

86	A substantial programme of improvements in accident and emergency departments will be introduced.	<ul style="list-style-type: none"> Additional A & E consultants appointed Assessment unit to channel patients quickly Advanced nurse practitioners (emergency) appointed 	Ongoing	Health Boards/service providers
87	Diagnostic services for GPs and hospitals will be enhanced.	<ul style="list-style-type: none"> Improve facilities 	Ongoing	Health boards
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 	Immediately as beds are provided	DoHC
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 	End 2002	DoHC
90	The rules governing access to public beds will be clarified.	<ul style="list-style-type: none"> Implementation of rules 	End 2001	DoHC/health boards/hospitals
91	Action may be taken to suspend admission of private patients for elective treatment if the maximum target waiting time for public patients is exceeded.	<ul style="list-style-type: none"> Monitoring of public/private mix 	Ongoing	Health boards/service providers

Funding

Action	Deliverable	Target date	Responsibility
92 Additional Investment will be made in the health system.	<ul style="list-style-type: none"> Continued increases for specified purposes 	2002 onwards	Department of Finance/DoHC
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 	Ongoing	DoHC/health boards
94 Public-private partnerships will be initiated to help in the development of health infrastructure.	<ul style="list-style-type: none"> Selected projects 	Ongoing	DoHC/health boards
95 Multi-annual budgeting will be introduced for selected programmes.	<ul style="list-style-type: none"> Movement towards multi-annual budgeting and planning 	Ongoing	Department of Finance/DoHC
96 The allocation process will be reviewed by the Department of Health and Children.	<ul style="list-style-type: none"> Document on allocation system 	2002	DoHC
97 Financial incentives for greater efficiency in acute hospitals will be significantly strengthened.	<ul style="list-style-type: none"> Refinement of casemix budget model and extension in coverage 	October 2002	DoHC
98 Annual statements of funding processes and allocations will be published.	<ul style="list-style-type: none"> Annual statements by Department and health boards 	2002 onwards	DoHC/health boards
99 The management of capital projects will be enhanced.	<ul style="list-style-type: none"> Review of process completed/proposals for change 	December 2002	DoHC/health boards

Human resources

Action	Deliverable	Target date	Responsibility
100 Integrated workforce planning will be introduced on a national basis.	<ul style="list-style-type: none"> Integrated set of plans for health staff 	Ongoing	DoHC/health boards
101 The required number of extra staff will be recruited.	<ul style="list-style-type: none"> Increases in each targeted area 	Specified increases in number trained in 2002; subsequent increases over lifetime of Strategy	Health boards/other relevant health agencies
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 	2002	DoHC/health boards
103 Best practice in recruitment and retention will be promoted.	<ul style="list-style-type: none"> Guidelines on best practice 	September 2002	Office for Health Management/Health Services Employers Agency
104 Greater inter-disciplinary working between professions will be promoted.	<ul style="list-style-type: none"> Adaption of training programmes 	Ongoing	DoHC/professional bodies
105 Provisions for the statutory registration of health professionals will be strengthened and expanded.	<ul style="list-style-type: none"> Revise legislation on doctors Revise legislation on nurses New legislation on other health professionals 	2003 2003 2003	DoHC
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 	March 2002	DoHC
107 The HR function in the health system will be developed.	<ul style="list-style-type: none"> Flexible human resource models established 	December 2002	Relevant health agencies
108 A detailed Action Plan for People Management will be developed.	<ul style="list-style-type: none"> Publication of Action Plan 	October 2002	DoHC/Health Services Employers Agency

Organisational reform

Action	Deliverable	Target date	Responsibility
109 The Department of Health and Children will be restructured.	<ul style="list-style-type: none"> Independent review completed New organisational structure in place 	June 2002 December 2002	DoHC/independent consultants
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 	Ongoing	Health boards
111 An independent Health Information and Quality Authority will be established.	<ul style="list-style-type: none"> Authority established 	2002	DoHC
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 	March 2002	DoHC/health boards
113 The role of the Office for Health Management will be expanded.	<ul style="list-style-type: none"> Expanded role agreed with Office for Health Management 	2002	DoHC/Office for Health Management
114 An independent audit of functions and structures in the health system will be carried out.	<ul style="list-style-type: none"> Audit completed 	June 2002	DoHC/independent consultants

Information

Action	Deliverable	Target date	Responsibility
115 The National Health Information Strategy will be published and implemented.	<ul style="list-style-type: none"> Publication of National Health Information Strategy 	December 2001	DoHC
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 	Ongoing	DoHC/health boards/Health Information and Quality Authority
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 	Ongoing	DoHC/Health boards/Health Information and Quality Authority
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 	Ongoing	DoHC/health boards/Health Information and Quality Authority
119 A national secure communications infrastructure will be developed for the health services.	<ul style="list-style-type: none"> Health services secure network 	2004	DoHC/health boards/Health Information and Quality Authority
120 Information system development will be promoted as central to the planning process.	<ul style="list-style-type: none"> Enhanced planning protocols in place 	2002	DoHC/health boards
121 Health information legislation will be introduced.	<ul style="list-style-type: none"> Bill published 	2002	DoHC



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