



Annual Report 2010

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Government of Ireland 2011

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Introduction by Secretary General



I am happy to introduce this Annual Report on the third and final year of the Department's Statement of Strategy 2008-2010 as we begin working on our new Statement of Strategy for the next three years.

The Programme for Government, "**Government for National Recovery 2011-2016**" commits to far-reaching reform of the health system involving the development of a universal, single tier health service, supported by Universal Health Insurance, which guarantees access to medical care based on need, not income. The reform agenda presents a new direction for the Department of Health in 2011. However, as the second Report of the ORP found, the greatest strengths of the Department are the ability and commitment of its staff. I am confident that we can successfully meet the challenges this

change in policy direction, together with our economic circumstances, will bring and we can work towards developing the first class health system we all strive for.

2010 brought a number of changes to senior personnel within the HSE including the appointment of Mr Cathal Magee of CEO succeeding Professor Brendan Drumm and the appointment of Dr Frank Dolphin as Chairman of the Board of the HSE, following the completion of two terms as Chairman by Mr Liam Downey. I would like to thank Professor Drumm and Mr Downey, the HSE senior management team and its entire staff for their contribution in 2010 and wish Professor Drumm and Mr Downey well.

I would particularly like to thank the staff of the Department for their commitment, dedication and hard work in 2010 and I look forward to working together in 2011.

A handwritten signature in dark ink that reads "Michael Scanlan". The signature is written in a cursive, flowing style.

Michael Scanlan
Secretary General

PART 1 – CORPORATE INFORMATION

1. MISSION STATEMENT

To improve the health and well-being of people in Ireland in a manner that promotes better health for everyone, fair access, responsive and appropriate care delivery, and high performance.

2. MANDATE

The Minister for Health and Children is politically accountable for developing and articulating Government policy on health and personal social services, and for the overall performance of the health service. Our mandate is to support the Minister and the Ministers of State by advising on policy development and implementation, evaluating the performance of existing policies and service delivery, preparing legislation, and working with other Government Departments, the social partners and international organisations.

Our functions include:-

- To develop policy across the full spectrum of health and personal social services, with a focus on quality, equity, access based on need and consistency, and to support implementation of Government policy.
- To negotiate and report on the Health group of votes and analyse financial and service outturns, including value for money and adherence to governance and accountability standards.
- To ensure compliance with Government policies on public service pay and industrial relations, employment control, and modernisation.
- To undertake medium and long-term planning, including workforce planning.
- To provide a legislative and regulatory framework that helps protect the interests of service users and supports practitioners in working to the highest standards.
- To work with colleagues in other government departments and the social partners to ensure that the aim of improving health and social well being is advanced effectively across the public service.
- To develop and refine a system of performance evaluation which helps the Minister to assess the performance of the health system.
- To support the Minister and Ministers of State in fulfilling their parliamentary duties.
- To ensure the fullest possible involvement by Ireland in the work of the European Union, the World Health Organisation and other international bodies in the area of health and children; to progress closest possible co-operation with Northern Ireland.
- To ensure we have the internal capacity, in terms of structures, people, systems etc., to equip us to meet our objectives.

3. CORPORATE DATA

3.1 Staff numbers

At the end of December 2010, there was a total of 439.83 WTE staff employed in the overall Department a decrease of 9.8% over those employed at the end of 2009.

- 429.83 WTE staff were employed in the core Department, including the Offices of the Minister for Children and Youth Affairs, the Office for Older People and the Office for Disability and Mental Health.
- 10 WTE staff were employed across the Disability Appeals Office and the Health Repayment Scheme Appeals Office.
- The Adoption Authority and the Office of the Ombudsman for Children are no longer included in overall Departmental figures.

Cross stream reporting between grade streams has been implemented in the Department. This will contribute significantly to continued effective operation in the months and years ahead against a backdrop of decreasing staff resources overall.

The CAAB (Children's Act Advisory Board) was absorbed into the Department and a total of 10 staff from CAAB have joined the Department in consequence (3 during 2009 and 7 during 2010). Of these, 2 were seconded onwards to the Office of the Revenue Commissioners.

Three former staff members from the Irish Council for Bioethics were seconded into the Department in 2010 when the existing Council was dissolved.

3.2 Divisions of the Department of Health & Children in 2010 (See App 3)

The Department is organised on a divisional basis with one member of the Management Advisory Committee (MAC) responsible for each division.

Office of the Minister for Children and Youth Affairs (OMCYA)

The OMCYA has merged functions from the Department of Health & Children with the Early Years policy function of the Department of Education & Skills and the Youth Justice policy function of the Department of Justice & Law Reform to provide a joined-up Government approach to the development of policy and the delivery of services for children and young people.

Office for Disability, Mental Health and Citizen Participation Unit

The Office for Disability, Mental Health & Citizen Participation was established to bring about a more coherent and integrated approach to policy and service delivery for people with disabilities and mental health difficulties. Citizen Participation Unit aims to strengthen existing arrangements for consulting service users and develop new arrangements to enhance our understanding of the experiences of people using the health and personal social services.

Office for Older People

The Office for Older People was established to support the Minister for Older People in exercising her responsibilities within the Departments of Health and other Departments and to bring coherence to Government policy, planning and service delivery for older people.

Primary Care, Food and Eligibility Division

The Division's role is to promote the development of primary care services, to secure enhanced value for money in the GMS, community drug schemes, dental and optical schemes, and to ensure implementation of legislation and policies in relation to food safety, tobacco control, medicine and cosmetics safety, pharmacy services, medical devices, control of illegal drugs and environmental health as well as lead on the strategic development of policies relating to Eligibility.

Acute Hospitals, Private Health Insurance and Cancer and Associated Services

The Division develops policy for, and evaluates the provision of, acute hospital services, cancer services and services relating to blood and human tissue. The overall policy goal is to ensure that treatment is provided in a safe, accessible manner in appropriate locations and that targets for levels of service are achieved. It also develops policy for Private Health Insurance and manages ongoing market and regulatory issues including liaison with and oversight of HIA and VHI.

Chief Medical Officer, incl Patient Safety, Health Protection & Promotion, Social Inclusion and Bio Ethics

The Chief Medical Officer's Division provides expert medical and policy advice and assistance to the Minister, Ministers of State and Department and also has responsibility for patient safety & quality, health protection & promotion, social inclusion and Bio Ethics.

Finance, Performance Evaluation, Information & Research, EU/International and Resource Allocation

The Division plans, negotiates and evaluates annual Health Estimates; manages DoHC & OMCYA Votes; oversees the HSE accountability framework; develops health research; provides statistical and analytical capacity; publishes health data and supports international and North/South cooperation.

National HR and Workforce Planning Division

This Division deals with Government policy on public service pay and conditions, and employment levels and manages major industrial relations issues.

Parliamentary, Corporate Affairs Division and Corporate Legislation Unit

This Division manages the delivery of the Department's parliamentary affairs, human resources, staff training and development, corporate services, FoI, ICT, records management and communications functions as well as providing legal advice to the Ministers and the Department.

3.3 Parliamentary Functions

- Replies were prepared for 5,925 Parliamentary Questions (PQs) of which 2,550 (43%) were referred for answer to other bodies, mainly the Health Service Executive (HSE).
- 98 responses were prepared for Dáil Adjournments.
- 60 responses were prepared for Seanad Adjournments.
- The Minister/Ministers of State received 7,279 representations.
- The Department and the Office of the Minister for Children issued 165 Press Releases and held 27 Press Conferences.
- The Press and Communications Office received 19,941 emails and approx 6,000 phone calls.

- 176 Freedom of Information requests were received.
- The Press and Communications Office launched a new web area providing information on topical health issues, www.healthupdate.gov.ie.

3.4 Compliance with the Prompt Payment of Accounts Act, 1997

Details	Number	Value (€)	Percentage (%) of total payments made
Total payments made in Quarter	3,294	5,153,959	(100%)
Number of payments made within 15 days	2,860	4,929,927	95.65
Number of payments made within 16 days to 30 days	43	162,798	3.16
Number of payments made in excess of 30 days	15	61,236	1.19
Disputed Invoices	13	54,616	

The total Prompt Payment Interest paid by the Department in 2010 was €479.81.

3.5 Overview of Energy Usage in 2010

In 2010, Hawkins House consumed 2,948 MWh of energy, consisting of:

- 1,072 MWh of electricity;
- 1,876 MWh of fossil fuels;
- 0 MWh of renewable fuels.

Actions Undertaken in 2010

Hawkins House undertook a range of initiatives to improve energy performance, including:

- Improvements from “turn off” initiatives (PCs and lights).
- Energy officer established onsite.
- Heating system time clocks have been monitored closely.
- Monthly energy reporting.
- “Optimising power @ work” energy awareness campaign in progress.
- Upgrade of lighting.
- Good practice use of server room cooling.
- Heating run times reduced in line with seasonal changes.

These and other energy saving measures are saving Hawkins House 184MWh annually.

Actions Planned for 2011 and beyond.

It is intended to further improve our energy performance by undertaking the following initiatives:

- Continue to monitor and adjust HVAC systems;

- Promote walk down days and turn off campaigns;
- Recalculate Benchmarks and HVAC control performance;
- Renewed focus on staff awareness with presentations;
- BMS audits to be carried out;
- Out of hours energy audits to be carried out;
- Thermal Survey of building to be carried out;
- BMS issues to be rectified.

Altogether, these and other energy saving measures are expected to achieve the goal of increasing savings to over 200MWh annually.

4. SIGNIFICANT ISSUES IN 2010

4.1 Organisational Review Programme



The second Report of the ORP was published in October 2010. The Report found that the Department of Health and Children is an organisation in transition as a result of the formation of the Health Service Executive (HSE) in 2005, which has led to substantial changes to the Department's roles and responsibilities. There is general recognition amongst the Department's agencies and stakeholders that its greatest strengths are the ability and

commitment of its staff. The staff have a deep knowledge of the health sector and they are widely praised for the quality of the policies they bring forward.

The Department published its Action Plan identifying a number of priority actions which are capable of being delivered within a reasonably short period and which, when implemented, would produce demonstrable progress in addressing the key issues identified in the ORP.

See http://www.orp.ie/files/English_Version/ORP_Report_2_Chapter_2_DoHC_pdf.pdf

4.2 Reduction in Professional Fees and Allowances under the Financial Emergency Measures in the Public Interest Act 2009 (FEMPI)

A number of Regulations were made under the Financial Emergency Measures in the Public Interest Act 2009 (FEMPI) to reduce the fees and allowances payable to certain health professionals. These resulted in savings in the region of €160 million in 2010.

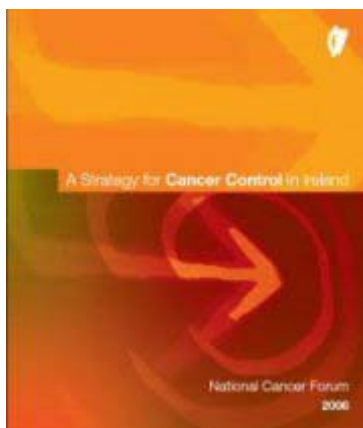
In 2010, the Minister made additional Regulations under FEMPI to reduce further the fees and allowances payable to these health professionals which will result in additional savings in 2011 in excess of €48 million.

4.3 Control of certain 'legal high' substances under the Misuse of Drugs Act 1977

The Government made an Order on 11 May 2010 declaring a number of substances, commonly referred to as "legal highs", to be controlled drugs under the Misuse of Drugs Act 1977. On the same day the Minister for Health and Children also signed three Statutory Instruments to give effect to the Government decision. Approximately 200 individual substances such as 'Spice products' and 'Mephedrone' were controlled by this legislation and it is now a criminal offence for a person to import, export, produce, supply or possess these legal high substances.

The Department is working closely with the Department of Justice and Law Reform, the Gardaí, the Customs Service, the Forensic Science Laboratory, the Irish Medicines Board and others to monitor closely the emergence of new psychoactive substances with a view to bringing these substances under control.

4.4 Cancer Control Programme



Further advances were made in the Cancer Control Programme. These include:-

Colorectal Cancer Screening Programme

Preparatory work for the colorectal cancer screening Programme began in early 2010.¹ The programme will begin on a nationwide basis in 2012. Estimates of five-year relative survival rates (National Cancer Registry) show improvements in survival for almost all types of cancer diagnosed in the period 2002-2006 compared with people diagnosed in 1998-2001.

Human Papilloma Virus (HPV) Vaccination Programme

The Health Service Executive (HSE) commenced the HPV vaccination programme in May 2010 on a pilot basis, in 21 schools. The rollout continued nationally in September 2010 with vaccine being offered to the cohort of 2009/2010 entrants plus all those entering first year in 2010.

See <http://www.dohc.ie/press/releases/2010/20100115.html>

4.5 Interchangeable (Generic) Medicines and Reference Pricing

The report of the joint Department of Health and Children/Health Service Executive working group on reference pricing and generic substitution was published. The report sets out a proposed model for the operation of a system of interchangeable medicines and reference pricing. It also identifies the legislative and administrative changes required.

This will result in a more sustainable system of pharmaceutical pricing and reimbursement and will help to ensure that patients continue to access innovative and affordable medicines.

Currently, when a specific brand of medicine is prescribed for a patient, a pharmacist can only supply that particular brand, even when less expensive versions of the same medicine are available. Under the proposed model set out in the report, pharmacists would be permitted to substitute medicines which have been designated as interchangeable. Decisions about the interchangeability of medicines would be evidence-based and take into account best practice elsewhere.

See: http://www.dohc.ie/publications/pdf/reference_pricing_generic_substitution.pdf?direct=1

4.6 Patient Safety



The Patient Safety programme was further developed in 2010 through a number of new initiatives including new statutory requirements for maintenance of professional competence of all registered medical practitioners. The remaining provisions of the Medical Practitioners

¹ In February 2011, 15 candidate colonoscopy units to support the national colorectal cancer screening programme were identified.

Act 2007 relating to the maintenance of professional competence of registered medical practitioners were brought into operation.

Following the commencement of these provisions, the Medical Council is required to develop, establish and operate one or more schemes of professional competence. All medical practitioners will be required to maintain their professional standards and competence on an ongoing basis. There will be an obligation on the Health Service Executive and other employers to facilitate the maintenance of professional competence of medical practitioners.

Patient Safety First Initiative was launched



A number of significant initiatives were announced, including the establishment of a new National Framework to drive clinical effectiveness through which patients will be assured of the provision of high-quality care based on established best practice. The Minister and other stakeholders also signed the 'Patient Safety First' declaration of commitment as part of the National Framework for Clinical Effectiveness.

"Patient Safety First" is an awareness raising initiative through which healthcare organisations declare their ongoing commitment to patient safety. Through participation in this initiative, those involved commit to play their part in improving the safety and quality of healthcare services. This commitment is intended to create the momentum for positive change towards patient safety. See <http://www.patientsafetyfirst.ie/>

Launch of National Framework for Clinical Effectiveness.

The National Framework for Clinical Effectiveness will provide the basis for the adoption of national guidelines for the treatment of diseases and illnesses that are based on best available evidence and experience. The steps being taken will also guide and promote the implementation of clinical audit programmes throughout the health system. It will address the existing gap at national level for the systematic transfer of clinical best practice, knowledge, and expertise into the everyday delivery of healthcare.

Patients' Charter "You and your Health Services"

The Patient Safety First event also included the launch of a new Patients' Charter "You and your Health Services" as well as an online patient safety course for doctors which has been developed jointly by the Royal College of Physicians of Ireland and the Royal College of Surgeons in Ireland, with financial assistance from the Health Service Executive.

Progress on reducing Health Care Associated Infections (HCAIs)

A National Infection Control Action Plan, launched by the HSE in 2007, aims to reduce HCAIs by 20%, MRSA infection by 30% and antibiotic consumption by 20%. The number of MRSA bloodstream infections for the past five years fell from 588 cases in 2006 to 536 cases in 2007, 439 cases in 2008, 355 cases in 2009 and 304* cases in 2010. This shows a decrease in such infections of 48% between 2006 and 2010. *Provisional 2010 figures.

4.7 Swine Flu



The public pandemic vaccination campaign for influenza type A (H1N1) came to an end on 31st of March, 2010. Following a full assessment of the situation at that time, the risks of a second wave, the availability of vaccine and other factors, the National Public Health Emergency Team decided, following advice received from the National Immunisation Advisory Committee that those in the "at risk" groups should continue to

be vaccinated. This meant that up to September 2010 the vaccine was available free of charge through GPs and Maternity Units to the “at risk” groups. In August 2010, the WHO announced an end to the pandemic.

2010/2011 Influenza Season - Situation at end 2010

- The reported Influenza Like Illness (ILI rate) for the week ending 2nd January 2011 (week 52, 2010), was 120.6 per 100,000 population compared to 59.5 per 100,000 population reported during week 51 of 2010. The ILI rates for week 52 of 2010 were above the Irish baseline threshold (17.8 per 100,000 population) and were one of the highest rates recorded. During the 2009 pandemic, ILI rates peaked at 201.3 per 100,000 during week 43 of 2009.
- As at 2nd January 2011 a total of 471 laboratory confirmed cases of influenza had been reported in Ireland, of which 389 were influenza A (H1N1) 2009. Most of the remainder were influenza B. As of the 5th January 2011 a total of 114 patients had been hospitalised with influenza of whom 33 had been admitted to intensive care units (ICU).

PART 2 - HIGH LEVEL OBJECTIVES

The Department has set seven “High Level Objectives”, below, which are the strategic pillars on which the Departments Statement of Strategy 2008-2010 is based. The rest of this report is structured around these objectives.

1. Policy and Corporate Support

To provide policy, performance, legislative, planning and governance support to the Minister which helps to ensure that high quality and effective health and social services are delivered within available resources and in accordance with Government policies in a way which gives people fair access to services and other supports which meet their needs.

2. Children and Families

To promote and protect the health and well-being of children and families.

3. Primary Care

To ensure the provision of a broad spectrum of integrated, locally-based accessible services as the first point of contact for people with the health system which, combined with improvements in income, employment, education and housing, will deliver significant health improvements and reduce health disparities over the longer term.

4. Cancer Control

To reduce cancer incidence, morbidity and mortality relative to other EU countries and to support the provision of quality assured cancer services by the Health Service Executive (HSE).

5. Acute Hospitals

To ensure that patients who need acute care can access it as rapidly as possible, in the most appropriate setting at local, regional, or national level, that they receive safe care, and that the outcomes are the optimum that can be achieved for such patients.

6. Disability and Mental Health

To help people with disabilities to achieve their full potential including living as independently as possible. To promote mental health and provide appropriate support to and interventions for people with mental health problems.

7. Care of Older People

To enhance the quality of life of older people and to support them in their homes and communities for as long as possible and, where this is not possible, to provide them with access to appropriate residential accommodation.

HIGH LEVEL OBJECTIVE 1: POLICY AND CORPORATE SUPPORT

Objective - To provide policy, performance, legislative, planning and governance support to the Minister which helps to ensure that high quality and effective health and social services are delivered within available resources and in accordance with Government policies in a way which gives people fair access to services and other supports which meet their needs.

Performance Evaluation Function - HSE Accountability Framework

More Effective Targeting and Performance Monitoring

Better use of information and more effective performance management has probably been the most important driver of change in health in recent years and there has been substantial progress in that regard.

Annual Service Plan

The annual service planning process has been improved and refined each year. These annual service plans form part of an integrated hierarchy of performance planning, management and reporting which is built upon making increasing use of information at all levels.

Corporate Plan

The high-level objectives in the Department's Statement of Strategy are used to inform the HSE Corporate Plan (as well as similar plans by other health agencies), and the HSE Corporate Plan in turn sets out the desired medium and longer term objectives which are implemented annually through the HSE National Service Plan.

The HSE reports monthly to the Department on the performance of the health system against the agreed targets set out in the National Service Plan and biannually against the agreed targets set out in the Corporate Plan.

Annual Output Statements

The performance management architecture builds upon a consistent information governance framework which has been developed by the Department and the HSE in recent years and which provides for consistency in information collection, measurement and target setting from individual service unit level (e.g. hospital) to national multi-annual plans.

The quality and timeliness of financial reporting, including the link between Vote and Income and Expenditure accounting, have improved considerably. Among other things, this has helped the Department and the HSE to identify and focus on particular cost reduction initiatives in recent years, most notably in relation to drug/pharmacy costs, insurance, procurement and agency nursing. Measures like these, coupled with reductions in salary rates, professional fees, employment numbers and other policy changes, have allowed for a cash reduction of €1.3 billion or 9% in health spending between 2008 and 2011.

Employment Control Framework

The arrangements for managing employment levels have also been improving and the "employment control framework" concept was developed and applied first in health before being extended to other sectors. A revised and more refined employment control framework for 2011-2014 was finalised in December 2010 in line with the National Recovery Plan which includes a greater focus on care groups, in order to reflect the need to protect particularly vulnerable groups and important services such as disability and mental health services.

Key Health Trends

The Department publishes a report each year which provides information, in booklet format, on key trends in health status and health service delivery over the past decade. Key Health Trends 2010 was published in December 2010.

See (http://www.dohc.ie/publications/pdf/key_trends_2010.pdf?direct=1)

Our ability to benchmark our performance internationally continues to improve through collaborative work within the EU on a standard set of European Community Health Indicators and through work with the WHO and OECD, particularly in the area of Health Care Quality Indicators.

Resource Allocation

The report of the Expert Group on Resource Allocation and Financing in the Health Sector was published in July 2010.

See http://www.dohc.ie/publications/resource_allocation_financing_health_sector.html

The Group was tasked with analysing the current resource allocation arrangements for health and personal social services, and recommending changes which would support the core objectives of the health reform programme. It was also asked to take a view on the most appropriate financing mechanism for this purpose in Ireland.

The Group recommended significant changes to the way health resources are allocated, including the development of an operational population health resource allocation model for Ireland which would allocate budgets transparently to each local area on a population basis and the introduction of prospective based funding for all relevant areas of health and social care systems. It also suggested a need for a new graduated form of eligibility to better address the burden of chronic disease management.

Publication of Value for Money and Policy Review of the Economic Cost & Charges Associated with Private and Semi-Private Treatment Services in Public Hospitals

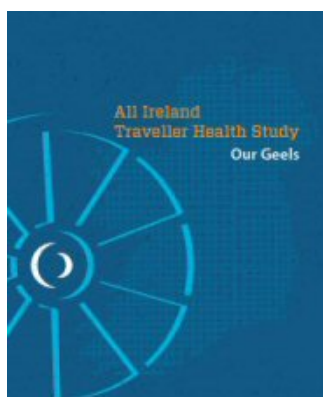
This report was initiated under the auspices of the Government's Value for Money & Policy Review Initiative 2009-2011. The purpose was to establish the adequacy of the current per diem charging system used for reimbursement purposes for private/semi-private acute treatment services in public hospitals and to investigate problems in achieving private patient income collection targets.

Among the key findings are that a new charging mechanism based on a per case system using Diagnostic Related Groups (DRG's) be adopted, subject to this proposed system being piloted and assessed prior to full implementation.

In relation to private patient income collection, the recommendations include the need to implement technology solutions to replace the current paper-based approach (and a number of hospitals have already introduced such systems), to monitor the performance of hospitals in this area and to introduce budgetary incentives and penalties relating to income collection. In addition, the Report recommends that the payment of accommodation charges by insurers be decoupled from the submission of invoices relating the consultants' private fees following negotiation with the private health insurers.

The Report also informed the 2011 charges for private and semi-private treatment in public hospitals. (http://www.dohc.ie/publications/pdf/vfm_review_economic_cost_final_report.pdf)

Publication of the All Ireland Traveller Health Study



The findings of the All Ireland Traveller Health Study were published on 2nd September 2010. It was jointly funded by the Department of Health and Children and the Department of Health, Social Services and Public Safety in Northern Ireland and supported by the Health Service Executive. The study was carried out by the School of Public Health and Population Science, University College Dublin (UCD).

The study included a census of the Traveller Population and an examination of their health status and utilisation of health services in order to identify the factors which influence mortality and health status. The results of the study place a strong emphasis on the impact of the social determinants of health, particularly on the importance of education. Travellers themselves, together with frontline service providers, worked as peer researchers with the research team from UCD to collect the data. A significant overall response rate of 80% was achieved which reflected the extensive preparation together with collaboration of all stakeholders in undertaking the study.

The study is available at http://www.dohc.ie/publications/traveller_health_study.html

Publication of the Report of the Cardiovascular Health Policy Group



The Report of the Cardiovascular Health Policy Group, Changing Cardiovascular Health: Cardiovascular Health Policy 2010-2019 was published. The Group had been established by Minister Mary Harney to develop a policy framework for the prevention, detection and treatment of cardiovascular diseases, including stroke, which would ensure an integrated and quality assured approach in their management.

The policy report addresses the spectrum of cardiovascular disease, including prevention and management, and how these should be integrated to reduce the burden of these conditions. Prevention includes measures that individuals can take themselves as well as population interventions and areas where intersectoral action is necessary. Management of cardiovascular disease covers all aspects of health care from childhood through to old age; from pre-hospital emergency care, to rehabilitation and palliative care.

See http://www.dohc.ie/publications/changing_cardiovascular_health.html

Transfer of the competent authority role with regard to cosmetics from the Department of Health and Children to the Irish Medicines Board (IMB)



Article 11 of the Irish Medicines Board (Miscellaneous Provisions) Act 2006 which transfers the competent authority role with regard to cosmetics from the Department of Health and Children to the Irish Medicines Board (IMB) was commenced.

The IMB will now be responsible for the regulation of cosmetics in Ireland and ensuring compliance with legislation. As the Competent

Authority for cosmetics, the IMB will perform a range of activities including: cosmetic product notifications and generation of Certificates of Free Sale; ensuring the operation of an effective and broad reaching market surveillance programme; and participation in international activities including relevant EU working groups.

Health Information Bill

A working group with representatives of the Department, the HSE, the Health Information and Quality Authority and the Department of Finance concluded that ideally the development of a unique identification system for use in the health sector should build, where possible and appropriate, on broader public service wide identity initiatives so as to achieve the greatest degree of operation synergy and cost effectiveness while at the same time having full regard to privacy issues. These conclusions have informed the drafting of provisions in the proposed Health Information Bill that will enable the introduction of unique identifiers for (a) individuals and (b) healthcare organisations and professionals. A system of unique health identifiers that allows for the accurate identification of individuals accessing health and personal social services and providers of such services is important in terms of enhancing and promoting patient safety and quality of care. The working group also concluded that the national development of electronic health records would be better facilitated by an incremental standards based approach to inter-operability (computer based systems that can interact with each based on agreed standards) that was capable of meeting the challenges of emerging technologies rather than one single highly expensive system that would be quickly outmoded.

Developments in Nursing and Midwifery

The Nurses and Midwives Bill 2010 was published on April 2010. The purpose of the Bill is to enhance the protection of the public in its dealings with nurses and midwives and to ensure the integrity of the practice of nursing and midwifery. It will provide for a modern, efficient, transparent and accountable system for the regulation of the nursing and midwifery professions which will satisfy the public and these professions that all nurses and midwives are appropriately qualified and competent to practice in a safe manner on an ongoing basis.

“A Review of Practice Development in Nursing and Midwifery in the Republic of Ireland and the Development of a Strategic Framework” was launched on March 29th 2010. This strategic framework provides guidance and a strategy for the future development of practice development and the professions of nursing and midwifery in Ireland. It identifies how practice development can provide a sustainable methodology to transform the culture and context of care to deliver a real person-centred care culture within the context of national health policy.

http://www.dohc.ie/publications/pdf/review_practice%20development_nursing_midwifery.pdf?direct=1

The Review of Attainments of the Research Strategy for Nursing and Midwifery in Ireland was published in 2010 and details the significant activities undertaken by nurses and midwives across a broad range of research activities over the past seven years.

http://www.dohc.ie/publications/pdf/research_strat_research_attainments.pdf?direct=1

NCHD Contract

A new NCHD Contract was agreed in January 2010 that encompasses a 5/7 working week and an extended working day. Under the contract participation in specialist training or competence assurance is mandatory and a condition of employment. The Contract also obliges employers to facilitate the training/competence assurance requirements of NCHD posts.

EU Engagement and International Issues

The Department of Health and Children continues to actively participate in negotiations at EU and international level ensuring that Ireland's interests are protected and progressed. The

Department participated in two EPSCO councils, two Informal Ministerial Meetings and over 100 Council Working Group meetings on public health, food and pharmaceuticals.

In 2010, the Department contributed to negotiations on a proposal for a Directive on standards of quality and safety of human organs intended for transplantation which ultimately led to the adoption of the Directive. The Department was also proactive in negotiations on the Application of Patients' Rights in Cross Border Healthcare and on the Directives to improve safety monitoring of medicines and to protect the legal supply chain of medicines from counterfeit medicines. In December, 2010 negotiations between the Presidency, Parliament, and Commission concluded with agreement being reached on the text of both of these Directives, with formal adoption to follow in early 2011.

The Department was actively involved in the negotiation of two important regulations – Food Information to Consumers and Novel Foods.

The Department also participated in negotiations which led to the adoption of Council Conclusions on:

- Equity and Health in All Policies: Solidarity in Health
- Action to reduce salt intake
- Action Against Cancer
- Lessons to be learnt from the A/H1N1 Pandemic
- Innovative Approaches for Chronic Diseases on public health and healthcare systems
- Investing in Europe's Health Workforce
- Innovation and Solidarity in Pharmaceuticals

The Department successfully managed its obligations set out in Scrutiny legislation, including the submission to the Oireachtas of two 6-monthly and an Annual Report in relation to measures, proposed measures and other developments that relate to the EU.

A total of 11 Directives were transposed by the Department in 2010

North South

There were two Health and Food Sectoral meetings under the auspices of the North South Ministerial Council during 2010 at which Ministers from both jurisdictions discussed progress on areas of co-operation, including radiotherapy services; cancer research; child protection; health promotion; suicide prevention; GP out of hours; paediatric and congenital cardiac services.

International

During 2010 the Department represented Ireland and participated at two Executive Board meetings of the WHO. It also participated in the World Health Assembly and the WHO Regional Committee for Europe Meeting.

Strategy for a Stable, Community Rated Private Health Insurance Market

In May 2010, the Minister for Health and Children outlined the set of strategic actions which the Government had planned for the purpose of the effective operation of community rating in health insurance market so as to protect older and sicker customers, including:-

- Implementation of a new, robust, risk equalisation scheme to support the core policy of community rating;

- Continuation of the existing interim tax relief/levy system, and the introduction of a new transitional arrangement from 2012 that would approximate as closely as possible to a full risk equalisation scheme;
- Injection of a substantial capital investment into VHI so that it could meet the reserves requirements set by EU law and by the Central Bank, and so end the derogation the VHI enjoys from compliance with the relevant EU Directives;
- Making arrangements for the subsequent disposal of the State's interest in VHI¹;
- The assessment of which actions may be possible to achieve a more even balance of older customers between the health insurance companies in the market;
- Engagement with the European Commission on this comprehensive strategy for the private health insurance market, in particular, on the new risk equalisation scheme (for which approval will be needed) and the capitalisation of the VHI in the context of authorisation, for which State Aids approval will be required.

At the request of the Minister, The Health Insurance Authority conducted a public consultation process on the Minimum Benefit Regulations for private health insurance and on Risk Equalisation. The HIA submitted reports to the Minister on both issues on 23 December 2010.

Further details are at <http://www.dohc.ie/press/releases/2010/20100527.html>

Additional work included:-

- Governance arrangements with the HSE for cystic fibrosis screening finalised;
- National Substance Misuse Strategy Steering Group established and work progressing;
- Report of the Working Group on Sport Sponsorship by the Alcohol Industry published;
- Tobacco Policy Review commenced and workshop completed;
- Physical activity guidelines published;
- National group to develop National Polio Plan established;
- Roles and responsibilities of National CJD Committee, SARI reviewed;
- Group to oversee implementation of international health regulations established;
- Negotiation of health sector elements of Croke Park Agreement and finalisation of sectoral Action Plan;
- Voluntary early retirement/redundancy schemes for management/ administrative and support grades in the public health sector implemented;
- Development and implementation of a refined employment control framework for health sector that better meets policy requirements in this area;
- Community Welfare Service and associated staffing resources transferred from the HSE to the Department of Social Protection;
- Finalisation of new Pension Scheme for HSE employees.

¹ Following the General Election and the formation of the new Government in March 2011, under the new Programme for Government the disposal of VHI will not proceed. In the context of the planned introduction of Universal Health Insurance from 2016, the Government has decided that the VHI should be retained in State ownership.

HIGH LEVEL OBJECTIVE 2: CHILDREN AND FAMILIES

Objective:- To promote and protect the health and well-being of children and families.

Adoption Act 2010

The Adoption Act 2010 was commenced on 1st November 2010. The Act provides for matters relating to the adoption of children and gives force of law to the Hague Convention on the Protection of Children and Co-operation in respect of Intercountry Adoption. The Act provides for the repeal of the Adoption Acts 1952 – 1998 and for the bringing forward, restating or updating of the provisions of those Acts, as appropriate. The Act also provides for the dissolution of An Bord Uchtála (the Adoption Board) and for the establishment of the Adoption Authority of Ireland.

Establishment of Adoption Authority



The Adoption Authority of Ireland was established on 1st November 2010 and took over the functions of

An Bord Uchtála. Under the Act, the Authority is also the Central Authority for intercountry adoption as required under the Hague Convention.

Accredited Bodies

The Adoption Act 2010 provides for the Adoption Authority to maintain a register of accredited bodies to carry out activities specified in the Act. The Adoption Act 2010 (Accredited Bodies) Regulations 2010 sets out the standards which must be met by accredited bodies in order to satisfy the requirements of the Adoption Authority under the Adoption Act. The Authority may also refuse to register a body which does not meet the required standards.

Hague Convention on the Protection of Children and Co-Operation in Respect of Intercountry Adoption

The Hague Convention was concluded and signed on 29th May 1993. The primary objectives of the Convention are:

- To provide safeguards to prevent the abduction or the sale of children and
- To establish a system of co-operation amongst countries in order to ensure that intercountry adoptions take place in the best interests of the children concerned.

Ireland's ratification of the Hague Convention on the Protection of Children and Co-Operation in Respect of Intercountry Adoption was effected on 1st November 2010.

Regulations under Adoption Act 2010

The following regulations were made under the Adoption Act 2010:

Adoption Act 2010 (Establishment) Order - S.I. 511 of 2010,
Adoption Act 2010 (Commencement) Order - S.I. 512 of 2010,
Adoption Act 2010 (Section 85) (Fees) Regulations 2010 - S.I. 518 of 2010,
Adoption Act 2010 (Consent to Adoption Order) Forms) Regulations 2010 - S.I. 519 of 2010,
Adoption Act 2010 (Pre-Placement Consultation Procedure) Regs 2010 - S.I. 520 of 2010,
Adoption Act 2010 (Register of Intercountry Adoptions) Regulations 2010 - S.I. 521 of 2010.
Adoption Act 2010 (Accredited Bodies) Regulations 2010 - S.I. 524 of 2010

New North-South Child Protection Hub



In November 2010, Mr Michael McGimpsey MLA, the Social Services Minister (NI) and Mr Barry Andrews, TD the Minister for Children and Youth Affairs launched a new on-line child protection internet resource believed to be the first of its kind in the UK and Ireland and across the world.

The new internet resource known as the Hub (North South Child Protection Hub), is available for use by child protection professionals (policy makers, practitioners, researchers and educators) in Northern Ireland and the Republic of Ireland.

See <http://www.dohc.ie/press/releases/2010/20101110.html>

Childcare Programmes

In January 2010, the Childcare Directorate of the OMCYA introduced the new free Pre-School Year in Early Childhood Care and Education (ECCE) programme. 85% of pre-school services entered the programme at that time, increasing to 95% in September 2010 the first full year of the programme. 83% of children in the year before starting primary school availed of the free pre-school year in January 2010, increasing to 94% in September 2010. €170 million was allocated to the ECCE programme in 2010. Services are required to meet quality standards including minimum staff qualifications and implementation of Síolta, the National Quality Framework for Early Learning.

A new Community Childcare Subvention programme was introduced in September 2010 which will continue to provide funding to community childcare services, to enable them to charge reduced childcare fees to disadvantaged and low income parents. The new programme has increased the subvention levels for low income working parents. A new Childcare Employment and Training Support (CETS) programme, providing free childcare places to qualifying parents attending FÁS or VEC courses, was also introduced in September 2010. Both of these programmes support Labour Activation measures. Approximately €60 million is expected to be spent on these programmes in 2010, supporting some 30,000 children and 20,000 parents.

Research on Children's Lives



The first substantive report, entitled "The Infants and Their Families", of findings from wave one of the infant cohort of 'Growing Up in Ireland': the National Longitudinal Study of Children, was published at the second annual Growing Up in Ireland Research Conference on 29th November 2010. The Anonymised Microdata File (AMF) from wave one of the infant cohort will be lodged in the Irish Social Science Data Archive (ISSDA) in 2011 for use by bona fide researchers early in 2011. The second wave of fieldwork for the infant cohort (at age three) commenced in December 2010. Publication of five studies funded under the National Children's Strategy Research Programme also took place.

Publications include:

[Ethical Review and Children's Research in Ireland – Main report by Jane Sixsmith, Siobhan O'Higgins, Sorcha Ni Chonnactaigh, Heike Felzman, Saoirse Nic Gabhainn](#)

[Young people and public libraries in Ireland: issues and opportunities by Margaret](#)

[Rogers, Brid McGrath and Robbie Gilligan](#)

[Study of Young Carers in the Irish Population : Executive Summary by Allyn Fives](#)

[A Study of Young Carers in the Irish Population : Briefing Note \(Allyn Fives\)](#)

[Parenting Styles and Discipline: Parents' and Children's Perspectives. Summary Report by Elizabeth Nixon, Ann Marie Halpenny](#)

[Parents' Perspectives on Parenting Styles and Disciplining Children by Elizabeth Nixon, Ann Marie Halpenny and Dorothy Watson](#)

[Children's Perspectives on Parenting Styles and Discipline: A Developmental Approach by Elizabeth Nixon and Ann Marie Halpenny](#)

Development of Youth Cafés

On 12 April 2010, details of a dedicated youth café funding scheme of €1.5 million from dormant accounts funds were announced. This is the first dedicated youth café funding scheme in Ireland. The scheme is concerned with the structured promotion and development of existing and new youth cafés around the country. It was launched along with the publication of two relevant associated publications “*Youth Cafés in Ireland, A best practice guide*” and “*Youth Café Toolkit, how to set up and run a youth café in Ireland*”.

Palliative Care - Children



The ‘*Palliative care for children with life-limiting conditions – A National Policy*’, was officially launched on 24th March 2010. This policy was developed on foot of the Palliative Care Needs Assessment for Children, which was published in 2005. The care needs assessment was undertaken by a team of researchers from U.C.D. and jointly funded by the Department of Health and Children and the Irish Hospice Foundation. The specific needs of children with life-limiting conditions requiring palliative care had been raised in the report of the National Advisory Committee on Palliative Care published by the Department of Health and Children in 2001. This policy aims to address the issues identified in the

needs assessment in order to build a responsive service for children and their families and provide a framework within which a seamless service for children with life-limiting conditions and their families can be planned, delivered and accounted for.

http://www.dohc.ie/publications/palliative_care_for_children_with_life_limiting_conditions.html

Independent Review into Deaths of Children in Care

The Minister for Children and Youth Affairs established an Independent Group to examine the results of completed reviews of deaths of children in care since 2000. The group was asked to:

- Examine existing information on deaths of children in care so as to validate the categorisation of those children who died from natural causes.
- In relation to children other than those who died from natural causes, examine existing reviews/reports completed by the HSE (or by others on behalf of the HSE) and, based upon this information, provide an overall report for publication which:
 - Provides on an anonymised basis key summary information regarding each child and the circumstances leading up to their death;
 - Focuses, in particular, on the relevant involvement of State services with the child and his/her family;
 - Examines the strengths and weaknesses of such involvement;

- Insofar as learning was or can be identified from these reports/reviews, including common issues presenting, make recommendations as to how child protection responses can be strengthened; and
- If considered useful, comment on the nature of the reports/reviews available for its consideration.

Launch of the National Quality Standards Framework for Youth Work (NQSF)

The National Quality Standards Framework (NQSF) for youth work, the first national standards framework to ensure and enhance quality youth services for young people, was launched. It is primarily a support and development tool for youth work. It provides a structured framework for organisations to assess, indicate and enhance their work and will provide organisations with an opportunity to articulate their youth work practice using a common language.

The net effect of the NQSF will be to identify and improve the effectiveness of youth work service provision, resulting in an advancement of good practice and allowing organisations to address the needs of young people to an even greater extent.

The Minister for Children and Youth Affairs also introduced two publications aimed at supporting those working in the youth sector – “*Addressing Homophobia: Guidelines for the Youth Sector in Ireland*” and “*Starting Out – A National Induction Training Programme for Volunteers engaged in youth work practice*”.

<http://www.dcy.gov.ie/viewdoc.asp?Docid=1404&CatID=11&mn=&StartDate=01+January+2010>

Children Acts Advisory Board Report ‘Tracing and Tracking of Children Subject to a Special Care Application’ launched.

The report provides an overview of the applications for admission to special care made by Health Service Executive Local Health Offices in 2007 and traces and tracks outcomes for the children who were subject of those applications up to November 2009. The report is based on scrutiny of anonymised special care applications and their supporting documents, interviews with social workers, children, parents/carers, staff from the special care units, guardians *ad litem* and solicitors.

See <http://www.caab.ie/getdoc/008a11cd-fa15-4c0a-8166-56a67491e707/Tracing-and-Tracking-of-Children-Subject-to-a-Spec.aspx>

The State of the Nation's Children Report: Ireland 2010

This Report, which is the third in a biennial series, was compiled by the Office of the Minister for Children and Youth Affairs in association with the Central Statistics Office and the Health Promotion Research Centre at National University of Ireland, Galway.

The State of the Nation's Children Report: Ireland 2010 presents administrative, survey and census data on children's lives, including data on educational attainment (PISA Study) and poverty (EU-Survey on Income and Living Conditions). It focuses specifically on children's outcomes (including health, educational and social, emotional and behavioural), children's relationships with family and friends and children's services and supports. Findings included a decline in child deaths and teen births and an increase in childhood immunisation rates.

http://www.dcy.gov.ie/documents/publications/State_of_the_Nations_Children_2010.pdf

HIGH LEVEL OBJECTIVE 3: PRIMARY CARE

Objective:- To ensure the provision of a broad spectrum of integrated, locally-based accessible services as the first point of contact for people with the health system which, combined with improvements in income, employment, education and housing, will deliver significant health improvements and reduce health disparities over the longer term.

Primary Care Teams

The key objective in primary care policy (Primary Care: A New Direction, 2001) is to develop services in the community which will give people direct access to integrated multi-disciplinary teams including general practitioners, nurses, health care assistants, home helps, occupational therapists and others. At the end of December 2010 there were 350 teams operating with “operating” defined as “teams which are holding clinical team meetings on individual client cases and involving GPs and HSE staff”. 518 primary care teams have been identified for development by the end of 2011, when ultimately everyone in the country should be able to access 95% of the care they need within their local community.

Extension of entry provisions for GPs providing services under the GMS Scheme

The Government decided that all restrictions on appropriately trained general practitioners (GPs) who wish to hold General Medical Service (GMS) contracts were to be abolished in line with the EU/IMF Programme commitment (by the end of the 3rd quarter in 2011). The Department is working with the HSE with a view to giving effect to this.

In 2009, following recommendations from a joint working group (Health Service Executive / Irish Medical Organisation / Department of Health and Children), the Minister for Health and Children approved, as an interim measure, certain changes to the entry provisions for GPs to the GMS Scheme and the retirement provisions for GPs who hold a contract or contracts under the GMS Scheme / the Maternity and Infant Care Scheme / the Primary Childhood Immunisation Programme.

GPs who were previously compulsorily required to retire at 65 years of age may from 1st October 2009 continue to hold their contract(s) until their 70th Birthday. This will allow a number of GPs currently in the scheme but facing retirement to remain on if they so wish. Similar arrangements will apply to new contract holders.

In relation to the new entry / retirement provisions:

- 184 applicants were deemed eligible (As of 1st January, 2010, 121 GMS contracts have been issued to GPs and further documentation, such as Garda Clearance, is awaited for 63 others, while 25 other applications are still under consideration, pending e.g. further information being supplied).
- 7 GPs who were due to retire applied to have their contracts extended.

GP Out-of-Hours Co-operatives

GP out-of-hours co-operatives are now in place in all Health Service Executive (HSE) areas, providing coverage in all or in part of all counties. There were over 924,000 contacts with GP out-of-hours co-operatives in 2010 and the total cost of funding out-of-hours services was in the region of €89 million. The most recent analysis of out-of-hours contacts by the HSE (April 2011) shows that 60% of contacts resulted in attendance at a treatment centre and a further 9% resulted in a home visit. The HSE indicates that attendance at a GP out-of-hours

treatment centre would usually follow initial telephone triage, so it is a good indication of attendance avoidance at hospital A&E departments.

The National Review of GP Out-of-Hours' Services was published by the HSE in March 2010. It is the first national review to be undertaken since the commencement of publicly funded GP Co-operatives in Ireland in 1999. The Review makes 13 recommendations designed to strengthen and standardise the Service across the country.

Cost of Drugs and Medicines

Agreement was reached with the Irish Pharmaceutical Healthcare Association (IPHA) in early 2010 to reduce the price of their off-patent drugs and medicines by a further 40%. In addition, the rebate paid by IPHA member companies to the Health Service Executive in respect of drugs supplied under the GMS scheme has been extended to include all community drugs schemes and increased from 3.53% to 4%. The combination of these measures plus consequent savings in wholesale and retail mark-ups are expected to result in savings of approximately €94m in a full year.

Agreement was also reached in September, 2010 with the Association of Pharmaceutical Manufacturers in Ireland (APMI) to reduce prices by up to 40% for some of the most commonly prescribed off-patent drugs in Ireland. The Agreement with APMI means that the price of their off-patent drugs will be no more than 98% of the price of equivalent IPHA products.

In December 2010 IPHA member companies committed to providing further savings of €200 million in 2011. Savings of €155 million are expected under the GMS and community drug schemes through a combination of price reductions and increased rebates to the HSE, €35 million under the High Tech Scheme and €10million on hospital medicines. These are very significant savings and will be of considerable financial assistance to the HSE particularly in light of the tight funding environment that it faces in 2011.

Medical Cards and GP Visit Cards

At the end of 2010, approximately 38% of the national population have free access to GP services through a medical card (35%) or GP visit card (3%). Expenditure on the medical card scheme amounted to approximately €1.97 billion in 2010.

Food, Medicines and Tobacco Control

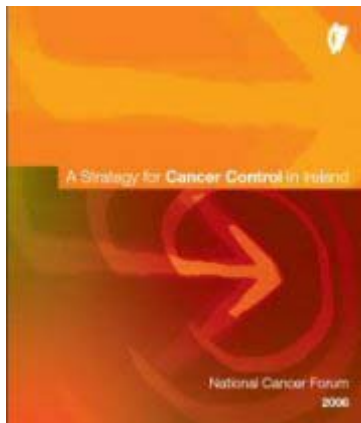
The measures undertaken in these areas during 2010 include:-

- Abolition of the Office for Tobacco Control and transfer of its functions to the HSE;
- Enactment of Eighteen Statutory Instruments - Food Safety (11), Medicinal Products (3), Cosmetics (3) and IMB fees (1);
- Completion of negotiations on EU proposals relating to Pharmacovigilance and Counterfeit Medicines.

HIGH LEVEL OBJECTIVE 4: CANCER CONTROL

Objective:- To reduce cancer incidence, morbidity and mortality relative to other EU countries and to support the provision of quality assured cancer services by the Health Service Executive (HSE).

National Cancer Control Programme (NCCP)



Further advances were made in the Cancer Control Programme. These include;-

Colorectal Cancer Screening Programme

The colorectal cancer screening programme will begin on a nationwide basis in 2012. Preparatory work for the programme began in early 2010 and in February 2011.¹ Estimates of five-year relative survival rates (National Cancer Registry) show improvements in survival for almost all types of cancer diagnosed in the period 2002-2006 compared with people diagnosed in 1998-2001.

Human Papilloma Virus (HPV) Vaccination Programme

The Health Service Executive (HSE) commenced the HPV vaccination programme in May 2010 on a pilot basis, in 21 schools. The rollout continued nationally in September 2010 with vaccine being offered to the cohort of 2009/2010 entrants plus all those entering first year in 2010.

See <http://www.dohc.ie/press/releases/2010/20100115.html>

National Cancer Control Programme developments

Under the Programme there are four designated cancer control networks and eight cancer centres nationally. The Programme is working to ensure that designated cancer centres for individual tumour types have adequate case volumes, expertise and concentration of multi-disciplinary specialist skills.

- A national centre for pancreatic cancer surgery opened at St Vincent's University Hospital with a satellite unit at Mercy University Hospital Cork (due to transfer to Cork University Hospital).
- Lung cancer surgery was centralised into four cancer centres from September 2010 (St. James's and Mater Hospitals in Dublin, Cork University Hospital and Galway University Hospital).
- Additional Rapid Access Diagnostic Clinics for prostate cancer were established in 2010 and clinics are now open at University Hospital Galway, Mid-Western Regional Hospital Limerick and St James', St Vincent's, Beaumont and the Mater Hospitals in Dublin.
- Additional Rapid Access Diagnostic Clinics for lung cancer were also established in 2010 and clinics are now open Cork University Hospital, Mid-West Regional Hospital Limerick, Waterford Regional Hospital, St James's, St Vincent's, Beaumont and the Mater Hospitals in Dublin.

¹ , 15 candidate colonoscopy units to support the national colorectal cancer screening programme were identified.

- These Rapid Access Clinics will enhance access to early diagnosis and multi-disciplinary decision making for prostate and lung cancers, which are among the most common cancers in Irish people.
- New radiation oncology facilities at St James's and Beaumont Hospitals were completed in December 2010 under Phase 1 of the National Plan for Radiation Oncology. The new centres, together with the existing facility at St Luke's Hospital, will deliver a 50% increase in radiotherapy capacity in the Eastern region when fully operational.
- The Board of St. Luke's Hospital was dissolved and St Luke's integrated into the HSE-NCCP in August 2010.
- The Board of the National Cancer Screening Service which incorporates BreastCheck and CervicalCheck, was dissolved and cancer screening was integrated into the HSE-NCCP in April 2010.
- CervicalCheck, the National Cervical Screening Programme, screened around 258,000 women in 2010.
- BreastCheck, the National Breast Screening Programme, screened around 119,000 women in 2010.

HIGH LEVEL OBJECTIVE 5: ACUTE HOSPITALS

Objective:- To ensure that patients who need acute care can access it as rapidly as possible, in the most appropriate setting at local, regional, or national level, that they receive safe care, and that the outcomes are the optimum that can be achieved for such patients.

National Treatment Purchase Fund

Since its establishment in 2002, the NTPF has provided over 200,000 public patients with inpatient treatment, diagnostic procedures and outpatient appointments. The NTPF has also standardised the systems for collection and measurement of waiting time data in the public hospital system.

In December 2010 the median waiting time for medical and surgical patients was 2.4 months. This is a very significant reduction, down from an average of between two and five years when the Fund was established.

In 2010, with a financial allocation of €90m, the NTPF facilitated approximately 32,000 patients, with 20,600 people receiving elective surgery, 3,500 getting MRIs and approximately 8,000 gaining outpatient appointments.

Increasing numbers of patients are being treated in acute hospitals

Overall inpatient numbers have increased by 12% over the period 2000 to 2010 from 525,335 to 588,860. The number of inpatients to the end of December 2010 showed a decrease of 1.0% on the same period for 2009. The number of daycases had risen by 147% in the period 2000 to 2009. The number of daycases to the end of December 2010 at 728,269 patients showed a 7.8% increase on the same period in 2009 and is now running 5.7% ahead of target. Average lengths of stay for inpatients have also seen a gradual decline over the period 2000 to 2009 with improved and less invasive medical practice largely responsible for the rapid growth in day patient activity. Average length of stay for 2009 was 6.2 days whereas in the year 2010 this has fallen to 6.1 days. These trends towards more efficient and patient friendly treatment are in line with international best practice.

Waiting times at Emergency Departments are improving

At the end of December 2010 1.181m people had attended Emergency Departments and 369,031 patients were admitted from these departments. The average number of patients on trolleys awaiting admission each day at 2pm for 2010 was 113.

Information collected from the HSE indicates that for the year 2010:

- the percentage of patients discharged within 6 hours was 89.1%;
- the percentage of admitted patients admitted within 6 hours was 55.2%;
- the percentage of patients admitted or discharged within 6 hours was 60.0%.

Developments such as reducing inappropriate admissions, reducing average length of stay and shifting activity from in-patient to day case procedures will contribute to further improvements to Emergency Departments.

HIGH LEVEL OBJECTIVE 6: DISABILITY AND MENTAL HEALTH

Objective:- To help people with disabilities to achieve their full potential including living as independently as possible. To promote mental health and provide appropriate support to and interventions for people with mental health problems.

Disability

Working group on integration of children with disabilities in mainstream pre-school

In April 2010, the Office for Disability and Mental Health established a Working Group, chaired by the Director of the Office, to develop and agree a framework for the integration of young children with disabilities in mainstream pre-school settings. The group includes representation from the ODMH, the Department of Education and Skills, the Office of the Minister for Children and Youth Affairs, and the HSE. On completion, the report will be circulated to the Office of the Minister for Children and Youth Affairs, the HSE and the Department of Education and Skills for further consideration in the light of available resources and competing priorities for 2011 and subsequent years.

Report Value for Money Review of Disability Services

The report of a public consultation process undertaken as part of a Value for Money Review of Disability Services was published on the Department's website on 3rd December, 2010. The consultation was conducted via online questionnaire and sought views on the objectives, efficiency, effectiveness and funding of disability services. Almost 200 people responded, including service users and their families, statutory and voluntary service providers, staff members, advocacy organisations and representative bodies. The consultation confirmed that people with disabilities and their families were looking for more choice in the services they receive and more control over how they access them.

Also published on 3rd December 2010 was a paper on Key Proposals emanating from the policy review conducted by an Expert Reference Group operating under the aegis of the VFM Review. The paper signalled a reframing of disability services towards a model of individualised supports and individualised budgeting, underpinned by mainstreaming of all public services. Further consultation on the proposals is being initiated within the Department, and in due course with other Government Departments and with the general public.

Mental Health

The 2010 Employment Control Framework for the health service provided an exemption from the moratorium and allowed the filling of 100 psychiatric nursing posts. The 2011 Employment Control Framework again provides an exemption from the moratorium in respect of 100 psychiatric nursing posts where they are required to support the implementation of *A Vision for Change*.

Acute admissions to St. Brendan's, Grangegorman, Dublin have now ceased following the opening of the Pine Unit in Connolly Hospital, Blanchardstown in September 2010. Enabling works are underway on the development of a 54-bedded replacement long stay mental health facility as part of the Grangegorman Redevelopment Project.

The second annual report on the Child and Adolescent Mental Health Service (CAMHS) was launched in November 2010 and provides comprehensive data on activity in the CAMHS as well as providing important information on the numbers of young people presenting with mental health issues and how the nature of their condition changes with age. The HSE now has comparative baseline information which can be built on to improve performance and to assist in decisions regarding how mental health services are developed into the future.

The National Stigma Reduction Campaign, *See Change*, was launched in April 2010. The aim of the campaign is to positively change social attitudes and behaviour, to inspire people to challenge their beliefs about mental illness, to be more open in their attitudes and behaviour and to encourage people in distress to seek help.

In December 2009, €3m innovation funding was allocated to Disability & Mental Health to support the transition from institutional to person-centred models of care. The funding was allocated to the *Genio Trust* through a service level agreement with the HSE. During 2010, 50 projects were awarded grants totalling €3.6 million – 15 of which were mental health projects with funding of €1.4 million.

Shorter episodes of in-patient care have been achieved: 49% of all discharges in 2009 occurred within two weeks of admission, 20% within two to four weeks and 93% occurred within three months of admission.

There are fewer involuntary admissions - reduced by 28% from 2,830 in 2005 to 2,024 in 2009.

There was a 19% decrease in admissions to psychiatric facilities between 1999 and 2009.

There was a reduction in the number of patients resident in Irish psychiatric facilities, with numbers falling from 4,230 in 2000 to 2,812 in March 2010 – representing a reduction of 33.5%.¹

In 2010 €1 million was provided to 26 community based projects under the Dormant Accounts Fund to enable the development of a number of local suicide prevention initiatives.

¹ The 2010 Psychiatric Inpatient Census was published by the HRB in July 2011 and is available at http://www.hrb.ie/uploads/tx_hrbpublications/HRB_Statistics_Series_12_-_Irish_Psychiatric_Units_and_Hospitals_Census_2010_Web_Version.pdf

HIGH LEVEL OBJECTIVE 7: OLDER PEOPLE

Objective:- *To enhance the quality of life of older people and to support them in their homes and communities for as long as possible and, where this is not possible, to provide them with access to appropriate residential accommodation.*

Nursing Homes Support Scheme (Fair Deal)

There were over 12,600 applications for the Nursing Homes Support Scheme in 2010. During the course of the year, over 11,700 people qualified for support under the scheme.

Nursing Home Inspections

Under new Regulations, since 1 July 2009, all nursing homes, public and private, have to be registered and are subject to an independent, transparent inspection regime carried out by the Chief Inspector of Social Services, part of the Health Information and Quality Authority (HIQA). Work on the review of the Regulations governing the Care and Welfare of Residents in Designated Centres commenced in 2010.

Development of Policy on Restraint in Residential Centres for Older People

A Working Group was established in 2010 to develop a policy in relation to the use of restraint in nursing homes. The policy is due to be published shortly and it is envisaged that *“Towards a Restraint Free Environment in Nursing Homes”* will guide the future development of regulations and standards for nursing homes.

Community Based-Services for Older People

In December 2009, the Department published an independent Evaluation of Home Care Packages, undertaken by PA Consulting Group. The Department worked closely in 2010 with the HSE to address the implications and recommendations arising from this Evaluation. In December 2010 the new *National Guidelines & Procedures for Standardised Implementation of the Home Care Packages Scheme* were welcomed by the Minister. In 2011 the Department and the HSE will work to progress new *National Quality Guidelines for Home Care Support Services*, and *National Guidelines for the Home Help Service*. A National procurement framework for home care packages was tendered in October 2010, and the HSE will process applications etc from early 2011.

National Positive Ageing Strategy

The development of a National Positive Ageing Strategy arises from a commitment in the Programme for Government 2007-2012. The Strategy will set the strategic framework for future policies, programmes and services for older people in Ireland.

See (http://www.dohc.ie/issues/national_positive_ageing/)

Following a written consultation process where written submissions were invited from the public through ads in national newspapers, a series of nine consultation meetings were held from March to May 2010, attended by approx 1200 people. A report on the consultation process, which highlights the issues which older people and service providers raised was published on 22 November 2010.¹

See http://www.dohc.ie/publications/in_our_own_words.html

¹ The 2011 Programme for Government also commits to completing and implementing the National Positive Ageing Strategy so that older people are recognised, supported and enabled to live independent full lives.

The Irish Longitudinal Study on Ageing (TILDA)

The Irish Longitudinal Study on Ageing (TILDA) is a 10 year longitudinal study of the health, social and economic circumstances of a large statistically representative sample of 8,000 people aged 50 years and over and is the first of its kind in Ireland. In September 2010, the Department signed an agreement with Trinity College Dublin confirming funding of €12 million for TILDA over the lifetime of the project of which €4.3 million has been paid to date. TILDA is also being funded by The Atlantic Philanthropies and Irish Life.¹

The Health (Repayment Scheme) Act 2006

The Health (Repayment Scheme) Act 2006 provides a legal framework to repay recoverable health charges for publicly funded long term care. 31st December 2007 was the deadline for receipt of claims. By the end of 2010, 99.9% of claims had been completed. Total expenditure on the scheme up to the end of 2010 was €468m.

In 2010, 261 offers of repayment were made to the value of €11.161m;
 680 repayments were completed to the value of €18.854m;
 45 rejection letters issued to applicants who were deemed to be outside the parameters of the scheme.

The Health Repayment Scheme Appeals Office, which provides an appeals service to applicants who wish to appeal against the decision of the scheme Administrator, issued 886 appeal decisions in 2010.

Elder Abuse

On 8 November 2010 the National Centre for the Protection of Older People, based in UCD, and funded by the HSE, published the National Study of Elder Abuse and Neglect. This is the first national study on the prevalence of elder abuse in Ireland. The study found that 2.2% of the study population experienced abuse or neglect in the last 12 months. This suggests that approximately 10,000 people living in the community might have experienced abuse, neglect or maltreatment in the last year.

Progress made by the HSE during 2010 includes:

- publication of the annual report of the HSE's Elder Abuse Services for 2009 in June 2010,
- development of a series of protocols to assist in the management of referrals and inter-agency working,
- public awareness campaign to raise awareness of elder abuse in community settings, which included a focus on financial abuse,
- establishment of a National Working Group on financial abuse. Terms of Reference include a submission to the Irish Financial Services Regulatory Authority in relation to the Consumer Protection Code,
- a review of training and awareness raising provided to HSE and other healthcare agencies staff. Work on clarity of roles, responsibilities of staff and promoting the inclusion of elder abuse on curricula of third level courses has also commenced.

¹ The Report of the findings from the first wave of the research was published in May 2011. See <http://www.tcd.ie/tilda/publications/>

PART 3 - APPENDICES

APPENDIX 1

Legislation Enacted in 2010

Adoption Act 2010
Health Miscellaneous Provisions Act 2010
Health (Amendment) Act 2010
Health (Amendment) Act No 2 2010
Public Health (Tobacco)(Amendment) Act 2010

Statutory Instruments

SI no.	SI Title
3	Health (An Bord Altranais) (Additional Functions) Order 2010
36	Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2010
117	European Communities (Official Control of Foodstuffs) Regulations 2010
118	Health (Miscellaneous Provisions) Act 2009 (Commencement) Order 2010
119	European Communities (Extraction Solvents used in the Production of Foodstuffs and Food Ingredients) Regs 2010
141	Voluntary Health Insurance (Amendment) Act 2008 (Appointment of Date Pursuant to Subsection (5)(b) of Section 2 of the Voluntary Health Insurance (Amendment) Act 1996) (No.4) Order 2010
150	Medical Practitioners Act 2007 (Commencement) Order 2010
194	European Communities (Cosmetic Products)(Amendment) Regs 2010
199	Misuse of Drugs Act 1997 (Controlled Drugs) (Declaration) Order 2010
200	Misuse of Drugs (Amendment) Regs 2010
201	Misuse of Drugs (Designation) (Amendment) Order 2010
202	Misuse of Drugs (Exemption) (Amendment) Order 2010
218	European Communities (Certain Contaminants in Foodstuffs) regs 2010
257	Pharmaceutical Society of Ireland (Fees) (Amendment) Rules 2010
263	Health and Social Care Professionals Act 2005 (Commencement) Order 2010
279	Social Workers Registration Board (Establishment Day) Order 2010
286	Medicinal Products (Control of Wholesale Distribution) Regulations 2007 (Amendment) Regulations 2010
287	Medicinal Products (Control of Placing on the Market) Regulations 2007 (Amendment) Regulations 2010
288	Medicinal Products (Control of Manufacture) Regulations 2007 (Amendment) Regulations 2010
340	Health (Definition of Marginal Localised & Restricted Activity) (Butcher Shop) Regs 2010
355	European Communities (Food Supplements)(Amendment) Regs 2010

362	Health Service Executive Employee Superannuation Scheme 2010
391	European Communities (Official Controls on the Import of Food of Non-Animal Origin) Regs 2010
392	Health (Miscellaneous Provisions) Act 2010 (Commencement) Order 2010
415	Health (Amendment)(No.2) Act 2010 (Commencement) Order 2010
417	European Communities (Cosmetic Products) (Amendment) (No.2) Regs 2010
440	European Communities (Cosmetic Products) (Amendment)(No.3) Regulations 2010
441	Irish Medicines Board (Miscellaneous Provisions) Act 2006 (Certain Provisions)(Commencement) Order 2010
459	European Communities (Medical Ionising Radiation Protection) (Amendment) Regs 2010
473	Health Professionals (Reduction of Payments to Consultant Psychiatrists) Regulations 2010
480	Medical Council Rules Specifying Pre-Registration Examinations and Exemptions V3
494	Food Safety Authority of Ireland Act 1998 (Amendment to First Schedule) Order 2010
497	European Communities (Hygiene of Foodstuffs) (Amendment) Regs 2010
498	European Communities (General Food Law) (Amendment) Regulations 2010
510	Health Professionals (Reduction of Payments in Respect of Services under the National Cervical Screening Programme) Regs 2010
511	Adoption Act 2010 (Commencement) Order 2010
512	Adoption Act 2010 (Establishment Day) Order 2010
518	Adoption Act 2010 (Section 85)(Fees) Regs 2010
519	Adoption Act 2010 (Consent to Adoption Order)(Forms) Regs 2010
520	Adoption Act 2010 (Pre Placement Consultation Procedure) Regs 2010
521	Adoption Act 2010 (Register of Intercountry Adoptions) Regs 2010
522	European Communities (Additives, Colours & Sweeteners in Foodstuffs) (Amendment) Regs 2010
524	Adoption Act 2010 (Accredited Bodies) Regs 2010
528	Medical Council Rules in respect of the duties of council in relation to medical education and training (Section 88 of the Medical Practitioners Act 2007)
529	Medical Council Rules in respect of training bodies and qualifications for the purposes of the specialist and trainee specialist divisions (Section 89 of the Medical Practitioners Act 2007)
534	European Communities (Additives, Colours and Sweeteners in Foodstuffs) (Amendment) (No. 2) Regs 2010

- 539 Health Insurance Act 1994 (Section 17) Levy (Amendment) Regs 2010**
- 553 European Communities (Organisation of Working Time)(Activities of Doctors in Training) (Amendment) Regs 2010**
- 593 Health Act 2007 (Registration of Designated Centres for Older People) (Amendment) Regs 2010**
- 597 Adoption Act 2010 (Section 134) (Forms) Regs 2010**
- 607 Misuse of Drugs (Amendment) No. 2) Regulations 2010**
- 631 Nursing Homes Support Scheme (Allowable Deductions) Regs 2010**
- 632 Irish Medicines Board (Fees) Regs 2010**
- 638 Health Professionals (Reduction of Payments to General Practitioners) Regs 2010**

APPENDIX 2

Publications in 2010

- [All-Ireland Traveller Health Study](#)
- [A Review Of Practice Development In Nursing And Midwifery In The Republic Of Ireland And The Development Of A Strategic Framework](#)
- [Annual Output Statement For Health Group of Votes 2010](#)
- [Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019](#)
- [Department of Health and Children Consolidated Salary Scales effective from 1st Jan 2010](#)
- [DoHC Annual Report 2009](#)
- [Fourth Annual Report of the Independent Monitoring Group for A Vision for Change - the Report of the Expert Group on Mental Health Policy - June 2010](#)
- [Growing Up in Ireland: National Longitudinal Study of Children. The Infants And Their Families - Infant Cohort](#)
- [Health In Ireland: Key Trends 2010](#)
- [Health Sector Action Plan](#)
- [Health Sectoral Plan on Disability – Progress Report 2009](#)
- [Healthcare Waste Packaging Guidelines 2010](#)
- [Immunisation Guidelines for Ireland 2008 EDITION - Online only update August 2010](#)
- [In Our Own Words: Report of the Consultation Process on the National Positive Ageing Strategy](#)
- [Limiting the Exposure of Young People to Alcohol Advertising: 4th Annual report of the Alcohol Marketing Communications Monitoring Body](#)
- [National Standards for Pre-School Services](#)
- [Nurses and Midwives Bill 2010](#)
- [Palliative Care For Children With Life-Limiting Conditions In Ireland - A National Policy](#)
- [Proposed Model for Reference Pricing and Generic Substitution](#)
- [Report On Public Consultation: Efficiency And Effectiveness Of Disability Services In Ireland](#)
- [Report of the Expert Group on Resource Allocation and Financing in the Health Sector](#)
- [Report of the State Claims Agency on Compensation for Thalidomide Survivors](#)
- [Report of the Working Group on Sports Sponsorship by the Alcohol Industry](#)
- [Report to Secretary General on: Travel associated with Management - Union Partnership Activities, and in which Department officials participated, and Funding for Management -Union Partnership activities other than SKILL](#)
- [Research Strategy for Nursing and Midwifery in Ireland 2003-2008.Review of Attainments](#)
- [Review of the Recommendations of Protecting Our Future: Report of the Working Group on Elder Abuse](#)
- [State of the Nation's Children - Ireland 2010](#)
- [Value for Money & Policy Review: Allocation & Utilisation of Funding in Acute Services in the Southern Hospitals Group in 2006 - Final Report](#)

- [Value for Money and Policy Review of the Economic Cost and Charges Associated with Private and Semi-Private Treatment Services in Public Hospitals - Interim Report](#)
- [Value for Money and Policy Review of the Economic Cost and Charges Associated with Private and Semi-Private Treatment Services in Public Hospitals-Final Report](#)

MAC/Principal Officers and Equivalents 1st January 2011

Secretary General
Michael Scanlan

Jim Breslin

Finance, Performance
Evaluation,
Information,
EU/International,
Research & Resource
Allocation

Frances Spillane

National HR &
Workforce Planning

Bernard Carey

Parliamentary &
Corporate Affairs &
Corporate Legislation
Unit

Mary Doyle

Office of the Minister
for Children & Youth
Affairs

Paul Barron

Food, Primary Care &
Eligibility Unit

Fergal Lynch

Acute Hospitals,
Cancer & Associated
Services & Private
Health Insurance

Bairbre NicAongusa

Office for Disability &
Mental Health &
Citizen Participation
Unit

Noel Usher

Office for Older People

Dr Tony Holohan

Chief Medical Officer
Inc. Patient Safety,
Health Protection &
Prom., Social
Inclusion & Bioethics

Finance

National HR Unit

Human Resources &
Corporate
Development

Children's & Youth
Services Development

Primary Care

Acute Hospitals I

Disability

Services for Older
People

Social
Inclusion

External/ Internal ICT

Professional
Regulation Unit

Corporate Legislation
Unit

Children's Legislation

Food Safety, Meds &
Med Devices & Tobacco
Control

Acute Hospitals II

Mental Health

Long Stay Charges

Health Protection
Unit

Information

WFP/Educ. & Train.,
Med. Indemnity &
Agency Governance

Parliamentary Affairs
& Communications

Childcare Directorate

Controlled Drugs &
Pharmacy Unit

Cancer & Blood
Policy

Citizen Participation
Unit

Strategy for Older
People

Deputy CMO
Health Promotion Unit

Performance
Evaluation

Chief Nursing Officer

Legal Adviser

Child Welfare &
Protection Policy 1

Eligibility Unit

Private Health
Insurance

Deputy
CMO

Capital, EU/
International &
Research Policy

Child Welfare &
Protection Policy 2

Deputy
CMO

Research

Child Welfare &
Protection Policy 3

Deputy CMO
Patient Safety &
Quality

Resource Allocation

Bioethics

