



**An Roinn Sláinte**  
DEPARTMENT OF HEALTH

Annual Report  
2011



Tús Áite do  
Shábháilteacht **1** Othar  
Patient Safety **1** First

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Available from:

Department of Health

Hawkins House

Hawkins Street

Dublin 2

Phone (01) 635 4000

Fax (01) 635 4001

Email: [info@health.gov.ie](mailto:info@health.gov.ie)

Website: [www.doh.ie](http://www.doh.ie)

Customer Service Desk (01) 635 3000

Government of Ireland 2012

## Contents

Foreword by the Minister for Health	Page 4
Introduction by Secretary General	Page 5
<b>Part 1 – Corporate Information</b>	<b>Page 6</b>
1. Mission Statement	Page 6
2. Corporate Data	Page 6
<b>Part 2 – Role and Functions</b>	<b>Page 9</b>
<b>Part 3 – Strategic Goals</b>	<b>Page 12</b>
1. Programme 1 – Fair Access and Sustainability	Page 11
2. Programme 2 – Patient Safety and Quality	Page 13
3. Programme 3 – Health and Wellbeing	Page 15
4. Programme 4 – Primary Care	Page 19
5. Programme 5 – Acute Hospitals	Page 20
6. Programme 6 – Specialised Care Services	Page 22
<b>Part 3 – Appendices</b>	<b>Page 26</b>
1. Legislation enacted in 2011	Page 26
2. Bills published in 2011	Page 26
3. Statutory Instruments	Page 26
4. Publications in 2011	Page 29
5. Overview of Energy Usage	Page 31
6. Reports produced by National Advisory Committee on Drugs	Page 33
7. Organisation Plan for the Department of Health and Children	Page 34

## Foreword by the Minister for Health



I am delighted to write this foreword for the Department of Health's 2011 Annual Report for a number of reasons, not least because it gives me my first real opportunity to acknowledge the work done by my officials, not just in 2011, but in previous years.

This Report outlines some of the progress and work undertaken by my Department since the change in direction brought about by the new Government. The steps taken towards the key objective of universal health insurance and access to services based on need and not on ability to pay are paving the way for the introduction of a single tier system in place of the current one which is both unfair and inequitable.

The inequity in our system is most visible in the acute hospital system whereby private patients can access services more quickly than those who might have greater need. Waiting times in Emergency Departments are also a significant issue. Private ED's can now be accessed by those who can afford to pay but waiting times in public hospitals continued to be unacceptably high. In order to address the issues in our acute hospitals, I established the Special Delivery Unit in my Department to concentrate on reducing trolley waits in Emergency Departments and on cutting waiting lists in the health services and allow for an improvement in the operation of structures across the system. To date, the reports of the SDU have shown some success in beginning to identify and tackle the deficiencies in our systems which have contributed to the logjam in the acute hospital services.

While the 'cure', through the acute hospital or primary care settings, is usually what most people think of when they talk about health issues, the old adage of prevention being better than cure is quite true. This Government policy, from the extension of the HPV vaccine programme to the development of 'Your Health is Your Wealth' policy framework reflects our determination to improve the nation's general standard of health.

Furthermore, our concentration on the 'cure' must never detract from our commitment to the 'care'. In the Programme for Government, we affirm our commitment to programmes in the areas of mental health, disability and older people. During 2011, my Department undertook significant work on these areas working towards meeting this Government's commitments to those who need our care and support.

I am very conscious of the pressures faced by my Department and the demands placed on my officials and I am grateful for the diligent and professional way they undertake their duties. The decisions we take and the work we do makes a real and positive difference to the lives of the people we serve and I am proud to have been appointed Minister to this Department in 2011. I look forward to the future as we work together steering the reform programme to a health service we are proud to be part of.

A handwritten signature in blue ink, appearing to read 'James Reilly', written over a light blue background.

**James Reilly TD**  
**Minister for Health**

## Introduction by Secretary General



Undoubtedly, 2011 was a year of significant change in the health services. The general election brought a new Government and a new direction and policies in healthcare with a commitment to introduce Universal Health Insurance. The health system is being reformed so as to guarantee equal access to healthcare for all, achieved through a single-tier system enabling access based on need and not on ability to pay.

This is being done against the backdrop of an extremely serious economic challenge facing the country. 2011 was a challenging year financially and the years to come are going to be similar. Very regrettably, we are all having to adapt to a new set of circumstances, both personally and professionally as we have entered a new economic paradigm.

Arguably, the funding invested in healthcare in the past has not provided the best value to the taxpayer. The reform programme which began in 2011 is about changing that. It is about health promotion, disease prevention, treating patients safely at the appropriate level of complexity and in the most appropriate setting, targeting resources where they are most needed and getting 'the best bang for our buck'. The Department is driving the reform programme through, inter alia, the 'Your Health is Your Wealth' policy framework, the SDU, the development of a transitional care initiative and the introduction of legislation in areas including extended access to free GP care and health service governance. These are just a few first steps along a road that will take a number of years to travel as the reform programme gathers momentum with the ultimate aim of delivering a safe, equitable, high quality service representing the best value for all.

2011 saw a significant number of people leave the Department and with it went a huge amount of corporate experience and knowledge. I want to thank those who have left and those who are left. I want to acknowledge the contribution of all the health service staff, particularly those in my Department. I am grateful for, and appreciate, their support and commitment during what has been, and continues to be, very difficult times. I look forward to hearing their ideas and working together to protect health and wellbeing and provide the best possible care delivered in the most cost effective way.

A handwritten signature in black ink, which appears to read "Ambassador A. L. Long M.".

**Secretary General**

## PART 1 – CORPORATE INFORMATION

### 1. MISSION STATEMENT

The overall purpose of the health service is to improve the health and wellbeing of people in Ireland by:

- keeping people healthy
- providing the healthcare people need
- delivering high quality services
- getting best value from health system resources

The Programme for Government sets out an ambitious reform agenda which aims to improve the health system's ability to achieve this core purpose. It commits to developing a universal, single-tier health service which guarantees access to care based on need.

### 2. CORPORATE DATA

#### 2.1 Staff numbers

At the end of December 2011, there was a total of 365.76 Whole Time Equivalent (WTE) staff employed in the Department, a decrease of almost 17% when compared to December 2010. This figure does not include 9 staff from the wider Health Sector working in the Special Delivery Unit (SDU). This decrease can largely be attributed to the establishment of the Department of Children and Youth Affairs and the consequent transfer of 87.36 WTE from this Department to the new Department.

Responsibility for the implementation of the National Drugs Strategy (2009-2016) moved from the former Department of Community, Equality and Gaeltacht Affairs (DCEGA) in May 2011 with an inward transfer of 16.63 WTE.

#### 2.2 Organisational Review Programme



During 2011 the Department of Public Expenditure and Reform (DPER) reviewed the progress made by the Department of Health in the implementation of its action plan arising from the findings of the ORP review finalised in 2010. DPER's review found that the Department had made substantial progress in 2011 and that there had been a sustained effort to engage staff and stakeholders at all stages. The measures taken to date will strengthen the Department's capacity to address its key priorities over the coming years.

#### 2.3 Divisions of the Department of Health in 2011 (See Appendix 6)

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

##### **Office for Disability, Mental Health**

The Office for Disability and Mental Health was established to bring about a more coherent and integrated approach to policy and service delivery for people with disabilities and mental health difficulties.

<b>Office for Older People</b>	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.
<b>Primary Care, Demand Led Schemes, Controlled Drugs and Eligibility Division</b>	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 medicine and cosmetics safety, pharmacy services, medical devices, control of illegal drugs as well as lead on the strategic development of policies relating to Eligibility.
<b>Acute Hospitals, Private Health Insurance and Cancer and Associated Services</b>	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.
<b>Chief Medical Officer, inc Patient Safety, Health Protection &amp; Promotion, Tobacco Control, Social Inclusion, Bio Ethics and Food Safety</b>	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, tobacco control policy, social inclusion and Bio Ethics.
<b>Finance, Performance Evaluation, Information &amp; Research, EU/International and Resource Allocation</b>	The role of the Division includes planning, negotiating and evaluating the annual Health Estimates.
<b>National HR and Professional Regulation Division</b>	This Division's role includes Government policy on public service pay, conditions, and employment levels, the Public Service Agreement, legislation on regulation of professionals, workforce planning, governance of health agencies and clinical indemnity.
<b>Parliamentary Affairs, Corporate Affairs, Freedom of Information, Corporate Legislation and Legal Advisors Office.</b>	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.

## 2.4 Parliamentary Functions

During 2011 parliamentary business requirements including briefing and support to the Ministers and Secretary General at both Oireachtas and Cabinet Committee meetings

continued to consume significant resources, as can be seen in the summary following. A new IT system for processing PQ's referred to the HSE was also developed and implemented.

- Replies were prepared for 5,117 Parliamentary Questions (PQs) of which 2,464 (48%) were referred for answer to other bodies, mainly the Health Service Executive (HSE).
- 49 responses were prepared for Dáil Adjournments.
- 44 responses were prepared for Seanad Adjournments.
- Speeches and briefing notes were prepared for 40 Topical Debates.
- 203 briefing notes were prepared for Leader's Questions.
- The Minister/Ministers of State received 7,226 representations.
- The Department issued 88 Press Releases and held 7 Press Conferences. These include the output of the Office of the Minister for Children, prior to the establishment of the Department of Children and Youth Affairs in mid 2011.
- The Press and Communications Office received 17,830 emails and approx 6,000 phone calls.
- 170 Freedom of Information requests were received.

## 2.5 Compliance with the Prompt Payment of Accounts Act, 1997

Details	Number	Value (€)	Percentage (%) of total payments made
Number of payments made within 15 days	3,042	5,243,359	98.51
Number of payments made within 16 days to 30 days	32	124,103	1.04
Number of payments made in excess of 30 days	14	72,155	0.45
<b>Total payments made in year</b>	<b>3088</b>	<b>5,439,617</b>	

The total Prompt Payment Interest paid by the Department in 2011 was €40.14.



## Part 2 - ROLE AND FUNCTIONS<sup>1</sup>

The role of the Department of Health is to provide strategic leadership for the health service and to ensure that Government policies for the sector are translated into actions and implemented effectively.

We support the Minister and Ministers of State in their implementation of Government policy, and in discharging their Government, Parliamentary and Departmental duties.

This role involves engaging with service users and other stakeholders, monitoring and evaluating the health service, and steering changes and improvements in the health service.

The various means by which we will deliver on our role are as follows:-

- Leadership and Communication
- Governance and Political Accountability
- Performance Evaluation and Information Management
- Policy Review and Development
- Legislation
- Cross-sectoral and International.

### Performance Evaluation

Extensive collaboration on supporting, monitoring and evaluation between the Department and the HSE continued in 2011. Work undertaken included

- Development of the HSE's National Service Plan within the legislative timelines:
- Development of the HSE Corporate Plan 2011-2014;
- HSE Annual Report and Financial Statements 2010 were analysed and published.

### Comprehensive Review of Expenditure

Each Department prepared a Comprehensive Expenditure Report in respect of the Department and its associated agencies, to identify expenditure programme savings, scope for savings arising from efficiency and other reforms, proposals for reducing and/or merging of agencies and associated reductions in staff numbers.

The objective of the Expenditure Review process was to provide the Government with a comprehensive set of decision options:-

- to meet the overall fiscal consolidation objectives, both as regards spending and numbers reduction targets
- to re-align spending with the Programme for Government priorities
- in this context, to consider new ways of achieving Government objectives in the context of public sector reform.

The Review was undertaken by the Department in co-operation with the HSE and the Department of Public Expenditure and Reform. The full report is available at [http://www.dohc.ie/publications/doh\\_review\\_expenditure.html](http://www.dohc.ie/publications/doh_review_expenditure.html)

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<sup>1</sup> Further details are available in the Department's Statement of Strategy 2011-2014 at [http://www.dohc.ie/publications/pdf/Statement\\_of\\_Strategy\\_2011-2014.pdf?direct=1](http://www.dohc.ie/publications/pdf/Statement_of_Strategy_2011-2014.pdf?direct=1)

### Transfer of Community Welfare Officers

Following five years of engagement with unions and with the Labour Relations Commission as well as the Labour Court, the Community Welfare Service transferred to the Department of Social Protection on 1<sup>st</sup> October.

### Public Service Agreement

The Department was heavily involved in the production of progress reports for health sector on implementation of PSA:- the first annual progress report (including savings achieved) for health sector looking back at first year of the Agreement (March 2010 to March 2011) and further interim progress report for the period April 2011 - September 2011.

### North South Co-operation

There was one Health and Food Sectoral meeting under the auspices of the North South Ministerial Council during 2011 at which Ministers from both jurisdictions discussed progress on areas of co-operation, including radiotherapy services; cancer research; health promotion; suicide prevention; GP out of hours; paediatric and congenital cardiac services.

### International

During 2011 the Department represented Ireland and participated at Executive Board meetings of the WHO. It also participated in the World Health Assembly and the WHO Regional Committee for Europe Meeting.

### EU Engagement

The Department continued to engage actively at EU and international level to ensure that Ireland's interests are protected. In 2011 the Department participated in the negotiations on new pharmacovigilance proposals. The Minister represented Ireland at an Informal Meeting of EU Health Ministers in Hungary in April 2011 and at the EPSCO Council in Brussels in December 2011. The Department represented Ireland at negotiations on EU legislation across a range of policy areas but in particular on *Food Information to Consumers* which was agreed. It also worked closely with the Department of Education and Skills and the EU Commission on modernising the Directive on Professional Qualifications.

### Research Policy:

In May 2011 a significant health research event was held in Farmleigh involving stakeholders from the health services, industry, academia, research organisations, the voluntary sector and relevant state authorities. The conference reviewed the progress made to date in implementing the Action Plan for Health Research 2009-2013.<sup>2</sup>

### Statistical Outputs

The Department has a significant internal statistical capacity which supports policy making, planning and management as well as publishing statistical information. *Health in Ireland – Key Trends*, is published each year in booklet format and on the Department's website and provides key data and trends in health status and health service delivery over the previous decade. This publication and more detailed health statistics are maintained on the statistics area of the Departments website - <http://www.doh.ie/statistics/>

The Department also continued to produce the Public Health Information System (PHIS) which provides a range of health data and tools for analysis. PHIS is available online via the Institute of Public Health's website - <http://www.thehealthwell.info/phis-tables>

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. The Department continued to make a

<sup>2</sup> See [http://www.dohc.ie/publications/pdf/action\\_plan\\_health\\_research.pdf?direct=1](http://www.dohc.ie/publications/pdf/action_plan_health_research.pdf?direct=1)

significant contribution to the annual data collection exercises of Eurostat, WHO and OECD. For reference, the OECD published *Health at a Glance* in 2011 which provides comparative health statistics from OECD member countries, including Ireland - <http://www.oecd.org/health/healthpoliciesanddata/49105858.pdf>

## **PART 3 – STRATEGIC GOALS**

### **Programme 1 Fair access and sustainability**

#### **What do we want to achieve?**

To work towards the ultimate achievement of a universal, single-tier health service, supported by Universal Health Insurance (UHI), where access is based on need, not income.

#### **Development of Universal Health Insurance**

The Government approved the Terms of Reference for the Implementation Group on Universal Health Insurance. The Implementation Group will oversee the development of detailed proposals and implementation processes for UHI which are designed to fit the Irish health system, to obtain the best outcomes for Irish patients and to deliver upon the commitments in the Programme for Government.

The Group will also be able to consider developments or proposals which are not directly connected with, but which could have implications for, UHI Implementation.

#### **Private Health Insurance**

In 2011, in order to maintain the effective operation of community rating in the health insurance market, the Department progressed the Programme for Government commitment to introduce a system of risk equalisation for the current insurance market, and also further examined options in relation to the future status of the VHI, while ensuring that the private health insurance market remains as competitive and affordable as possible as the health sector move towards a new system of Universal Health Insurance.

#### **Protecting Community Rating**

A degree of support for the cost of health insurance claims by older people is provided for through an Interim Scheme of Risk Equalisation which has been in place since 2009. This scheme was introduced initially for the three years from 2009 to 2011 in order to provide direct support to community rating. It achieves this by way of a mechanism which provides for a cost subsidy from the young to the old. The Scheme has made a significant contribution to community rating since 2009.

A higher level of support for older people (65% up from 50%) was put in place for 2011. This further reduced the incentive for insurers to market products which are attractive mainly to younger and healthier people. This Scheme has been extended for a further year in 2012 under the Health Insurance (Miscellaneous Provisions) Act 2011 and improved through the use of tax credits on the basis of 5-year age bands, which will provide more precise levels of support for community rating than the 10-year bands which had been in place since 2009.

The Department is preparing a new permanent Risk Equalisation Scheme to be implemented with effect from 1 January 2013.

#### **Development of proposals on a viable health insurance market**

The Programme for Government provides for the VHI to remain in State ownership in order to provide a publicly-owned health insurance option when the new system of Universal Health Insurance is introduced. In May 2011, the Minister commissioned a review of options for rebalancing the private health insurance market. The final report has been received and will inform the Minister in deciding on next steps for rebalancing of the private health insurance market.

## Programme 2 Patient Safety and Quality

### What do we want to achieve?

To provide leadership and stewardship of patient safety and quality for the entire health system in line with the vision and recommendations set out by the Commission on Patient Safety and Quality Assurance.



### Patient Safety Authority

In 2011 work commenced to progress the commitment in the Programme for Government to establish a Patient Safety Authority (PSA). This work involved examining the possible role and functions of a PSA in consultation with a number of international experts, while taking account of the organisations and structures in the Irish health system.

### Commission on Patient Safety and Quality Assurance

The Final Report of the Implementation Steering Group on the recommendations of the Report of the Commission on Patient Safety and Quality Assurance was published in May 2011.

The publication of the Final Report was followed by the establishment of a National Patient Safety Advisory Group (NPSAG). The NPSAG was established to facilitate the process of continuing to drive the patient safety agenda forward at national level and to provide for continuity of high level engagement of the stakeholders that worked together on the implementation of the Commission Report and the launch of the Patient Safety First Initiative. Work commenced in late 2011 on the organisation of the 2nd National Patient Safety 1st Conference, in early 2012.

### Directorate of Quality and Patient Safety

2011 marked the first year of the HSE's Directorate of Quality and Patient Safety with strengthened patient safety protections and functions put in place including Quality and Risk Procedures, Corporate Audit, Clinical Governance support, improved processes and procedures in its Serious and National Incident Management Team (NIMT) complaints handling workload.

### Progress on reducing Health Care Associated Infections (HCAIs):

- o A National Infection Control Action Plan, launched by the HSE in 2007, aimed 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 264\* (\*provisional ) cases in 2011. This shows a decrease of just over 55%. Measures to support the appropriate use of antibiotics both in the hospital and community levels continued including the Department's support for the HSE's annual participation in and publicity campaigns around European Antibiotic Awareness Day and WHO's Save Lives: Clean Your Hands Campaign.
- o Carbapenem-resistant Enterobacteriaceae (CRE) became a notifiable disease in September 2011.
- o The HSE, as part of the revision of its governance structures, jointly appointed a National Clinical Lead on HCAIs with the RCPI within its Directorate of Quality and Safety.

- The RCPI in conjunction with the Clinical Lead on HCAs established a new RCPI HCAI/Antimicrobial Resistance Advisory Group. This group replaces the expert advisory and co-ordinating role of the National Strategy for Antimicrobial Resistance (SARI) Committee.

### **National Clinical Effectiveness Committee**

The NCEC was established in October 2010. The mission of the NCEC is to provide a framework for national endorsement of clinical guidelines and audit to optimise patient care. The NCEC is currently undertaking a prioritisation exercise on 16 guidelines that were submitted from a wide range of organisations in January 2012. The NCEC aims to recommend a number of guidelines for endorsement to the Minister for Health by July 2012

In its first year the Committee developed:

- Mission and vision statements
- Terms of Reference
- Modus Operandi
- Conflicts of Interest Policy
- National Prioritisation Criteria - in order to identify which guidelines are of greatest priority to become national guidelines based on the burden of clinical topic addressed by the guideline, its economic impact, evidence of variability in practice, potential for addressing health priority issues and public health and ability to implement the recommendations
- Framework for endorsement of National Clinical Guidelines
- Website presence: All NCEC documentation is available on [www.patientsafetyfirst.ie](http://www.patientsafetyfirst.ie)

## Programme 3 - Health and Wellbeing

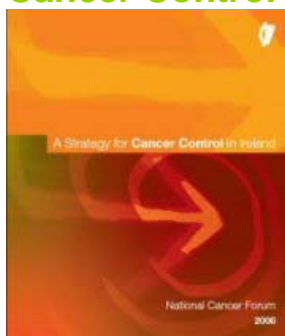
### What do we want to achieve?

To help people live healthier and more fulfilling lives and to create social conditions that support good health, including good mental health, on equal terms, for the entire population.

### Your Health is Your Wealth: a Policy Framework for a Healthier Ireland 2012 – 2020

A major new initiative, 'Your Health is Your Wealth', aimed at improving our general standard of health, was launched in June with a consultation day with public health professionals, relevant departments and agencies, academics, community and voluntary organisations and others took place in the Royal College of Physicians. The new policy, once published, will set out the Government's long-term vision for the health and well-being of the population. The aim is to help people live healthier and more fulfilling lives and to create social conditions that ensure good health, on equal terms for the entire population.<sup>3</sup>

### Cancer Control



#### HPV vaccine

A catch up programme for HPV vaccination of all girls in secondary school was committed for action in the first 100 days of the Government's term. The programme commenced in September 2011 for all girls in 6<sup>th</sup> year in the 2011/2012 academic year. This will be repeated for the following two years in September 2012 and 2013 and will result in all girls in the senior cycle of secondary school being offered HPV vaccine. The HPV vaccination programme for the first year girls continues.

### Amongst the work undertaken by the Department on cancer control

- The Department reviewed progress on implementation of the National Cancer Strategy in conjunction with the Director of Cancer Control, HSE.
- Work continued on developing a national colorectal screening programme which the National Cancer Screening Service is aiming to commence by the end of 2012.
- The Department continued its work, in conjunction with the HSE, on the National Plan for Radiation Oncology which will result in the development of additional radiotherapy capacity to meet patient needs. A commitment was given to provide capital and revenue funding towards the development of radiotherapy facilities at Altnagelvin with services to commence in 2016.
- A Memorandum Of Understanding was agreed for the next five years for the Ireland - Northern Ireland - National Cancer Institute Cancer Consortium and contributed to the work of the HRB on Clinical Trials and Biobanking
- Ireland hosted a meeting for European Partnership for Action Against Cancer and officials continued to work with the International Agency for Research on Cancer.

### Assisted Human Reproduction

The Minister is currently examining proposals to regulated Assisted Human Reproduction (AHR) and related matters, including surrogacy. A full spectrum of policy options on Assisted Human Reproduction (AHR) was submitted to him and it has been agreed that the Department will summarise four key issues which underpin the whole architecture of the proposals for further Ministerial consideration.

<sup>3</sup> Further details are at [http://www.dohc.ie/issues/your\\_health\\_your\\_wealth/](http://www.dohc.ie/issues/your_health_your_wealth/)

### **Polio Action Plan**

The WHO European Region (51 countries including Ireland) was certified Polio free in June 2002. Following an outbreak in Tajikistan in 2010 Europe retained its polio free status. In line with WHO plans for Global Eradication of Polio, Ireland developed an Acute Flaccid Paralysis and Poliomyelitis Response Plan. This was submitted to WHO in March 2011. The plan details protocol and surveillance methods for AFP cases and for instances where poliovirus may be imported.

### **ECDC Management Board Meeting**

European Centre for Disease Prevention and Control (ECDC) is an EU agency and its aim is to strengthen Europe's defences against infectious diseases. ECDC's mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases. The ECDC held its 21<sup>st</sup> management board meeting in Dublin Castle. This was hosted by the CMO and organised and supported by Health Protection Unit.

### **FEMPI**

Section 9 of the Financial Emergency Measures in the Public Interest Act, 2009 (FEMPI) provides for the making of Regulations to reduce fees payable to health professionals. As required by the Act, all regulations made under the legislation were reviewed during 2011.

New regulations were made to reduce to payments to GPs for immunisation services. The GP fees for the childhood immunisation were reduced by 7.5% and the fees for influenza and pneumococcal immunisation by 33%. The overall annual savings will be €7m approximately.

Regulations made in 2009 specifying the fees payable to pharmacists were revoked and replaced by new regulations, incorporating further reductions in certain fee categories.

The regulations relating to the fees payable to dentists and optometrists were amended to make minor changes to certain fees.

### **Infectious Diseases Regulations**

The Infectious Diseases Regulations were amended during 2011 to include additional diseases which require to be notified to the HSE. The revised list includes, inter alia, Human Immunodeficiency Virus (HIV), Carbapenam-Resistant Enterobacteriaceae infection (CRE) and Lyme disease.

### **Control of "legal highs" for sale in Head Shops**

On the 1st November 2011, the Government declared a range of "legal highs" to be controlled drugs for the purposes of the Misuse of Drugs Acts. These approximately 60 substances include substances found in Pure NRG, SPICE, Amplified and MindMelt, WHACK, Pink Champagne, Kratom, and Meow. This together with the 200 substances declared controlled drugs in 2010 has led to a significant reduction in the number of headshops operating in the country.

### **Pharmacists Participation in HSE seasonal flu vaccination scheme**

On 14<sup>th</sup> October, 2011 the Minister introduced new regulations to enable community pharmacists to supply and administer seasonal influenza vaccine.

### **Food Unit**

The objective of Food Unit is to ensure that an appropriate legal framework, policies and relevant structures are in place to achieve the highest standards of food safety; including contributing to policy at EU and international level. In 2011 Food Unit:



- Concluded deliberations at EU Council working group which resulted in the adoption of Regulation (EU) No 1169/2011 of the European Parliament and of the Council on the provision of food information to consumers.
- Contributed to EU Council working group on food intended for infants and young children and on food for special medical purposes.
- Processed 26 pieces of food legislation (4 Directives, 13 Regulations, 8 Decisions, 1 National Order).
- Assisted in dealing with a major food crisis concerning an outbreak of E-Coli in continental Europe.

### **National Drugs Strategy 2009-2016**

The overall objective of the National Drugs Strategy to tackle the harm caused to individuals, families and communities by problem drug use and alcohol use in Ireland through the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

The implementation of the actions in the Strategy is being pursued across a range of Departments and agencies and solid progress is being made. Reporting on individual actions is followed up, including through reviews at meetings of the Oversight Forum on Drugs, chaired by the Minister of State Ms Roisín Shortall TD, to ensure achievement of successful outcomes and to address any blockages in implementation.

Supply reduction initiatives continued to be implemented through the work of An Garda Síochána, Revenue Custom Service and the Prison Authorities.

Prevention measures continued to be implemented particularly through the education sector and youth services, built around Social, Personal and Health Education and youth activities, primarily building self esteem among our young people and promoting healthier lifestyles.

Treatment and Rehabilitation services continued to be developed. Over 9,300 people were in receipt of methadone maintenance treatment, while over 12,500 people in total were in receipt of drug treatment services in 2011. Clients can usually access methadone provision in Dublin within one month of assessment. The major focus during 2011 was on increasing the availability of services outside Dublin with services being put in place in Limerick, Tralee, Cork, Waterford, Kilkenny, Wexford and Dundalk with further services planned for Drogheda and the Midlands area. Increased detox facilities also came on stream in Counties Carlow, Kilkenny, Cork and Limerick.

By the end of 2011 needle exchange services were being provided in 24 community pharmacies at various locations outside Dublin. This service will continue to be rolled out over a three year period. In Dublin needle exchange services are provided through HSE clinics, and through voluntary sector providers, so the initiative with community pharmacists will facilitate broad national coverage.

Details of the expenditure incurred by Departments and agencies are collated by the Drugs Policy Unit on an annual basis. An annual progress report on the implementation of the 63 actions of the National Drugs Strategy 2009-2016 (NDS) to the end of 2011 is available at [http://www.dohc.ie/publications/pdf/2011\\_prog\\_report\\_nds\\_2009-16.pdf?direct=1](http://www.dohc.ie/publications/pdf/2011_prog_report_nds_2009-16.pdf?direct=1)

### **National Advisory Committee on Drugs**

The National Advisory Committee on Drugs (NACD) advises the Government in relation to the prevalence, prevention, treatment and consequences of drug misuse. During 2011, the NACD produced a number of reports in 2011 which are listed at Appendix 5.

## Programme 4 Primary Care

### What do we want to achieve?

To deliver significantly strengthened primary care services with expanded access to GP care free at the point of use and with an enhanced focus on structured care and chronic disease management.

### Primary Care Project Team

Róisín Shortall, Minister for Primary Care established the Primary Care Project Team to oversee the introduction of universal primary care.

### Primary Care Teams

The growth of the multidisciplinary team model strengthens and enhances primary care services. Following changes to Team boundaries across the country to integrate with the HSE's new Integrated Service Areas, a number of PCTs have been merged. The total number of Teams targeted by the HSE for establishment by the end of 2012 now stands at 485. At the end of December 2010, 348 PCTs were operating, i.e. holding clinical team meetings on individual client cases and involving GPs and HSE staff.

At the end of December 2011, 425 PCTs were operating provide services for approximately 3.4 million people.

### Universal Primary Care

The Programme for Government commits to reforming the current public health system by introducing Universal Health Insurance with equal access to care for all. As part of this reform programme, the Government is committed to introducing Universal GP Care within the term of office of this Government.

Initially it is intended to extend GP cover without fees to persons with a defined illness. Primary legislation is required to give effect to this commitment. The Department is currently working on preparing legislation. Once primary legislation has been approved by the Oireachtas, the details of the new arrangements will be announced.

## Legislation

### Health (Provision of General Practitioner Services) Bill 2011.<sup>4</sup>

Legislation to abolish restrictions on GP access to GMS Scheme, the Health (Provision of General Practitioner Services) Bill 2011, was published at the end September 2011. This Bill provides for the removal of restrictions on GPs from treating all Medical Card patients. This will give effect to a commitment in the EU/IMF Programme. The legislation will provide that:

- The HSE can enter into a contract for the provision of services to GMS patients with any suitably qualified and vocationally trained GP.
- Medical practitioners, who hold a GMS contract on foot of the 2009 interim entry provisions, will be entitled to accept on to their list any patient nominating them as their doctor of choice.
- Time limits which currently exist in relation to the dissolution of GP partnerships will be abolished.

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<sup>4</sup> The Bill was enacted on 28<sup>th</sup> February, 2012

- The viability of existing GP practices in an area will no longer be a factor in awarding GMS contracts.
- New GMS contract holders will be free to establish their practice in the location of their choice, but once established, they will require the prior approval of the HSE if they wish to change their centre of practice.

#### **Health (Pricing and Supply of Medicines) Bill<sup>5</sup>**

The General Scheme of the Health (Pricing and Supply of Medicines) Bill was approved by Government on 27 September 2011.

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<sup>5</sup> The Bill was published on 11<sup>th</sup> July, 2012.

## Programme 5 Acute Hospitals

### What do we want to achieve?

To reform our acute hospital system in order to provide faster access for patients to high quality services and to prepare for the introduction of a singletier system of hospital care supported by Universal Health Insurance.

### Special Delivery Unit

The Special Delivery Unit (SDU) was established to unblock access to acute services by improving the flow of patients through the system. Its initial focus is on emergency departments and it is working to support hospitals in addressing excessive waiting times for admission to hospital. The SDU is working closely with key teams in the HSE and the NTPF, building on initiatives already underway including the clinical programmes. The SDU will provide a performance management function for the Irish hospital system and will drive down waiting times.

The SDU's priorities encompass:

- Emergency Departments – waiting times for admission have been unacceptably high in a number of hospitals, often breaching the current 6-hour maximum waiting time target
- In-patient waiting times – the trend has been upwards recently, despite the work of the NTPF
- Out-patient waiting times – the time from GP referral to an appointment with a consultant is unacceptably long in many specialties
- Access to diagnostics – this forms an essential part of the patient journey for all of the areas of access above

In July 2011, the Minister for Health announced changes in the role of the NTPF to support the SDU. These changes were another stage in the implementation of the Government's health reform agenda and follow on from the establishment of the SDU.

The three main changes involved were that:

- (a) all public hospitals were instructed to ensure they had no patients waiting more than 12 months by the end of 2011 and 9 months by the end of 2012
- (b) the NTPF would target particular backlogs rather than routinely accept referrals of patients waiting over three months and
- (c) the requirement that the NTPF purchase 90% of treatments in private sector was ended.

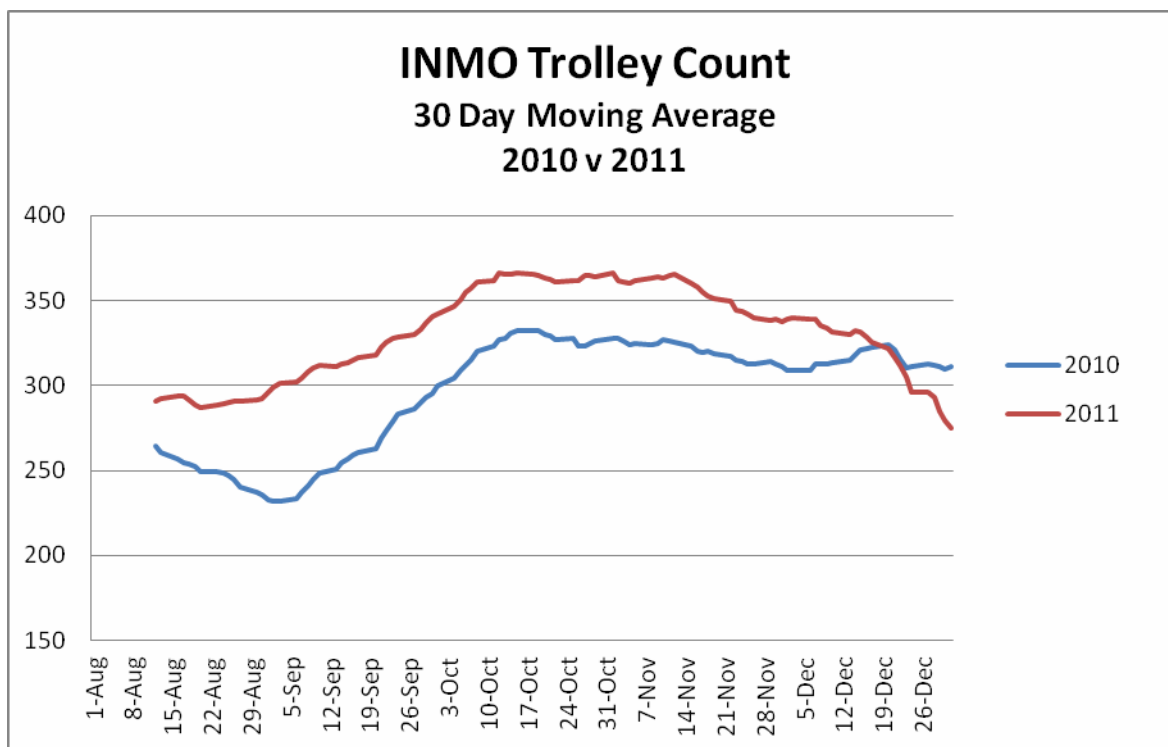
### Un-scheduled care

Reduction of trolley numbers was a key priority initiative for the Special Delivery Unit (SDU) for 2011. In the area of un-scheduled care delivered in Emergency Departments (ED) it was reported that in September 2011, when the SDU became operational, using the 30 day moving average as the measure, there were approximately 65 more people per day waiting on trolleys than the same period in 2010.

By early December 2011, the increase between numbers waiting compared the previous year had been reduced to zero. By the end of December 2011 the difference had been reversed to the point that the number waiting is now more than 50 per day below the number waiting on the same day in the previous year.

In overall terms, the cumulative number waiting on trolleys at 8.00am across the country for the first 16 days of January 2012 was 5,046. This compares with 6,893 waiting during the same period in 2011, a reduction of 27%.

### Drop in trolley numbers at end 2010 and 2011



### Scheduled care

In relation to scheduled care, all public hospitals were instructed by the Minister for Health to ensure they had no patients waiting more than 12 months by the end of 2011. The NTPF reported that at the end of 2011, 95% (41 hospitals) met the 12 month Priority Treatment Lists target. This compares to 28 hospitals at end 2010 that had patients waiting over 12 months for treatment.

## Programme 6 Specialised care services

### What do we want to achieve?

To provide a wide range of long-term supports and services aimed at ensuring that people who need long-term services and care can achieve their full potential and enjoy a high quality of life in the workplace, and within their own homes and communities. This goal encompasses and reflects the Government's policy objectives for particular care groups as set out below:

### DISABILITY SERVICES

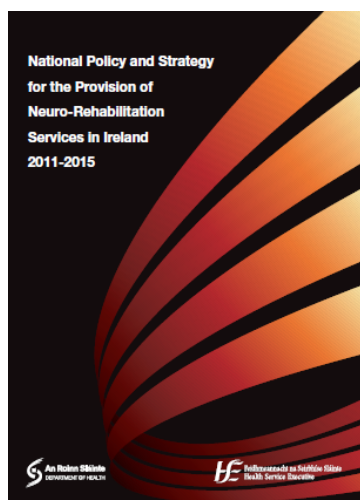
#### Housing Strategy

The Department of Health worked closely with the Department of the Environment Community and Local Government and the HSE to develop the National Housing Strategy for People with a Disability. The strategy, which was published in October 2011, sets out a framework for the delivery of housing for people with a disability through mainstream housing policy by directing the efforts of housing authorities and the HSE to support people with a disability to live independently in their own homes rather than having to move into residential care settings.

#### Value for Money (VFM) and Policy Review of Disability Services

Substantial progress was made on the VFM Report and a first draft of the final report completed, following an extensive data collection and analysis exercise. A questionnaire on service user outcomes was researched, produced and issued to providers of residential services for people with disabilities, and the results collated and analysed. A research report on quality systems in disability services was commissioned from Research Unit and Health Research Board.

The report of the Expert Reference Group on Policy, established under the aegis of the VFM Review, was circulated within the Department and to other Departments to ensure that within Government, early views on the draft policy proposals emerging could be articulated. The report was then released for public consultation, 95 submissions received (65 from organisations and 30 from individuals) and analysed. The recommendations of the Expert Reference Group and the results of the public consultation were collated for submission to the Steering Group as an input into its final deliberations.



#### National Neuro-Rehabilitation Strategy

The report of the working group on the development of a national policy and strategy for the provision of neuro-rehabilitation services, *entitled National Policy and Strategy for the Provision of Neuro-rehabilitation Services in Ireland 2011 – 2015*<sup>6</sup> was published in December 2011 by the Department of Health. The report, which was jointly commissioned by the Department and the HSE, aims to provide a single national policy based on a reconfiguration of services, structures and resources with the emphasis on an increased teamwork and inter-disciplinary approach at community level for the delivery of these services. In the context of the focus on reconfiguration of services, the HSE has also established a Rehabilitation Medicine Programme, led by a team of national experts, to improve access to clinical services where these are

required. In parallel, the Neuro-rehabilitation strategy will focus on network development, increased teamwork and inter-agency collaborative working.

<sup>6</sup> Available at [http://www.dohc.ie/publications/pdf/NeuroRehab\\_Services1.pdf?direct=1](http://www.dohc.ie/publications/pdf/NeuroRehab_Services1.pdf?direct=1)

## Joint Housing Strategy for People with Disabilities

Following publication by the HSE of its Congregated Settings Report, in July 2011, the Department of Health and the Department of Environment, Community & Local Government jointly published the Housing Strategy in October 2011. The Strategy provides a basis for people with disabilities, currently residing in congregated or institutional settings, to be rehoused in line with the recommendations of the Congregated Settings Report, in a social or local authority housing setting, as one of a range of housing options that might be availed of in the community. Upwards of 3,600 persons currently reside in congregated settings. The choice of housing option would depend on the personal circumstances of each individual and would be implemented through a person-centred plan drawn up between the HSE and the individual.

The Housing Strategy also addresses the needs of people in the Mental Health sector who will need similar access to new housing options. Where a social or local authority option is chosen, the Housing Strategy provides for protocols between the Housing Sector and the HSE, with cross-representation on the various implementation structures established by both. An Implementation Framework for the Housing Strategy is currently being finalised by a High Level Implementation Group, for joint presentation by both departments to the Cabinet Committee on Social Policy in late-June 2012.

## MENTAL HEALTH SERVICES

### Funding

Budget 2012 provided special consideration for the mental health and disability sectors, which sought to ensure a reduction of 1.8% in the 2011 allocation for those sectors. The relatively lower reduction, compared to other sectors of health, recognises that these services are provided to vulnerable groups.

Budget 2012 (published in December 2011) provided a special allocation of €35m for mental health in line with the commitments in the Programme for Government. Funding from this special allocation will be used primarily to strengthen Community Mental Health Teams in both Adult and Children's mental health services; improve access to psychological and counselling services in primary care specifically for people with mental health problems; implement suicide prevention strategies in line with *Reach Out* – the National Strategy for Action on Suicide Prevention; and facilitate the re-location of mental health service users from institutional care to more independent living arrangements in their communities in line with *A Vision for Change*.

### Development of facilities

The closure programme is ongoing and significant progress has been made in closing the old traditional psychiatric hospitals and providing modern acute in-patient facilities. A total of 12 "old" psychiatric hospitals across the 4 regions have either closed completely or have closed to new admissions. The HSE's Service Plan for 2012 includes a commitment to reduce acute in-patient capacity by a minimum of 153 beds nationally in 2012, in line with the recommendations of *A Vision for Change*

### Suicide Prevention

An additional €1 million was provided to the National Office for Suicide Prevention in 2011. This funding was used to develop the number and range of training and awareness programmes; improve and standardise the response to deliberate self harm; develop capacity of GPs to respond to suicidal behaviour and ensure that helpline supports for those in emotional distress are co-ordinated and widely publicised.

### Review of the Mental Health Act 2001

A Steering Group, with representatives from the Department of Health, the HSE and the Mental Health Commission was established to oversee the review of the Mental Health Act

2001. The review included a public consultation process, a call for submissions and meetings with key sectoral stakeholder organisations. An interim report has been compiled and the full review is expected to be completed by early 2013.

### **Replacement of Central Mental Hospital (CMH)**

The Infrastructural and Capital Programme 2012 – 2016, launched at the end of 2011, prioritised the replacement of the Central Mental Hospital. The infrastructural developments planned for the National Forensic Mental Health Service include the replacement of the Central Mental Hospital (CMH), the development of a 10 bed Intellectual Disability Forensic Mental Health Unit, a 10 bed Child and Adolescent Forensic Mental Health Unit, as well as four regional Intensive Care Rehabilitation Units (ICRUs).

### **Innovation Funding**

In 2011, funding was provided to the *Genio Trust* to further their work in supporting people in the mental health and disability sector to move from institutional to community based care. A further €1m was provided to fund the expansion of *Jigsaw*, an innovative community based support service for young people which has been developed by *Headstrong* and is designed to promote systems of care that are accessible, youth-friendly, integrated, and engaging for young people.

### **See Change - the National Stigma Reduction Campaign**

The Department continued its support for *See Change*, the national stigma reduction campaign in 2011. See <http://www.seechange.ie/index.php>

### **SERVICES FOR OLDER PEOPLE**

#### **Development of the National Positive Ageing Strategy**

The Programme for Government committed to completing and implementing the National Positive Ageing Strategy so that older people are recognised, supported and enabled to live independent full lives. In 2011, a considerable amount of preparatory work was completed and it is expected that the Strategy will be published in the last quarter of 2012.

#### **The National Carers' Strategy**

The Programme for Government committed to developing a National Carers' Strategy to support carers and to address issues of concern. Following a decision of the Cabinet Committee on Social Policy to assign responsibility for coordinating the development of the Strategy to Minister Kathleen Lynch with support from the Minister for Social Protection, work on development of the Strategy commenced in 2011.

It was agreed that the Strategy must acknowledge current public financial constraints, that objectives for the short term must be achieved on a cost neutral basis and that it cannot be guaranteed that additional services and supports will be provided in the short to medium term. It was also agreed that this Strategy would be published during the summer of 2012.

#### **The Irish Longitudinal Study on Ageing (TILDA)**

The Report of the findings from the first wave of the Irish Longitudinal Study on Ageing (TILDA) (<http://www.tcd.ie/tilda/publications/>) was launched by the Minister for Health in May 2011. 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, is co-funded by the Department of Health and is the first of its kind in Ireland.

#### **European Year for Active Ageing and Solidarity between Generations 2012.**

The decision to designate 2012 as European Year for Active Ageing and Solidarity between Generations was ratified by the European Parliament and the Council of Ministers in June 2011. The Office for Older People in the Department of Health is coordinating the Year on behalf of the Irish Government.



In 2011, a National Steering Group was established to support the objectives of the Year. This Group is composed of stakeholders with an interest in ageing and intergenerational solidarity in Ireland. An ambitious National Work programme, which contains a list of activities, events and initiatives, was submitted to the European Commission in December 2011.

### Madrid International Plan of Action on Ageing (MIPAA)

The Madrid International Plan of Action on Ageing (MIPAA) was adopted in 2002 by the Second World Assembly on Ageing in Madrid 'to respond to the opportunities and challenges of population ageing in the twenty-first century'. Subsequently, ministerial representatives of UN Member States, including Ireland, declared their support for ten commitments at national and regional levels in pursuit of 'a society for all ages'.

Review and appraisal of the implementation of these commitments in Member States is carried out every five years. As the National Focal Point on Ageing, the Office for Older People was responsible for organising and facilitating the process of review and appraisal of MIPAA in Ireland. The Office for Older People submitted a comprehensive report to the UN Secretariat overseeing the monitoring and review of MIPAA in October 2011.

### Development of Dementia Strategy

The first stage of the process to develop a national Alzheimer's and other dementia strategy by 2013, which was to assemble the research and evidence upon which the policy will be developed, was completed. *Creating Excellence in Dementia Care: A Research Review for Ireland's National Dementia Strategy* was presented to the Minister<sup>7</sup>. Formal work will commence on the Strategy during 2012. The strategy is available at [http://www.dohc.ie/publications/pdf/Creating\\_Excellence\\_in\\_Dementia\\_Care2012.pdf?direct=1](http://www.dohc.ie/publications/pdf/Creating_Excellence_in_Dementia_Care2012.pdf?direct=1)

### Other work undertaken by the Office for Older People included:-

1. Management of Nursing Home Support Scheme.
2. Completion of review of Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations, 2009
3. Finalisation and publication of Restraint Policy for Nursing Homes (*Towards a Restraint Free Environment in Nursing Homes*)<sup>8</sup>
4. Scoping of Regulation of Community Based Sector – completed
5. Work with Trinity on completion of research for Dementia Policy
6. Preparation of the following Reports/Papers
  - Report for Minister for Health – Sustainability of Nursing Homes Support Scheme for 2011 (June, 2011)
  - Report on Rostrevor Nursing Home (December 2011)
  - Policy Discussion Paper – Future of Public Provision of Residential Care for Older People (October 2011)

<sup>7</sup> Presented to the Minister and published in January 2012

<sup>8</sup> Available at [http://www.dohc.ie/publications/pdf/trfe\\_english.pdf](http://www.dohc.ie/publications/pdf/trfe_english.pdf)

## PART 3 - APPENDICES

### APPENDIX 1

#### Legislation Enacted in 2011

Medical Practitioners (Amendment) Act 2011  
Public Health (Tobacco) (Amendment) Act 2011  
Health Insurance (Miscellaneous Provisions) Act 2011  
Nurses and Midwives Act 2011

#### Bills published by the Minister for Health in 2011

Criminal Justice (Female Genital Mutilation) Bill 2011  
Public Health (Tobacco) (Amendment) Bill 2011  
Medical Practitioners (Amendment) Bill 2011  
Health (Provision of General Practitioner Services) Bill 2011  
Health Insurance (Miscellaneous Provisions) Bill 2011.

### APPENDIX 2

#### Statutory Instruments

**SI no.    SI Title**

3	Children Acts Advisory Board Employee Superannuation Scheme 2011
4	Children Acts Advisory Board Spouses and Childrens Contributory pension scheme 2011
93	European Communities (Food Additives other than Colours & Sweeteners) (Amendment) Regulations 2011
109	Recognition of Professional Qualifications (Health and Social Care Professions) (Directive 2005/36/EC) (Amendment) Regulations 2011
128	European Communities (Purity criteria on food additives other than colours and sweeteners) (Amendment) Regulations 2011
129	European Communities (Extraction solvents used in the production of foodstuffs and food ingredients)(Amendment) Regulations 2011
130	European Communities (Addititives, colours & sweeteners in foodstuffs) (Amendment) Regulations 2011
131	European Communities (Offiical Control on the Import of food of non-animal origin) (Amendment) Regulations 2011
135	Health Professionals (Reduction of Payments to Registered Dentists) Regulations 2011
144	Health & Social Care Professionals Act 2005 (Part 8) (Commencement) Order 2011

- 145 Health & Social Care Professionals Act 2005 (Transfer Day) Order 2011
- 252 Health and Social Care Professionals Act 2005 (Commencement) (No.2) Order 2011
- 261 Health Professionals (Reduction of Payments to Optometrists for certain services) Regulations 2011
- 300 Health Professionals (Reduction of Payments to Community Pharmacy Contractors) Regulations 2011
- 325 European Communities (Official Controls on the Import of Food of Non-Animal Origin) (Amendment ) (No2) Regulations 2011
- 329 European Communities (Quality and Safety of Human Blood and Blood Components) (Amendment) Regulations 2011
- 338 Appointment of Special Adviser (Minister for Health) Order 2011
- 344 European Communities (Official Control of Foodstuffs)(Amendment) Regulations 2011
- 382 Health (Charges for Inpatient Services) (Amendment) Regulations 2011
- 388 Medical Practitioners (Amendment) Act 2011 (Commencement) Order 2011
- 452 Infectious Diseases (Amendment) Regulations 2011
- 453 Child Care (Amendment) Act 2011 (Commencement) Order 2011
- 492 Health (Delegation of Ministerial Functions) Order 2011
- 493 Health (Delegation of Ministerial Functions) (No 2) Order 2011
- 497 Child Care (Amendment) Act 2011 (Commencement) (No2) Order 2011
- 500 European Communities (General Food Law) (Amendment) Regulations 2011
- 501 European Communities (Official Controls on the Import of Food of Non Animal Origin) (Commencement) (No 3) Regulations 2011
- 525 Medicinal Products (Prescription and Control of Supply)(Amendment) Regulations 2011
- 551 Misuse of Drugs Act 1977 (Controlled Drugs)(Declaration) Order 2011
- 552 Misuse of Drugs (Amendment) Regulations 2011
- 553 Misuse of Drugs (Designation)(Amendment) Order 2011
- 554 Misuse of Drugs (Exemption)(Amendment) Order 2011
- 556 Health Professionals (Reduction of Payments to General Practitioners) (National Immunisation Programmes) Regulations 2011

- 571 Health Act 2007 (Section 11) (Commencement) Order 2011
- 586 Appointment of Special Advisor (Minister of State) Order 2011
- 648 Health Services (Drug Payment Scheme) Regulations 2011
- 650 European Union (Special Conditions Governing the Import of Certain Foodstuffs from Certain Third Countries due to Contamination risk by Aflatoxins) Regulations 2011
- 655 European Communities (Manufacture, Presentation and Sale of Tobacco Products) (Amendment) Regulations 2011
- 656 Public Health (Tobacco) (General and Combined Warnings) Regulations 2011
- 659 Radiographers Registration Board (Establishment Day) Order 2011
- 684 Irish Medicines Board (Fees) Regulations 2011
- 690 Health Insurance Act 1994 (Information Returns)(Amendment) Regulations 2011  
 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)
- 708 Order 2011
- 715 Nurses and Midwives Act 2011 (Commencement) Order 2011
- 722 Medicinal Products (Control of Placing on the Market) (Amendment) Regulations 2011
- 723 European Communities (Cosmetic Products) (Amendment) Regulations 2011
- 724 Food Safety Authority of Ireland Act 1998 (Amendment of First and Second Schedules) Order 2011

## APPENDIX 3

### Publications in 2011

- [2011 Progress Report of the National Drugs Strategy 2009 - 2016](#)
- [All Ireland Traveller Health Study: Our Geels - The Birth Cohort Study Follow Up](#)
- [Briefings for Minister Reilly and Fitzgerald as released for FOI](#)
- [Department of Health - Comprehensive Review of Expenditure, September 2011](#)
- [DoHC Annual Report 2010](#)
- [Facilitation Process Concerning the Difficulties in Implementing A Vision For Change in the South Tipperary and Carlow Kilkenny Catchment Area Mental Health Service](#)
- [Fifth Annual Report of the Independent Monitoring Group for A Vision for Change - the Report of the Expert Group on Mental Health Policy - June 2011](#)
- [Final Report of the Implementation Steering Group \(ISG\) on the recommendations of the Report of the Commission on Patient Safety and Quality Assurance](#)
- [HIV and AIDS Education & Prevention Plan 2008 - 2012 - Mid-Term Review](#)
- [Health In Ireland: Key Trends 2011](#)
- [Implementation of the Action Plan for Health Research 2009-13 – First year report 2009-2010](#)
- [Limiting the Exposure of Young People to Alcohol Advertising: 5th Annual report of the Alcohol Marketing Communications Monitoring Body](#)
- [Long Stay Activity Report for 2009](#)
- [Long Stay Activity Report for 2010](#)
- [National Paediatric Hospital Independent Review](#)
- [National Policy and Strategy for the Provision of Neuro-Rehabilitation Services in Ireland 2011 - 2015](#)
- [Non-Commercial State Agencies - Public Service Agreement Progress Report - October 2011](#)
- [North South Feasibility Study - Final Report 2009](#)
- [Public Service Agreement - Health Sector Progress Report - October 2011](#)
- [Public Service Agreement - Health Sector Progress Report and Savings - May 2011](#)
- [Public Service Agreement 2010 - 2014 \(Croke Park Agreement\): Departmental Action Plan](#)
- [Public Service Agreement 2010-2014 \(Croke Park Agreement\) - Departmental Progress Report - May 2011.](#)
- [Public Service Agreement 2010 - 2014 \(Croke Park Agreement\) - Departmental Progress Report September 2011](#)
- [Report of Disability Policy Review](#)

- [Review of VHI Claims Cost Control](#)
- [Revised Consolidated Salary Scales for New Entrants effective from 1 January 2011](#)
- [Strategic Framework for Role Expansion of Nurses and Midwives: Promoting Quality Patient Care](#)
- [Towards a Restraint Free Environment in Nursing](#)

## APPENDIX 4

### Overview of Energy Usage in 2011

The energy consumption figures for the Department given below cover the Departmental offices at Hawkins House. Approximately one third of energy consumption was for space heating, while lighting, ventilation, hot water, office (IT) and catering equipment accounted for the vast majority of the remaining energy consumption.

The relevant figures for 2011 are:

Location	Electricity (MWh)	Gas (MWh)	Renewable Fuels (MWh)	Total (MWh)	% Baseline Year Comparison (2007)
Hawkins House	1,025	1,716	0	2,741	+8.05%

The baseline year of 2007 is the first year the Department participated in the OPW "Optimising Power @ Work" scheme, a staff energy awareness campaign in 250 large buildings owned/leased by the OPW for use by Government Departments and state agencies to reduce CO2 emissions from energy consumption by the public sector. The main focus of the campaign is an intensive staff energy awareness campaign in all participating buildings, while at the same time ensuring that the buildings are being operated in the most efficient manner possible regarding all energy consuming processes.

The first phase of the Optimising Power @ Work scheme achieved a 14% reduction in CO2 emissions by May 2010 for the entire public sector (i.e. all participating buildings) and savings continue to rise. The current target is a reduction of 20% by end 2012.

Overall energy consumption in Hawkins house for the period of 2011 against 2007 has shown an increase of 8.05%. Due to continued monitoring since, savings have been seen in the building and it is expected that Hawkins house will perform very well in 2012.

It is also worth noting that electricity consumption onsite in 2011, decreased by 9.9%, producing a saving of 112,021kWh and €15,683.

#### Actions Undertaken in 2011

Last year, the Department undertook a range of initiatives to improve energy performance, including:

- Improvements from "turn off" initiatives (PCs and lights)
- Close monitoring of time clocks on mechanical and electrical systems
- Monthly energy reporting
- Optimising Power @ Work energy awareness campaign in progress.
- Energy Awareness Presentations in Hawkins House.
- Insulation works in plant room

#### Actions Planned for 2012

In 2012 (and subsequent years), the Department intends to achieve further improvements in energy performance and efficiency by taking further initiatives, including:

- Continue to monitor and adjust Heating, Ventilation and Air Conditioning (HVAC) systems
- Review of lighting, with focus on newer, more efficient systems
- Building Management System audits to be carried out
- Out of hours energy audits to be carried out
- Renewed focus on staff awareness with further presentations as required.
- Recalculate benchmarks and HVAC control performance



## APPENDIX 5

### Reports produced by the National Advisory Committee on Drugs

- May 2011: *An Overview of New Psychoactive Substances and the Outlets Supplying Them* by Cathy Kelleher, Rachel Christie, Kevin Lalor, John Fox, Matt Bowden and Cora O'Donnell, Centre for Educational Research, Dublin Institute of Technology
- June 2011: *An Executive Summary of an Overview of New Psychoactive Substances and the Outlets Supplying Them*
- June 2011: Annual Report, NACD
- Oct 2011: *Parental Substance Misuse: Addressing Its Impact on Children - A Review of the Literature*, Justine Horgan, NACD
- Oct 2011: Parental Substance Misuse: Addressing its Impact on Children - Key messages and recommendations from a review of the literature, NACD
- Nov 2011: Drug Use in Ireland and Northern Ireland: First Results from the 2010/11 Drug Prevalence Survey, NACD
- Nov 2011: Research Working Paper No. 1: *The Potency of THC in Cannabis Products* by Colette Arnold, Forensic Science Laboratory
- Dec 2011: Research Working Paper No. 2: *Methods and Data Sources for the Estimation of the Prevalence of Problematic Opiate and Cocaine Use in Ireland* by Maria Gannon, Gordon Hay, Jennifer McKell, School of Social and Political Sciences, University of Glasgow
- Dec 2011: Research Working Paper No. 3: *Protocol for National Substance Misuse Rehabilitation Cohort Study* by Maria Gannon, Neil McKeganey, Gordon Hay School of Social and Political Sciences, University of Glasgow

# MAC/Principal Officers and Equivalents 1st January 2012

Michael Scanlan  
Secretary General

