



Annual Report  
**2013**

## Foreword by the Minister for Health

I am delighted to welcome the publication of my Department's Annual Report 2013 which outlines in detail the extensive programme of work undertaken by the Department of Health throughout 2013.

When I became Minister for Health in 2011 I set myself the task of reforming the health service in Ireland. In this regard I published "Future Health: A Strategic Framework for Reform of the Health Service 2012-2016" in November 2012, which identifies the building blocks towards a single tier health service aimed at shaping how our health services are delivered into the future across primary, community and hospital sectors. I am pleased to see the progress that has been achieved under this framework laid out in this Annual Report.

I am particularly pleased at the establishment of the Hospital Groups as a precursor to independent Hospital Trusts. These Groups will secure the future of our smaller hospitals and will ensure that a range of patient services are provided in the most appropriate setting with quality and patient safety at its centre. Work is now focused on the roll out of the seven Hospital groups.

Significant progress been made towards building the new children's hospital on the St James' campus. The Chairperson and Board members were appointed to the National Paediatric Hospital Development Board (NPHDB) on 31 July 2013 and a Project Director was selected in November 2013. The Children's Hospital Group Board was established, with Chair and Board members appointed on 31 July 2013. The Group CEO was appointed in October 2013.

Money Follows the Patient, where each patient will be funded on an individual basis, with a corresponding charging regime for private patients, was piloted in a small number of hospitals in 2013 and is due to be rolled out to all 38 case mix hospitals in 2014. Money Follows the Patient is also an important building block towards Universal Health Insurance (UHI). Extensive work was carried out by the Department on UHI with the completion of a draft White Paper in November. UHI will provide equal access to healthcare for all, based on need, not ability to pay, to realise the best health outcomes for our people. Under UHI, mandatory health insurance will cover a standard package of primary and hospital care services, including mental health services.

I want to conclude by acknowledging the contribution of Ministers of State Kathleen Lynch and Alex White to the health reform agenda during 2013. I also want to acknowledge the work carried out by my officials throughout the year. Their dedication and commitment continues to drive the reform agenda which will ultimately result in better healthcare for all.

James Reilly T.D.  
Minister for Health

## Introduction by the Secretary General

During 2013 the Department of Health oversaw further substantial reform of the Irish health system despite ongoing economic and societal challenges. This Annual Report details the significant output of work from the Department in 2013 which lays the foundation for further progress in the years ahead.

From January to June 2013, during Ireland's hosting of our EU Presidency, Minister Reilly was the Chair of the EU Council of Health Ministers. The Minister along with his two Ministers of State, Kathleen Lynch T.D. and Alex White T.D. and Department officials, worked diligently on the dossier dealing with tobacco, serious cross-border health issues, clinical trials, medical devices and the Health for Growth Funding Programme.

A number of events were hosted by the Minister and the Department during the EU Presidency. Most notable were the 'eHealth' Conference, which attracted over 2,500 international delegates and over 100 exhibitors to the Dublin Convention Centre (DCC), and the 'Healthy Brain Healthy Europe: A New Horizon for Brain Research and Healthcare' Conference, also held at the DCC, and co-hosted by the EU Commissioner, Marie Geoghegan-Quinn.

The events and meetings held during our EU Presidency were important in deepening co-operation and understanding between member states, their respective Ministers and senior officials on key health related matters and the need for ongoing reform both locally and at a European level.

Domestically, one of the most important developments in 2013 was the establishment of [Hospital Groups](#) as a precursor to independent Hospital Trusts. This will secure the future of smaller hospitals and result in a more efficient and effective hospital system.

The [HSE Governance Act](#) came into operation on 25 July 2013. The Act abolishes the HSE Board and provides for a Directorate to be the Governing Body for the HSE in place of the Board.

The [Office of the Chief Nursing Officer](#) was formed in October 2013 to give appropriate strategic leadership and expert advice on nursing matters. The objective of the Office is to maximise development and contribution of nursing and midwifery within the reforming Health System.

A working group chaired by Professor Brian MacCraith was established to carry out a [strategic review of medical training and career structure to improve graduate retention in the public health system](#) and to plan for future service needs. The group is due to report to the Minister in June 2014.

Other important developments in 2013 included: the passing of the [Protection of Life During Pregnancy Act 2013](#); the approval of a [general scheme of standardised packaging of tobacco products](#) aimed at greatly increasing the effectiveness of health warnings and decreasing the appeal and attractiveness of tobacco products to

younger people; the publication of a [National Positive Ageing Strategy](#); the passing of the [Health \(Pricing and Supply of Goods\) Act](#) which is resulting in greater use of generic medicines and a reduction in costs of medicines for the State and patients; the Government approval of the [eHealth Strategy](#) for Ireland which was launched in December 2013.

The reform of the Department of Health commenced in 2013. This organisation development, which will include the recruitment of new specialists, will enhance the capability of the Department in meeting the challenges of reforming the health system in the coming years.

[Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025](#) was launched in March 2013. It provides a framework for action to improve the health and wellbeing of our population over the coming generation, to achieve a greater emphasis on prevention, early intervention and to support keeping individuals and communities well. The launch of the [Tobacco Free Ireland](#) policy and Government approval of an [extensive package of measures to deal with alcohol misuse](#) in October 2013 are a manifestation of the Healthy Ireland Framework in practice. The implementation of Healthy Ireland is well underway with the appointment of the Healthy Ireland Council.

The Department of Health has a deep seated commitment to enhancing and improving the Health & Wellbeing of the population we serve. We continue to deliver effectively on the Health Reform Programme and we continue with our strong advocacy for a Healthy Ireland and a strong commitment to overseeing its implementation.

I want to acknowledge the leadership and dedication of Minister Reilly, Minister Kathleen Lynch and Minister Alex White, and the hard work and commitment of the staff of the Department and across the wider health service. We continue to work effectively in partnership for the patients we serve.

Ambrose McLoughlin  
Secretary General

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# 1 About the Department of Health

## 1.1 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 single-tier health service based on universal health insurance which guarantees access to care based on need.

## 1.2 Role and function

The Department of Health provides strategic leadership for the health service and the health sector and ensures 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 Governmental, Parliamentary and Departmental duties.

To achieve our goals for the health service, we review and develop policy, encapsulated in [Future Health](#). We also lead on [Healthy Ireland](#), our strategy for getting people in Ireland healthier and enabling them to make the healthy choice.

Policy implementation may require legislation, which we draft and develop, but it also requires us to evaluate performance. To accurately evaluate performance we manage information (statistics) and engage with national and international stakeholders. Part of performance evaluation also involves us playing our part in governance structures and being accountable for decisions. Above all, we provide leadership for the health service and in that context, communication with stakeholders is vital.

We engage in these activities in order to improve health services so that people get the high-quality and value-for-money health services they need. We also want to improve the health of people in Ireland, for them, for their children and for our country's future.

## 1.3 Corporate Information

### Staff Numbers

At the end of 2013, there was 374 staff employed in the Department (equivalent to 346.72 Whole Time Equivalents), 9 fewer (or 8.37 WTEs) compared to end-2012.

### Review of Staffing and Structures of the Department

In August 2013, Prospectus Strategy Consultants carried out a review of the staffing and structures of the Department. The aim was to provide an assessment of the need for additional resources to facilitate implementation of the significant health reform programme to which the Government is committed as well as the return of the (HSE) Vote to the Department. This was agreed with the Department of Public Expenditure and Reform (DPER)

The review was completed at the end of 2013 and the Department is currently in the process of implementing the main recommendations of the report relating to reorganisation and resources, in consultation with DPER.

## 1.4 Organisational Structure

The Department of Health has nine Divisions. Each Division is headed up by an Assistant Secretary (or equivalent). Together with the Secretary General of the Department, they form the Management Advisory Committee (MAC). Each Division is comprised of a number of Units. Each Unit has a specific area of responsibility and is headed up by a Principal Officer (or equivalent). (See Appendix 7 for Organisational Chart or <http://health.gov.ie/about-us/what-we-do-2/> for more.)

### Divisions

1. Private Health Insurance, Universal Health Insurance, Structural Reform  
This Division leads on policy development for [Universal Health Insurance](#), [Money Follows the Patient](#) and structural reform of the health service. It also deals with [private health insurance](#), including market and regulatory issues, and liaison with and oversight of the [HIA](#) and [VHI](#).
2. Corporate Affairs  
This Division manages the delivery of the Department's parliamentary affairs, human resources, staff training and development, corporate services, FoI, records management and communications functions as well as providing legal advice to the Ministers and the Department.
3. Finance, ICT, International and Research  
As well as planning, negotiating and evaluating the annual Health Estimates, this Division deals with a range of ICT and information policy

and operational issues. It also manages and co-ordinates on EU and other international policy issues.

4. National HR and Workplace Planning

This Division's role includes Government policy on public service pay, conditions, and employment levels, and the [Public Service Agreement](#). It also includes legislation and regulatory policy in respect of health professionals, [implementation of the EU Directive on the recognition of professional qualifications](#), workforce planning, governance of health agencies and clinical indemnity.

5. Primary Care, Medicines, Controlled Drugs and Pharmacy Legislation, Eligibility, Drugs Programmes and Policy Unit

This Division promotes the development of [primary care services](#), to [secure enhanced value for money in the GMS](#), community drug schemes, dental and optical schemes. The Division is responsible for the regulation of medicines, controlled drugs, medical devices and cosmetics and the regulation of pharmacies. It leads on the strategic development of policies relating to eligibility. The Division also oversees the implementation of the [National Drugs Strategy](#), service provision and expenditure in relation to the Drugs Initiative allocation, and monitors the work of the Local and Regional Drugs Task Forces.

6. Social and Continuing Care

This Division develops and oversees implementation of Government policy in relation to services for [people with disabilities](#), people with [mental health](#) problems, and [older people](#), as well as those who require palliative care. It also oversees [suicide prevention policy](#). In collaboration with other Government Departments, it drives structural reform and reconfiguration in the social and continuing care sector in line with Government policy, in order to provide a more effective and accountable service which enhances quality of care and gives individuals greater control over their own care.

7. Office of the Chief Medical Officer

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](#), [clinical effectiveness](#), [health protection & promotion](#), [tobacco and alcohol control](#) policy, [health and wellbeing](#) and [bioethics](#).

8. Acute Hospitals Policy

The function of the Acute Hospitals Policy Division is to develop, and oversee implementation of Government policy in relation to acute hospital services, including [cancer](#), [blood and organ transplantation services](#). It drives [structural reform and reconfiguration in the acute hospital sector](#) in line with Government policy, in order to provide faster access for patients to high quality services and to prepare for the introduction of a single tier system of hospital care supported by Universal Health Insurance.



9. Office of the Chief Nursing Officer

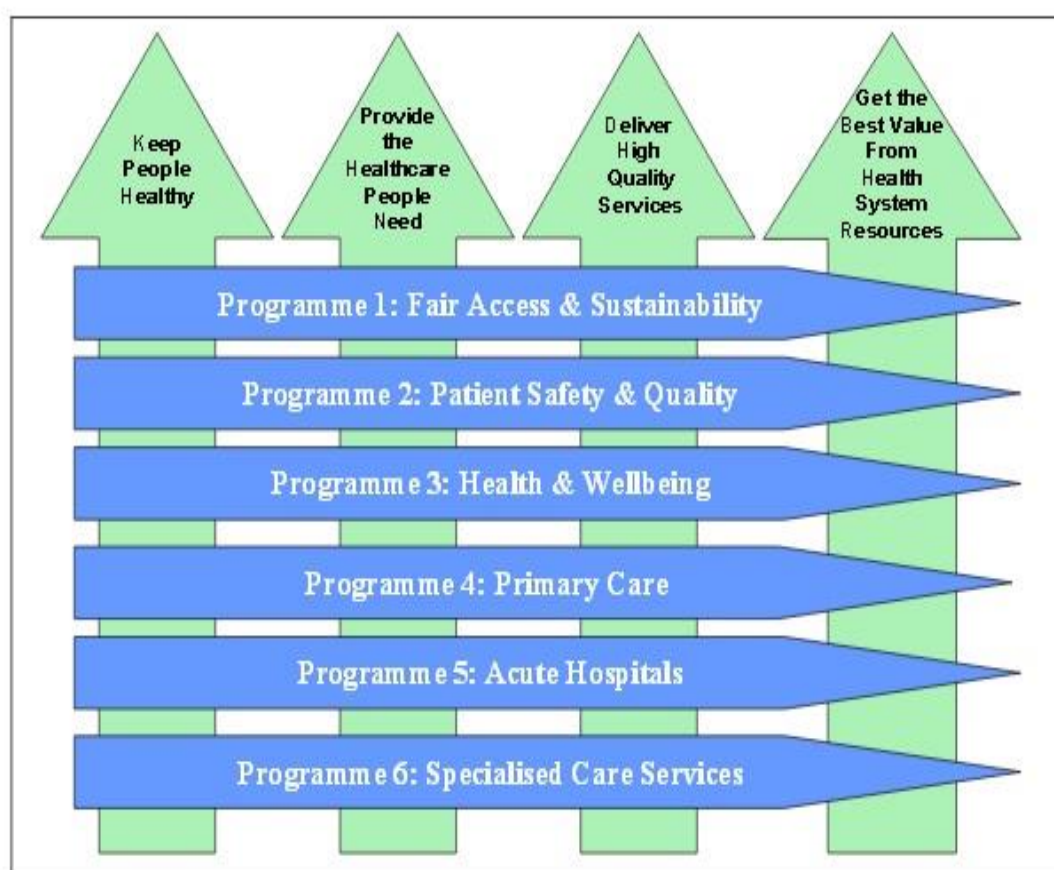
The [Office of the Chief Nursing Officer](#) (CNO) was established in October 2013. Reporting to the Secretary General the CNO provides appropriate strategic leadership and expert advice to Government, the Department, the broader health system, nurses and midwives, and regulatory and professional bodies.

## 2 Strategic objectives and achievements

### 2.1 Strategic objectives

The goals and actions of the Department set out in the [Department of Health Statement of Strategy 2011-2014](#) are organised by strategic programme area and underpinned by four key elements outlined in figure 1 below.

**Figure 1: Strategic Programme Areas and Health Sector Objectives**



#### Programme 1 - Fair Access and Sustainability

**Goal:** 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.

**Programme 2 - Patient Safety and Quality**

*Goal: 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.*

**Programme 3 - Health and Wellbeing**

*Goal: 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.*

**Programme 4 - Primary Care**

*Goal: 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.*

**Programme 5 - Acute Hospitals**

*Goal: 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 single tier system of hospital care supported by Universal Health Insurance.*

**Programme 6 Specialised Care Services**

*Goal: 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.*

## **2.2 Future Health: A Strategic Framework for Reform of the Health Service 2012-2015**

The centre of the Government's health reform programme is the creation of a single-tier health service, which is supported by a scheme of [Universal Health Insurance](#) (UHI). The Government set out the framework for delivering these reforms in its document [Future Health: A Strategic Framework for Reform of the Health Service 2012-2015](#), which was published in November 2012. Future Health represents the single most fundamental reform of the health services in the history of the State. It sets out the main building blocks to achieve these reforms which are aimed at restructuring how health services are delivered across primary, community and hospital sectors.

The challenge of ensuring that these reforms are implemented successfully and on target is immense, specifically when considering the need to reduce costs and at the same time deal with increased demands for public services. The financial pressures on the health system make it even more important that comprehensive health reform is introduced. Only in this way can the services people need be delivered, even as the available financial resources diminish. The Health Reform Plan however, is fundamentally changing our health service for the better.

The *Future Health* programme is built on four key interdependent pillars of reform:

- (i) **Health and wellbeing:** to keep the population healthy rather than just simply treating ill people;
- (ii) **Service reform:** to deliver a new, less hospital focussed model of care, which treats patients safely, at the right time, with value for money, the right service and as close to home as possible.
- (iii) **Structural reform:** to implement the steps, including the necessary legal and structural changes to the health system, that will be required to fundamentally shift the model of public health care from a tax-funded system to a combination of UHI and tax funding; and
- (iv) **Financial reform:** to ensure that the financing system is based on incentives that are aligned to fairness and efficiency, while reducing costs, improving control and delivering better quality.

Collectively these reforms will result in a major reshaping of the health system, which will positively impact on people through improved health and wellbeing; faster, fairer access to hospital care; free access to GP care; better management of chronic illness; more people treated in their homes and improved quality and safety.

The first phase of actions delivered in 2013 involved governance changes, the establishment of Hospital Groups, reforms of the private health insurance market, establishment of a Health and Wellbeing Framework, development of a Money Follows the Patient (MFTP) funding model and the publication of a White Paper on UHI.

### **Governance**

In 2013, robust governance arrangements were established to co-ordinate implementation and monitoring of Future Health, including the Programme Management Office (PMO) and the Health Reform Programme Board in the Department and a Systems Reform Group in the HSE.

The Programme Board is chaired by the Secretary General and includes senior managers from the Department and HSE, as well as an independent programme management expert.

The PMO co-ordinates and monitors progress on the individual projects that make up the overall reform programme. In 2013, the PMO developed an electronic reporting system to enable consistent tracking and better analysis through data aggregation and drill-down reports.

## 2.3 Summary of achievements from 1 January to 31 December 2013

### European Presidency - January to June 2013

The health sector priority during Ireland's EU Presidency was to progress the legislative agenda. In this regard significant progress was made on dossiers dealing with tobacco, serious cross border health threats, clinical trials, medical devices, and the 'Health for Growth' funding programme. Successes included:

- First Reading Agreement with the European Parliament on the Regulation to protect citizens against serious cross-border health threats
- General Approach on Directive on Tobacco Products
- First Read through on Proposal for a Regulation on Clinical trials on medicinal products for human use
- Progress Report on Proposal for a Regulation on General and in-vitro Medical Devices proposal
- Significant Progress on Health For Growth Regulation

The Department also hosted two showcase events:

- *eHealth week 13th – 15th May*. Logistically this was the largest event on the Presidency calendar. The event attracted over 2,500 international delegates and 100 exhibitors including global decision makers from public and private healthcare sectors, clinicians, hospital and IT managers and VIP guests.
- *Healthy Brain Healthy Europe Conference on Brain Research 27th /28th May*

The events held during the Presidency were important in deepening cooperation and understanding between Member States (and their respective Ministers and Senior Officials) of key health-related matters. In addition, at the Informal meeting of Health Ministers, the European Commission agreed to mandate the EU High Level Group on Nutrition and Physical Activity to develop an Action Plan on Childhood obesity.

At the eHealth High Level Conference there was agreement on a Declaration aimed at prioritising the use of ICT in health among Member States to contribute to better, safer, sustainable and innovative healthcare systems for all European citizens.

At the Healthy Brain: Healthy Europe Conference, - A new horizon for brain research and healthcare conference, jointly organised by the Irish Presidency and the European Commission, policy makers, patient organisations, industry, regulators, research funders and health professionals gathered together to produce recommendations for action on brain research and healthcare throughout Europe.

### Health Reform Programme

As part of delivering on health reform under *Future Health*, in 2013 the following was achieved:

- The establishment of the PMO and the Health Reform Board in the Department and a Systems Reform Group in the HSE
- The publication of [Establishment of Hospital Groups as a Transition to Independent Hospital Trusts](#), and *Securing the Future of Smaller Hospitals*. Work continued in 2013 on establishing the groups through the appointment of chairpersons and CEOs.
- The publication of the [Healthy Ireland](#) strategy.
- The commencement of the [Health Service Executive \(Governance\) Act](#) replaced the HSE Board with a Directorate.
- Good progress on [the new children's hospital](#).
- The completion of the first draft of the [White Paper on Universal Health Insurance](#) (published in March 2014).
- Commencement of shadow funding for selected hospitals under Money Follows the Patient (MTPF) (rolling out across the system during 2014)
- Preparatory work on the establishment of the Healthcare Pricing Office (established on an administrative basis on 1 January, 2014)
- Publication of the [HSE National Service Plan 2014](#) incorporating the management of health service reform as a key element.
- The establishment of the Office of the Chief Nursing Officer. Reporting to the Secretary General the CNO provides appropriate strategic leadership and expert advice to Government, the Department, the broader health system, nurses and midwives and regulatory and professional bodies. The principle objectives of this function are twofold: to maximise the development and contribution of nursing and midwifery within the reforming health delivery

system; and to drive and support the development of a culture of patient safety and quality across the health system.

### Workforce Planning

- A policy on External Services Delivery for the Health Sector 2012-2015 in keeping with Action 11.2 of the Integrated Reform Delivery Plan (IRDP) was developed and approved by Government.
- A Working Group, chaired by Professor Brian MacCraith, President of Dublin City University, was established, to carry out a [Strategic Review of Medical Training and Career Structure for doctors](#) in order to:
  - improve graduate retention in the public health system;
  - plan for future service needs;
  - realise maximum benefit from investment in medical education and training

The Working Group commenced its deliberations in September 2013 and submitted its interim report, including interim observations and recommendations, to the Minister in December 2013.

- Consultation was undertaken with stakeholders in relation to the factors underpinning Action 12.1 of the Integrated Reform Delivery Plan (IRDP) on the development of National Workforce Planning Policy for the health service and appropriate workforce planning tools.
- The Department became a member of a European Commission Joint Action on Health Workforce Planning and is involved in 3 work packages - WP4 (Data for Improved Health Workforce Planning), WP5 (Exchange of Good Practices in Planning Methodologies) and WP6 (Horizon Scanning and Forecasting).
- Agreement with the HSE's Medical Education and Training Unit on recruitment and training of doctors, especially for the July intake and doctors in the Specialist Division.
- Consultation with the HSE's Director of Nursing and Midwifery Services on workforce planning models and on nurse education and training.
- A new Nursing and Midwifery Board was established in 2013, which, for the first time has a lay majority thereby making it a self-governing Board.

### Other Health Achievements in 2013

- In April 2013, we published the [National Positive Ageing Strategy](#).
- In May 2013, the Minister announced that the National Maternity Hospital, Holles Street would be relocated to the St. Vincent's University Campus at Elm Park. A project team has been appointed to oversee, monitor and co-ordinate the project.

- On 24 June 2013, the [Health \(Pricing and Supply of Medical Goods\) Act 2013](#) commenced. It will result in the greater use of generic medicines which will reduce their cost to the State and patients.
- In July 2013, the Protection of Life During Pregnancy Act was enacted and it commenced on 1 January 2014.
- A review of the Emergency Aeronautical Support Service pilot project was concluded. It recommended that the service be established on a full-time basis. The Minister for Health has established a working group to oversee the implementation of the recommendations of the review including the potential to extend the service into Northern Ireland in partnership with the Department of Health, Social Services and Public Safety.
- The Special Delivery Unit (SDU) continues to work with hospitals to [improve the efficiency of our hospital system](#). By the end of 2013 there was a 98% reduction in the number of adults waiting over 8 months for inpatient treatment, a 95% reduction in the number of outpatients waiting over 12 months for treatment, 95% of all children waiting on an elective waiting list were waiting less than 20 weeks and 99% of patients on a GI Endoscopy waiting list were waiting less than 13 weeks.
- As part of the establishment of a new finance and cost management system, a Chief Financial Officer was appointed to the HSE Directorate.
- In Budget 2014 (October 2013), the Government announced the implementation of free (at point of use) GP care for children aged 5 and under.
- On 30 October 2013, [new regulations for the registration and inspection of residential services for people with disabilities](#) were signed empowering HIQA to register, inspect and monitor such services.
- In December 2013, Ireland's [eHealth strategy](#) was launched
- In October 2013, we published [Tobacco Free Ireland](#), the report of the Tobacco Policy Review Group. It contains over 60 recommendations aimed at making Ireland Tobacco Free by 2025.
- In November 2013, the Government approved the General Scheme of a Bill making it mandatory for tobacco products to be sold in Standardised Packaging. This will greatly increase the effectiveness of health warnings, reduce the ability of packaging to mislead consumers about the harmful effects of tobacco, and decrease the appeal and attractiveness of tobacco products.
- Ireland signed the Protocol to Eliminate Illicit Trade in Tobacco Products which is the first Protocol to the World Health Organisation Framework Convention on Tobacco Control (WHO FCTC). The purpose of the FCTC is to



identify and progress the tobacco control measures required by national governments in order to protect public health.

- In October 2013, [the Government approved an extensive package of measures to deal with alcohol misuse to be incorporated in a Public Health \(Alcohol\) Bill](#). These measures are based on the recommendations contained in the [Steering Group Report on a National Substance Misuse Strategy, 2012](#). The package of measures to be implemented will include provision for: minimum unit pricing for alcohol products; the regulation of advertising and marketing of alcohol; structural separation of alcohol from other products in mixed trading outlets; health labelling of alcohol products; and regulation of sports sponsorship.
- In December 2013, we published the [Health Identifiers Bill 2013](#) which provides the legal basis for Individual Health Identifiers for health service users and unique identifiers for health service providers.
- In December 2013, we published the [Public Health \(Sunbeds\) Bill](#) which will prohibit operators of sunbed premises from allowing anyone under 18 years of age to use a sunbed on their premises and the use of sunbeds in unsupervised premises.
- A [Redress Scheme for women who had been excluded from the 2007 Lourdes Hospital Redress Scheme](#) on age grounds alone was agreed and is being implemented by the State Claims Agency.
- In November 2013, following the submission of a Research Report on symphysiotomy by Professor Oonagh Walsh, the Minister appointed Judge Yvonne Murphy to assist in finding closure for women who have been affected by a symphysiotomy procedure.
- The Minister for Health directed the HSE to commence a process to bring bodies funded by the HSE under Section 38 into compliance with public sector pay policy and other governance issues.

#### Medical Indemnity Insurance Bill

- Drafting of the Medical Indemnity Insurance Bill, which provides for the practising of medicine without minimum professional indemnity cover to be an offence, was progressed, with significant consultation with relevant stakeholders.

#### Clinical Indemnity and Risk Management

- Phase 1 of the upgrade of the new National Adverse Event Management System (NAEMS) was completed in December, 2013. Its improved data management systems will assist with risk management and decision making.

#### Government agreement on indemnity cover for doctors working in private practice (CAPS)

- In July 2013, Government agreed to extend the existing arrangements whereby there is a limit or cap on the professional indemnity cover held by

consultants in respect of their private practice undertaken in private hospitals. The limit will be adjusted annually in line with the Consumer Price Index (CPI) with effect from 1 July, 2014.

#### **Cross Border Cooperation**

The Department engaged in significant cross border initiatives in 2013 related to alcohol, tobacco, radiation oncology, paediatric cardiac care and a range of other initiatives under Cooperation And Working Together (CAWT).

#### **Statistical Outputs**

In December 2013, the Department published [Health in Ireland – Key Trends](#) and continued to produce the [Public Health Information System \(PHIS\)](#)

For reference, the OECD published *Health at a Glance* in 2013 which provides comparative health statistics from OECD European member countries, including Ireland - <http://www.oecd.org/els/health-systems/Health-at-a-Glance-2013.pdf>

#### **Legislation**

A full list of Bills published, Legislation enacted and Statutory Instruments in 2013 is at Appendix 3.

## 3 Activities by Programme Area

### 3.1 Programme 1 – Fair Access and Sustainability

#### Private Health Insurance

Community-rated health insurance systems across the world use risk equalisation as a mechanism to distribute fairly some of the differences that arise in insurers' costs due to the differing health status of all their customers. The introduction from 1 January 2013, of a new permanent risk equalisation scheme (RES) in primary legislation (the Health Insurance (Amendment) Act 2012), is a critical plank to maintaining a healthy and functioning voluntary private health market, whereby access to private health insurance cover is available to all persons regardless of age or risk profile. The Health Insurance (Amendment) Act 2013 provides for (i) revised rates for Risk Equalisation credits and corresponding stamp duty to apply for 2014 and (ii) some technical amendments to the Health Insurance Acts 1994-2012.

In 2013 the Minister also published a roadmap for the future development of risk equalisation for the period 2014-2016. During this period, the Minister is committed to maintaining the current level of effectiveness of the scheme and, where possible, increasing its effectiveness in relation to those who need the supports most i.e. those aged 70 and over. Increasing the effectiveness of the scheme ensures the targeting of support where it is needed most - for older, more vulnerable patients who would otherwise not be able to afford private health insurance.

Throughout 2013 there was good progress made, at both domestic and European level, to address the future status of the VHI, although the original deadline of 31 December 2013 could not be met. This work is being undertaken in the context of a European Court of Justice ruling which requires that the VHI be regulated by the Central Bank. The Government has committed itself to continuing the work towards authorising the VHI as soon as possible and agreed that a request be made to the EU Commission to extend the deadline, with a commitment to seek to have VHI authorised by the end of 2014. The Department and the VHI will now work intensively to achieve authorisation by year end.

As part of work to keep down the cost of private health insurance, the Minister appointed an independent Chairperson, Mr. Pat McLoughlin, in June 2013 to work with health insurers, the Department of Health and the Health Insurance Authority on effective strategies for costs management. A Phase 1 report, [\*Review of Measures to Reduce Costs in the Private Health Insurance Market 2013\*](#), was published on 26th December 2013. Work on Phase II of Mr. McLoughlin's report, which will deal further with the factors driving costs in health insurance, is progressing well and will be completed in early 2014.

### Universal Health Insurance (UHI)

In February, 2013, [\*The Path to Universal Healthcare: Preliminary Paper on Universal Health Insurance\*](#), was published, in line with a commitment in *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015*. It provides a comprehensive update (to Dec 2012) on plans for introducing UHI and sets out the main actions for the road ahead.

In addition, during 2013, the Department undertook a major programme of work to inform and feed into the development of a *White Paper on Universal Health Insurance*, with assistance and advice from the UHI Implementation Group and a UHI Design Team. This work resulted in the development of a policy and legal appraisal of UHI models and advancement of policy proposals in relation to the future basket of health services, including the UHI package of health services, and the financing of UHI. To support work on the design of the future health basket, the Department organised a one day policy dialogue in November 2013, facilitated by the European Observatory on Health Systems and Policies, and attended by international experts, senior health officials, and members of the UHI Implementation Group and the UHI Design Team.

The White Paper on Universal Health Insurance was published in March 2014. Read it [here](#).

### Money Follows the Patient (MFTP)

The Department and the HSE worked closely throughout 2013 to ensure that phased implementation of [\*Money Follows the Patient \(MFTP\)\*](#) commenced on schedule in January 2014 in all 38 Casemix hospitals. Full roll-out of MFTP is a multi-year project. The introduction of MFTP will deliver significant benefits including driving greater efficiency in the delivery of services and supporting the provision of quality care in the most appropriate setting. MFTP is also an important building block for Universal Health Insurance (UHI). The commencement of implementation followed considerable preparatory work undertaken during 2013. This included publication of a detailed MFTP Policy Paper; a stakeholder consultation process; a readiness review conducted by an international expert; a shadow funding exercise; a pilot project; and preparatory work for the establishment of a Healthcare Pricing Office on an administrative basis from January 2014.

## 3.2 Programme 2 – Patient Safety and Quality

### Patient Safety Agency

We continued to work on the establishment of the Patient Safety Agency (PSA) by carrying out research and developing policy proposals in relation to its organisation and structure. It was decided to set up the PSA initially on an administrative basis within the HSE structures in 2014. A key role for the PSA would be to provide national leadership for patient advocacy services. The PSA will support patients by directing them to the appropriate provider or

agency so that they can secure a response regarding the issues or complaints they raise. Based on a detailed analysis of complaints throughout the system, the PSA will also promote and disseminate learning from complaints nationally.

#### National Patient Safety Conference 2013

The [third national conference took place in the Croke Park Conference Centre on 24<sup>th</sup> May 2013](#) with over 300 attendees. Invited speakers from the U.S.A., the U.K. and Denmark presented along with Irish healthcare professionals showcasing good practice initiatives country-wide. Feedback from the conference was extremely positive and it is planned to hold the next national conference in November 2014.

#### The National Clinical Effectiveness Committee (NCEC)

Clinical effectiveness is a key component of the patient safety agenda and by incorporating national and international best available evidence, promotes healthcare that is up to date, effective and consistent. Quality assured national clinical guidelines and national clinical audit are critical elements of this clinical effectiveness agenda. The [National Clinical Effectiveness Committee \(NCEC\)](#) is a Ministerial Committee with multi-disciplinary representation which was established to prioritise and quality assure national clinical guidelines and national audit.

Two National Clinical Guidelines were endorsed and launched by the Minister in 2013:

- [National Clinical Guideline No. 1: National Early Warning Score](#)
- [National Clinical Guideline No. 2: Prevention and Control of Methicillin-Resistant Staphylococcus aureus \(MRSA\).](#)

The [NCEC held its first symposium in Farmleigh House](#) on 17<sup>th</sup> October 2013. This was a seminal day in terms of the NCEC agenda and was attended by over 85 delegates representing the clinical programmes, medicine, nursing, allied health professionals, regulation, the public, HSE management and policy. The NCEC commenced a programme of education and training for guideline developers and the NCEC committee. The following NCEC guidance was updated in 2013 and published on the Patient Safety First website:

- [NCEC \(2013\) Framework for Endorsement of National Clinical Guidelines, V4](#)
- NCEC (2013) Clinical Guideline Screening and Prioritisation Criteria, V3
- [NCEC \(2013\) Clinical Guideline Developers Manual.](#)

The NCEC was mandated by the Minister to commission and quality assure four national clinical guidelines in response to recommendations of the [Patient Safety Investigation Report into Services at University Hospital Galway \(October 2013\)](#). The NCEC commenced this work in 2013 for the following guidelines:

- National Clinical Guideline (Sepsis Management)
- National Clinical Guideline (Maternity Early Warning Score)
- National Clinical Guideline (Paediatric Early Warning Score)
- National Clinical Guideline (Handover Guideline).

### Health Care Associated Infections (HCAIs)

In 2012, MRSA rates were at a 6 year low (from 592 cases in 2006 to 242 cases in 2012). Provisional returns for 2013 see the downward trend being maintained. We supported the HSE in campaigns like the WHO's annual Save Lives: Clean Your Hands Campaign and European Antibiotic Awareness Day.

### Launch of the HSE/State Claims Agency National Open Disclosure Policy & Guidelines

The HSE and State Claims Agency launched a national [Open Disclosure Policy in November 2013](#). The policy is to be rolled out nationally in Acute Hospitals, PCCC areas and Colleges and Educational Institutes. Pilot projects in 15 acute hospitals and two PCCC areas were ongoing at end-December 2013; further roll out will continue during 2014. Draft Heads under the Health Information Bill are being finalised which will facilitate Adverse Event Reporting and Open Disclosure.

### EU Informal Council of Ministers Meeting

An EU Informal Council of Ministers Meeting took place in Dublin Castle on 4<sup>th</sup>/5<sup>th</sup> March 2013 during the Irish Presidency of the EU. A portion of the agenda was allocated to presentations and a discussion on the control and prevention of Health Care Associated Infections (HCAIs). The European Commission Review of progress in the implementation by Member States (MS's) of the European Council Recommendation on Patient Safety (2009), presented at the Informal, placed Ireland in the top third of MS's and Ireland has been commended for investing in patient safety despite our economic difficulties.

### Maternal death in University Hospital Galway

In 2013 we supported the development of implementation plans for the recommendations contained in the HSE's and HIQA's Reports into the maternal death in University Hospital Galway. The HSE established a National Implementation Support Group to advise on and oversee the implementation of recommendations of the Executive's investigation report into the maternal death. The Group has also incorporated the Coroner's recommendations into its work and continues to advise on and support implementation of the recommendations of the HIQA investigation.

A key recommendation in the HIQA Investigation Report was the need to develop a Code of Conduct for employers that clearly sets out employers' responsibilities in relation to achieving an optimal safety culture, governance and performance of the organisation. We commenced working on the development of this Code in 2013.



### Regulation of Health and Social Care Professionals

Registration Boards responsible for the protection of the public through the statutory regulation of health and social care professionals are being established on a phased basis under the ongoing implementation of the Health and Social Care Professionals Act 2005 (as amended 2012). Twelve professions are designated under the Act. At the end of 2013, five registration boards had been set up, three of which held their first meetings during the year.

### Modernisation of Directive 2005/36/EC on the recognition of professional qualifications

The Department of Health provided input to the Irish position on the modernisation of Directive 2005/36/EC which was enacted as Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013.

### Public consultation on new dental legislation

In 2013, the Department of Health undertook [public consultation on new legislation to replace the Dentists Act, 1985](#). The purpose of the consultation was to obtain the views, interests and concerns of the public and stakeholders on key issues relating to the development of the new legislation. One hundred and twenty six submissions were received.

## 3.3 Programme 3 – Health and Wellbeing

### Healthy Ireland

[Healthy Ireland, the Framework for Improved Health and Wellbeing 2013 – 2025](#), the national framework for action to improve the health and wellbeing of the country was launched on 28 March 2013.

*Healthy Ireland* supports a whole-of-government approach to address the determinants and predictors of health and wellbeing, many of which fall outside the health sector, e.g. housing, transportation, education, workplaces and environment along with an individual's socio-economic status. It sets out four central Goals and outlines actions under six thematic areas, in which all people and all parts of society can participate to achieve these goals through 64 actions.

A key feature of the development of *Healthy Ireland* was engagement and collaboration across Government Departments and other public sector bodies. Such collaboration continues to be a significant feature of the implementation strategy. Critical to success is an active, central Government policy driven approach where *Healthy Ireland's* actions are systematically embedded into the policies and programmes of relevant government departments, local authorities and statutory agencies. It is equally important that there is active engagement at local level, empowering and supporting people to be as healthy as they can be for as long as possible.

The implementation of *Healthy Ireland* is being overseen by the Cabinet Committee on Social Policy.

The Health and Wellbeing Programme office in the Department of Health drives project planning and co-ordination. A key priority since Healthy Ireland was launched has been the identification and establishment of effective arrangements to facilitate coherent, efficient implementation of the framework of actions. Progress is being focused on a number of key actions to place the underpinning structures in place on which future work can be progressed and to establish clear structures and accountability mechanisms for implementation.

These actions include:

- Following the enactment of the HSE (Governance) Act 2013, a Health and Wellbeing Division was established in the HSE and the Department is working closely with the HSE to support change management and service/operational planning
- Establishment of a high level Cross-sectoral Group, including representatives at Assistant Secretary level from Government Departments and other key agencies. The purpose of the Group is to provide strategic direction and monitor progress on the implementation of the Framework with direct engagement on a one-to-one basis with a number of Departments. These include the Department of Social Protection in respect of social impact assessments, and Department of Environment, Community and Local Government in respect of the reform of local government
- A cross divisional group has been established within the Department of Health to operationalise health and wellbeing priorities into the health reform agenda and to monitor progress
- The Department of Health and the Department of Transport, Tourism & Sport are co-chairing a working group to develop a National Plan for Physical Activity. The group is focusing attention on operational issues to encourage greater participation in, and greater recognition of the importance of, physical activity and hopes to publish a plan in 2014.
- On 21 October 2013, a team from Safefood, the HSE and the Department of Health launched a communications campaign to address childhood obesity. This multifaceted campaign (TV, radio, online) is targeted at parents and carers of children aged up to 12 suggesting practical solutions parents can adopt to tackle the everyday habits associated with excess weight in childhood. The campaign aims to raise awareness among parents of the health challenges posed by excess weight in childhood, the negative impact this can have on the quality of life, and the importance of tackling this for the long-term. Advertising aired on national and local media outlets during late October and early November. The second phase of the campaign commenced in early December and will continue through 2014.



- A cross sectoral working group has commenced work on the development of an Outcomes Framework and a Research and Data Plan.
- Work commenced on the development of a *Healthy Ireland* Health and Wellbeing Survey to identify current patterns and trends in Irish lifestyles. It is intended that the Survey will report on key indicators of lifestyle factors, such as smoking, alcohol consumption, physical activity, diet, sexual health and wellbeing to monitor the key trends and policy impacts in those areas.

### Sexual Health

The high level steering group on the National Sexual Health Strategy worked to finalise the Strategy, for submission for Government approval in early 2014. The Strategy will formulate a strategic direction for the delivery of sexual health services. It will focus on improving sexual health and wellbeing and address the surveillance, testing, treatment and prevention of HIV and STIs, and sexual health education and promotion. The Strategy will be in line with the Healthy Ireland Policy Framework.

### Health Protection

#### EU Decision on Cross Border Health Threats (Decision No 1082/2013/EU)

A 'First Reading Agreement' was secured by the Irish Presidency with the European Parliament on 6 May 2013. The European Parliament voted on the proposal, including an agreed amendment, in July 2013 and the Council approved the proposal of the European Parliament in October 2013. The Decision came into effect on 6 November 2013.

The Decision extends the risk assessment and coordination measures currently applied to communicable diseases to all threats - biological, chemical and environmental, strengthens the preparation and coordination among Member States (MS) in liaison with the Commission and the epidemiological surveillance in the EU using the building on the existing EWRS and gives a legal basis to the functioning of the Health Security Committee and strengthening its coordination role in case of public health emergencies.

The Decision also includes provision for the Joint Procurement of medical countermeasures by EU member states. A Joint Procurement Agreement (JPA) setting out the framework under which this will be carried out is due to be finalised by the EU Commission and the participating MS in 2014. The JPA does not commit any MS to participate in any particular joint procurement process nor does it impose any financial obligations of MS that do not participate.

The first joint procurement which, will involve vaccine for pandemic influenza, is expected to commence later this year after the JPA has been ratified the MS.

### Report of the Pandemic Review Group

In May 2013, the Pandemic Review group, chaired by the Department of Health and including public health and emergency planning experts from the Health Services Executive (HSE) and its agency the Health Protection Surveillance Centre (HPSC), reported on the Irish response to Pandemic (H1N1) 2009. The response in Ireland at each phase was considered satisfactory but made a number of points which will inform the revision of the national [plan](#).

### Tobacco

Smoking is the greatest single cause of preventable illness and premature death in Ireland, killing over 5,200 people a year. The Department of Health's policy in relation to smoking is to promote and subsequently move toward a tobacco free society.

[Tobacco Free Ireland](#), the report of the Tobacco Policy Review Group, was launched in Croke Park on 3<sup>rd</sup> October 2013. It builds on existing tobacco control policies and legislation already in place, and sets a target for Ireland to be tobacco free (i.e. with a prevalence rate of less than 5%) by 2025. The two key themes underpinning the Tobacco Free Ireland are children and the de-normalisation of smoking.

Tobacco Free Ireland addresses a range of tobacco control issues and initiatives and contains over 60 recommendations including the introduction of standardised packaging of tobacco products. A detailed action plan is being developed outlining the timeframes and responsibilities for the implementation of the actions.

### Standardised Packaging

The Minister for Health received government approval on 19<sup>th</sup> November 2013 for the publication of the [General Scheme of a new Public Health \(Standardised Packaging of Tobacco\) Bill 2013](#), and to proceed with drafting the legislation based on this General Scheme.

Standardised packaging, also known as generic packaging, means that all forms of branding – trademarks, logos, colours and graphics – would be removed, except for the brand name, which would be presented in a uniform typeface for all brands on the market. All packs would be in a plain neutral colour, except for the mandatory health warnings. The objective is to make all tobacco packs look less attractive to consumers and to make health warnings more prominent.

Research shows that standardised packaging will:

- Increase the noticeability, recall and impact of health warning messages;
- Reduce the ability of packaging to mislead consumers to believe that some products may be less harmful than others; and
- Reduce the attractiveness of the tobacco product, for both adults and children.

The General Scheme of the Bill was referred to the Joint Oireachtas Committee on Health and Children and in December 2013 the Committee issued a call for submissions on the General Scheme. Public hearings on the matter were scheduled for early 2014.

#### Smoking in Cars with Children Present

The Government approved the principle of prohibiting smoking in cars with children present and approved the drafting of amendments to the Private Member's Bill "Protection of Children's Health from Tobacco Smoke Bill 2012" in June 2012. During 2013, the Department in consultation with the Attorney General's Office and the Department of Justice worked to progress these amendments. In the meantime, Committee Stage of the Bill (drafted by Senators) was heard in the Seanad on 19<sup>th</sup> December 2013.

#### Tobacco Products Directive

In December 2012, the Commission published a proposal for a new EU Tobacco Products Directive, the ultimate purpose of which is to cut down the numbers of people smoking by reducing the attractiveness of tobacco products, particularly to children and young people.

This legislation was a priority for the Irish Presidency, and a General Approach was agreed when it was discussed at the EPSCO Council on the 21st June. The proposal was voted on by the plenary European Parliament on 8<sup>th</sup> October 2013.

Agreement was reached on the revised Tobacco Products Directive on 18<sup>th</sup> December 2013. Areas covered by the revised Directive include labelling and packaging, ingredients and emissions, traceability and security features and cross border distance sales of tobacco.

Subsequently, the revised Directive was formally adopted by the European Parliament and the Council of Europe and Member States have two years to transpose the new rules into national law.

#### Obesity

The prevalence of overweight and obesity has increased at an alarming speed in recent decades. Irish studies have shown that 2 out of every 3 adults are overweight or obese and that among children as young as 3 year of age, 1 in 4 is overweight or obese. A new report on [\*The cost of overweight and obesity on the Island of Ireland\*](#) estimated the annual cost of overweight and obesity in the Republic of Ireland to be €1.13 billion.

The Minister for Health chose childhood obesity as a major theme of the Irish Presidency and proposed that this issue be addressed in an EU-wide context. An EU Action Plan on Childhood Obesity arose directly out of the Irish Presidency informal meeting of EU Health Ministers held in Dublin in March 2013. This Action Plan will play a central role in the development of national plans to tackle childhood and obesity and in the implementation of the EU Strategy for Europe on Nutrition, Overweight and Obesity-related Health issues.

In tandem with this, the Minister continued to work with the Special Action Group on Obesity to progress the obesity prevention agenda. The Special Action Group is concentrating on a range of measures including actions such as calorie posting in restaurants. Following a public consultation process, it was found that 96% of consumers want calorie menu labelling in all or some food outlets with 73% of food businesses indicating that they want calorie menu labelling in all or some food outlets also.

Minister Reilly continued his priority of proposing a tax on Sugar Sweetened Drinks in 2013, having received Health Impact Assessment (HIA) Report completed by SAGO on a Proposed Sugar Sweetened Drinks Tax. He also requested that the Special Action Group on Obesity prepare a Report on measures to restrict the availability of all high fat, high salt and high sugar foods and drinks from the Top Shelf of the Food Pyramid.

The Special Action Group on Obesity also progressed a range of other measures including:

- the Childhood Obesity Campaign
- the revised Healthy Eating Guidelines, including the Food Pyramid;
- a choice of healthy foods and drinks in vending machines in post primary schools;
- food labelling options;
- the Treatment Algorithms for adults and children and
- opportunistic screening and monitoring for earlier detection of overweight and obesity in children.

The Department has worked with the Broadcasting Authority of Ireland, with regard to the marketing of food and drink to children for the revised Children's Code to restrict marketing of high fat, high salt and high sugar foods and drinks.

## Alcohol

### Public Health (Alcohol) Bill

The Government approved an extensive package of measures to deal with alcohol misuse to be incorporated in a [Public Health \(Alcohol\) Bill](#) in October. These measures are based on the recommendations contained in the [Steering Group Report on a National Substance Misuse Strategy, 2012](#). The package of measures to be implemented will include provision for:

- minimum unit pricing for alcohol products;
- the regulation of advertising and marketing of alcohol;
- structural separation of alcohol from other products in mixed trading outlets;
- health labelling of alcohol products; and
- regulation of sports sponsorship.

The Government also approved that:

- Public health messaging relating to alcohol will be based on grams of alcohol. Weekly low-risk drinking guidelines should be 168 grams (17 standard drinks) for men and 112 grams (11 standard drinks) for women.
- The other measures set out in the Steering Group Report on a National Substance Misuse Strategy will be progressed by the relevant departments and organisations.
- The aim is to reduce its consumption of alcohol to the OECD average by 2020 (i.e. 9.1 litres of pure alcohol per capita per annum). The average Irish adult drank 11.62 litres of pure alcohol in 2011.

#### Minimum Unit Pricing

This is a mechanism of imposing a statutory floor in price levels per gram of alcohol that must be legally observed by retailers in both the on and off trade sector. This is a targeted measure, designed to prevent the sale of alcohol at very cheap prices.

A health impact assessment, in conjunction with Northern Ireland, was commissioned in 2013 as part of the process of developing a legislative basis for minimum unit pricing. The assessment will study the impact of different minimum prices on a range of areas such as health, crime and likely economic impact. The study should be finalised in 2014.

#### Drugs Policy

##### National Drugs Strategy 2009-2016

The implementation of the 63 actions in the [Strategy](#) is pursued across a range of Departments and agencies, reviewed by the Oversight Forum on Drugs, which is chaired by Minister of State Alex White TD. Read the annual progress report [here](#)

#### Supply Reduction

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

#### Prevention

Prevention measures continued to be implemented through the education sector (built around SPHE) and youth services which aim to build self-esteem among our young people and to promote healthy lifestyles.

#### Treatment and Rehabilitation

The allocation across Departments for Drugs Programmes for 2013 was approximately €238m.

Over 9,600 people were in receipt of opioid substitution treatment and over 12,500 people in total were in receipt of drug treatment services in 2013. By the end of 2013 needle exchange services were being provided in approximately 97 community pharmacies at various locations outside Dublin.

On 18 December, a Draft Implementation Plan for a [National Rehabilitation Framework](#) was presented to the National Drug Rehabilitation Implementation Committee

#### National Advisory Committee on Drugs and Alcohol

The [National Advisory Committee on Drugs and Alcohol](#) (NACDA) was reconstituted at the start of 2013. In July 2013, it published a report on [Drug Use in Ireland and Northern Ireland Drug Prevalence Survey 2010/2011: Cannabis Use](#).

#### Ireland's Presidency of the EU 2013

The [Drugs Policy Unit](#) of the Department of Health had the lead role in co-ordinating Ireland's input the Misuse of Drugs at international level.

#### EU Drugs Action Plan 2013-2016:

The priority of the Irish Presidency in the field of drugs was the [EU Action Plan on Drugs 2013-2016](#). This was negotiated through the Horizontal Working Group on Drugs (Council Working Group) which was chaired by Ireland and adopted at the Justice and Home Affairs Council meeting on the 6 June.

Minister White hosted the EU National Drug Coordinators meeting in Dublin on the 8-9 April and co-chaired the XVth High Level Meeting of the EU-CELAC Co-ordination and Co-operation Mechanism on Drugs in Quito, Ecuador on June 13-14 2013. The High Level Meeting, with its substantive outcome the "Quito Declaration on Drugs", successfully consolidated bi-regional relationships and efforts to tackle the global drugs problem. Minister White delivered the EU Opening Statement at the Plenary Session of the 56th Session of the Commission on Narcotic Drugs (CND) in Vienna on 11-15 March 2013 and Ireland, with the EEAS, co-ordinated the EU input to the CND. The CND adopted a total of 18 Resolutions, five of which were tabled by the EU dealing with forensic drug profiling, drugs issues pertaining to HIV/AIDS, drug problems in Western Africa, an electronic import & export authorization system and drug precursors.

#### International Drugs Issues

- (i) An International Drugs Issues Group (IDIG), chaired by the Drugs Policy Unit with representatives from the Department of Justice & Equality, Department of Foreign Affairs & Trade, Revenue's Custom Service, An Garda Síochána, Irish Medicines Board and the Health Research Board continued its work in 2013. The function of this Group is to better co-ordinate Ireland's approach across Departments and agencies to international drugs issues at the British-Irish Council, EU and UN levels.
- (ii) The Drugs Policy Unit coordinates the input from Ireland at the EU Horizontal Drugs Group and attends the monthly meetings of the HDG.
- (iii) The British-Irish Council Sectoral Group on the Misuse of Drugs, chaired by the Drugs Policy Unit with representatives from the

Governments of the UK, Scotland, Wales, Northern Ireland, Isle of Man, Guernsey, and Jersey, met twice during 2013.

- (iv) The Drugs Policy Unit represented the Department on: (a) the Management Board of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA); and (b) as the Permanent Correspondent to the Pompidou Group.

#### Drugs Programmes Unit

Over €29m was allocated in 2013 to community drugs initiatives set up by the Drugs Task Forces (click [here](#) for more information).

The conclusions of a review of Drugs Task Forces were announced in 2012. The review recommended a series of reforms to better equip the Drugs Task Forces to respond to the current pattern of substance misuse. The key changes include:

- The role of Drugs Task Forces to be extended to include alcohol addiction;
- A National Coordinating Committee to be established to guide the work of the Drug and Alcohol Task Forces and drive implementation of the National Drugs Strategy;
- Clearer terms of reference and corporate governance guidelines for Drugs Task Forces
- Measures to encourage more Public Representative involvement in the work of Drug and Alcohol Task Forces.

As part of the foregoing the Drugs Advisory Group was replaced by the National Coordinating Committee for Drugs and Alcohol Task Forces (NCC-DATF). The membership and Terms of Reference of the NCC-DATF were finalised in December 2013 with the inaugural meeting held on 23 January 2014.

## 3.4 Programme 4 – Primary Care

#### Universal Primary Care

The Government is committed to introducing, on a phased basis, GP care without fees within its first term of office. As announced in Budget 2014, it has been decided to commence the roll-out of a universal GP service by providing all children under 6 years with access to a GP service without fees at the point of use.

Preparations are proceeding with a view to commencement of the new service for children under 6 years in 2014. The Government is providing new, additional funding of €37 million to meet the cost of this measure.



### 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 Integrated Service Areas, a number of Primary Care Teams (PCTs) have been merged. The HSE has identified a need for 485 PCTs. At the end of December 2013, 419 PCTs were operating, i.e. holding clinical team meetings on individual client cases and involving GPs and HSE staff, providing services for almost 4 million of the population. Some 2,500 HSE staff members and over 1,570 GPs are participating on functioning PCTs.

### New Primary Care Staff

An allocation of €20 million was included in the HSE's 2013 National Service Plan to support the recruitment of prioritised front-line primary care team posts and enhance the capacity of the primary care sector. The HSE identified 264.5 Primary Care posts for recruitment to Primary Care Teams, based on deprivation and need, as follows:

- 72 Public Health Nurses;
- 40.5 Registered General Nurses;
- 52.5 Occupational Therapists;
- 47.5 Physiotherapists; and
- 52 Speech & Language Therapists.

160 of the above posts had been filled or start dates agreed at the end of December 2013. A further 51 posts had been offered to candidates with start dates to be agreed. 17 posts were in final stages of recruitment and the National Recruitment Service is organising additional recruitment competitions to enable filling of the remaining 36.5 posts. The Health Service Executive is committed to having all the posts filled and in place in 2014.

### Primary Care Infrastructure

The development of primary care is central to the Government's objective to deliver a high quality, integrated and cost effective health system. The development of primary care centres, through a combination of public and private investment, will facilitate the delivery of multi-disciplinary primary health care.

The Primary Care Strategy states that primary care is the most appropriate setting to meet 90-95% of all health and personal social service needs. The key objective of the Strategy is to develop and deliver services in local communities, to give people direct access to integrated multidisciplinary health care teams comprising GPs, nurses, physiotherapists, occupational therapists and other health care disciplines.

In addition to the rank of the locations as a result of the 2012 prioritisation exercise, the mechanism and timescale for delivery of primary care infrastructure is dependent on a number of factors, including GP participation. All potential primary care centres are subject to suitable locations being offered/provided/available and to successful planning processes. Also, the



operational lease mechanism is subject to market pressures such as the developers' access to adequate financing.

Considerable progress has been achieved to date. Between March 2011 and December 2013, 34 primary care centres have opened and infrastructure development is underway or at advanced planning stage at a further 48 locations where delivery is expected over the period 2014 to 2016/early 2017. Included in the 48 locations are 16 locations being progressed under PPP. It is expected that that 10-14 sites (indicative number 12 based on affordability) will be delivered as part of a single PPP contract. The remaining centres will be delivered by the HSE using either own-build or the operational lease.

As with all capital projects this programme must be considered within the overall capital envelope available to the health service. There will always be more projects than can be funded by the Exchequer. There is limited funding available for new projects over the period 2014-2018 given the level of commitments and the costs to completion already in place. The HSE is concentrating on applying the limited funding available for capital works in the most effective way possible to meet health care need now and in the future.

#### **Chronic Disease Management**

During 2013, the HSE continued the development of chronic disease management programmes with the aim of improving patient access and managing patient care in an integrated manner across service settings, resulting in best health outcomes, enhanced clinical decision making and the most effective use of resources.

The HSE's National Service Plan and Operational Plan for 2014 will see a continued focus on the Asthma, Diabetes and COPD programmes which are particularly relevant to primary care.

#### **National Integrated Care Diabetes Programme**

In 2013, the Government approved funding for the appointment of 17 Integrated Care Diabetes Nurse Specialists (one per HSE Integrated Service Area) to support the phased roll out of the Integrated Care Diabetes Programme. At the end of December 2013, 11 of the 17 Nurse Specialists had taken up their posts, 5 posts were in the final stages of processing and 1 post was yet to be filled – supplementary recruitment process in progress.

#### **Chief Dental Officer**

The Chief Dental Officer post at the Department of Health was filled on a part-time basis in May 2013. There are a number of important issues relating to oral health services which highlight the need for the Department to have access to the skills, experience and expertise of a dental professional.

#### **IPHA/APMI Agreements**

In October 2012, the Department and the HSE concluded deals and discussions with the Irish Pharmaceutical Healthcare Association (IPHA) and the Association of Pharmaceutical Manufacturers in Ireland (APMI) on drug

costs and generic drugs. It is estimated that the combined gross savings from the IPHA and APMI deals will be in excess of €120 million in 2013.

### Legislation

#### Health (Pricing and Supply of Medical Goods) Act 2013

The Health (Pricing and Supply of Medical Goods) Act 2013 was commenced on 24 June 2013. The legislation provides a statutory basis for the establishment of a Reimbursement List under the GMS and community drug schemes and for the introduction of [generic substitution and reference pricing](#).

Under the legislation the Irish Medicines Board (IMB, now the [Health Products Regulation Authority](#), HPRA) is responsible for establishing and maintaining a List of Interchangeable Medicinal Products while the HSE is responsible for setting reference prices for groups of interchangeable medicinal products. On commencement of the Act, the Department of Health asked the IMB to prioritise the assessment of medicinal products which will yield the greatest savings for the State and patients. Initially, 20 medicines were identified for assessment. The first List of Interchangeable Medicinal Products, containing groups of atorvastatin products, was published by the IMB on 7 August 2013. The IMB is continuing the process of assessing the remaining active substances in accordance with the provisions of the Act. A further list of 20 active substances will then be identified and these will be assessed for interchangeability by the IMB in accordance with the provisions of the legislation.

The first reference price for atorvastatin products was implemented by the HSE on 1 November 2013 resulting in price reductions of 70% below May 2013 prices. The HSE will continue to set reference prices for the remaining groups of interchangeable medicinal products published by the IMB in accordance with the provisions of the Act.

#### Medicines, Controlled Drugs and Pharmacy Legislation Unit

The Medicines, Controlled Drugs and Pharmacy legislation Unit had a lead role in progressing the negotiations at EU Council during Ireland's EU Presidency on the proposal for a regulation on Clinical trials on medicinal products for human use and the proposals on medical devices and *in-vitro* medical devices. The unit also supported negotiations on two amending regulations relating to precursor chemicals at the Customs Union Group.

In 2013 two significant pieces of EU legislation, the Falsified Medicines Directive (2011/62/EU and Regulation (EC) 1223 /2009 on cosmetic products were transposed into Irish law.

The Department hosted a Symposium for Senior Pharmaceutical Policy-Makers in August 2013. The theme of the Symposium was "Achieving Responsible Use of Medicines – Real Patients, Real Policy, What Really Works?" which built on proceedings from the Health Ministers' Summit "The benefits of responsible use of medicines" held in Amsterdam in October 2012. Over 80 delegates attended the Symposium, representing the World Health Organization (WHO), the European Directorate for the Quality of Medicines &

HealthCare, Council of Europe (EDQM), as well as delegates from 25 countries worldwide.

## 3.5 Programme 5 – Acute Hospitals

### Unscheduled care / Inpatient and Day Case / Outpatient hospital activity

Close liaison with the Special Delivery Unit (SDU) was a feature of the work of the Division over the course of 2013. The SDU moved from the Department to the HSE with effect from 1 January 2013.

### Emergency Department Services Position

Between 2012 and 2013, a 14% reduction was achieved in the number of Emergency Department (ED) patients waiting for ward bed accommodation. When compared to the baseline year of 2011, there has been a 34% reduction in 2013.

### Adult Inpatient / Day Case Waiting List – target 8 months:

The total number of adults waiting more than eight months for an inpatient or day-case procedure at 31 December 2013 was 68.

### Children's Waiting List – target 20 weeks:

At the end of December 2013, the number of children waiting more than 3 months for inpatient or day-case surgery was 347. Work is ongoing, particularly in respect of paediatric cardiology, orthopaedics and ENT, to ensure further reduction.

### GI Endoscopes Waiting List – target 13 weeks:

Over 99% of patients waited less than 13 weeks for routine endoscopy procedures in 2013.

### Out-Patient Services – target 12 months:

The number of patients waiting over 12 months for an outpatient appointment reduced by 95% to 4,626 at the end of December 2013, with a 25% overall reduction in outpatient waiting list numbers.

### North South

#### Congenital Cardiac Surgery and Associated Cardiology Services:

An independent expert assessment of current and future needs for cardiology and cardiac surgery for congenital heart disease in the Republic of Ireland and Northern Ireland was agreed and announced in December 2013, with the Expert Group being jointly appointed by Minister Reilly and Minister Poots of the DHSSPS.

#### North West Cardiology Services

An options appraisal report was produced for the Board of the West/Northwest Hospital Group and the HSE West region on the provision of cardiology services in the North West. The recommendations of the report, including *inter alia* the setting up of a joint North South Department for Cardiology Services, were accepted by the Hospital Group Board and are

currently under consideration in the context of resourcing their implementation.

#### **Hospital Groups and Smaller Hospital Frameworks reports**

Acute Hospitals Policy Division oversaw the publication of the reports on [“The Establishment of Hospital Groups as a transition to Independent Hospital Trusts”](#) and [“Securing the Future of Smaller Hospitals: A Framework for Development”](#) on 14 May 2013. Chairs were appointed to all Hospital Groups, Group CEO and management team recruitment sanction obtained and the recruitment process commenced for Group CEOs. A Strategic Advisory Group on Hospital Groups was established and members were appointed.

#### **New children’s hospital**

A strong focus was maintained on monitoring of and support for the new children’s hospital capital project. Proposals on revised governance arrangements for this project were agreed.

The Chairperson and Board members were appointed to the National Paediatric Hospital Development Board (NPHDB) on 31 July 2013 and a Project Director was selected in November 2013.

The Children’s Hospital Group Board was established, with Chair and Board members appointed on 31 July 2013; the Group CEO was appointed in October 2013. A revised clinical model for satellite centre configuration was developed and a location analysis undertaken.

#### **Ambulance Service**

An interdepartmental working group was formed in December to make recommendations on the establishment of a permanent Emergency Aeromedical Support Service in response to a recommendation in the report on the review of the pilot service.

A 24/7 neonatal critical retrieval transport service was commenced.

The Department facilitated an agreement between the National Organ Donation and Transplantation Office and the National Ambulance Service, regarding the transport of adult transplant patients.

#### **Cancer Policy**

The Department continued to work with authorities in Northern Ireland to progress the development of a new Radiation Oncology Unit at Altnagelvin Hospital, Derry. Agreement was reached in 2013 between the Department of Health and the HSE, and the Department of Health, Social Services and Public Safety and its agencies in Northern Ireland on the contribution of the Republic of Ireland to the revenue costs for the unit.

The Department continued its strong working relationship with the National Cancer Control Programme (NCCP) on a range of policy issues, including the implementation of Phase 2 of the National Plan for Radiation Oncology.

Work continued on the rollout of the national colorectal screening programme (BowelScreen) in 2013. The programme is being introduced on a phased basis to men and women between the ages of 60-69 years.

#### Organ donation and transplantation

A record number of transplants (294) took place in 2013. Work on the introduction of an opt-out system of organ donation continued in 2013, including a public consultation from June to September followed by a Consultation Event in Dublin Castle in November. The work of the HSE National Organ Donation & Transplantation Office (NODTO) continues to be strongly supported by the Department, with additional staff appointed to the office in 2013.

## 3.6 Programme 6 – Specialised Care Services

#### Disability Services

##### Value for Money and Policy Review of Disability Services

The [VFM Review](#) is a multi-year reform programme which will result in very significant changes to the way in which services and supports for people with disabilities are delivered. Good progress was made on a number of vital areas during 2013 on implementing the recommendations in the Review, beginning with the publication of a [National Implementation Framework for the Review in February 2013](#). A Steering Group was established to oversee the VFM implementation programme and the HSE filled the key positions of Director of Social Care and Director of Operations.

Work commenced on many of the infrastructural aspects of the VFM programme, with substantial input from the [National Disability Authority](#) (NDA). Areas progressed during 2013 include work on the development of draft day standards; an outcome measurement framework and a commissioning framework, together with a project to identify a standard needs assessment tool and associated resource allocation methodology. A range of demonstration projects were initiated around the country as proof of concept (these will feed into the policy appraisal process which was mandated by the VFM Review as an essential project milestone). Separate implementation groups worked within the overarching VFM Implementation Framework on two major projects to reconfigure adult day services and congregated (residential) settings. The HSE maintained a focus on cost containment measures during 2013 and this will continue in 2014.

##### National Disability Strategy Implementation Plan

The Department of Health completed the health aspects of the [National Disability Strategy Implementation Plan](#) (NDSIP) in conjunction with Disability Stakeholders Group (DSG) on the National Disability Strategy. The plan was prepared and agreed by the NDSIG and submitted to Government on 23<sup>rd</sup> July 2013 under the lead of the Department of Justice and Equality.

The publication of the Plan, a commitment in the Programme for Government, is a significant step forward in ensuring progress is achieved in implementing the National Disability Strategy over the next three years.

#### Cross Departmental work under National Housing Strategy for People with a Disability 2011-2016

The Housing Strategy forms part of a coherent framework, in conjunction with the Government's mental health policy, [A Vision for Change](#) and the [Report of the HSE Working Group on Congregated Settings](#), to support people with disabilities to live in communities with maximum independence and choice. As part of this process €1m was transferred from the Health Vote to the Housing Vote in 2013 to provide for the ring-fenced social housing costs of up to 150 people leaving disability or mental health institutions in 2013.

Cross departmental objectives on housing for people leaving institutions was advanced through the Department's participation on the Housing Strategy for People with a Disability Implementation Monitoring Group and the housing sub group.

#### Commencement of a scheme of registration and inspection of residential services for people with disabilities

A significant new era in the protection of people with disabilities came into effect on 1 November, 2013 with the commencement of a [scheme of registration and inspection of residential services for people with disabilities](#). New regulations were published which marked the fulfilment of the Programme for Government commitment to place standards for residential services for people with disabilities on a statutory footing. The [Health Information and Quality Authority](#) (HIQA) are for the first time now able to set and monitor standards for designated centres which include residential services provided to persons with disabilities. HIQA are also now empowered to undertake investigations as to the safety, quality and standards of these residential services.

The [National Standards for Residential Services for Children and Adults](#) were formally launched on 14th May, 2013. The standards outline what is expected of a provider of services and what a person with a disability, his or her family, and the public can expect to receive from residential care services. They also seek to ensure that vulnerable people with disabilities in residential services are safeguarded and protected and their quality of life is enhanced.

#### Children, Adolescents and Young People with Complex Disabilities Unit

The Children, Adolescents and Young People with Complex Disabilities Unit continued to work closely with the HSE, the [Department of Education and Skills](#) and the [Department of Children and Youth Affairs](#) to foster greater cross-sectoral collaboration on children's disability issues building on the working arrangements that are in place.

The Unit in conjunction with the HSE supported the Department of Children and Youth Affairs, and the CEO designate and his team in the preparatory work involved in the establishment of the Child and Family Agency.

### Services and supports for school leavers with disabilities

Additional funding of €4m was allocated in the HSE's National Service Plan for 2013 to provide services and supports for young people with disabilities leaving school who had continuing support needs. The number of young people transitioning from school to HSE-funded life skills training or day services showed a marked rise over the previous year, increasing from 695 students in 2012 to 850 in 2013. The provision of services and supports to these young people was extremely challenging and was achieved within available resources through the significant efforts of the HSE working in cooperation with service providers, young people and their families throughout the country.

### Mobility Allowance and Motorised Transport Grant

On foot of findings by the Ombudsman that both schemes were illegal in the context of the Equal Status Acts, they were closed to new applicants on the 26th of February 2013. A Review Group on Transport Supports for People with Disabilities and an Inter-Departmental Group tasked by Government to consider details of a statutory replacement for the schemes both reported to Government in 2013. In November, the Government decided that the detailed preparatory work required for a new travel subsidy scheme and associated statutory provisions should be progressed as a priority. Payments continued to be made by the Health Service Executive to current recipients of the Mobility Allowance pending decisions on the new statutory scheme.

## Mental Health Services

### Funding

Following on from the special allocation of €35 million and 414 posts approved for mental health in 2012, a further €35 million and 477 additional posts were provided in 2013 for the continued development of our mental health services. Budgetary pressures within the HSE had delayed the full utilisation of the €35 million allocated in 2012 but this sum was available again in 2013, together with a further additional €35 million which was provided in Budget 2013 for the continued development of mental health services across a range of headings. These included the further development of forensic services and community mental health teams for adults, children, older persons and mental health intellectual disability.

The recruitment of the additional posts approved in 2012 and the new posts approved in 2013 continued during 2013. At end 2013, 94% of the posts approved in 2012 and 42% of the 2013 posts were filled.

### Suicide Prevention

Some of the special funding provided for mental health was used to advance activities in the area of suicide prevention. Funding for the [National Office for Suicide Prevention](#) (NOSP) has increased incrementally from €4.1 million in 2011 to €8.1 million in 2013. This increase in funding was focused on resourcing front line services for persons who are in emotional distress, who have engaged in self harm or who have been bereaved through suicide.



During 2013, the Department of Health and the HSE, through the NOSP, began the process of developing a new strategic framework for suicide prevention for the period 2015 - 2018, building on the comprehensive work delivered under the current *Reach Out* strategy, which is due to come to the end of its 10 year term at the end of 2014. The aim of the new framework will be to support population health approaches and interventions that will assist in reducing the loss of life through suicide, while aiming for improved coordination and integration of services and responses in this area.

#### Child and Adolescent Mental Health Services (CAMHS)

Of the 230 new posts approved to CAMHS in 2012 and 2013, 156 or 68% had been filled by end-2013.

In terms of in-patient child and adolescent services, A Vision for Change recommends the provision of 80 child and adolescent psychiatric in-patient beds. There are currently 56 child and adolescent beds nationally - 16 in Dublin, 20 in Cork and 20 in Galway. It is envisaged that the provision of improved community based services, coupled with an increase in bed capacity, will put an end to the practice of placing children and adolescents in adult psychiatric facilities. The increase in bed capacity is reflected in an almost 60% decrease in admissions of children to adult units since 2008 – from 247 to 106 in 2012. Further in-patient capacity will be available with the completion of the CAMHS Forensic Unit as part of developing the National Forensic Mental Health Service, and the National Children's Hospital.

#### Redevelopment of Central Mental Hospital

Replacing the Central Mental Hospital (CMH) with an appropriate modern facility is one of the priority health projects set out in the Infrastructure & Capital Investment 2012-2016: Medium Term Exchequer Framework. The Minister for Health announced in November 2011 that the CMH would be located at St Ita's Hospital, Portrane, Co. Dublin. This project was at design stage at the end of December 2013 to include replacement of the CMH, and also development of associated new facilities. Four regional Intensive Care Rehabilitation Units (ICRUs) are also planned.

#### Review of the Mental Health Act 2001

The Mental Health Act 2001 is a key piece of legislation regarding the rights of people involuntarily detained and treated in approved centres within our mental health system. The review of the Act will provide revised and more modern health legislation in this country, in line with the Programme for Government commitment. The review will introduce a rights based approach to mental health legislation which will prioritise the needs of the person using our services in the first instance.

The review is a two phased approach, the first phase of which saw a Steering Group produce an Interim Report in June 2012. A copy of the report can be found on the Departments website [www.health.gov.ie](http://www.health.gov.ie). The recommendations of the Interim Review were well received by key stakeholders. An Expert Group was set up in August 2012 to carry out the second and substantive



phase of the review. In 2013, the Expert Group met on a total of 6 occasions and is now expected to produce its final report by the end of September 2014.

### **Services for Older People**

#### **Review of the Nursing Homes Support Scheme**

External input on certain elements of the review of the Nursing Homes Support Scheme was procured and Deloitte and Touche Consultants Ltd. were appointed in this capacity in November 2013. It is expected that the Review will be completed by autumn 2014 and the Report will then be made publicly available.

#### **National Positive Ageing Strategy**

The [National Positive Ageing Strategy](#) was published in April 2013. It provides a framework for cooperation to address age-related policy and service delivery across Government and society in the years ahead. The development of this Strategy is a commitment in the Programme for Government 2011-2016 and is intended to promote older people's health and wellbeing so that they can continue to contribute to social, economic, cultural and family life in their own communities for as long as possible. An Implementation arrangements for the Strategy are now under consideration.

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

The [first Annual Report on implementation of the National Carers' Strategy](#) (July 2012) was published for the period September 2012 – September 2013.

#### **National Dementia Strategy**

Work on the National Alzheimer's and other Dementias Strategy was progressed in 2013.

Further work undertaken on behalf of older people included:

- Revision of Care and Welfare of Residents in Designated Centres for Older People Regulations
- Planning, in conjunction with HSE, for future long-stay residential services
- Preliminary work on regulation of home support services

## 4 Appendices

### Appendix 1: Parliamentary Functions

Parliamentary Questions Responded to	7,250
Adjournments/Topical Debates	176
Ministerial Representations Received	6,625
Freedom of Information Requests Received	240
Press Releases Issued	140
Press Conferences	18

### Appendix 2: Prompt Payments January to December 2013

#### Prompt Payments Jan – Dec 2013

Details	Number	Value (€)	Percentage (%) of <u>total number</u> of payments made
Number of payments made within 15 days	2,372	4,964,208	95.38
Number of payments made within 16 days to 30 days	111	465,046	4.46
Number of payments made in excess of 30 days	2*	4,062	0.08
Total payments made in Quarter	2,487	5,433,316	

The total Prompt Payment Interest paid by the Department in 2012 was €81.82

\*Two additional invoices were originally reported as being late in Q2 but they were under dispute and no interest was due.

## Appendix 3: Legislation Enacted in 2013

### Legislation Enacted in 2013

Health (Alteration of Criteria for Eligibility) Act 2013  
Health (Pricing and Supply of Medical Goods) Act 2013  
Public Health (Tobacco) (Amendment) Act 2013  
The Public Health (Tobacco) (Control of Sales Promotion) Regulations 2013  
HSE (Governance) Act 2013  
Health (Amendment) Act 2013  
Protection of Life During Pregnancy Act 2013  
Health (Alteration of Criteria for Eligibility) (No. 2) Act 2013  
Health Insurance (Amendment) Act 2013  
Health (Alteration of Criteria for Eligibility) Act, 2013 [No. 10 of 2013]

### Bills published by the Minister for Health in 2013

Public Health (Tobacco) (Amendment) Bill 2013  
Health (Alteration of Criteria for Eligibility) Bill 2013  
Health (Amendment) Bill 2013  
Protection of Life During Pregnancy Bill 2013  
Health (Alteration of Criteria for Eligibility) (No. 2) Bill 2013  
Health Insurance (Amendment) Bill 2013  
Health Identifiers Bill 2013  
Health Service Executive (Financial Matters) Bill 2013  
Public Health (Sunbeds) Bill 2013

## Statutory Instruments

<b><u>S.I. No.</u></b>	<b><u>Title</u></b>
22	<a href="#"><u>Medical Council (Election of Registered Medical Practitioners) Regulations 2013.</u></a>
23	<a href="#"><u>Health and Social Care Professionals (Amendment) Act 2012 (Commencement) Order 2013.</u></a>
45	<a href="#"><u>Health (Out-Patient Charges) Regulations 2013.</u></a>
59	<a href="#"><u>European Communities (Official Controls on the Import of Food of Non-Animal Origin) (Amendment) Regulations 2013.</u></a>
70	<a href="#"><u>Health Insurance Act 1994 (Risk Equalisation Scheme) Regulations 2013</u></a>
88	<a href="#"><u>Appointment of Special Adviser (Minister for Health) Order 2013.</u></a>
131	<a href="#"><u>Consultative Council on Hepatitis C (Establishment) Order 1996 (Amendment) Order 2013.</u></a>
133	<a href="#"><u>Health (Alteration of Criteria for Eligibility) Act 2013 (Certain Provisions) (Commencement) Order 2013.</u></a>
161	<a href="#"><u>European Communities (Cosmetic Products) (Amendment) Regulations 2013.</u></a>
162	<a href="#"><u>Medicinal Products (Control of Placing on the Market) (Amendment) Regulations 2013.</u></a>
163	<a href="#"><u>Medicinal Products (Control of Manufacture) (Amendment) Regulations 2013.</u></a>
164	<a href="#"><u>Medicinal Products (Control of Wholesale Distribution) (Amendment) Regulations 2013.</u></a>
165	<a href="#"><u>Irish Medicines Board (Fees) (Amendment) Regulations 2013.</u></a>
168	<a href="#"><u>European Communities (Cosmetic Products) (Amendment) (No. 2) Regulations 2013.</u></a>
176	<a href="#"><u>European Union (Special Conditions governing the import of certain foods from certain third countries due to contamination risk) Regulations 2013</u></a>
177	<a href="#"><u>European Union (Special Conditions Governing the Import of certain Foodstuffs from certain Third Countries due to Contamination risk by Aflatoxins) (Amendment) Regulations 2013</u></a>

178	<a href="#">EC (Off Cont on imp of foods of non animal origin) (Amendment) (No.2) Regs 2013</a>
202	<a href="#">Health (Pricing and Supply of Medical Goods) Act 2013 (Commencement) Order 2013.</a>
253	<a href="#">Appointment of Special adviser (Minister of State Department of Health) Order 2013</a>
266	<a href="#">European Communities (Official Controls on the Import of Food of Non-Animal Origin) (Amendment) (No 3) Regulations 2013.</a>
267	<a href="#">Food Hygiene (Revocation of Various Orders) Order 2013</a>
268	<a href="#">European Union (Genetically Modified Foodstuffs) Regulations 2013</a>
274	<a href="#">The Health Professionals (Reduction of Payments to Ophthalmologists, Optometrists and Dispensing Opticians) Regulations 2013</a>
275	<a href="#">Health Service Executive (Governance) Act 2013 (Commencement) Order 2013</a>
276	<a href="#">Health Professionals (Reduction of Payments to Consultant Psychiatrists) Regs. 2013</a>
277	<a href="#">Health Professionals (Reduction of Payments to General Practitioners) Regulations 2013</a>
278	<a href="#">Health Professionals (Reduction of Payments to GPs)(Nat Immunisation Programmes) Regs 2013</a>
279	<a href="#">Health Professionals (Reduction of payments to Community Pharmacy Contractors) Regulations 2013</a>
301	<a href="#">EU Microbiological Criteria for Foodstuffs) (Amendment) Regulations 2013</a>
366	<a href="#">Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013</a>
367	<a href="#">The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults)</a>
377	<a href="#">European Union (Recognition of Professional Qualifications Relating to the Profession of Pharmacist Regulations 2013</a>
380	<a href="#">European Communities (Certain Contaminants in Foodstuffs) (Amendment) Regulations 2013</a>
381	<a href="#">European Communities (Labelling, Presentation and Advertising of Foodstuffs) (Amendment) Regulations 2013.</a>

382	<a href="#"><u>European Communities (Dietary Foods for Special Medical Purposes) (Amendment) Regulations 2013.</u></a>
383	<a href="#"><u>EC (General Food Law) Amendment Regulations 2013</u></a>
384	<a href="#"><u>EC (Infant Formulae and Follow-on Formulae) (Amendment) Regs 2013</u></a>
385	<a href="#"><u>HSCP Act 2005 Commencement Order 2013</u></a>
386	<a href="#"><u>Physiotherapists Registration Board (Establishment) Order 2013</u></a>
405	<a href="#"><u>National Treasury Management Agency (Delegation of Claims Management Functions) (Amendment) Order 2013.</u></a>
415	<a href="#"><u>Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013</u></a>
425	<a href="#"><u>Appointment of Special Adviser (Minister for Health) (No. 2) Order 2013.</u></a>
423	<a href="#"><u>European Communities (Official Controls on the Import of Food of Non-Animal Origin) (Amendment) (No. 4) Regulations 2013.</u></a>
434	<a href="#"><u>European Union (Protection of animals used for Scientific Purposes)(Amendment) Regulations 2013</u></a>
437	<a href="#"><u>Health Services (Prescription Charges ) Regulations 2013</u></a>
440	<a href="#"><u>European Union (Cosmetic Products) Regulations 2013.</u></a>
453	<a href="#"><u>Irish Medicines Board (Miscellaneous Provisions) Act 2006 (Certain Provisions) (Commencement) Order 2013</u></a>
493	<a href="#"><u>Health Act 2007 (Registration of Designated Centres for Older People) (Amendment) Regulations 2013.</u></a>
501	<a href="#"><u>Irish Medicines Board (Fees) Regulations 2013</u></a>
522	<a href="#"><u>Health Insurance Act 1994 (Information Returns)(Amendment) Regulations 2013</u></a>
523	<a href="#"><u>VHI (Amendment) Act 2008 (Appointment of date pursuant to subsection (5)(b) of s2 of VHI (Amendment) Act 1996) Order 2013</u></a>
529	<a href="#"><u>Public Health (Tobacco) (Amendment) Act 2013 (Commencement) Order 2013.</u></a>

530	<a href="#">Public Health (Tobacco) (Control of Sales Promotion) Regulations 2013.</a>
537	<a href="#">Protection of Life During Pregnancy Act 2013 (Commencement) Order 2013.</a>
538	<a href="#">Protection of Life During Pregnancy Act 2013 (Certification) Regulations 2013.</a>
539	<a href="#">Protection of Life During Pregnancy Act 2013 (Commencement) Order 2013.</a>
546	<a href="#">Protection of Life During Pregnancy Act 2013 (Section 20) (Notifications) Regulations 2013.</a>
569	<a href="#">Health (Amendment) Act 2013 (Section 18) (Commencement) Order 2013.</a>

## Appendix 4: Publications in 2013

1. [eHealth Strategy for Ireland](#)
2. [Value for Money and Policy Review of Disability Services in Ireland – National Implementation Framework](#)
3. [Tobacco free Ireland](#)
4. [The Establishment of Hospital Groups as a transition to Independent Hospital Trusts](#)
5. [The Efficacy of Minimum Unit Pricing, Fiscal and other Pricing Public Policies for Alcohol](#)
6. [Suboxone Feasibility Study](#)
7. [Strategic Review of Medical Training and Career Structure Interim Report](#)
8. [Review of Roles & Responsibilities of the Food Safety Promotion Board \(FSPB/SafeFood\)](#)
9. [Review of Measures to Reduce Costs in the Private Health Insurance Market 2013](#)
10. [Report to the Minister for Health from the Health Insurance Authority \(Redacted\) on an evaluation and analysis of returns for 1 July 2012 to 30 June 2013 including advice on risk equalisation credits](#)
11. [Report on the baseline measurement of the administrative burden from the Department of Health](#)
12. [Report of the Pandemic Review Group](#)
13. [Report for Minister Reilly on Beechpark Autism Services & related Service Issues for children with ASD in Dublin North](#)
14. [Public Service Agreement 2010-2014 \(Croke Park Agreement\) – Third Annual Progress and Savings Report for the Department and its Agencies](#)
15. [Proposed Sugar Sweetened Drinks Tax: Health Impact Assessment \(HIA\)](#)
16. [Prevention and Control Methicillin-Resistant Staphylococcus aureus \(MRSA\) National Clinical Guideline No. 2](#)
17. [National Strategy on Dementia Summary of Consultation Process](#)
18. [National Positive Ageing Strategy](#)
19. [Healthy Ireland – A Framework for Improved Health and Wellbeing 2013 – 2025](#)
20. [Health In Ireland: Key Trends 2013](#)
21. [HIA Report to the Minister for Health on an evaluation and analysis of returns for 1 July 2011 to 30 June 2012 including advice](#)
22. [Drug use in Ireland and Northern Ireland 2010/11 Drug Prevalence Survey: Cannabis Results Bulletin 3](#)



23. [National Drugs Strategy 2009-16: Implementation of Actions Progress Report End 2012](#)
24. [Regulatory Impact Analysis \(RIA\) Public Health \(Sunbeds\) Bill 2013](#)
25. [The Path to Universal Healthcare – Preliminary Paper on Universal Health Insurance](#)
26. [Money Follows the Patient – Policy Paper on Hospital Financing](#)
27. [National Carers' Strategy Annual Report 2013](#)

## Appendix 5: Overview of Energy Usage in 2013

### ANNUAL ENERGY EFFICIENCY REPORTING

#### Overview of Energy Usage in 2013

The energy consumption figures for the Department are for 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 2013 are:

Location	Electricity (MWh)	Gas (MWh)	Renewable Fuels (MWh)	Total (MWh)	% Baseline Year Comparison (2007)
Hawkins House	1,057	1,732	0	2,789	+7.59%

The baseline year of 2007 is the first year the Department participated in the OPW “Optimising Power at Work” scheme.

The increase of 7.59% was mostly due to the extreme cold of spring 2013 (the coldest spring across the country in sixty years). It is expected that Hawkins House will perform well in 2014 due to new controls and boilers installed on site.

It is also worth noting that electricity consumption onsite in 2013, decreased by 7.29%, producing a saving of 83,147kWh and €12,888.

#### Actions Undertaken in 2013

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

- Insulation works in plant room
- Insulation of all annex’s underside on the ground floor of Hawkins House

## **Appendix 6: State Agencies under the aegis of the Minister for Health**

### Non Commercial State Agencies

[Nursing and Midwifery Board of Ireland](#)

[Dental Council](#)

[Food Safety Authority of Ireland](#)

[Food Safety Promotions Board - SafeFood](#)

[Health and Social Care Professionals Council \(CORU\)](#)

[Health Information and Quality Authority](#)

[Health Insurance Authority](#)

[Health Research Board](#)

[Irish Blood Transfusion Service](#)

[Irish Medicines Board](#)

[Medical Council](#)

[Mental Health Commission](#)

[National Cancer Registry Board](#)

[National Paediatric Hospital Development Board](#)

[National Treatment Purchase Fund](#)

[Opticians Board](#)

[Pharmaceutical Society of Ireland](#)

[Pre-Hospital Emergency Care Council](#)

### Commercial State Agencies

[Voluntary Health Insurance](#)

## Appendix 7: Organisation of the Department

At 31 December 2013, the Department of Health employed a total of 347 full-time equivalents staff.

The senior management team is the Management Advisory Committee (MAC). This comprises the Deputy Secretary General, six Assistant Secretaries, the Chief Medical Officer and the Chief Nursing Officer and is headed by Dr Ambrose McLoughlin, Secretary General. Their responsibilities are as follows:

MAC Member	Function	Head of Unit
<b>Dr Fergal Lynch</b> Deputy General Secretary	Private Health Insurance	Vacancy
	Universal Health Insurance	Laura McGarrigle/Eugene Lennon
	Structures and Money Follows the Patient	David Smith
<b>Bairbre Nic Aongusa</b> Assistant Secretary	Finance 1	Fiona Prendergast
	Finance (Panning and Evaluation)	John Keegan
	Internal/External IT	Kevin Conlon
	EU/International & Research Policy	Audrey Hagerty
	Information	Hugh Magee
<b>Bernard Carey</b> Assistant Secretary	Human Resources & Corporate Development	Luke Mulligan
	Corporate Legislation	Bernie Ryan
	Press, Communications & Parliamentary Affairs	Seamus Hempenstall
	Legal	Angela O'Floinn

MAC Member	Function	Head of Division
<b>Paul Barron</b> Assistant Secretary	Primary Care	Teresa Cody
	Drugs Programme & Policy	Susan Scally
	Eligibility	Matthew Collins
	Medicines, Controlled Drugs & Pharmacy Unit	Vacancy
<b>Geraldine Fitzpatrick</b> Assistant Secretary	Disabilities 1	Grainne Duffy
	Disabilities 2	Kieran Smyth
	Services for Older People	Barry Murphy
	Long Stay Charges	Chris Costello
	Mental Health	Colm Desmond
<b>Dr Tony Holohan</b> Chief Medical Officer	Tobacco/Alcohol	Geraldine Luddy
	Health Protection	Dr Collette Bonner
	Food Safety & Environmental Health	Greg Canning
	Health Promotion	Dr John Devlin
	Patient Safety & Quality	Dr Eibhlin Connolly
	Clinical Effectiveness	Dr Kathleen MacLellan
	Performance Information & Outcome Management	Dr Deirdre Mulholland
	Health & Wellbeing	Kate O'Flaherty
	Bioethics/Reproductive Health/	Dr Siobhan O'Sullivan

MAC Member	Function	Head of Division
<b>Frances Spillane</b> Assistant Secretary	National HR  Professional Regulation Unit  Workforce Planning, Agency Governance & Clinical Indemnity Unit	Fergal Goodman  Deirdre Walsh  Mary Jackson
<b>Tracey Conroy</b> Assistant Secretary	Acute Hospitals Policy 1 – Operations & North/South Cooperation  Acute Hospitals Policy 2 – Governance & Reform  Acute Hospitals Policy 3 – Service Reconfiguration  Cancer, Blood & Organs Policy	Charlie Hardy  Fionnuala Duffy  Joan Regan  Michael Conroy
<b>Dr Siobhan O'Halloran</b> Chief Nursing Officer	Nursing Policy & Reform Programme Management	Larry O'Reilly