Primary Care Division

Operational Plan 2015

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Primary Care Priorities

Primary Care

- Improve access to primary care services and reduce waiting lists and waiting times.
- Implement models of care for chronic illness management.
- Implement service integration measures to reduce the reliance on acute hospitals and reduce the number of delayed discharges.
- Extend the coverage of community intervention teams and improve access to diagnostics in primary care
- Enhance oral health services including orthodontic services.
- Roll out the community oncology programme.

Social Inclusion

- Improve health outcomes for people with addictions.
- Contribute to reductions in levels of homelessness.
- Enhance the provision of primary care services to vulnerable and disadvantaged groups.

Primary Care Reimbursement Service

- Extend access to GP care, without fees, to children under 6 years and adults over 70 years.
- Develop further the medicine management programme.
- Introduce service improvements in relation to medical card eligibility assessment, medical card provision and reimbursement.

System Wide Priorities

- Improve quality and patient safety with a focus on:
  - Service user experience.
  - Development of a culture of learning and improvement.
  - Patients, service users and staff engagement.
  - Medication management and reduction of healthcare associated infections.
  - Serious incidents, reportable events, complaints and compliments.
- Implement Quality Patient Safety and Enablement Programme.
- Implement the Open Disclosure policy.
- Implement a system wide approach to managing delayed discharges.
- Continue to implement the Clinical Programmes.
- Develop and progress integrated care programmes.
- Implement *Healthy Ireland.*
- Implement *Children First.*
- Implement *Individual Health Identifier*.
- Deliver the system wide Reform Programme.

Contents

Introduction

The Primary Care Service Plan for 2015 sets out the type and volume of services which will be provided across the Primary Care Division within the funding allocated and taking into consideration:

- Quality improvement and patient safety.
- Overall reform of the health services.
- The Quantum of services to be provided.

Following the establishment of the Health Service Executive Directorate and Divisions over 12 months ago, the Primary Care Division is continuing to change and reform in accordance with *Future Health: A Strategic Framework for the Reform of the Health Service*. Service improvement and ensuring that quality and patient safety is at the heart of primary care health service delivery is central to health service reform. This emphasis seeks to ensure that people's experience of the health service is not only safe and of high quality, but also caring and compassionate.

Having reflected on the lessons learned from recent reports and investigations, the Primary Care Division is committed to fostering a culture of continuous learning and improvement, where patients' needs come first and where the value of patient centred care is communicated and understood at all levels. Fostering such a culture requires that patients and service users are put before other considerations, high standards are observed, non-compliance is not tolerated and all staff commit to full personal engagement to achieve this objective.

The delivery of better quality care also requires the most effective clinical care pathways which are integrated across acute, primary care, community and residential care settings. This is necessary to ensure that patients and service users are supported at all stages of the care journey and in the setting that is most appropriate to their needs. To deliver on this, seven Hospital Groups have been established and nine Community Healthcare Organisations are being established. Delivery of the National Clinical Programmes will take place through these new structures. Work will continue in 2015 within the Primary Care Division to ensure that the recommendations of the *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group* (2014) are implemented and that the integrated clinical programmes are embedded as part of the primary care service delivery system.

Quality Improvement and Quality Assurance

Quality improvement and patient safety is everybody's business and will be embedded in all work practices across Primary Care Division services. This will continue to be a key focus for the Division in 2015 by:

- Setting clear targets and delivery objectives for patient safety and quality improvement.
- Having mechanisms in place to measure the patient's personal experience.
- Monitoring routine activity through key performance indicators.
- Enabling a framework for engaging with patients, service users and their advocates.
- Enabling and developing a culture of learning and improvement.
- Implementing the enhanced quality assurance framework.

The process of identifying, reporting and following up on Serious Reportable Events (SREs) has also been strengthened as part of the overall Quality and Patient Safety Enablement Programme.

Accountability Framework

The HSE recognises the critical importance of good governance and of continually enhancing its accountability arrangements. In this regard, and in the context of the establishment of the Hospital Groups and Community Healthcare Organisations, the HSE is strengthening its accountability arrangements and is putting in place a new **Accountability Framework.** This enhanced governance and accountability framework will be implemented by the Primary Care Division and will make explicit the responsibilities of all managers, including primary care managers, to deliver the targets set out in the National Service Plan and the Primary Care Division Operational Plan. The Accountability Framework describes in detail the means by which the HSE, and in particular Hospital Groups and Community Healthcare Organisations, will be held to account in 2015. A key feature of the Accountability Framework will be the introduction of formal **Performance Agreements.** These Agreements will be put in place at two levels. The first level will be the National Director Performance Agreement between the Director General and each National Director for services. The second level will be the Community Healthcare Organisation Chief Officer Performance Agreement, which will be with the relevant National Directors.

Another feature of the Accountability Framework will be explicit arrangements for escalating areas of underperformance and specifying the range of interventions to be taken in the event of serious or persistent underperformance; this will be reviewed as part of the monthly performance reviews.

The HSE also provides funding of more than €3 billion annually to the non-statutory sector to provide a range of health and personal social services which is governed by way of Service Arrangements and Grant Aid Agreements. A new **Service Arrangement and Grant Aid Agreement** will be put in place for 2015 and will be the principal accountability agreement between the Primary Care Division and relevant Section 38 and 39 funded Agencies.

Health Service Reform

2015 is an important year in the ongoing reform of the health services, with a particular focus on a) key infrastructural changes such as Community Healthcare Organisations; b) service improvements in areas such as integrated care and c) strategic enablers such as the individual health identifier. The following are some of the key reform programmes that the Primary Care Division will be engaging with and implementing:

- Establishing and developing **Community Healthcare Organisations**.
- Developing **Integrated Models of Care**. This will also involve the alignment of key enablers including ICT, HR and Finance.
- Developing and implementing ICT reform in line with the eHealth Strategy under the leadership of the Chief Information Officer.
- Implementing the *Individual Health Identifier programme.*
- Developing service-specific reform programmes within the Primary Care Division – The Division will progress five integrated system reform programmes in relation to:
  - Access and integration.
  - Quality and Patient Safety.
  - Enhancing value in Primary Care.
  - Developing service user engagement.
  - Implementing the PCRS Reform Programme.
  - Embed Health and Wellbeing goals and key performance indicators throughout all reform programmes.

  The Division will appoint a System Reform Lead to co-ordinate and drive the five Primary Care Division Reform Programmes working closely with the System Reform Group.

Community Healthcare Organisations

The publication in October 2014 of the *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group* (2014) provides a framework for new governance and organisational structures for community health care services. The report states that *'In 2014, more than half of the total health spend on operational services is in the community healthcare sector. This sector is significant and the reform of these structures will facilitate a move towards a more integrated health care system, improving services for the public by providing better and easier access to services, services that are close to where people live, more local decision making and services in which people can have confidence.'*

The new governance and organisation structures being put in place to enable integrated care involve actions to:

- Establish nine Community Healthcare Organisations.
- Develop 90 Primary Care Networks averaging 50,000 population, with each Community Healthcare Organisations having an average of 10 Networks to:
  - Support groups of Primary Care Teams.
  - Enable integration of services for a local population.
  - Support prevention and the management of chronic disease at community level.
- Reform social care, mental health and health and wellbeing services to better serve local communities by:
  - Standardising models and pathways of care while delivering equitable, high quality services.
  - Supporting primary care through the delivery of rapid access to secondary care in acute hospital and specialist services in the community.

An intensive communication and engagement process is underway including feedback to all those involved in the original consultation, together with other staff and partners in the wider health service.

A national Steering Group will oversee the implementation of the report's recommendations and a high level implementation plan is in development. The first step will be the appointment of Chief Officers who are expected to take up responsibility in January 2015. The Primary Care Division will actively engage with the implementation plans so that the recommendations of the report can be implemented at CHO/service level.

Integrated Approach to Delayed Discharges

In response to the growing challenge of providing services to an ageing population, and to address delayed discharges, an integrated care approach will be implemented across the continuum of care inclusive of home, community, hospital and residential services. In 2015, €25m is being provided to augment the response to these challenges across the country and particularly in the Dublin Area where the problem is most acute.The funding will be targeted at four areas with one being primary care Community Intervention Teams (CITs). €2m is being allocated to expand the primary care CIT service in Dublin, allowing for full coverage of this service across the city.

The specific targets to be achieved through this initiative will include an integrated care approach to meet the needs of frail elderly patients. The approach will be to maintain older people in their own homes and communities for as long as possible, by providing a range of supports to avoid hospital admission and, when admitted, to support the discharge of older people from acute hospitals.

Healthy Ireland

Healthy Ireland, a Framework for Improved Health and Wellbeing 2013-2025 sets out a population approach to addressing the challenges of an ageing population, together with the demands being placed on health services resulting from the increase in the incidence of chronic illness.

Chronic diseases such as cancer, cardiovascular disease, respiratory disease and diabetes are among the leading causes of mortality, accounting for 76% of deaths in Ireland. Managing ill health resulting from chronic conditions, including obesity and their risk factors, is expensive and is a major driver of healthcare costs. It is estimated that most of the major chronic diseases will increase by approximately 20% by 2020. Chronic diseases are generally preventable and their increase is attributable to behavioural factors that can be addressed and modified. Throughout 2015 one of the key objectives for the Primary Care Division will be to target and change behaviours which will decrease the burden of chronic disease and enable people to live healthier lives.

Clinical Strategy and Programmes

The Clinical Strategy and Programmes Division (CSPD) will provide the framework for the management and delivery of health services to ensure that patients and clients receive a continuum of preventive, diagnostic, care and support services, according to their needs and across different levels of the health system.

The models of care will incorporate cross service, multi-disciplinary care and support which will facilitate the delivery of high quality, evidence based care. The Integrated Care Programmes (ICPs) will be underpinned by management of the interfaces to reduce barriers to integration and allow for cohesive care provision. The CSPD has identified an initial five ICPs for implementation in 2015 as follows:

- Integrated Care Programme for Patient Flow.
- Integrated Care Programme for Children.
- Integrated Care Programme for Maternity Services.
- Integrated Care Programme for Older People.
- Integrated Care Programme for the prevention and management of Chronic Disease.

These ICPs will work with the existing clinical programmes and other key enablers such as Finance, HR and ICT to ensure that services are aligned and deliver seamless patient centred services.

Children First Implementation

The Health Service's responsibilities for the protection and welfare of children are outlined in *Children First: National Guidance for the Protection and Welfare of Children.* A *Children First* Implementation Plan was developed in 2014 which sets out the key actions required to maintain and enhance the delivery of services in line with *Children First.* High level actions include a review and re-issue of the HSE Child Protection and Welfare Policy, a training strategy to support staff in meeting their individual responsibilities to promote and protect the welfare of children, a communication plan to ensure staff are kept informed of developments in respect of Children First including the Children First Bill 2014 and a quality assurance framework. The plan applies to all HSE services and to all providers of services that receive funding from the HSE such as agencies that receive funding under section 38 and 39 service level agreements.

A national *Children First* Lead has been appointed and a HSE Children First Oversight Committee established, together with Children First implementation groups at Division and Area levels. In 2015 these Groups will communicate and activate the HSE Child Protection Policy, training strategy, communications strategy and quality assurance framework within their respective areas. Implementation of Children First will be led out by the Primary Care Division, with each National Director retaining responsibility for implementation and

compliance in their Division and service area. Progress reports on the implementation of the plan will be submitted to the Health Sector Children First Oversight Group during 2015.

Divisional Priorities

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PCRS

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Risks to the Delivery of the Operational Plan

In identifying potential risks to the delivery of the Primary Care Division Operational Plan, it is acknowledged that while every effort will be made to mitigate these risks, it will not be possible to eliminate them in full. Examples include:

- Continued demographic pressures over and above those already planned for in 2015, with particular emphasis on Community Demand Led Schemes and PCRS Schemes.
- The capacity to recruit and retain highly skilled and qualified clinical staff within the primary care setting.
- The extent of the requirement to reduce agency and overtime expenditure.
- The potential for pay cost growth which has not been funded e.g. pay increments.
- The achievement of €1.4m in procurement savings assigned to the Division.
- Financial risks associated with statutory and regulatory compliance e.g. compliance in relation to SLA targets.
- Maintaining control in the transition period during the introduction of the new CHO structures.

Conclusion

It is acknowledged that it will not be possible to expand or put in place additional new services, other than those specifically provided for in the Letter of Determination. This will be challenging in an ever increasing demand led service. The Primary Care Division will continue to work towards maximising the delivery of services within the resources available while at the same time ensuring that quality and patient safety remains at the core of the delivery system. This will be supported by the introduction of the 2015 Accountability Framework, which will ensure that all managers are accountable for delivering services against target and within the financial and human resources available.

John Hennessy, National Director, Primary Care Division,

December 2014.

Quality and Patient Safety

Introduction

A 'quality and safety' culture ensures that quality is seen as fundamental to every person working within primary care. Promoting and reinforcing this culture requires effective governance, clear accountability and robust leadership at all levels. In promoting this culture we simultaneously work towards the design and delivery of higher quality and safer services for patients and clients, and staff at all levels.

The provision of such services must be achieved within the resources available, which presents both opportunities and challenges across the Division. It is accepted that quality and patient safety is the responsibility of all primary care staff, from frontline to senior management level, and we will endeavour to support service providers as we prepare for the roll out of the standards and eventual licensing of healthcare provision.

Key priorities for the 2015 operational plan are as follows:

- **Support for the Implementation of the National Standards for Safer Better Health Care**

  The *National Standards for Safer Better Healthcare* (NSSBHC) 2012 will form the basis for future licensing within the primary care setting. In Quarter 4 2014, a Quality Assessment and Improvement tool (QA&I Tool) was developed for primary care providers to conduct self assessments against the National Standards. The Division will provide support to the CHOs throughout the self assessment process against the National Standards (Q1 2015). The tool will allow for the development of various reports and most importantly will be used to monitor progress against quality improvement plans.

- **Governance, Leadership and Management**

  The Primary Care Division will participate in quality and safety governance structures both nationally and locally. To achieve this objective the Division will provide support, guidance and training in the development of Quality and Safety Committees at National level and at CHO level (Standard 5.1, 5.2.).The Division will promote Quality and Safety within CHOs by providing tools, resources and training to promote safety within primary care. The tools required will be identified as part of the self assessment process against the National Standards in the first quarter of 2015.

- **Patient Centred Care**

  The patient charter, *You and Your Health Service* outlines the commitment to inform and empower service users to actively look after their own health. The voice of the patient and the voice of staff within primary care will be central to the work of the Division (Standard 1). The Division will work with the National Quality Improvement Division to support the:

  - Implementation of the Health Care Charter within primary care.
  - Development and implementation of a patient experience survey for use by primary care providers.
  - Engagement with patients through focus groups to establish the patients experience firsthand.
  - Engagement with front line primary care staff to establish their experience firsthand.
  - Implementation and training in open disclosure for primary care staff.

- **Safe and Effective Care**

The Division will support the work of the National Clinical Effectiveness Committee (NCEC) and the implementation of NCEC guidelines. Clinical guidelines are internationally recognised evidence based methods for defining healthcare interventions, improving the effectiveness of care and treatment and reducing variation in care delivery.

The Division will also play a key role in fostering and supporting quality initiatives within the primary care setting and will engage with key providers to identify areas of good practice and support quality improvement initiatives. Key priorities for 2015 include the:

- *Prevention and Control of Healthcare Associated Infections (PCHAI Standard 3.1)*
  - Establish an Implementation Group to support the phased roll out of the HSE Guideline for Infection Control in primary care, and implement the NCEC National Clinical Guidelines No. 2 (MRSA) and No. 3 (C difficile).
  - Appoint a National Primary Care Infection Control Nurse Specialist and a GP Lead for Infection Control.
  - Undertake a gap analysis of the governance and management arrangements in place to reduce the risk of PCHAI in the Division. This will involve conducting a review of governance arrangement and accountability for PCHAI within primary care and linkages with hospitals.
  - Undertake a gap analysis of health centres in the achievement of the HSE guideline on Infection Control.
  - Support the implementation of key elements of the HSE Guideline, such as the provision of adequate hand hygiene facilities in all primary care settings to include hi-sinks in all clinical areas with elbow taps, alcohol gel / liquid soap, paper towels and foot -operated bins.
  - Develop a communication plan to inform staff, users etc on issues relevant to infection control.
  - Develop a training plan and tools to include PPGs, hand hygiene and appropriate antibiotic use.
  - Oversee and support CHOs in carrying out self assessments against the PCHAI Standards.
  - Support the development of quality improvement plans.
  - Review surveillance information and trend analysis of PCHAI indicators.
  - Promote appropriate antibiotic use in primary care settings.
  - Develop monitoring and support systems within PCRS and support the development of GP IT Systems to support GPs with antibiotic prescribing.
  - Audit the implementation of microbial prescribing standards in oral health to ensure adequate compliance; 5% of prescriptions in DTSS scheme will be audited (cross reference PCRS).
- *Decontamination Management of Reusable Invasive Medical Devices (Standard 3.1)*
  - Update decontamination standards for local dental units and commence audit in HSE services.
  - Develop and implement standards for validating autoclaves in contracted and directly provided dental services.
- *Primary Care Medicines Management Programme*
  - Establish a revised Primary care Medicines Management Programme to review all aspects of medicines procurement, prescribing and usage to ensure that potential health outcomes from medicines are realised.
  - Develop an ICT tool to extract urinary resistance data directly from GP and HSE Long Term Care facilities so that accurate community resistance data can be gathered to inform appropriate antibiotic prescribing. Prescribers will be able to analyse practice level data and compare it to anonymised national data.

- Develop an International Normalised Ratio (INR) Demonstration Model in primary care to provide more accessible, better managed and more cost effective services to patients requiring anticoagulation services.

- *Supporting Clinical Audit*
  - The ability to provide assurance on the quality of primary care services will be strengthened by providing support for the development of targeted clinical audit tools to assist the conduct of clinical audits within primary care. This will be done in partnership with the Quality Improvement Division and key priority areas as identified during the self assessment process against the National Standards for Safer Better Health Care. Tools already developed by the NCEC will be utilised where applicable.

- *Policies, Procedures, Protocols or Guidelines (Standard 3.1)*

  Documented processes, be they in the form of policies, procedures, protocols or guidelines, are the basis for control assurance. The Division will contribute to and participate in a National Working Group to provide a standardised process for the development of *Policies, Procedures and Guidelines* aligned to best practice within primary care (Standard 3.1.).

- *The implementation of the Risk Management Process. (Standard 3.1.)*

  It is the policy of the HSE to operate an integrated process for the management of risk and the risk register is the key component to this process. The Primary Care Division will operate an active risk register, overseen by the Management team to ensure the timely and effective management of risks. The Division will oversee and seek assurance that Primary Care Risk Registers are in place in all primary care services within all CHOs, and that systems for the management or risk are consistent with HSE policy.

- *Enhance and Support the Incident Management Process (Standard 3.3.)*

  The Division will support the implementation of the National Incident Management Policy 2014, and the Systems Analysis Guidelines 2012. The Division will work in collaboration with CHOs, local Primary Care Management and the National Incident Management Learning team to ensure the effective management of incidents and shared learning. The Division will provide oversight of incidents escalated nationally through the Incident Learning and Support group. A process for sharing of learning from serious incidents within primary care will be developed. The Division will contribute to the development of the National Adverse Events Management system to define reporting requirements.

- **Quality and Safety Performance Measurement and Assurance with Supporting Quality Information Management Systems (QIMS)**

  The Primary Care Division aims to create sustainable quality care through the use and development of a number of performance management activities to measure patient outcomes and demonstrate these against the National Standards for Safer Better Healthcare. The following performance measures will assist in highlighting how quality and safe care is being delivered throughout primary care services:

  - In 2015 the Division will develop a *National Quality Dashboard* for engagement with providers at performance meetings. This dashboard will involve analysing *trends* in the quality and safety information and monitoring key quality and safety performance indicators (Standard 3.2.).
  - The Division will participate in the development of a Quality Information Management System (QIMS) that will ensure the effective, timely collection of data and data analysis in order to provide a better understanding of patient safety, risk and quality issues (Standard 8.1.).
  - The Division will participate in the development of a quality profile for CHOs. The quality and safety profile will also provide a tool for better informed decision making, focused learning and planning. It will support accountability and provide assurance around the quality and safety of the service which

will result in improved patient and public confidence and better patient outcomes. The Division will work closely with the National Quality Profile committee to ensure a coordinated and integrated approach to the development of quality profiles (Standard 3.2).

- The Division will work with the Incident Management Learning Team and the Clinical Indemnity Scheme (CIS) to development the National Adverse Events Management System and to identify and define the reporting requirements of the Division. Analysis of trends and reports from NAEMS will provide the Division with key information from incidents and complaints to help minimise risk and improve the quality of services within primary care.

- **Capacity Building and Training**

The Division is committed to building capacity in relation to quality and patient safety in order to minimise risk, share learning and improve the standard and quality of care. This will involve identifying the training requirements of staff and the support they require to implement the quality and risk processes, as well as the skills to support continuous quality improvement. In 2015, the division will provide training in collaboration with the Quality Improvement Division and Incident Management Learning Team as follows:

- The development of training *programmes to support quality improvement* - targeting management and staff within primary care.
- *Systems analysis training* will be provided to 60 identified investigators in primary care services within the CHOs (Standard 3.3.).
- Targeted advanced training and support will be provided to key identified investigators in each CHO (Standard 3.3).
- Three facilitated networking workshops will be conducted to provide support and advice to investigators carrying out systems analysis investigations.
- *Open Disclosure Training.* There is significant evidence to demonstrate that the open disclosure process assists both service users and staff in the aftermath of an adverse event in relation to coping with the event and also in relation to achieving closure. The Primary Care Quality and Safety team will work with the Quality Improvement Division to provide training in the Open Disclosure Policy for primary care staff. *(Standard 3.5.).*

Finance

Introduction

The National Service Plan 2015 sets out details of the Primary Care Budget for 2015 of €3,359.1m, which is an increase of 3% on the Budget for 2014. Tables 1, 2 and 3 below further allocate this budget by Pay, Non-Pay and Income and by LHO/CHO, National Services and the Primary Care Reimbursement Service.

Cost Pressures and Programme for Government

The total amount of funding under the Programme for Government amounts to €134.1m. Primary Care received €53.0m for the:

- Provision of free GP Care to Under 6's (€25m).
- Provision of free GP Care to Over 70's (€12m).
- Provision of improved and additional primary care services at PCT and Network level (€14m).
- Delayed Discharges Initiative (€2m).

Curative Hepatitis C Drug Treatment €30m

An additional sum of €30m is being provided in 2015 towards the costs of new drug therapies for those suffering from Hepatitis C. Clinical prioritisation will be a key feature of the governance framework to manage access to these new drug therapies. Further details, including advance arrangements for those in greatest clinical need, are set out within the chapter on primary care services.

Prioritised Initiatives

The National Service Plan provided €22.7m to fund a range of priority items including demographic and critical service pressures. Primary Care received €1.3m to fund a range of initiatives such as:

- Nurse Specialists and Allied Health Professionals - Chronic Disease (€0.415m).
- Individual Patient Identifier (€0.3m).
- Patient Management System (€0.3m).
- Diagnostic Radiology (€0.263m).

Savings Targets

Primary Care savings measures amount to €70.7m including the €4.3m in relation to agency / overtime reduction referenced below. These savings are included within the overall Budget of €3,359.1m and have been allocated to service areas accordingly. Detailed implementation plans for these savings measures are being developed.

Pay and Pay Related Savings including Agency and Overtime

Primary Care pay related savings through agency and overtime reduction amount to €4.3m out of the overall €30m or 14.3%. This means that there will be a significant focus on all pay costs which includes costs related to directly employed staff, overtime and agency. This will require a targeted approach across primary care to reduce agency and overtime costs through a combination of non-replacement and replacement of agency staff. A detailed implementation plan for agency conversion is being developed.

Financial Risk Areas

In 2015 all services will be required to operate within the planned cost level set out in table 1 below in order for the HSE to deliver a breakeven position. There are significant challenges in containing expenditure in areas where we have experienced growth over a number of consecutive years e.g. drug expenditure in local demand led schemes, and the cost associated with complex discharges to the community from the Acute Division. There is no provision for growth in these areas in 2015. A further pressure unfunded is the cost of pay increments which is estimated at €2.7m in 2015.

Due to the technical and demand led nature of the Primary Care Reimbursement Service, its budget has been prepared on an agreed basis and should actual costs vary from the amounts provided, it will not impact on the funding available for other areas of service provision.

2015 Primary Care Division – Net Expenditure Allocations

The 2015 Primary Care Division net expenditure allocations are set out below in table 1 below.

Table 1: Primary Care Division – 2015 Net Expenditure Allocations

	Primary Care €m	Multi Care €m	Social Inclusion €m	PCRS €m	Total €m
Budget 2014 (Excl Drugs Task Force Initiative)	567.0	137.1	125.7	2,408.7	3,238.5
Drugs Task Force Initiative	21.6				21.6
Budget 2014 (Incl Drugs Task Force Initiative)	**588.6**	**137.1**	**125.7**	**2,408.7**	**3,260.1**
Incoming Deficit Funding	9.9			94.9	104.8
Opening Base Budget 2015	**598.5**	**137.1**	**125.7**	**2,503.6**	**3,364.9**
Programme for Government Funding:					
Provision of free GP Care to Under 6's				25.0	25.0
Provision of free GP Care to Over 70's				12.0	12.0
Provision of improved and additional primary care services at PCT and network level	14.0				14.0
Delayed Discharges Initiative	2.0				2.0
Total Programme for Government Funding	**16.0**			**37.0**	**53.0**
Funding for Other Priorities – Hepatitis C				**30.0**	**30.0**
HSE Prioritised Initiatives:					
Clinical Nurse Specialists – Chronic Disease	0.4				0.4
National PCT Patient Management System	0.3				0.3
Unique Patient Identifier	0.3				0.3
Diagnostic Radiology (Ultrasound Access Initiative)	0.3				0.3
Total Prioritised Initiatives	**1.3**				**1.3**
Zero Basing adjustment				**-19.8**	**-19.8**
Savings Measures:					
Agency Conversion / Non- Conversion, Procurement and Drugs (Note 1, 2)	**-4.6**	**-1.1**		**-65.0**	**-70.7**
Totals: (Note 3)	**611.2**	**136.0**	**125.7**	**2,485.8**	**3,358.7**

Notes:

1. Agency conversion has been allocated pro rata to ISA's based on the actual expenditure at the end of October 2014 pending finalisation of review of agency conversion / do without across the Division.
2. Procurement savings have been allocated in full to primary care based on actual non-pay expenditure, pending receipt of more information regarding target procurement savings.
3. In NSP2014 the key budget figures per division were presented on a gross (Pay and Non-Pay - Vote) basis. The HSE Vote is being disestablished from the 1st January 2015 and being amalgamated with the Vote of the Department of Health. Accordingly for 2015 and future years the HSE will receive a letter of net non-capital expenditure. In this plan the budget figures are presented on a net basis (Pay and Non-Pay less Income – accruals based expenditure).

2015 CHO Net Expenditure Allocations

The 2015 CHO net expenditure allocations are set out below in table 2.

Table 2: CHO's – 2015 Net Expenditure Allocations

CHO	PAY €m	NON PAY €m	GROSS BUDGET €m	INCOME €m	NET BUDGET €m
Area 1					
Cavan / Monaghan	15.1	4.4	19.5	-0.4	19.1
Donegal	25.6	7.7	33.3	-0.7	32.6
Sligo / Leitrim	17.2	7.5	24.7	-0.3	24.4
Total	**57.9**	**19.6**	**77.5**	**-1.4**	**76.1**
Area 2					
Galway	30.0	12.6	42.6	-1.3	41.3
Mayo	16.7	14.8	31.5	-0.6	30.9
Roscommon	7.8	3.1	10.9	-0.2	10.7
Total	**54.5**	**30.5**	**85.0**	**-2.1**	**82.9**
Area 3					
Clare	10.8	4.0	14.8	-1.1	13.7
Limerick	16.9	11.2	28.1	-0.2	27.9
North Tipperary / E Limerick	10.2	7.6	17.8	-0.4	17.4
Total	**37.9**	**22.8**	**60.7**	**-1.7**	**59.0**
Area 4					
Kerry	15.3	4.1	19.4	-1.7	17.7
West Cork	7.0	4.6	11.6	-0.2	11.4
North Cork	16.6	13.1	29.7	-0.2	29.5
North Lee	12.9	3.2	16.1	-0.3	15.8
South Lee	20.4	17.2	37.6	-7.9	29.7
Total	**72.2**	**42.2**	**114.4**	**-10.3**	**104.1**
Area 5					
South Tipperary	11.7	4.0	15.7	-0.2	15.5
Waterford	12.0	5.9	17.9	-1.8	16.1
Wexford	10.4	5.2	15.6	-0.4	15.2
Carlow/Kilkenny	16.3	13.2	29.5	-0.9	28.6
Total	**50.4**	**28.3**	**78.7**	**-3.3**	**75.4**
Area 6					
Wicklow	12.9	5.9	18.8	-0.0	18.8
Dun Laoghaire	10.0	3.4	13.4	-0.0	13.4
Dublin South East	13.8	6.0	19.8	-4.5	15.3
Total	**36.7**	**15.3**	**52.0**	**-4.5**	**47.5**
Area 7					

CHO	PAY €m	NON PAY €m	GROSS BUDGET €m	INCOME €m	NET BUDGET €m
Kildare / West Wicklow	14.6	8.4	23.0	-0.1	22.9
Dublin West	27.2	14.0	41.2	-0.1	41.1
Dublin South West	12.1	3.7	15.8	-0.0	15.8
Dublin South City	11.6	13.5	25.1	-0.1	25.0
Total	**65.5**	**39.6**	**105.1**	**-0.3**	**104.8**
Area 8					
Laois / Offaly	26.3	12.0	38.3	-0.6	37.7
Longford / Westmeath	21.1	7.7	28.8	-0.4	28.4
Louth	13.8	4.5	18.3	-1.4	16.9
Meath	12.1	3.9	16.0	-0.3	15.7
Total	**73.3**	**28.1**	**101.4**	**-2.7**	**98.7**
Area 9					
Dublin North West	20.7	12.4	33.1	-0.0	33.1
Dublin North Central	20.5	16.8	37.3	-0.2	37.1
North Dublin	20.3	6.2	26.5	-0.0	26.5
Total	**61.5**	**35.4**	**96.9**	**-0.2**	**96.7**
Other Primary Care Services (Note 1)	**38.4**	**70.7**	**109.1**	**-3.1**	**106.0**
Drugs Task Force	**0.0**	**21.6**	**21.6**	**-0.0**	**21.6**
Primary Care Reimbursement Service	11.8	2,406.6	2,418.4	-150.0	2,268.4
Community Demand Led Schemes	0.0	217.4	217.4	-0.0	217.4
Total PCRS	**11.8**	**2,624.0**	**2,635.8**	**-150.0**	**2,485.8**
Totals:	**560.1**	**2,978.1**	**3,538.2**	**-179.5**	**3,358.7**

Note:

1. Other Primary Care Services include Regional Services, National Services, National Drug Treatment Centre, Dublin and Cork Dental Hospitals, Programme for Government Funding and other HSE Prioritised initiatives.

PCRS 2015 Budget Allocations

The 2015 PCRS net budget allocations are set out below in table 3 below.

Table 3: PCRS Budget 2015

	PAY €m	NON PAY €m	GROSS BUDGET €m	INCOME €m	NET BUDGET €m
Medical Card Scheme		**1,752.0**	**1,752.0**	**-139.2**	**1,612.8**
Community Drugs Schemes:					
Long Term Illness Scheme (Incl ADHD)		128.3	128.3	-1.7	126.6
Drug Payment Scheme		73.7	73.7	-2.7	71.0
Hi Tech (Non GMS)		211.3	211.3	-6.4	204.9
Dental Treatment Services Scheme		76.0	76.0		76.0
Community Ophthalmic Scheme		32.2	32.2		32.2
Other Demand Led Schemes		39.5	39.5		39.5
Total Community Drugs Scheme		**561.0**	**561.0**	**-10.8**	**550.2**
Primary Care Schemes:					
Hardship		13.5	13.5		13.5
Hep C		33.9	33.9		33.9
Oncology		11.5	11.5		11.5
Other Primary Care Schemes		8.0	8.0		8.0
Total Primary Care Schemes		**66.9**	**66.9**		**66.9**
Admin	11.8	26.7	38.5		38.5
Primary Care Reimbursement Service	**11.8**	**2,406.6**	**2,418.4**	**-150.0**	**2,268.4**
Community Demand Led Schemes		217.4	217.4		217.4
Total PCRS	**11.8**	**2,624.0**	**2,635.8**	**-150.0**	**2,485.8**

Note:

1. The income shown above includes the rebate from pharmaceutical companies and income received from prescription charges.

Workforce

Introduction

The staff of the Primary Care Division are its most valuable resource. Recruiting and retaining motivated and skilled staff is a key objective and the effective management of the workforce will underpin the accountability framework in 2015. This requires that the Division has the most appropriate configuration to deliver primary care services in the most cost effective and efficient manner to maximum benefit.

Employment controls in 2015 will be based on the configuration of the workforce within funded levels. This requires an integrated approach, with service management being supported by HR and Finance. It further requires finance and HR workforce data, monitoring and reporting to be aligned.

Reform, reconfiguration and integration of services, maximising the enablers and provisions contained in the Haddington Road Agreement, the implementation of service improvement initiatives and the reorganisation of existing work and redeployment of current staff will all contribute to delivering a workforce that is more adaptable, flexible and responsive to the needs of the services, while operating with lower pay expenditure costs and within allocated pay budgets. The funded workforce within primary care can be further reconfigured through conversion of agency, locum and overtime expenditure, where appropriate, based on cost and this can also be utilised to release additional savings required.

2015 Developments and Other Workforce Additions

The 2015 NSP provided specific additional funding under the Programme for Government for development posts in primary care. The approval and filling of these new posts will be in line with previous processes for funded new service developments. This includes the recruitment of the 21 development posts carried forward from 2014 and the 12 Nurse Specialists and Allied Health Professionals to support the roll out of chronic disease programmes and the implementation of Integrated and Self Care Projects in Respiratory Disease and Heart Failure.

Reducing Agency and Overtime Costs

The cost and reliance on agency staff must be reduced to meet specified targets including a primary care target of €4.3m. This will include the replacement of agency staff in 2015.

The Public Service Agreements provide significant savings to be made available to primary care services. It will continue to assist clinical and service managers to effectively manage resources through the flexibility measures it provides.

The Agreement enablers and provisions relevant to primary care include:

- Work practice changes for identified primary care healthcare workers.
- Systematic review of roster, skill mix and staffing levels.
- Increased use of redeployment.
- Further productivity increases.
- Continued improvements in addressing absence rates.

- Greater use of shared services and combined services focused on efficiencies and cost effectiveness.
- Greater integration and elimination of duplication in the statutory and voluntary sectors.

Attendance Management and Absence Management

The Primary Care Division will implement an active Attendance Management Programme as part of organisational reform. The absence management target remains at 3.5% for 2015.

Primary Care Staff Breakdown by Category

Table 4: Projected out-turn 2014 excluding career breaks

CHO	Medical/ Dental	Nursing	Health & Social Care Professionals	Clerical/ Admin	General Support Staff	Other Patient & Client Care	Total
Area 1	**63**	**251**	**260**	**319**	**43**	**82**	**1,017**
Cavan/Monaghan	***4***	***72***	***64***	***82***	***6***	***4***	***231***
Primary Care	3	72	64	82	6	4	231
Social Inclusion	0	0	0	0	0	0	0
Donegal	***31***	***117***	***123***	***142***	***12***	***57***	***483***
Primary Care	31	117	123	139	12	57	480
Social Inclusion	0	0	0	3	0	0	3
Sligo-Leitrim/West Cavan	***28***	***62***	***73***	***94***	***24***	***21***	***303***
Primary Care	28	62	73	94	24	21	303
Area 2	**88**	**250**	**278**	**270**	**25**	**70**	**981**
Galway/ Roscommon	***63***	***178***	***183***	***194***	***20***	***58***	***696***
Primary Care	63	178	183	194	20	58	696
Mayo	***25***	***73***	***95***	***76***	***5***	***12***	***285***
Primary Care	***24***	***70***	***80***	***75***	***4***	***12***	***264***
Social Inclusion	1	3	15	1	0		20
Area 3	**72**	**189**	**146**	**254**	**50**	**67**	**779**
Mid West	***72***	***189***	***146***	***254***	***50***	***67***	***779***
Primary Care	72	185	141	239	50	62	749
Social Inclusion	0	4	5	16	0	5	30
Area 4	**135**	**323**	**281**	**256**	**20**	**92**	**1,107**
Cork	***121***	***243***	***228***	***195***	***17***	***78***	***882***
Primary Care	120	240	211	186	17	78	852
Social Inclusion	1	3	17	9	0	0	30
Kerry	***14***	***80***	***53***	***61***	***3***	***14***	***225***

CHO	Medical/ Dental	Nursing	Health & Social Care Professionals	Clerical/ Admin	General Support Staff	Other Patient & Client Care	Total
Primary Care	14	80	53	60	3	14	224
Social Inclusion	0	0	0	1	0	0	1
Area 5	**81**	**231**	**218**	**201**	**25**	**50**	**806**
Carlow/ Kilkenny/ South Tipperary	***52***	***118***	***118***	***116***	***12***	***22***	***438***
Primary Care	52	117	116	113	11	22	431
Social Inclusion	0	1	2	3	1	0	7
Waterford/ Wexford	***29***	***113***	***100***	***85***	***13***	***28***	***368***
Primary Care	29	112	98	77	12	28	356
Social Inclusion	0	1	2	8	2	0	12
Area 6	**58**	**166**	**202**	**186**	**34**	**75**	**721**
Dublin South East/ Wicklow	***58***	***166***	***202***	***186***	***34***	***75***	***721***
Primary Care	58	166	201	186	34	74	720
Social Inclusion	0	0	1	0	0	1	2
Area 7	**84**	**293**	**291**	**251**	**56**	**150**	**1,125**
Dublin South Central	***47***	***128***	***147***	***109***	***29***	***105***	***565***
Primary Care	20	111	95	80	25	27	359
Social Inclusion	27	17	52	29	4	78	207
Dublin South East/ Wicklow	***10***	***8***	***17***	***19***	***4***	***14***	***72***
Social Inclusion	10	8	17	19	4	14	72
Dublin South West/Kildare	***27***	***158***	***127***	***122***	***23***	***32***	***488***
Primary Care	27	158	127	121	23	32	488
Social Inclusion	0	0	0	1	0	0	1
Area 8	**210**	**342**	**307**	**387**	**25**	**131**	**1,402**
Louth/ Meath	***68***	***137***	***103***	***212***	***11***	***56***	***587***
Primary Care	68	137	99	206	11	50	572
Social Inclusion	0	0	4	6	0	6	16
Midlands	***141***	***205***	***205***	***175***	***13***	***75***	***814***
Primary Care	139	198	201	171	13	74	796
Social Inclusion	2	7	4	5	0	1	18
Area 9	**113**	**270**	**291**	**240**	**52**	**98**	**1,063**
Dublin City North	***41***	***164***	***207***	***161***	***36***	***81***	***690***

CHO	Medical/ Dental	Nursing	Health & Social Care Professionals	Clerical/ Admin	General Support Staff	Other Patient & Client Care	Total
Primary Care	29	153	164	138	34	25	542
Social Inclusion	13	11	43	23	1	56	148
Dublin North	***72***	***106***	***84***	***79***	***16***	***17***	***373***
Primary Care	72	106	84	79	16	17	373
Other	***0***	***0***	***2***	***53***	***0***	***0***	***55***
PCRS	***0***	***0***	***11***	***252***	***3***	***1***	***267***
Divisional Sub-Total							***9,323***
Central							***112***
Total	**905**	**2,315**	**2,286**	**2,669**	**333**	**815**	**9,435**

Operational Service Delivery

Primary Care Services

Introduction

The development of primary care services is a key element of the overall Health Reform programme. The core objective is to achieve a more balanced health service by ensuring that the vast majority of patients and clients who require urgent or planned care are managed within primary and community based settings, while ensuring that services are:

- Safe and of the highest quality.
- Responsive and accessible to patients and clients.
- Highly efficient and represent good value for money.
- Well integrated and aligned with the relevant specialist services.

Over the last number of years work has been underway to realise the vision for primary care services whereby the health of the population is managed, as far as possible, within a primary care setting, with patients very rarely requiring admission to a hospital. This approach is now aligned with the *Healthy Ireland* framework, noting the importance of primary care to the delivery of health improvement gains.

Primary care will play a central role in co-ordinating and delivering a wide range of integrated services in collaboration with other Divisions. The primary care team (PCT) is the central point for service delivery which actively engages to address the medical and social care needs of the population in conjunction with a wider range of Health and Social Care Network (HSCN) services.

A key priority for 2015 is the implementation of the recommendations of *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, 2014,* including the establishment of CHOs.

New measures for enhanced control and accountability for primary care services will be implemented. These will strengthen the accountability framework and outline explicit responsibilities for managers at all levels.

Another key priority for 2015 will be integration with GP services and the review of the GMS contract.

Primary Care Services

2015 Budget €m	
Primary Care	726.0
Drug Task Forces	21.6
TOTAL	747.6

Legend

CD – Completion Date ND – National Director HOP – Head of Operations HPPPM – Head of Planning, Performance and Programme Management	PCMGT – Primary Care Division Management Team HQ&S – Head of Quality and Safety NHepC – National Hep C Co-Ordinator GPTPL – GP Training Project Lead	HIPL – Health Identifier Project Lead CFL – Children First Lead HOC – Head of Contracts GPL – GP Lead	COCCP – Community Oncology Cancer Control Programme OHL – Oral Health Lead NQID – National Quality Improvement Division NIMLT – National Incident Management Learning Team

Key Primary Care NSP Priorities with NSP and Operational Plan Actions to Deliver in 2015

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
Improve and standardise access and provision of appropriate primary care services through primary care teams (PCTs) and network services	Strengthen PCT and primary care network services in line with organisational reform.	❍ Support the implementation of the recommendations applicable to primary care from the Community Healthcare Organisations Report (2014). ❍ Support the implementation of the clinical and managerial governance arrangements in collaboration with each CHO and primary care networks as set out in the recommendations of the CHO Report (2014). ▪ Appoint Primary Care Network GP Leads. ▪ Appoint Primary Care Network Managers. ▪ Appoint Primary Care Team Leaders. ▪ Appoint Primary Care Key Workers. ❍ Recruit the remaining PCT posts as provided for under the Programme for Government.	Q4 Q2	All
	Implement agreed clinical and management governance arrangements to support the discharge of complex patients to their homes.	❍ Establish a Cross-Divisional Steering Group to implement the recommendations of the report on the review of practice in the provision of home care services to children with complex needs. ❍ Develop a work plan to implement the recommendations of the report on review of practice. ❍ Conduct a national procurement exercise for preferred providers of home care services for patients with complex needs. ❍ Assign case management/co-ordination of each case to a specific senior clinician in each local area. ❍ Develop and implement a performance review mechanism for each complex case as part of the	Q1 Q1 Q1 Q1 Q2	HOP

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
		cycle of performance management.		
	Implement agreed guidelines and protocols to better manage the Community (Demand-Led) Schemes, including the provision of aids and appliances in primary care. This will support the delivery of services within available resources and maximise efficiencies.	❍ Establish a Community Demand Led Schemes Reform Group to review and implement standardised best practices in relation to approval, procurement and provision of services and equipment across all CHOs. ❍ This will include a review of each of the following areas, led by a senior manager, each supported by a technical and business team: ▪ Aids and Appliances. ▪ Respiratory and Therapeutic Products. ▪ Orthotics and Prosthetics. ▪ Incontinence Wear. ▪ Nutritional Products. ▪ Bandages and Dressings. ▪ Drugs and Medicines. ❍ Implement across each CHO the recommendations arising from the reviews which will prescribe revised guidelines and protocols, including risk assessment, and will involve new procurement arrangements as necessary.	Q1 Q1 Q4	HPPPM and HOP
	Implement appropriate measures to reduce agency expenditure across primary care services.	Support HBS Recruitment Service to implement recruitment strategies in accordance with the needs analysis completed in Q4 2014 and in conjunction with local service managers and areas.	Q1	HOP
Implement revised management and clinical governance structures to support primary care service delivery	Implement the recommendations of *Community Healthcare Organisations – Report and Recommendations of the Integrated Service Area Review Group, 2014,* by establishing the CHOs and their management structures including the primary care network governance structures.	Cross reference to national NSP action relating to the strengthening of PCT and primary care network services in line with organisational reform above.	Q4	PCMGT
	Establish a strong management and governance structure to support the implementation of the	❍ Establish a National Hepatitis C Treatment Programme to provide the governance and management support required to achieve the goals of optimal clinical outcomes and effective use of resources.	Q1	NHepC and PCRS

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
	multi-annual public health plan for the pharmaceutical treatment of patients with Hepatitis C. This structure will establish a register of patients and will provide for monitoring and reporting of patient outcomes. Arrangements have been put in place to provide new drug therapies under an early access programme for patients prioritised on the basis of clinical need.	❍ Establishment of a National Hep C Programme Advisory Committee. ❍ Appoint a clinical lead and programme manager to oversee the Treatment Programme. ❍ Develop a full disease register for Hepatitis C patients. ❍ Establishment of a Hep C Clinical Advisory Group to oversee the prioritisation and selection of patients for all Hepatitis C treatments as per agreed clinical criteria. ❍ Devise a communication strategy on the application of the multi-annual public health plan for the pharmaceutical treatment of Hepatitis C.		
	Restructure the provision of GP Training to include the restructuring and management of the GP Training Programmes on a cost neutral basis.	❍ Finalise revised arrangements for the delivery of GP training to ensure a standardised and cost effective GP training programme. ❍ Agree a Service Agreement with the ICGP stipulating training, outcomes, governance and financial control requirements.	Q2 Q2	GPTPL
	Implement the initial phases of the *Health Identifier* Project.	❍ Establish project team to lead out on the planning and implementation of the Health Identifier Project. ❍ Determine the scope of the project, identify and liaise with stakeholders and conduct a benefits realisation process. ❍ Develop a project plan for the implementation of Health Identifiers. ❍ Commence implementation of the Health Identifier registers.	Q1-Q4	HIPL
	Implement the *Children First* programme in primary care settings.	❍ Commence implementation of the recommendations in the HSE Children First Implementation Plan on a prioritised basis, including any additional priorities arising from enactment of the Children First Bill, 2014, in respect of HSE services and all providers of relevant services that receive funding from the HSE. ❍ Develop the process for monitoring	Q1-Q4	CFL

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
		implementation of the guidelines issued by the Minister for Children and Youth Affairs. ❍ Establish a Children First Implementation Committee in each CHO. ❍ Oversee the development of a Divisional specific Child Protection and Welfare Policy for Primary Care. ❍ Appoint a Designated Liaison Person at CHO level. ❍ Implement HSE reporting structures for reporting child protection and welfare concerns to the Child and Family Agency. ❍ Amend contracts and service level agreements to include the requirement to comply with Children First and to furnish confirmation of compliance with Children First.	Q1 Q1 Q1 Q2 Q2 Q2	
	Provision of free GP Care to Under 6's.	Implement the provision of free GP care to all children aged under 6 years: ❍ Complete the non-fee negotiations aspects of the Under 6 contract. ❍ Support the completion of the statutory fee process for payments to GPs for the Under 6 GP Visit Scheme. ❍ Implement the provisions of the Under 6 GP Visit Scheme for all participating GPs and for all appropriate children under 6 years.	Q1 Q2 Q2	HOC
	Review of the GMS Contract under the Framework Agreement.	Progress the wider review of the GMS Contract under the Framework Agreement. ❍ Initiate negotiations in respect of a new GMS Contract that will reflect a focus on prevention, improved chronic disease management, structured reviews, and individual care plans with mechanisms to audit and report on outcomes.	Q4	HOC
Provide improved and additional primary care services at PCT and network level	Community Intervention Teams: ❍ Expand the coverage of Community Intervention Teams (CITs) with a particular focus on hospital avoidance	❍ Appoint a Project Manager to oversee the national CIT Programme (incorporating OPAT). ❍ Appoint 2 Leads for the greater Dublin area to co-ordinate all CIT activity and act as liaison points for acute and social care services. ❍ Appoint a CIT Link Nurse in each of the major Dublin hospitals to effect early discharge and provide rapid solutions to patient needs.	Q1 Q1 Q1	HPPPM

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
	and earlier discharge from acute hospitals in the greater Dublin area. *(Programme for Government – Delayed Discharge Funds €2m)* ❍ Enhance the services of existing CITs to include additional Outpatient Parenteral Antimicrobial Therapy (OPAT) services with an increased emphasis on helping people to avoid hospital admission or to return home earlier.	❍ Procure additional CIT service personnel to manage and deliver 8,000 additional patient caseloads. ❍ Procure a centralised management control facility that will manage all CIT and OPAT activity. The facility will provide real time support for CITs in co-ordinating and scheduling patient discharges and domiciliary visits. It will also provide daily, weekly and monthly performance reports on CIT activity, including referrals by hospitals and clinicians.	Q1 Q2	
	Implement the recommendations of the Primary Care Eye Services Review 2014 *(Programme for Government Primary Care Funds €1m).*	❍ Implement a plan for the reduction of waiting lists and times for patients awaiting primary care eye services in the greater Dublin area. ❍ Implement the recommendations, as appropriate, of the Primary Care Eye Services Review.	Q2 Q4	HPPPM

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
	Extend the pilot ultrasound access project to additional primary care sites on a prioritised basis. This is a programme to extend the availability of diagnostics to support management of patients in general practice. *(Programme for Government Primary Care Funds €0.7m)*	Procure the supply of ultrasound scans by external provider(s) across prioritised areas of the country. The initial prioritised areas were identified as those of greatest need from the HSE and ICGP Radiology Reports. Subject to the procurement exercise, the following numbers of ultrasounds are targeted: ❍ Cork – 4,250. ❍ Kerry – 1,500. ❍ Galway – 2,250. ❍ Mayo – 1,750. ❍ Roscommon – 750. ❍ Sligo/Leitrim – 1,250. ❍ Donegal – 2,250. ❍ Limerick – 2,000.	Q1-Q4	HPPPM
	Pilot the provision of additional minor surgery services in agreed primary care settings and sites. *(Programme for Government Primary Care Funds €0.5m)*	❍ Establish a Primary Care Minor Surgery Oversight Group to determine eligibility criteria for participating GPs and patients, the list of surgical procedures and clinical governance arrangements. ❍ Pilot primary care delivered minor surgery services in identified primary care sites. ❍ Pilot primary care delivered venesection services in identified primary care sites, which will act as demonstrators for a national managed haemochromatosis service.	Q2 Q2 Q2	GPL and HOP
	Review the existing GP Out of Hours services with a view to maximising efficiencies. Extend within existing resources the GP Out of Hours services to areas currently not covered.	❍ Conduct a Review of the GP Out of Hours services to examine the effectiveness, efficiency, safety, quality and responsiveness of the existing services and arrangements. ❍ Consider as part of the Review how full country coverage of GP out of hours services can be effected within existing resources. ❍ Implement the recommendations of the Review Report.	Q1 Q3 Q3	ND
	Primary Care Medicines Management Programme ❍ Expand the Primary Care Medicines Management Programme (MMP) to ensure safe,	❍ Establish a revised Primary Care Medicines Management Programme to review all aspects of medicines procurement, prescribing and usage in Primary Care and to ensure that potential health outcomes from medicines are realised and that maximum benefits from investment in medicines is achieved. ❍ Develop an ICT tool to extract urinary resistance data directly from GP and HSE Long Term Care	Q2 Q3	ND and PCMGT

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
	quality and cost effective prescribing in primary care. ❍ Develop an International Normalised Ratio (INR) demonstration model in primary care to provide more accessible, better managed and more cost effective services to patients requiring anticoagulation services.	facilities so that accurate community resistance data can be gathered to inform appropriate antibiotic prescribing. Prescribers will be able to analyse practice level data and compare it to anonymised national data. ❍ GP practices providing INR testing will be provided with decision support software and consumables.	Q3	
	Community Oncology ❍ Roll out phase three of the National Cancer Control referral project. This will commence with the electronic GP referral form for pigmented lesion in eight hospitals targeted nationwide. ❍ Develop and implement a GP and Dentist referral tool kit for suspected head and neck cancer.	❍ Completion of Pilot of the NCCP Pigmented Lesion GP Referral Form in four hospitals i.e. St. James, St. Vincents, Roscommon General Hospital and South Infirmary University Hospital Cork. ❍ Audit the pilot and correct any issues identified. ❍ Commence the roll out in the remaining skin cancer hospitals - by end of 2016. ❍ Agree evidence based referral guidelines with relevant professional bodies. ❍ Disseminate toolkit and support implementation via educational activities. ❍ Work with the ICGP and GPIT group to promote and expand the use of electronic referral for cancer referrals. ❍ Develop and implement a GP and Dentist referral tool kit for suspected head and neck cancer. ❍ Develop and implement a GP guideline for suspected ovarian cancer: ▪ Develop an evidence based guideline for GPs. ▪ Pilot draft guideline and referral pathway for pelvic ultrasound. ▪ Disseminate agreed guideline and support implementation via educational activities. ❍ Engage with ICGP, CME Tutors and hospital GP	Q1-Q4	COCCP

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
		study days on new NCCP learning opportunities. ❍ Continue the development and roll out of cancer education programmes for nurses: ▪ Continue to implement the 2-day Primary Care Nurse Education programme nationally, in collaboration with Centres of Nursing and Midwifery Education. ▪ Implement the 3-day Cancer Nurse Education Programme for inpatient nurses as part of the national cancer nurse education programme. ▪ Roll out of the Level 9 University accredited Community Oncology Nursing Programme, delivered in St James Hospital and University College Hospital Galway. ❍ Implement a Patient Treatment Summary and Long-term Care Plan, as per the NCCP survivorship programme. ❍ Implement a national standardised algorithm for the treatment of tobacco addiction.		
	Oral Health including Orthodontics (Programme for Government Primary Care Funds €1m) ❍ Provide improved access to orthodontic treatment for children, including those requiring orthognathic / oral surgery, by utilising effectively the resources provided and reducing waiting times ❍ Provide dental care for patients with cancer and other complex care conditions, including those who require routine or urgent general anaesthetic	**Oral Health including Orthodontics** ❍ Develop care pathways for hypodontia, cancer and other complex care pathways that are referred from oral health and/or orthodontics to acute hospital settings. ❍ Transfer acute /hospital services currently under the governance of oral health and/or orthodontics to acute hospital services e.g. general anaesthetic and surgical services (cross divisional working). ❍ Ensure that children receive the opportunity of referral to secondary care before their 16th birthday. Review retrospectively children who missed an opportunity for a referral. ❍ Continue the inspection of HSE dental and orthodontic services and, working with the Quality and Patient Safety Division, assess compliance of all services with HIQA standards. ❍ Introduce upskilling initiatives for senior dentists in primary care to enable secondary and referral services to be managed in primary care. This upskilling of senior dentists will be in collaboration with the acute services. ❍ Introduce training and upskilling of orthodontists and primary care dentists to ensure appropriate referral	Q1-Q4	OHL

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
	services	to orthodontic units and reduce inappropriate lengthy assessment waiting lists. ❍ Implement the Index of Orthodontic Treatment Need Index training nationally to ensure consistency of standards. ❍ Reduce Orthodontic treatment waiting lists. ❍ Procure orthodontic services by putting in place a panel of practices to provide orthodontic services for those patients waiting over 3years. ❍ Audit the IV sedation and inhalation sedation service in primary care for throughput and adherence to dental council standards. ❍ Pilot a programme for dental therapists (orthodontists) and conduct a review of Allied Dental Health Professionals and Nurses to support Oral Health including orthodontics. ❍ Complete the training and evaluation of the Dental Therapy pilot and programme for increased skill mix for Senior Hygienists and Dental Nurses. ❍ Implement an integrated oral health (including orthodontics) management structure in each CHO. ❍ Work with the acute services in relation to reform of oral and maxillo facial and other oral health secondary care services to ensure appropriate governance between acute and primary care services. ❍ Appoint a cross sectoral oral health working group to develop clear governance arrangements for transition of patients from primary to secondary care settings. ❍ Implement the recommendations of the *Quigley Report* in relation to financial expenditure in Dental Schools and Hospital as applicable to HSE SLA. ▪ Establish a governance structure for the management of services in the Dublin Dental Hospital and the Cork Dental School for eligible patients under SLA. ❍ Assign resources in accordance with evidence from the national performance indicators in primary care to improve equity. ▪ Resources to be released dependent on performance indicators and per capita		

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
		performance.		
	Develop a Primary Care Electronic Patient Management System.	Develop an electronic patient management system which will facilitate integrated care within primary care. This will be progressed in collaboration with the ICT Services and the System Reform Programme (ICT Infrastructure Project).	Q4	HPPPM
	Island Services	Conduct a Review of Primary Care Island Services.	Q2	ND
	Tomorrow's Care for Tallaght	Implement preparatory work for *Tomorrow's Care for Tallaght* (2014) - which is a new integrated primary care-led model of care.	Q3	HPPPM
Ensure cross divisional integration	Implement priority actions from the ***Healthy Ireland*** Implementation Plan in partnership with Health and Wellbeing.	Work with the Health and Wellbeing Division and Clinical Programmes to integrate prevention, early detection and self management care into the Integrated Care Programmes. **Tobacco Control** ❍ Roll out the Tobacco Free Campus Policy to all new Primary Care Centres and a further 30% of existing primary care centres/health centres (target 100% in 2015). ❍ Roll out of brief intervention training for smoking cessation to primary care division staff in line with policy. **Obesity** ❍ Work in partnership with the Health and Wellbeing Division in facilitating a range of training, surveillance, evaluation and social marketing activities amongst children and adults. **Physical Activity** ❍ Collaborate with the Health and Wellbeing Division to implement the priority recommendations from the National Physical Activity Plan. **Immunisations and Vaccinations** ❍ Support the Health and Wellbeing Division in the achievement of the following immunisation and vaccination targets: ▪ % of children 24 months of age who have received the MMR vaccine – target 95%. ▪ % of children 12 months of age who have received the 6-in-1 vaccine – target 95%.	Q1-Q4	HPPPM

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
		▪ % of children 24 months of age who have received the third of MenC vaccine – target 95%. ▪ % of first year girls who have received third dose of HPV vaccine – target 80%. ▪ % uptake in flu vaccine > 65 years – target 75%. **Child Health** ❍ Work in partnership with the Health and Wellbeing Division in the achievement of the following child health targets: ▪ % of newborn babies visited by a PHN within 72 hours of hospital discharge – target 97% ▪ % of children reaching 10 months who have had their child development health screening before 10 months – target 95%. ▪ % of babies breastfed (exclusively and not exclusively) at (1) first PHN visit and (2) 3 month PHN visit – targets (1) 56% and (2) 38%. **Substance Misuse** ❍ Work with Health and Wellbeing Division to progress the community mobilisation pilot on alcohol initiatives in five Drug Task Force areas (North Inner City, Tallaght, Dunlaoghaire/Rathdown, North West and South). **Reducing Health Inequalities** ❍ Develop standardised local health profiles to inform needs assessments and commissioning. ❍ Update the HSE Health Inequality Framework and develop recommendations with an action plan. **Emergency Management** ❍ Develop, maintain and test Major Emergency Plans in each service. ❍ Ensure co-ordination of planning and response arrangements with other Divisions at national and local level.		
	Work with Acute Care, Palliative Care and Social Care to provide integrated **hospital discharge** initiatives utilising CITs to provide	❍ Appoint a senior primary care manager to lead and co-ordinate the national primary care response to integrated hospital discharge. ❍ Engage with specialist palliative inpatient and homecare providers to support designated centres	Q1-Q4	HPPPM

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
	flexible, responsive, high quality care in patients' homes and places of residence.	for older people to enable residents to remain in their normal place of residence during their life course, including end of life.		
	Progress with the Mental Health Division the Counselling in Primary Care (CIPC) services to facilitate quick access by patients to counselling services and work towards locating more community mental health services in primary care centres.	❍ Work in partnership with the Mental Health Division and the ICGP to expand the CIPC service. ❍ Develop appropriate responsive psychological supports for patients with mental health issues.	Q1-Q4	HPPPM
	Collaboration with Social Care Division.	**Falls and Bone Health Strategy** In conjunction with the Social Care Division continue to implement the strategy to prevent falls and fractures in Ireland's ageing population. Proceed with the development of the 4 early adapters for falls prevention and bone health in line with the integrated care pathway and identify learning to inform further roll out. The early adaptor sites are: ❍ CHO 3 – Ennis General Hospital, St. Joseph's Community Hospital Ennis and Clare PCTs. ❍ CHO 5 – Waterford Regional Hospital, St. Patrick's Community Hospital Waterford and Network 4 Waterford City. ❍ CHO 6 – Mater Hospital, St. Mary's Hospital Phoenix Park CNU and Network 5 PCT. ❍ CHO 9 – St. Columcilles Hospital, St. Coleman's Hospital CNU and Newtownmountkennedy PCT. **Dementia Strategy** As part of the implementation of the National Dementia Strategy, support an educational needs analysis, and delivery of dementia specific education to PCTs and GPs in selected sites across the 9 CHOs. **Safeguarding Vulnerable Persons at Risk of Abuse** Work in collaboration with the Social Care Division to implement the national policy on *Safeguarding Vulnerable Persons at Risk of Abuse*. Awareness and training in this policy will be a feature of its implementation in 2015.	Q1-Q4	PCMGT

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
National Clinical Programmes	Work with the **Clinical Programmes** to develop and progress the priority workstreams of the five Integrated Care Programmes (Patient Flow, Older Persons, Chronic Disease Prevention and Management, Children's Health and Maternal Health) which will improve integration of services, access and outcomes for patients.	Engage with the clinical programmes aligned to each of the five Integrated Care Programmes, to inform, plan and develop the primary care deliverables for each programme.	Q1-Q4	GPL and PCMGT
	Align the primary care diabetes initiatives to the Diabetes Model of Care with the support of the Clinical Programme.	Align the existing 10 diabetes initiatives to the model of care, subject to ICGP approval of the model care.	Q1-Q4	GP Lead and PCMGT
	Work with the Clinical Programmes on the roll out of the chronic disease programmes by the appointment of 12 Nurse Specialists and/or Allied Health Professionals and the implementation of Integration and Self Care Projects in Respiratory Disease and Heart Failure.	Chronic Disease Integration and Self Care Demonstrator Projects – Asthma, COPD and Heart Failure: ❍ Undertake Chronic Disease Integration and Self Care Demonstrator Projects to provide proof of concept of integrating chronic disease services for heart failure, asthma and COPD between Primary and Secondary Care, with particular focus on education of practice nurses and local GPs. Appoint 8 chronic disease integrated care nurses. These specialist nurses and/allied health professionals will work with clinical nurse specialists in local hospitals and practice nurses to strengthen the capacity of general practice. The chronic disease integrated care nurses will be located in the community services and will provide training for practice staff and specialist expertise to support patients in the general practice setting. The community specialist nurse will engage with local General Practitioners and practice nurses to up skill them and provide seamless liaison and integration between Primary and Secondary Care services for this group of patients with chronic disease.	Q2-Q4	GPL

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
	Review of Public Health Nursing	**Office of Nursing and Midwifery Services** Work with the Office of Nursing and Midwifery Services who will lead the Review of Public Health and Community Nursing Services, with relevant policy and reforms in 2015.	Q4	HOP
	Out-Patient Service Improvement Programme	**Out-Patient Service Improvement Programme** In conjunction with the OPD Improvement and Clinical Programmes, introduce agreed data sets for orthopaedics, ENT, dermatology and rheumatology referrals from primary care to OPD.	Q2	GPL
Quality and Patient Safety	The *National Standards for Safer Better Healthcare* provide an outline of what can be expected from healthcare services. The implementation of these standards will help to realise improvements for service users by creating a common understanding of what constitutes a safe, high quality primary care service. The operational management of quality and safety within the Division will have clear lines of accountability from frontline services to the National Director. Priorities for 2015 are to: ❍ Implement the framework for governance, quality and risk within primary care to ensure services are safe and provided to the highest standard of care. ❍ Implement the	**Support implementation and roll out of the National Standards for Safer Better Health Care** ❍ Provide training in use of the QA&I tool workbooks for approximately 100 staff. ❍ Develop an electronic QA&I tool. ❍ Provide support to CHOs in self assessing against the standards. **Governance, Leadership and Management** ❍ Provide support, guidance and training for Quality and Safety Committees (Standard 5.2.). ❍ Develop tools, resources and training to promote safety within Primary Care. The tools required will be identified as part of the self assessment process against the National Standards in the first quarter of 2015. **Patient Centred Care** ❍ Implement the Health Care Charter in primary care services. ❍ Develop a standardised patient experience survey for primary care services. ❍ Engage quarterly with patients via focus groups to establish the patients' experience. ❍ Engage with a sample of front line primary care staff to establish their experiences of working within primary care services. ❍ Implement the open disclosure policy and provide training on open disclosure. ❍ Disseminate and create awareness of the framework for community participation in primary health care.	Q1-Q4 Q1-Q4 Q1-Q4 Q3 Q1 Q4 Q1-Q4 Q1-Q4 Q1-Q4	HQ&S HQ&S and PCMGT NQID HQ&S HQ&S and NQID

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
	integrated quality and safety business plan, which will provide support to primary care services in the achievement of quality and patient safety objectives.*(Programme for Government Primary Care Funds €0.025m)*	❍ *Decontamination Management of Reusable Invasive Medical Devices* *Oral Health including Orthodontics* ▪ Update decontamination standards for local decontamination dental units and commence audit in salaried HSE services. ▪ Develop and implement standards for validating autoclaves applicable to contracted and salaried services. ❍ Develop targeted clinical audit tools. ❍ *Quality Collaboratives* ▪ Support and participate in the development of *Quality Collaboratives* within CHOs, to improve quality of primary care. ❍ *Policies, Procedures and Guidelines* ▪ Contribute and participate in the development of a national standardised process for the development, monitoring, storing and reviewing of PPGs aligned to best practice within Primary Care (Standard 3.1.). ❍ *Risk Management* ▪ Put in place an active National Primary Care Risk Register for the management of risk at national level (standard 3.1.) ❍ *Incident Management (Standard 3.3)* ▪ Contribute to the development of the NAEMS (National Adverse Events Management system) to define reporting requirements for the National Primary Care Division. ▪ Develop a procedure for sharing of learning from serious incidents within primary care. ❍ Performance Measurement, Assurance and QIMS (Standard 3.3). ▪ Develop a National Quality dash board for primary care. ▪ Monitor progress against the National Standards Safer Better Healthcare.	Q1-Q4 Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1-Q4	OHL HQ&S and NQID HQ&S HQ&S HQ&S HQ&S HQ&S HQ&S and NQID

Social Inclusion

2015 Budget €m	
Social Inclusion	125.7
Total	125.7

Social Inclusion plays a key role in supporting access to services and provides targeted interventions to improve the health outcomes of minority groups such as Irish Travellers, Roma, and other members of diverse ethnic and cultural groups, such as asylum seekers, refugees and migrants, lesbian, gay, bisexual and transgender service users.

Specific interventions are provided to address addiction issues, homelessness and medical complexities. Members of these groups present with a complex range of health and support needs which require multi-agency and multi-faceted interventions. The Primary Care Division promotes and leads on integrated approaches at different levels across the statutory and voluntary sectors. A critical factor in relation to service provision is the development of integrated care planning and case management approaches between all relevant agencies and service providers.

Legend Social Inclusion Lead
CD – Completion Date
ADL – Addiction Lead
HL – Homeless Lead
SIL – Social Inclusion Lead

Key Social Inclusion NSP Priorities with NSP and Operational Plan Actions to Deliver in 2015

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Social Inclusion Lead
Achieve improved health outcomes for persons with *addiction issues*.	❍ Progress the integration of Drug Task Force Projects and developments within the wider addiction services in line with objectives of the *National Drug Strategy 2009-2016*.	❍ Ensure that each Local and Regional Drug and Alcohol Task Force (DATF) project is governed by the HSE Grant Aid Agreement/Service Arrangement for 2015. ❍ Additional funding of €1.023m (not included in current Letter of Determination) has been notified to support measures to tackle substance misuse. This funding will support community and voluntary groups or other relevant bodies to undertake once off prevention initiatives in line with the National Substance Misuse Strategy. ❍ Assist projects to participate in planning and reporting in line with the monitoring tool developed by the National Addiction Advisory Governance Group, within the Section 39 Governance Framework. ❍ Ensure that funded organisations; ▪ Support and promote the aims and objectives of the *National Drugs Strategy* to signific*antly reduce the harm* caused to individuals and society by the misuse of drugs. Their annual plans must be linked to both the national strategic actions and	Q1 Q1 Q3 Q4	ADL

		local drug strategy/implementation plans. ▪ Provide the Health Research Board with data on each service user entering and existing service in compliance with the National Drug Treatment Reporting System (NDTRS). ▪ Engage with a Quality Standards Framework such as QuADS through the Quality Standards Support Project. ▪ Implement case management process as guided by the National Drugs Rehabilitation Framework.	Q4 Q4 Q4	
	❍ Implement priority actions from *National Drugs Strategy 2009-2016*. *(Programme for Government Primary Care Funds €2.1m)* ▪ Implement the clinical governance framework for addiction treatment and rehabilitation services.	❍ Develop integrated drug and alcohol services in line with the *National Drugs Strategy* 2009-2016 (NDS) and the Steering Group Report on a *National Substance Misuse Strategy* which provide drug free and harm reduction approaches for problem substance users; and ▪ Facilitate problem substance users to engage with, and avail of such services. ▪ Ensures that each patient has an appointed key worker and a clearly documented care plan that is subject to a regular review and update. ▪ Measures transfers from HSE clinics and level 2 GPs to level 1 GPs. ▪ Carries out a client satisfaction survey of all the addiction services. ❍ Participate in the European Union Reducing Alcohol Related Harm (RARHA) Project. ❍ Develop national guidelines for alcohol consumption to reduce health risks from drinking. ❍ Implement a Naloxone Demonstration Project to assess and evaluate its suitability and impact (in line with DNS Action 40). ❍ Develop a clinical and organisational governance framework (in line with NDS Action 45). ❍ Finalise, launch and maintain an on-line directory of drug and alcohol services and specialist drugs and alcohol treatment programmes (in line with The Recommendations from the *Working Group on Drugs Rehabilitation*, Action 32). *Screening & Brief Intervention* ❍ Roll out *SAOR Screening Programme* (of	Q4 Q4 Q2 Q4 Q4 Q2 Q4	ADL

		Support, Ask and Assess, Offer Assistance and Refer) screening and brief intervention training for alcohol and problem substance use within tier 1 and tier 2 services (25 SAOR training programmes to 300 staff and 3 train the trainer programmes will be delivered nationally) in partnership with Health Promotion and Improvement and the National Addiction Training Programme. ❍ Develop and implement a screening and brief intervention (SBI) implementation plan to support the roll out of national SBI protocol. *Hidden Harm* ❍ Finalise a strategic statement regarding Hidden Harm together with Tusla and Drug and Alcohol services. This statement will guide two pilot sites (North West and in Midlands) to ensure early intervention. ❍ Commission training on Hidden Harm on behalf of Tusla and Drug and Alcohol services staff. ❍ Participate on the North South Alcohol Policy Advisory Group. *National Addiction Training Programme* ❍ Finalise a training needs analysis and workforce Development Plan in line with NDS Action 47. ❍ Co-ordinate the provision of training within the substance misuse framework i.e. Addiction Training Programme in line with NDS Action 47.	Q3 Q1 Q1 Q4 Q3 Q4	
	▪ Implement the outstanding prioritised recommendations of the *Opioid Treatment Protocol,* including the development of an audit process across the full range of drug services. This will incorporate person-centred	❍ Develop an audit process across the full range of drug services that incorporates person centred care planning through the Rehabilitation Framework, in line with the introduction of the Opioid Treatment Protocol recommendation 2.3. ❍ Increase the maximum number of OST patients from 15 to 25 for level 1 prescribers, and in exceptional circumstances from 35 to 50 for level 2 prescribers - Opioid Treatment Protocol recommendations 3.4 and 3.5.	Q2 Q1	

	care planning through the Drug Rehabilitation Framework and increase opioid substitution treatment (OST) patient numbers.			
	▪ Implement referral and assessment for residential services using a shared assessment tool agreed between the HSE and service providers in line with the Drug Rehabilitation Framework.	❍ Develop a shared assessment tool between HSE and Tier 4 service providers in line with the Drugs Rehabilitation Framework and National Protocols and Common Assessment Tools.	Q1	AL
	▪ Implement the findings of the evaluation of the *Pharmacy Needle Exchange Programme (PNEX)*	❍ Increase the level of knowledge of pharmacy in relation to harm reduction as per the PNEX. ❍ Provide training for PNEX staff to reflect the wider range of service provision. ❍ Strengthen integrated care pathways and referral pathways for patients. ❍ Enhance advice and information giving on sexual health including appropriate referral for BBV testing and increased condom distribution.	Q2 Q2 Q1 Q2	AL
	▪ Implement prioritised recommendations of the Tier 4 Report (*Residential Addiction Services*).	❍ Develop a Clinical Audit team and draw up an approved list of residential services based upon adherence to best practice quality standards in relation to staff competencies and clinical operations.	Q2	AL
	▪ Develop joint protocols for integrated care	❍ Develop joint protocols between mental health and drug and alcohol services for patients with severe mental illness and substance misuse	Q1	AL

	planning between mental health services and drug and alcohol services.	problems. (Steering Group Report on National Substance Misuse Strategy 2011, Recommendation 10 and in line with NDS Action 33).		
Homelessness	❍ Support the *Implementation Plan to reduce* ***Homelessness***, approved by Government in May 2014, with particular attention to health related recommendations. ❍ Ensure arrangements are in place so that homeless persons have immediate access to primary care services and that discharge protocols are in place and working effectively, covering discharge from acute hospitals and mental health facilities.	❍ Develop and agree a suite of health outcomes for homeless persons that can be collected, measured and reported through the PASS system. ❍ Support Primary Care Services to ensure that appropriate responses are in place in meeting the health needs of homeless persons in relation to access and service delivery. ❍ Engage with the relevant Departments within the HSE (Social Inclusion, PCRS, E.U Regulation's) and the Dept of Health to agree that the emergency medical care needs of homeless persons are being met. ❍ Ensure that a Homeless Action Team (HAT) is established in each Local Authority area and a care and case management approach is being implemented, particularly in terms of the health and well being of homeless persons. ❍ Engage with relevant Hospital Groups and other key stakeholders to ensure that the discharge protocol / policy relating to homeless persons are being implemented and working effectively, particularly in the area of delayed discharges.	Q2 Q4 Q1 Q2 Q1	AL
Hepatitis C Strategy	❍ Implement the prioritised recommendations of the ***National Hepatitis C Strategy 2011-2014.***	**Health Promotion** ❍ Provide clear, consistent and updated advice on the transmission risks of Hepatitis C through the development of an education and awareness week in July 2015. **Surveillance and Screening** ❍ Develop national guidelines for hepatitis C screening. ❍ Improve information on prevalence of hepatitis C in different settings in Ireland.	Q2 Q4 and Q1 2016	SIL
Improve health outcomes for vulnerable	❍ Improve health outcomes for vulnerable groups with particular	**Traveller and Roma health** Implement actions aimed at improving Traveller and Roma health:		SIL

groups	emphasis on Travellers, Roma, asylum seekers, refugees, homeless service users and women and children experiencing violence	❍ Roll out the asthma education programme in 3 further Traveller Health Units in partnership with the Asthma Society of Ireland. ❍ Work within the context of the Diabetes Clinical Programme and in collaboration with local Diabetes Services to ensure Travellers are supported to access appropriate services and supports.	Q2 Q3	
	❍ Implement actions aimed at improving Traveller and Roma health, including the roll out of the Asthma Education project and enhancing access to primary health services	❍ Deliver an education programme aimed at reducing the risk of diabetes and cardiovascular disease in the Traveller community (2 Traveller Health Units). ❍ Work in partnership with the National Office for Suicide Prevention to reduce incidence of Traveller suicides and to implement actions aimed at improving mental health of this cohort.	Q2 Q4	
	❍ Enhance current structures and processes to ensure a comprehensive response to the health and care needs of asylum seekers and refugees with particular reference to people living in the direct provision system and those refugees arriving in Ireland under the Government refugee resettlement programme	❍ Apply findings of Tallaght Roma Integration report and associated seminar reports produced by Pavee Point towards further targeted projects aimed at improving Roma health. ❍ Address relevant recommendations of the Ombudsman enquiry/ report into removal of Roma children in partnership with Children First Lead. **Intercultural Health** ❍ Review outcomes of HSE National Intercultural Health Strategy, update and deliver on relevant outstanding recommendations, where feasible. ❍ Roll out the use of an Ethnic Identifier across a range of hospital and community service settings.	Q3 Q2 Q1 Q1-Q4	
	❍ Implement strategies aimed at addressing gender based violence, including support for the anticipated National Office for the Prevention of Domestic, Sexual and Gender-based Violence (Cosc): National Strategy on Domestic, Sexual and Gender-based Violence, 2010-2014 and Ireland's	❍ Work with Connolly Hospital on rollout of ethnicity recording across departments on a phased basis. ❍ Implement relevant health related recommendations of the recently established Working Group on Asylum seekers, as appropriate e.g. improve medical card access and make provisions for prescription fees. ❍ Work with the Office for Promotion of Migrant Integration in the Department of Justice and Equality in respect of implementing the health related aspects of the Refugee Resettlement Programme in line with Government commitments and allied health service obligations. ❍ In partnership with the National Advocacy	Q1-Q4 Q2 Q3	

	National Action Plan for Implementation of UNSCR (United Nations Security Council Resolution) 1325, 2011-2014 Strengthen governance and related structures to support the prevention of human trafficking, including the provision of training for staff to ensure appropriate recognition, response and referral.	Unit, finalise, implement and monitor model for provision of interpreting services to service users who are deaf or who have limited English proficiency. **Violence against Women** ❍ Implement health elements of strategies aimed at addressing gender based violence, including support for the anticipated National Office for the Prevention of Domestic, Sexual and Gender-based Violence (Cosc): National Strategy on Domestic, Sexual and Gender-based Violence, 2010-2014 and Ireland's National Action Plan for Implementation of UNSCR (United Nations Security Council Resolution) 1325, 2011-2014. ❍ Strengthen governance and related structures to support the prevention of human trafficking, including the provision of training for staff to ensure appropriate recognition, response and referral. ❍ Progress development of a Second National Action Plan to address Female Genital Mutilation and implement its health related recommendations. **Survivors of Institutional Abuse** ❍ Work collaboratively with stakeholders in Caranua and associated schemes towards ensuring enhanced access of persons who have suffered abuse to primary care and related support services. **HIV/AIDS** ❍ Support expansion of community based testing for members of marginalized communities. ❍ Review Gay Mens Health Project within the context of changes to Baggott St Hospital services. **LGBT** ❍ Work with the Quality Improvement Division towards finalising development and implementation of care pathways for members of the transgender community. ❍ Work with Transgender Equality Network Ireland (TENI) to implement delivery of targeted training to health service clinicians/service providers on transgender issues.	Q3 Q1-Q4 Q1-Q4 Q3 Q1-Q4 Q3 Q2 Q2 Q1-Q4	
		Community Development Initiatives	Q1-	

		❍ Promote and support rollout of the *Framework for Implementation of Community Participation in Primary Care 2014.* ❍ Establish baseline of community development activity in each Community Healthcare Organisation.	Q4 Q2	SLI

Primary Care Reimbursement Service (PCRS)

	2015 Budget €m
PCRS	2,485.8

The Primary Care Schemes are the means through which the health system delivers a significant proportion of primary care services. Scheme services are delivered by Primary Care Contractors e.g. General Practitioners, Pharmacists, Dentists, Optometrists and/or Ophthalmologists.

Key PCRS NSP Priorities with NSP and Operational Plan Actions to Deliver in 2015

NSP Priority	2015 NSP Action	2015 Operational Plan Action	CD	Primary Care Lead
Improving the General Medical Services (GMS) Scheme	Improve the General Medical Services (GMS) Scheme on foot of the report of the medical card process review and the *Report of the Expert Panel on Medical Card Eligibility, 2014* (Keane Report)in consultation with the Minister and the Department of Health.	Implement the recommendations contained within the *Report of the Expert Panel on Medical Card Eligibility, 2014* (Keane Report) in consultation with the Minister and the Department of Health.	Q4	AND Eligibility
	❍ Implement strengthened management and accountability within the Primary Care Reimbursement Service (PCRS) in respect of primary and community services. ❍ Assess eligibility of new applicants for medical cards and GP visit cards and review eligibility of existing cardholders in line with health legislation, policy, regulations and service level arrangements governing administration of the GMS Scheme.	Develop and implement action plans to ensure the two core PCRS functions (i.e. reimbursement and eligibility), have a clear vision, proper staffing and structures combined with an enhanced customer service ethos.	Q4	AND PCRS AND Eligibility

	Implement the first two phases of the introduction of a universal GP service making available a GP service without fees to all children aged under 6 years and to all persons over 70 years.*(Programme for Government €25m for Under 6s and €12m for Over 70s)*	❍ Deliver patient registration systems and processes. ❍ Establish eligibility for the relevant cohorts. ❍ Deliver GP Visit cards to Children under 6 years old. ❍ Deliver GP Visit cards to all over 70s ineligible for a medical card once legislation has commenced. ❍ Deliver enhanced reimbursement functions for GP Reimbursement.	Q2 Q2 Q2 Q2 Q2	AND PCRS AND Eligibility
	Process applications for medical cards and GP visit cards within the agreed turnaround time.	Ensure 90% of properly completed medical / GP visit card applications are processed within the 15 day turnaround.	Q1 – Q4	AND Eligibility
	Reimburse primary care contractors in line with health policy, regulations and the service level arrangements governing the administration of the schemes.	Ensure > 97% of contractors are reimbursed on the contract date.	Q1 – Q4	AND PCRS
	Implement strategic projects to support organisational and divisional priorities, e.g. ❍ Examine claims for services from primary care contractors under the Community Schemes to ensure their reasonableness and accuracy. ❍ Increase the use of advanced data analysis to support inspection functions. ❍ Provide new drugs and medicines in accordance with agreements and legislation. ❍ Arrange for reimbursement of newly licensed treatments to specified Hepatitis C patients on the basis of clinical need as defined in the multi-annual public health plan for the	❍ Conduct Community Schemes Control investigations. ❍ Deliver Hep C Patient registration systems and procedures. Register appropriate patient cohorts and ensure that the reimbursement functions are implemented correctly in the provision of Hepatitis C medicine to patients as defined in the multi-annual public health plan for the pharmaceutical treatment of Hepatitis C (cross reference primary care Hep C actions).	Q1 – Q4 Q1 – Q4	AND PCRS AND PCRS

	pharmaceutical treatment of Hepatitis C. ❍ Implement postcodes in the national client index, the Medical Card Scheme and throughout PCRS systems and infrastructure in readiness for the expected launch of post code usage in Quarter 2.	❍ Implement postcodes in the national client index, the Medical Card Scheme and throughout PCRS systems and infrastructure in readiness for the expected launch in Q2 2015.	Q1 – Q4	AND PCRS
	❍ Implement drug reference pricing and generic substitution to include reviewing existing drug reference prices on a rolling twelve monthly basis.	❍ Ensure 100% of existing drug reference prices reviewed within 12 months from the date prices were set.	Q1 – Q4	AND PCRS
	❍ Support the work of the HSE Medicine Management Programme (MMP) to improve quality and safety and cost effective prescribing behaviours.	❍ Design, develop and implement reports to support the work of the Medicines Management Programme.	Q1 – Q4	AND PCRS
	❍ Integrate exchange of data from the Office of the Revenue Commissioner and from the Department of Social Protection with the Medical Card Scheme.	❍ Design and build the integration of relevant Revenue and DSP data into eligibility assessment processes and systems.	Q1 – Q4	AND Eligibility

Balanced Scorecard

Primary Care Division Services

Quality and Safety		Access	
Primary Care		**Primary Care**	
Physiotherapy		**Community Intervention Teams**	
▪ % of referrals seen for assessment within 12 weeks	80%	▪ Admission Avoidance (includes OPAT)	1,165
Occupational Therapy		▪ Hospital Avoidance	17,728
▪ % of referrals seen for assessment within 12 weeks	80%	▪ Early discharge (includes OPAT)	4,123
Oral Health		▪ Other	2,910
▪ % of new patients whose treatment is completed within 9 months of assessment	New 2015	**Total**	25,926
Orthodontics		**GP Activity**	
▪ % of referrals seen for assessment within 6 months	75%	▪ No. of contacts with GP Out of Hours	959,455
▪ Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade IV and V)	<5%	**Nursing, Podiatry, Ophthalmology, Audiology, Dietetics and Psychology**	
Smoke free premises		▪ No of patient referrals	Baseline to be determined 2015
▪ % of health care centres tobacco free	100%	▪ Existing patients seen in the month	
		▪ New patients seen in the month	
Primary Care – Social Inclusion		**Primary Care – Social Inclusion**	
Opioid Substitution Treatment		**Opioid Substitution Treatment**	
▪ % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	▪ No. of clients in receipt of opioid substitution treatment (outside prisons)	9,400
▪ % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	▪ No. of clients in receipt of opioid substitution treatment (prisons)	490
Traveller Health		**Homeless Services**	
▪ No of people who received awareness raising and information on type 2 diabetes and cardiovascular health	20% of the population in each Traveller Health Unit	▪ % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed as part of a Holistic Needs Assessment (HNA) within two weeks of admission	85%
		Needle Exchange	
		▪ No. of unique individuals attending pharmacy needle exchange	1,200
		Health Amendment Act	
		▪ No. of patients offered assessment of need	1,440
		▪ No. of patients who were reviewed	820
Primary Care – PCRS		**Primary Care – PCRS**	
Medical Cards		**Medical Cards**	
▪ % of properly completed Medical /GP Visit Card applications processed within the 15 day turnaround	90%	▪ No of persons covered by Medical Cards as at 31st December	1,722,395
▪ % of Medical Card / GP Visit Card applications, assigned for Medical Officer review, processed within 5 days	90%	▪ No of persons covered by GP Visit Cards as at 31st December	412,588
Quality Assurance			
Serious Reportable Events			
% compliance with the HSE Safety Incident Management Policy for Serious Reportable Events	Full Compliance		

Reportable Events (Incidents) ▪ % of events being reported within 30 days of occurrence to designated officer	95%		
Healthcare Associated Infections ▪ Consumption of antibiotics in community setting (defined daily doses per 1,000 inhabitants per day)	<21.7		
Quality and Safety Committees ▪ Quality and Safety committees across all Divisions at Divisional, Hospital Group and Community Healthcare Organisation	100%		
Complaints ▪ % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%		
Staff training ▪ % of staff interacting with patients who have received mandatory Hand Hygiene Training in the last 2 years? ▪ % of staff trained in manual handling ▪ % of staff trained in fire training	100% 100% 100%		
	Finance	**Human Resources**	
Budget Management including savings **Net Expenditure variance from plan (budget) – YTD and Projected to year end (M)** ▪ Pay - Direct / Agency / Overtime ▪ Non-pay (including procurement savings) ▪ Income ▪ Acute Hospital private charges income and receipts	≤0%	**Human Resources Management** **Absence** ▪ % and cost of absence rates by staff category (M) (3.5%) **Staffing levels and Costs** ▪ Variance from HSE workforce ceiling (within approved funding levels) (M) (≤0%) ▪ Turnover rate and stability index ▪ New development posts filled	3.5% ≤0%
Service Arrangements/ Annual Compliance Statement ▪ % of number and amount of the monetary value of Service Arrangements signed (M) ▪ % and number of Annual Compliance Statements signed (Annual, reported in June)			
Capital ▪ Capital expenditure measured against expenditure profile (Q)	On target		
Key Result Areas – Governance and Compliance (Development focus in 2015)		**Key Result Areas – for development in 2015** ▪ **Work force and action plan** ▪ **Culture and staff engagement** ▪ **Learning and development**	
Internal Audit (Q) ▪ No of recommendations implemented, against total number of recommendations (Q)			
Relevant to Controls Assurance Review output (Quarterly – Development area - from end quarter 2) ▪ Areas under consideration include: Tax, Procurement , Payroll controls including payroll arrangements and Cash handling			

Appendix 1 Primary Care 2015 Capital Programme

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2015 Implications	
						2015	Total	WTE	Rev Costs €m
PRIMARY CARE DIVISION									
Area 1									
Ballyshannon, Co. Donegal	Primary Care Centre – refurbishment and upgrade of former convent and school	Q3 2015	Q4 2015	0	0	3.80	7.85	0	0
Area 3									
Limerick City - (Market 1 and 2 - Garryowen)	Primary Care Centre, by lease agreement	Q4 2015	Q1 2016	0	0	0.00	0.00	0	0
Borrisokane, Co. Tipperary	Extension of primary care facility	Q4 2015	Q1 2016	0	0	0.38	0.40	0	0
Area 4									
Charleville, Co Cork	Primary Care Centre, by lease agreement (includes a mental health primary care centre)	Q3 2015	Q4 2015	0	0	0.00	0.00	0	0
St. Finbarr's Hospital, Cork	Audiology services – ground floor, block 2	Q4 2015	Q4 2015	0	0	0.80	1.50	0	0
Area 5									
Gorey (site 3), Co Wexford	Primary Care Centre by lease agreement	Q4 2015	Q4 2015	0	0	0.00	0.00	0	0
Area 6									
Deansgrange, Dublin	Primary Care Centre, by lease agreement	Q4 2015	Q4 2015	0	0	0.00	0.00	0	0
Wicklow Town	Primary Care Centre, by lease agreement (includes a mental health primary care centre)	Q4 2014	Q1 2015	0	0	0.00	0.00	0	0
Area 7									
Rathangan / Monasterevin, Co. Kildare	Primary Care Centre, by lease agreement	Q3 2015	Q3 2015	0	0	0.00	0.00	0	0
Tus Nua, Kildare town	Primary Care Centre, by lease agreement	Q4 2015	Q1 2016	0	0	0.00	0.00	0	0
Blessington, Wicklow	Primary Care Centre, by lease agreement	Q4 2015	Q1 2016	0	0	0.00	0.00	0	0
Meath Hospital, Dublin	Demolition of a number of derelict buildings in the Meath Hospital campus, making safe the remaining structures; refurbishment of a number of buildings (City Lodge and Doctor's Residence) to accommodate services currently in rented accommodation	Q4 2014	Q1 2015	0	0	0.50	4.48	0	0
Area 8									
Kells, Co. Meath	Primary Care Centre by lease agreement	Q3 2015	Q4 2015	0	0	0.00	0.00	0	0

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replacement Beds	Capital Cost €m		2015 Implications	
						2015	Total	WTE	Rev Costs €m
St. Fintan's Hospital Portlaoise. Co. Laois	St. Fintan's administration accommodation for therapy services (top floor)	Q2 2015	Q4 2015	0	0	3.00	4.00	0	0
Area 9									
Corduff, Dublin	Primary Care Centre to be developed on HSE owned site	Q4 2015	Q1 2016	0	0	5.89	7.76	0	0
Navan Road, Dublin	Primary Care Centre by lease agreement	Q1 2015	Q2 2015	0	0	0.00	0.00	0	0

Appendix 2 Primary Care Division 2015 Metrics/PIs

Appendix 2 (a) National View

The metrics/PIs highlighted in yellow background are those reflected in the 2015 National Service Plan

Note 1: Datasets in test phase. Baseline to be determined in 2015

Primary Care			
Indicator	**NSP 2014 Expected Activity / Target**	**Projected Outturn 2014**	**Expected Activity / Target 2015**
Primary Care			
No. of PCTs	485	326	485
Community Intervention Teams Activity:			
Admission Avoidance (includes OPAT)	PI amended – not comparable	543	1,165
Hospital Avoidance		8,564	17,728
Early discharge (includes OPAT)		3,147	4,123
Other		2,240	2,910
Total		**14,494**	**25,926**
Community Intervention Teams by referral source:			
ED / Hospital wards / Units	PI amended – not comparable	9,522	18,909
GP Referral		2,921	3,941
Community Referral		982	1,280
OPAT Referral		1,069	1,796
Total		**14,494**	**25,926**
No. of existing primary care diabetes initiatives aligned to the nationally agreed model of care	10	0	10
GP Activity			
No. of contacts with GP Out of Hours	994,936	959,455	959,455
Tobacco Control			
% all new primary care centres to open tobacco free	100%	100%	100%
% of existing health centres to be tobacco free	70%	70%	100%
Physiotherapy			
No. of patient referrals	171,774	184,596	184,596
No. of patients seen for a first time Assessment	141,331	159,260	159,260
No. of patients treated in the reporting month (monthly target)	33,453	34,993	34,993
No. of face to face contacts / visits	715,365	770,878	770,878
% of referrals seen for assessment within 12 weeks	New PI 2015	New PI 2015	80%
Occupational Therapy			
No. of patient referrals	70,978	85,030	85,030
No. of new patients seen for first assessment	71,540	83,004	83,004
No. of patients treated (direct and indirect) (monthly target)	16,704	19,811	19,811
% of referrals seen for assessment within 12 weeks	New PI 2015	New PI 2015	80%

Primary Care			
Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
Orthodontics No. of patients receiving active treatment at the end of the reporting period	22,114	20,041	21,050
% of referrals seen for assessment within 6 months	New PI 2015	New PI 2015	75%
% on waiting list for assessment less than or equal to 12 months	90%	98%	100%
% of patients on the treatment waiting list less than 2 years	75%	62% (Q3)	75%
% of patients on treatment waiting list less than 4 years (grade 4 and 5)	95%	95% (Q3)	95%
No. of patients on the assessment waiting list at the end of the reporting period	7,390	6,165 (Q3)	6,165
No. of patients on the treatment waiting list – grade 4 –at the end of the reporting period	7,781	9,444 (Q3)	9,444
No. of patients on the treatment waiting list – grade 5 –at the end of the reporting period	6,481	7,562 (Q3)	7,562
Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade 4 and 5)	< 5%	5.3% (Q3)	<5%
Oral Health (Primary Dental Care and Orthodontics) No. of new patients attending for Scheduled Assessment	New PI 2014	Not available	Not available
No. of new patients attending for Unscheduled Assessment	New PI 2014	Not available	Not available
% of new patients needing further care who commenced treatment within 3 months of assessment	New PI 2014	Not available	Not available
% of new patients whose treatment is completed within 9 months of assessment	New PI 2014	Not available	Not available
No. of new patients attending for unscheduled care who are prescribed an antibiotic	New PI 2014	Not available	Not available
No. of new patients on antibiotics who receive a return appointment within 10 working days	New PI 2014	Not available	Not available
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)	< 21.7	22.9	< 21.7
Primary Care – Psychology No. of patient referrals	New PI 2015	New PI	Baseline to be established 2015
Existing patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
New patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
Longest waiting time for service	New PI 2014	New PI	Baseline to be established 2015
Primary Care – Podiatry No. of patient referrals	New PI 2015	New PI	Baseline to be established 2015
Existing patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
New patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
Longest waiting time for service	New PI 2014	New PI	Baseline to be established 2015
Primary Care – Ophthalmology	New PI 2015	New PI	New PI 2015

Primary Care

Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
No. of patient referrals			
Existing patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
New patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
Longest waiting time for service	New PI 2014	New PI	Baseline to be established 2015
Primary Care – Audiology			
No. of patient referrals	New PI 2015	New PI	New PI 2015
Existing patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
New patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
Longest waiting time for service	New PI 2014	New PI	Baseline to be established 2015
Primary Care – Dietetics			
No. of patient referrals	New PI 2015	New PI	New PI 2015
Existing patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
New patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
Longest waiting time for service	New PI 2014	New PI	Baseline to be established 2015
Primary Care – Nursing			
No. of patient referrals	New PI 2015	New PI	New PI 2015
Existing patients seen in the month	New PI 2014	New PI	Baseline to be established 2015
New patients seen in the month	New PI 2015	New PI	Baseline to be established 2015
Longest waiting time for service	New PI 2015	New PI	Baseline to be established 2015

Social Inclusion

Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
Opioid Substitution Treatment			
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	9,100	9,321	9,400
No. of clients in opioid substitution treatment in Clinics	New PI	5,384	5,400
No. of clients in opioid substitution treatment with level 2 GP's	New PI	1,982	2,000
No. of clients in opioid substitution treatment with level 1 GP's	New PI	1,935	2,000
No. of clients in receipt of opioid substitution treatment (prisons)	500	490	490
No. of clients transferred from clinics to level 1 GP's	New PI	-	300
No. of clients transferred from level 2 GP's	New PI	-	100
No. of clients transferred from level 2 to level 1 GP's)	New PI	-	120
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	New PI	-	500
Total no. of new clients in receipt of opioid substitution treatment (clinics)	New PI	-	400

Social Inclusion			
Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	New PI	-	100
Total no. of new clients in receipt of opioid substitution treatment (Prisons)	New PI	-	210
Number of Pharmacies providing of opioid substitution treatment	New PI	-	630
Number of people obtaining opioid substitution treatment from Pharmacies	New PI	-	6,430
Substance Misuse (All Drugs)			
No. of substance misusers who present for treatment	1,274	1,274	1,274
No. of substance misusers who present for treatment who receive an assessment within 2 weeks	New PI	-	797
% of substance misusers who present for treatment who receive an assessment within 2 weeks	New PI	-	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	1,260	1,124 100%	1,124 100%
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	1,100 100%	1,100 100%	1,100 100%
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	100%	100%	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	105	32	32
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	New PI	-	30
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	100%	100%	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	New PI	-	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	New PI	-	100%
No. of substance misusers (under 18 years) for whom treatment has commenced	Existing	32	32
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	New PI	-	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	New PI	-	100%
Alcohol			
No. of problem alcohol users who present for treatment	New PI	-	699
No. of problem alcohol users who present for treatment who receive an assessment within 2 weeks	New PI	-	414
% of problem alcohol users who present for treatment who receive an assessment within 2 weeks	New PI	-	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	New PI	-	636
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	New PI	-	635
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	New PI	-	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	New PI	-	5
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	New PI	-	5
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	New PI	-	100%

Social Inclusion			
Indicator	**NSP 2014 Expected Activity / Target**	**Projected Outturn 2014**	**Expected Activity / Target 2015**
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	New PI	-	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	New PI	-	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	New PI	-	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	New PI	-	100%
No. of tier 1 and tier 2 staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	New PI	-	300
Needle Exchange			
No. of pharmacies recruited to provide Needle Exchange Programme	130	129	129
No. of unique individuals attending pharmacy needle exchange	700	1,253	1,200
No. of pharmacy needle exchange packs provided	1,898	3,303	3,200
Average No. of needle / syringe packs per person	20	16	15
No. and % of needle / syringe packs returned	760 40%	981 30%	930 30%
Homeless Services			
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	1,500 75%	1,319 75%	75%
No and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by Hostel staff to acquire a medical card during the quarter.	New PI	New PI	90%
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed as part of a Holistic Needs Assessment (HNA) within two weeks of admission	85%	80%	85%
% of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	60%	78%	80%
Health (Amendment) Act – Services to persons with state acquired Hepatitis C			
No. of patients offered assessment of need	New PI	New PI	1,440
No. of patients who were reviewed	New PI	New PI	820
Traveller Health			
Number of people who received awareness raising and information on type 2 diabetes and cardiovascular health	New PI	New PI	3,470 20% of the population in each Traveller Health Unit
Number of people who received awareness and participated in positive mental health initiatives	New PI	New PI	3,470 20% of the population in each Traveller Health Unit

Primary Care Reimbursement Service (PCRS)

Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
Medical Cards / GP Visit Cards			
No. of persons covered by Medical Cards as at 31st December	1,875,707	1,782,395	1,722,395
No. of persons covered by GP Visit Cards as at 31st December	402,138	155,000	412,588
% of properly completed Medical / GP Visit Card applications processed within the 15 day turnaround	90%	90%	90%
% of Medical Card / GP Visit Card applications, assigned for Medical Officer review, processed within 5 days	New PI 2015	New PI 2015	90%
Long Term Illness			
No. of claims	944,288	1,120,068	1,120,068
No. of items	3,059,492	3,942,639	3,942,639
Drug Payment Scheme			
No. of claims	2,512,529	2,141,409	2,396,604
No. of items	8,551,742	7,135,113	7,985,416
GMS			
No. of prescriptions	21,639,388	19,419,440	18,696,633
No. of items	66,432,920	59,958,821	57,727,106
No. of claims – special items of service	946,957	944,278	943,897
No. of claims – special type of consultations	1,242,077	1,138,571	1,149,957
HiTech	531,607	514,011	520,857
No. of claims			
DTSS			
No. of treatments (above the line/routine)	1,354,079	1,266,881	1,356,483
No. of treatments (below the line/complex)	68,338	67,592	70,379
No. of patients who have received treatment (above the line/routine)	617,446	587,482	628,611
No. of patients who have received treatment (below the line/complex)	65,769	65,175	67,907
Community Ophthalmic Scheme			
No. of treatments:	845,715	851,316	848,747
a) Adult	771,933	771,629	767,068
b) Children	73,782	79,687	81,679

Primary Care Division - System Wide KPIs

Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
Complaints	75%	69%	75%
% of complaints investigated within 30 working days of being acknowledged by a complaints officer			
Serious Reportable Events	-	-	Full compliance
% compliance with the HSE Safety Incident Management Policy for Serious Reportable Events			
Reportable Events (Incidents)	-	-	
% of events being reported within 30 days of occurrence to designated officer			95%
Quality and Safety Committees	-	-	
Quality and Safety Committees across all Divisions at Divisional, Hospital Group and Community Health Organisation			100%
Staff Training			
% of staff interacting with patients who have received mandatory Hand Hygiene training in the last 2 years	-	-	100%
	-	-	100%

Primary Care Division - System Wide KPIs			
Indicator	NSP 2014 Expected Activity / Target	Projected Outturn 2014	Expected Activity / Target 2015
% of staff trained in manual handling % of staff trained in fire training	-	-	100%
Finance **Net Expenditure variance from plan (budget) – YTD and Projected to year end** Pay - Direct, Agency and Overtime Non-Pay (including procurement savings) Income **Service Arrangements /Annual Compliance Statement** % of number and amount of the monetary value of Service Arrangements signed % and number of Annual Compliance Statements signed **Capital** Capital expenditure measured against expenditure profile			≤0% 100% On target
Governance and Compliance (Development Focus in 2015) **Internal Audit** No of recommendations implemented, against total number of recommendations **Control Assurance Review Output** Areas under consideration include: Tax, Procurement, Payroll Controls including payroll arrangements and cash handling			
HR **Absence** % and cost of absence rates by staff category **Staffing Levels and Cost** Variance from HSE workforce ceiling (within approved funding levels) Turnover rate and stability index New development posts filled **Key Result Areas – for development in 2015** Workforce and action plan Culture and staff engagement Learning and development			3.5% ≤0%

Appendix 2 Primary Care Division 2015 Metrics/PIs

Appendix 2 (b) Community Health Organisation View 2015 Targets

The metrics/PIs highlighted in yellow background are those reflected in the 2015 National Service Plan

Primary Care													
				Targets Expected Activity 2015									
Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
Primary Care Teams													
No. of PCTs	Existing	M	326	42	46	41	79	55	40	64	65	53	**485**
Community Intervention Teams													
Community Intervention Teams Activity:													
Admission Avoidance (includes OPAT)			543	0	0	83	516	92	120	67	0	287	**1,165**
Hospital Avoidance			8,564	0	0	1,060	582	1,001	759	8,790	0	5,536	**17,728**
Early discharge (includes OPAT)	Existing	M	3,147	0	228	733	515	365	168	1,002	0	1,112	**4,123**
Other			2,240	0	0	565	604	51	69	0	0	1,621	**2,910**
Total			14,494	0	228	2,441	2,217	1,509	1,116	9,859*	0	8,556*	**25,926**
Community Intervention Teams by Referral Source:													
ED / Hospital wards / Units			9,522	0	228	1,345	689	565	516	9,079	0	6,487	**18,909**
GP Referral			2,921	0	0	347	486	738	456	325	0	1,589	**3,941**
Community Referral	Existing	M	982	0	0	548	402	0	0	175	0	155	**1,280**
OPAT Referral			1,069	0	0	201	640	206	144	280	0	325	**1,796**
Total			14,494	0	0	2,441	2,217	1,509	1,116	9,859	0	8,556	**25,926**
Diabetes Service													
No. of existing primary care diabetes initiatives aligned to the nationally agreed model of care	Existing	Q	0	2	1	1	1	-	1	1	1	2	**10**
GP Activity													

Primary Care

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
No. of contacts with GP Out of Hours**	Existing	M	959,455										**959,455**
Tobacco Control													
% all new primary care centres to open tobacco free	Existing	Q	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
% of existing health centres to be tobacco free	Existing	Q	70%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
Physiotherapy services													
No. of patient referrals	Existing	M	**184,596**	24,498	21,376	16,556	26,522	23,336	10,614	18,926	27,288	15,480	184,596
No. of patients seen for a first time Assessment	Existing	M	**159,260**	20,200	16,312	13,012	26,412	20,096	8,650	17,784	22,946	13,848	159,260
No. of patients treated in the reporting month (monthly target)	Existing	M	**34,993**	4,606	3,938	2,575	5,646	4,289	1,962	3,929	5,293	2,755	34,993
No. of face to face contacts / visits	Existing	M	**770,878**	113,232	87,798	58,392	114,348	94,630	44,266	79,710	117,952	60,550	770,878
% of referrals seen for assessment within 12 weeks	New	M	New 2015	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Occupational Therapy services													
No. of patient referrals	Existing	M	**85,030**	11,394	6,876	6,756	8,984	9,992	5,970	11,852	13,894	9,312	85,030
No. of new patients seen for first assessment	Existing	M	**83,004**	9,944	5,408	6,192	9,620	10,678	6,500	12,658	11,954	10,050	83,004
No. of patients treated (direct and indirect) (monthly target)	Existing	M	**19,811**	2,836	2,463	1,207	2,074	1,998	1,293	2,770	3,060	2,110	19,811
% of referrals seen for assessment within 12 weeks	New	M	New 2015	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Orthodontic services													
No. of patients receiving active treatment at the end of the reporting period	Existing	Q	20,041										**21,050**
% of referrals seen for assessment within 6 months	New	Q	New 2015										**75%**
% on waiting list for assessment less than or equal to 12 months	Existing	Q	98%										**100%**
% of patients on the treatment waiting list less than 2 years	Existing	Q	62%										**75%**

Primary Care

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
% of patients on treatment waiting list less than 4 years (grade 4 and 5)	Existing	Q	95%										**95%**
No. of patients on the assessment waiting list at the end of the reporting period	Existing	Q	6,165										**6,165**
No. of patients on the treatment waiting list – grade 4 –at the end of the reporting period	Existing	Q	9,444										**9,444**
No. of patients on the treatment waiting list – grade 5 –at the end of the reporting period	Existing	Q	7,562										**7,562**
Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade 4 and 5)			<5.3%										**<5%**
Oral Health													
No. of new patients attending for Scheduled Assessment	Existing	M	Not available										**Not available**
No. of new patients attending for Unscheduled Assessment	Existing	M	Not available										**Not available**
% of new patients needing further care who commenced treatment within 3 months of assessment	Existing	M	Not available										**Not available**
% of new patients whose treatment is completed within 9 months of assessment	Existing	M	Not available										**Not available**
No. of new patients attending for unscheduled care who are prescribed an antibiotic	Existing	M	Not available										**Not available**
No. of new patients on antibiotics who receive a return appointment within 10 working days	Existing	M	Not available										**Not available**
Healthcare Associated Infections: Medication Management													

Primary Care

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)			22.9										< 21.7
Psychology services													
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	New 2015
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Podiatry Services													
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	New 2015
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	Baseline to be established 2015

Primary Care

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
Ophthalmology services													
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	**New 2015**
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
Audiology services													
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	**New 2015**
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
Dietetics services													

Primary Care

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	**New 2015**
Existing patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
New patients seen in the month	New	M	New PI	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
Longest waiting time for service	New	M	New PI	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
Nursing services													
No. of patient referrals	New	M	New PI	-	-	-	-	-	-	-	-	-	**New 2015**
Existing patients seen in the month	New	M	In test phase	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
New patients seen in the month	New	M	In test phase	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
Longest waiting time for service	New	M	In test phase	-	-	-	-	-	-	-	-	-	**Baseline to be established 2015**
System Wide KPIs													

Primary Care

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
Complaints													
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	Existing	Q	69%	75%	75%	75%	75%	75%	75%	75%	75%	75%	**75%**
Serious Reportable Events													
% compliance with the HSE Safety Incident Management Policy for Serious Reportable Events	New	-	New 2015	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	Full compliance	**Full compliance**
Reportable Events (Incidents)													
% of events being reported within 30 days of occurrence to designated officer	New	-	New 2015	95%	95%	95%	95%	95%	95%	95%	95%	95%	**95%**
Quality and Safety Committees													
Quality and Safety Committees across all Divisions at Divisional, Hospital and community Healthcare Organisation	New	-	New 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
Staff Training													
% of staff interacting with patients who have received mandatory Hand Hygiene training in the last 2 years	New	-	New 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
% of staff trained in manual handling				100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**
% of staff trained in fire handling				100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**

* CIT data: Area 9 contains full CIT DNE 2015 target and Area 7 contains full CIT DML 2015 target.

** GP Out of Hours contacts: the configuration of GP Out of Hours services are not aligned to CHO view at this time.

Social Inclusion

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
Opioid													
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	Existing	M	9,321	74	120	269	361	380	952	3721	543	2,980	9,400
No. of clients in opioid substitution treatment in Clinics	New	M	New PI 2015	0	34	123	279	226	518	2,116	227	1,877	5,400
No. of clients in opioid substitution treatment with level 2 GP's	New	M	New PI 2015	36	0	100	20	0	189	895	175	585	2,000
No. of clients in opioid substitution treatment with level 1 GP's	New	M	New PI 2015	35	71	62	73	143	244	717	143	512	2,000
No. of clients in receipt of opioid substitution treatment (prisons)	Existing	M	490	-	-	-	-	-	-	-	-	-	490
No. of clients transferred from clinics to level 1 GP's	New	M	New PI 2015	3	23	5	47	63	13	60	24	62	300
No. of clients transferred from clinics to level 2 GP's	New	M	New PI 2015	0	0	5	5	0	4	40	1	45	100
No. of clients transferred from level 2 to level 1 GP's	New	M	New PI 2015	8	0	3	5	0	24	37	29	14	120
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	New	M	New PI 2015	0	16	34	69	68	38	129	44	102	500
Total no. of new clients in receipt of opioid substitution treatment (clinics)	New	M	New PI 2015	0	15	30	67	65	11	108	23	81	400
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	New	M	New PI 2015	0	5	0	6	0	24	20	25	20	100
Total no. of new clients in receipt of opioid substitution treatment (Prisons)	New	M	New PI 2015	-	-	-	-	-	-	-	-	-	210
Number of Pharmacies providing of opioid substitution treatment	New	M	New PI 2015	34	45	44	57	68	61	133	80	108	630
Number of people obtaining opioid substitution treatment from Pharmacies	New	M	New PI 2015	93	122	245	362	423	625	2129	613	1818	6,430

Social Inclusion

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
Substance Misuse (All drugs)													
No. of substance misusers who present for treatment	Existing	Q	1,274	181	77	52	311	399	0	2	249	3	1,274
No. substance misusers who present for treatment who receive an assessment within 2 weeks	New	Q	New PI 2015	92	57	41	174	294	0	2	135	2	797
% Substance misusers who present for treatment who receive an assessment within 2 weeks	New	Q	New PI 2015-	100%	100%	100%	100%	100%		100%	100%	100%	100%
No. substance misusers (over 18 years) for whom treatment has commenced following assessment	Existing	Q	1,124	146	64	41	243	384	0	2	242	2	1,124
No. substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Existing	Q	1,100	145	64	33	243	380	0	2	231	2	1,100
% substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Existing	Q	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. substance misusers (under 18 years) for whom treatment has commenced following assessment	Existing	Q	32	9	4	0	6	11	0	0	2	0	32
No. substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Existing	Q	30	8	4	0	5	11	0	0	2	0	30
% substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Existing	Q	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of substance misusers (under 18 years) for whom treatment has commenced	Existing	Q	32	9	4	-	6	11	-	-	2	-	32

Social Inclusion

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
% substance misusers (under 18 years) for whom treatment has commenced who have n assigned key worker	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Alcohol													
No. problem alcohol misusers who present for treatment	New	Q	New PI 2015	137	9	4	181	230	0	2	134	2	699
No. problem alcohol users who present for treatment who receive an assessment within 2 weeks	New	Q	New PI 2015	68	9	3	98	171	0	2	62	1	414
% problem alcohol users who present for treatment who receive an assessment within 2 weeks	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. problem alcohol users (over 18 years) for whom treatment has commenced following assessment	New	Q	New PI 2015	116	7	3	148	227	0	2	131	2	636
Number of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	New	Q	New PI 2015	116	7	3	148	227	0	2	130	2	635
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	New	Q	New PI 2015	2	-	-	1	2	-	-	-	-	5
Number of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	New	Q	New PI 2015	2	-	-	1	2	-	-	-	-	5
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following	New	Q	New PI 2015		100%	100%			100%	100%	100%	100%	

Social Inclusion

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
				Area 1 Cavan/ Monaghan, Donegal, Sligo/Leitrim	Area 2 Galway, Mayo, Roscommon	Area 3 Clare, Limerick, N. Tipp. / E Limerick	Area 4 Kerry, N. Cork, N. Lee, S. Lee, W. Cork	Area 5 Carlow/ Kilkenny, S. Tipp., Waterford, Wexford	Area 6 Dublin S.E., Dun Laoghaire, Wicklow	Area 7 Dublin S. City, Dublin S.W., Dublin W., Kildare/W. Wicklow	Area 8 Laois/Offaly, Longford/ Westmeath, Louth, Meath	Area 9 Dublin N., Dublin N. Central, Dublin NW	National Target / Expected Activity
assessment				100%			100%	100%					100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	New	Q	New PI 2015	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of tier 1 and tier 2 staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	New	Q	New PI 2015	30	30	20	100	30	-	40	30	20	300
Needle Exchange													
No. of pharmacies recruited to provide needle exchange programme	Existing	M	129	12	40	10	16	24	0	0	27	0	129
No. of unique individuals attending pharmacy needle exchange	Existing	M	1,253	19	112	271	356	184	0	0	258	0	1,200
No. of pharmacy needle exchange packs provided	Existing	M	3,303	48	234	554	1,007	834	0	0	523	0	3,200
Average no. of needle/syringe packs per person	Existing	M	16	17	19	13	28	21	0	0	13	0	15
No. of % of needle/syringe packs returned	Existing	M	981 30%	32 67%	72 (31%)	210 (38%)	287 (29%)	200 (24%)	0	0	129 (25%)	0	930 30%
Homeless													
No. and % of individual service users admitted to	Existing	Q	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%

Social Inclusion

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
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homeless emergency accommodation/hostels who have medical cards													
No. of service users admitted during the quarter who did not have a valid medical card on admission and who are assisted by hostel staff to acquire a medical card during the quarter	New	Q	New PI 2015	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of service users admitted to homeless emergency accommodation/facilities whose health needs have been assessed as part of a holistic needs assessment (HNA) within 2 weeks of admission	Existing	Q	80%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
% of service users admitted to homeless emergency accommodation hostel/facilities whose health needs have been assessed and who are being supported to manager their physical/general health and addiction issues as part of their care/support plan	Existing	Q	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Traveller Health													
Number of people who received awareness raising and information on type 2 diabetes and cardiovascular health	New	Q	New PI 2015	245	695	350	320	395	130	475	585	275	3,470 20% of the population in each Traveller Health Unit
Number of people who received awareness and participated in positive mental health initiatives	New	Q	New PI 2015	245	695	350	320	395	130	475	585	275	3,470 20% of the population in each Traveller Health Unit
Health (Amendment) Act – Services to persons with state acquired Hepatitis C													

Social Inclusion

Service Area	New/ Existing KPI	Data Timing	National Projected Outturn 2014	Targets Expected Activity 2015									
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No. patients offered assessment of need	New	Q	New PI 2015	70	130	115	190	165	125	260	155	230	1,440
No. of patients who were reviewed	New	Q	New PI 2015	50	70	65	100	90	70	185	65	125	820

Note: Where CHO/Areas actual out-turn is less than 10 this data will not be published to protect anonymity.