Primary Care Division

Operational Plan

2014

Our Priorities

Overall
- Safety and quality of services
- Service integration and improved access for patients and clients
- Value for money and productivity

Primary Care
- Primary care team development
- Health and social care networks
- Introduction of GP services for children aged 5 years and under
- Alignment of national clinical programmes and primary care
- Transfer of clinical activity from acute hospitals to primary care

Social Inclusion
- Substance misuse
- Hepatitis C patients
- Homelessness
- Ethnic and cultural diversity

Primary Care Reimbursement Service
- Medical Cards and GP Visit Cards: efficient provision and service delivery
- Guideline changes: Medical Cards and GP Visit Cards for persons aged 70 and over; persons returning to work
- Drug reference pricing and generic substitution

Contents

Introduction

Primary Care Division

The development of the Primary Care service 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

The Division will provide clear leadership in implementing primary care and social inclusion initiatives/actions along with the other Divisions and stakeholders. It will deliver existing statutory commitments and work to deliver the key priorities and actions as set out in this Primary Care Division Operational Plan for 2014. The activity profile outlined in the plan covers the areas of Primary Care Teams and Networks, PCRS and Social Inclusion services.

Primary Care

The Primary Care Strategy defined primary care as being *'an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social wellbeing'.* 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 the population 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 its defined population in conjunction with a wider range of Health and Social Care Network (HSCN) services. Building on the foundation work to date in primary care, the services will further realise the capacity to provide focused front line responses to patient needs.

Social Inclusion

Social Inclusion plays a key role in supporting equity of access to services and provides targeted interventions to improve the health outcomes of minority groups which encompass 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 characteristically present with a complex range of health and support needs which require multi-agency and multi-faceted interventions. The Health Service promotes and leads on integrated approaches at different levels across statutory and voluntary sectors. A critical success factor is the continued development of integrated care planning and case management approaches between all relevant agencies and service providers.

PCRS

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

Services are provided to 3.4m people in the community through 7,007 Primary Care Contractors. The Primary Care Schemes include:

- General Medical Services (GMS) – Medical Card Scheme including GP Visit Cards
- Drug Payment Scheme
- Long Term Illness Scheme
- Dental Treatment Services Scheme (DTSS)
- High Tech Drug Arrangements

- Primary Childhood Immunisation Scheme
- Community Ophthalmic Scheme
- Services under Health (Amendment) Act 1996
- Methadone Treatment Service
- Immunisation (including influenza) for eligible persons
- European Health Insurance Card

Reforming Services

In 2012, the Minister for Health published *Future Health – A Strategic Framework for Reform of the Health Service 2012-2015.* This framework, based on commitments in the Programme for Government, outlines the main healthcare reforms that will be introduced in the coming years with a focus on the four pillars of reform: Structural, Financial, Service and Health and Wellbeing. Delivery of the first phase of the reform of health structures has already commenced with the establishment of the Health Service Directorate in July 2013, as the precursor to the Healthcare Commissioning Agency. Services are now organised into Divisions – Primary Care being one of the Divisions. In 2014, the focus will be on establishing the new hospital groups and community organisations that will eventually become Independent Trusts (on an administrative basis in 2014). This year will see further progress on the implementation of administrative reform such as:

- Preparing for the establishment of a Healthcare Commissioning Agency and beginning to model the split between the purchaser and providers of service; a commissioning framework will be developed to support this.

- The establishment of Hospital Groups and the development of new community, personal and social care services and structures.

- The new Patient Safety Authority will be established on an administrative basis in advance of its establishment on a statutory basis.

- The transfer of responsibilities for children and family services from the Health Service to the new Child and Family Agency.

During 2013 the government published *Healthy Ireland, a Framework for Improved Health and Wellbeing 2013-2015.* Healthy Ireland sets out a whole of government and cross sectoral approach to addressing the challenges of an ageing population, together with the demands being placed on health services resulting from the growth in the incidence of chronic illness. *One of the major priorities will be to enable the transition of care from acute to primary care in line with best clinical practice, in the first instance in relation to chronic disease management*. The Primary Care Division will work with the Health and Wellbeing Division to develop a 3 year health service implementation plan for Healthy Ireland.

The Division will engage in the process of developing an *integrated portfolio of reform programmes* which will comprise of specific projects in all key domains of the reform programme.

The Primary Care Reimbursement and Social Inclusion services are now part of the Primary Care Division. Newly established structures offer opportunities to ensure a Social Inclusion link in each of the proposed reconfigured regional/ local structures.

The Division is led by a National Director who is supported by

- Assistant National Directors (Planning, Operations, PCRS and Contracts)
- Primary Care Safety, Quality and Risk Lead

- Primary Care Clinical Lead
- Clinical Lead, Medicines Management Programme
- National Lead for Social Inclusion
- National Oral Health Lead

The Division will work closely with the Director General, the Chief Operating Officer and the other National Directors to implement the reform and change management actions and to ensure that patients experience a superior integrated service.

Resource Summary

Finance	2014 Budget €m
Primary Care Services including Social Inclusion (*includes multi-care)	*847
Drug Task Force Funding	21.6
PCRS	2,433
Total	3,302
WTE	9,352

The Primary Care budget noted above includes local and regional drug taskforce funding of €21.6m. WTE figures will be adjusted during 2014 in accordance with ceiling targets.

Key Priorities

Primary Care Key Priorities with Actions to Deliver in 2014

- Deliver appropriate health services to **meet primary healthcare needs** through primary care teams and health and social care networks.
    - Consolidate all health and social care networks and working arrangements.
    - Re-engineer primary care work practices and models to maximise clinician-to-patient time.
    - Reduce patient waiting times for assessment and treatment.
    - Improve service infrastructure through the procurement of an additional 21 primary care centres.
    - Develop an electronic patient management system which will facilitate integrated care within primary care services and across the wider health services.
- **Provide additional primary care services**.
    - Implement a universal GP service, without fees at the point of use, for all children aged 5 years and under. (€37m)
    - Enhance the services of existing Community Intervention Teams with an increased emphasis on helping people to avoid hospital admission or return home earlier; this will be done through staffing enhancements, redeployment and reconfiguration of existing resources.
    - Review the provision of INR testing (a test for blood clotting) in primary care, targeting areas where INR testing in primary care is low.

- Address specific **service challenges** in areas such as:
  - The discharge of special care babies from hospital using packages of care in the community for babies with tracheostomies. **(€1.2m)**
  - The management and provision of Community (Demand-Led) Schemes, including aids and appliances, through a dedicated project which will manage delivery within resources, maximise efficiencies and put the service on a sustainable footing.

- **Ensure integration with Clinical Strategy and Programmes**

  Expand chronic disease prevention and management in primary care to include quality initiatives, optimising patient flow and developing integrated management of chronic diseases.
  - Diabetes
    - Align the existing primary care diabetes care initiatives to the nationally agreed model of care with the support of the Diabetes Clinical Programme.
  - Respiratory Programmes
    - Prepare for the implementation of the agreed model of structured asthma care in primary care.
    - Develop a model of care including guidelines for the management of Chronic Obstructive Pulmonary Disease (COPD) including spirometry in primary care with Clinical Strategy and Programmes.
  - Ophthalmology
    - Review primary care ophthalmology services in collaboration with the Ophthalmology Clinical Programme.
  - Radiology Services
    - Improve GP access to diagnostic tests.

- **Improve specific primary healthcare provision**.
  - Dental and Oral Health
    - Ensure at least 5% of primary care Dental Treatment Services Scheme (DTSS) approvals for complex care are protected for vulnerable adults. This will focus on complex care patients such as those with cancer.
    - Commence the implementation of anti-microbial guidelines across a range of dental settings.
    - Undertake a baseline compliance assessment in relation to HIQA standards and commence planning for their implementation.
    - Reduce the waiting time for orthodontic treatment.
  - Community Oncology
    - Progress the prostate e-learning project for GPs (jointly with the Irish College of General Practice), and nurse e-learning projects including breast, prostate and lung cancers, smoking and psychological wellbeing projects.
    - Implement the Community Oncology Nursing Programme (on receipt of National University and An Bord Altranais accreditation).
  - Audiology
    - Continue to implement the Audiology Review recommendations.
    - Implement the bilateral simultaneous and sequential cochlear implant programme in collaboration with acute services.

Social Inclusion Key Priorities with Actions to Deliver in 2014

- Achieve improved health outcomes for persons with **addiction issues**.
  - Implement the policy objectives of the *Drugs Strategy 2009-2016*, with specific reference to progressing relevant actions on early intervention, treatment and rehabilitation.

- Implement the recommendations of the Health Service Opioid Treatment Protocol.
- Implement the recommendations of the Tier 4 (Residential Addiction Services Report) within the context of available resources.
- Evaluate the Pharmacy Needle Exchange Programme and implement recommendations.
- Finalise the implementation plan for the Overdose Prevention Strategy.
- Undertake operational responsibility for the administration of Drugs Taskforce Projects.

- Prioritise and implement Health Service actions in the Report of the Steering Group on the *Substance Misuse Strategy*.

- Implement the recommendations of the *Hepatitis C Strategy* according to updated time frames and in line with existing resource constraints.

- Implement the specific health aspects of a housing-led approach to **homelessness** in line with the new *Homelessness Policy Statement*.

- Improve access to services for people from **diverse ethnic and cultural backgrounds** within the context of the Health Service *Intercultural Health Strategy*.

- Improve health outcomes for members of the **Traveller Community** in line with the *All-Ireland Traveller Health Study*.

PCRS Key Priorities with Actions to Deliver in 2014

- The first phase of the introduction of a **universal GP service** in Ireland will commence during 2014. This will make available a GP service, without fees, to approximately 420,000 children aged 5 years and under. By the end of 2014, approximately one-half of the population will have access to GP services without fees at the point of use.

- Implement revised **Guidelines** for Medical Cards and GP Visit Cards for persons aged 70 and over.

- Implement **new arrangements** for the retention of Medical / GP Cards for persons returning to work.

- Implement the revised **prescription charge** arrangements.

- Assess the **eligibility** of new applicants and review the eligibility of existing cardholders in line with health policy, regulations and the service level arrangements governing the administration of the GMS Scheme.

- Reimburse **primary care contractors** in line with health policy, regulations and the service level arrangements governing the administration of the Schemes.

- Progress a number of **key projects** to support the strategic priorities of the organisation as follows:

  - Drug Reference Pricing / Generic Substitution: Implement drug reference pricing and generic substitution to include determining appropriate reference prices.

  - Medicines Management Programme: Promote more cost effective prescribing by GPs and implement improved GP access to analysis of prescribing patterns.

  - Revenue and Department of Social Protection Interface: Develop greater integration of Revenue and Department of Social Protection data with the PCRS database.

  - Implement probity measures which will include:

    - Focusing on eligibility for services to ensure that those who are eligible to access services under the schemes continue to do so. In this regard, reviews of eligibility will be conducted in a risk-assessed manner in relation to approximately one million medical card holders during 2014.

    - Establishing data sharing arrangements with both the Revenue Commissioners and the Department of Social Protection.

    - Focusing on reimbursement claims for services from primary care contractors to ensure the reasonableness and accuracy of such claims.

    - Increasing the use of data analysis to support inspection functions.

Summary of Service Quantum

The following is a summary of expected levels of service in 2014.

Primary Care

The Primary Care service portfolio includes the services of Primary Care Teams (PCT) and Health and Social Care Networks (HSCNs). The expected quantum of service for key areas of primary care activity is summarised as follows:

- 995,000 GP Out of Hours contacts
- 14,820 referrals to Community Intervention Teams (CITs)
- 715,365 physiotherapy contacts overall (face to face contact, visit or appointment)
- 141,331 patients to be seen for a first physiotherapy assessment
- 71,540 patients to be seen for a first occupational therapy assessment
- 200,000 occupational therapy patients contacts
- 22,114 patients to receive orthodontic services

Note: New activity and performance metrics are being introduced in 2014 for Primary Care Nursing, Psychology, Podiatry, Ophthalmology, Audiology, Dietetics and Oral Heath. Details will be reported in the monthly Performance Assurance Report.

Social Inclusion

The expected quantum of service for addiction and homelessness services is summarised as follows:

- 9,600 clients to receive opioid substitute treatment (including prison service)
- 1,260 substance misusers (over 18 years) to commence treatment following assessment
- 105 substance misusers (under 18 years) to commence treatment following assessment
- 700 individuals to attend pharmacy needle exchange programmes per month
- 1,898 pharmacy needle exchange packs to be provided per month
- 2,000 service users to be admitted to homeless emergency accommodation each quarter
- 1,200 service users to be admitted to homeless emergency accommodation (whose health needs have been assessed and are being supported to manage their physical/mental health as part of their care/support plan).

Note: New activity and performance metrics (to include methadone waiting times for treatment) are being introduced in 2014 for Social Inclusion services. Details will be reported in the monthly Performance Assurance Report.

PCRS

Access to medical services under the primary care schemes is provided primarily by legislation and policy embodied in a set of guidelines. PCRS is committed to providing access to medical services in a way which:

- Is aligned correctly with policy and all relevant legislation
- Provides a service experience to all stakeholders that exemplifies excellent customer service
- Minimises cost and improves the response times of all relevant processes involved in service delivery.

The level of service for Schemes activity is as follows:

- The number of persons covered by *Medical Cards* - 1,875,707
- The number of persons covered by *GP Visit Cards* - 402,138 (includes GP services for children)
- The number of *GMS prescriptions* - 21,639,388
- The number of *Long Term Illness* claims - 944,288
- The number of *Drug Payment Scheme* claims - 2,512,529
- The number of *High Tech* claims - 531,607
- The number of *Dental Treatments* (DTSS) provided – 1,354,079
- The number of *Community Ophthalmic Treatments* provided - 845,715

Note: New activity metrics are being developed for PCRS services and will be reported in the monthly Performance Assurance Reports.

Quality and Patient Safety

The Primary Care Division is committed to providing services in a well designed and appropriately managed manner to ensure that patients and service users receive safe services to a high quality standard. Underpinning the delivery of services is the commitment to ensuring quality and safety. This priority is reflected in the decision to appoint a Primary Care Safety, Quality and Risk lead to support the implementation of HIQA *Quality Standards for Safer Better Healthcare in Primary Care.* This person will drive quality improvement initiatives within Primary Care and will work with service providers on:

- The development of quality indicators
- The implementation of investigation report recommendations
- Conducting audits of performance

A Framework to meet the requirements of the Quality Standards across Primary Care services will be developed. Primary Care will work with the Quality and Patient Safety Division to develop quality indicators across all services and take appropriate action where performance does not meet identified targets.

To support Quality, Safety and Clinical Governance in Primary Care, two sites will be selected to pilot the *Quality and Patient Safety Clinical Governance Development Assurance Check for Health Service Providers* and the *Quality and Safety Prompts for Multidisciplinary Teams.* The aim of this initiative is to support and develop a service culture where quality and safety is everybody's primary goal.

The development of consistent standards across a range of **Social Inclusion** services - notably Addiction and Homeless services in particular will be addressed through actions that include the implementation of QUADS (Quality in Alcohol and Drugs Services), development of a Workforce Development Plan via the Addiction Training Programme, strengthening the Case Management approach and rollout of the Patient Accommodation and Support System (PASS). Audit of services will also help to ensure that all service users – especially those most vulnerable – receive safe, high quality services. Regular engagement with other statutory and voluntary agencies is an important element of this strategy, given the joint mandates for particular remits e.g. Homeless services and Asylum seeker care.

Governance and Accountability

The health services will see significant structural change in 2014; this will impact on primary care governance and accountability. As in previous years, all budget holders will focus on service delivery and expenditure control. The Health Service Code of Governance and the Financial, Procurement and Human Resource regulations apply across the organisation including the Primary Care Division, and set out the behaviours expected. Compliance with the code remains a key requirement. The Primary Care Division will be accountable for the overall performance of primary care services, in particular, the safe and cost effective delivery of services to a high standard. This will also apply to services delivered through Service Level Agreements, (with particular reference to Social Inclusion) as Health Service funding will be contingent on providers meeting agreed criteria as set out in Service Level Agreements, including formalised compliance statements.

Improving Performance Management

The Primary Care Division Operational Plan supporting the National Service Plan sets out the health and personal social services to be delivered by Primary Care, PCRS and Social Inclusion services. A key priority of the reform process is to ensure that financial and service performance is actively reported and managed in a timely manner.

The Primary Care Division will monitor activity to ensure that the population is receiving high quality healthcare and services are delivered by achieving best value from all available resources. Services will be delivered through integrated models of care that will be responsive to patients, strong on productivity and will demonstrate excellent performance.

The accountability framework, incorporating performance reporting, will ensure that performance is measured against agreed Operational Plans at Area level which include financial, HR and service delivery commitments in terms of targets, achievements and variances. These plans will be monitored through regular engagement with the RDPIs/Area Managers and through a range of scorecard metrics, operational plan metrics and monthly activity reports. Service managers will be held to account and under performance areas identified will be addressed.

Performance Scorecard

Primary Care Key Indicators of Performance

Performance Indicator	Expected Activity / Target 2014
No. of **PCTs**	485
Community Intervention Team **Activity by Source** ED Hospital Avoidance Early Discharge GP Referrals Community Referrals Total	 5,976 6,104 2,140 600 14,820
Chronic Disease - Diabetes No. of existing primary care diabetes initiatives aligned to the nationally agreed model of care	10
GP Out of Hours Co-Ops No. of contacts with GP out of hours Co-Ops	994,936
Physiotherapy No. of patient referrals	171,774
Physiotherapy No. of patients seen for a first assessment	141,331
Physiotherapy Total no. of patients treated in the reporting month (monthly target)	33,453
Physiotherapy No. of face to face contacts / visits	715,365
Occupational Therapy No. of patient referrals	70,978
Occupational Therapy No. of new patients seen for first assessment	71,540
Occupational Therapy No. of patients treated (direct and indirect) (monthly target)	16,704
Primary Care Physiotherapy and Occupational Therapy Wait List Management Occupational Therapy - No. of patients waiting over 16 weeks for assessment Physiotherapy – No. of patients waiting over 12 weeks for assessment	Reduce Dec.2013 outturn by 10%
Tobacco Control % all new primary care centres to open tobacco free % of existing health centres to be tobacco free	100% 70%

Performance Indicator	Expected Activity / Target 2014
Oral Health No. of new patients attending for: ▪ Scheduled assessment ▪ Unscheduled assessment % of new patients needing further care who commenced their treatment within 3 months of assessment % of new patients whose treatment is completed within 9 months of assessment No. of new patients attending for unscheduled care who are prescribed an antibiotic No. of new patients on antibiotics who receive a return appointment within 10 working days	New PI 2014
Orthodontics No. of patients receiving active treatment at the end of the reporting period	22,114
Reduce waiting times of those waiting for assessment	90% assessed within one year
The % of patients on the treatment waiting list less than 2 years	75%
The % of patients on treatment waiting list less than 4 years (**grade 4 and 5**)	95%
No. of patients on the assessment waiting list at the end of the reporting period	7,390
No. of patients on the treatment waiting list – **grade 4** –at the end of the reporting period	7,781
No. of patients on the treatment waiting list – **grade 5** –at the end of the reporting period	6,481
Quality and Patient Safety % of complaints investigated within legislative timeframe	75%
Healthcare Associated Infection: Medicine Management - Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)	< 21.7
Primary Care Psychology, Podiatry, Ophthalmology, Audiology, and Dietetics New patients seen in the month Existing patients seen in the month Longest waiting time for Psychology, Podiatry, Ophthalmology, Audiology, and Dietetics services	New PI 2014
Primary Care Nursing New patients seen in the month Existing patients seen in the month Longest waiting time for nursing service	New PI 2014

Please note:

Community Intervention Team Data reflects a new PI for 2014 and a data validation process will be carried out in 2014 in line with targets set.

Occupational Therapy - No. of patients waiting over 16 weeks for assessment – data collection currently covers a 16 week period, this will be reviewed in 2014 with the aim of collecting and reporting data covering a 12 week period.

Social Inclusion Key Indicators of Performance

Performance Indicator	Expected Activity / Target 2014	Performance Indicator	Expected Activity / Target 2014
Opioid Treatment (KPI's Monthly in arrears) No. of clients in opioid substitute treatment (outside prisons (monthly target)	9,100	No. of pharmacy needle exchange packs provided per month	1,898
No. of clients in opioid substitute treatment (prisons) (monthly target)	500	Average no. of clean needles provided per person per month	20
Substance Misuse (KPI's Quarterly in arrears) No. of substance misusers (over 18 years) for whom treatment has commenced following assessment (reported quarterly in arrears)	1,260	No and % of Pharmacy needle exchange packs returned per month	760 40%
No. and % of substance misusers (over 18 years) for whom treatment has commenced **within one calendar month** following assessment reported quarterly in arrears)	1,260 100%	**Homeless Services (all KPI's are quarterly)** Number of service users admitted during the quarter to homeless emergency accommodation hostels / facilities.	2,000
No. of substance misusers (**under 18 years**) for whom treatment has commenced following assessment	105	Number and % of service users admitted during the quarter to homeless emergency accommodation hostels / facilities who have a medical card. (quarterly target)	1,500 75%
No. and % of substance misusers (**under 18 years**) for whom treatment has commenced within **one week** following assessment	105 100%	No. and % of individual 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.	1,700 85%
Pharmacy Needle Exchange (monthly data reported quarterly in arrears) No. of clients attending pharmacy needle exchange per month	700	No. and % of individual service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical/ mental health as part of their care/ support plan.	1,200 60%
No. of pharmacies recruited to provide Needle Exchange Programme	130	**Traveller Health Screening (bi-annual)** No. of clients to receive health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through the Traveller Health Units / Primary Health Care Projects	1,650

PCRS Key Indicators of Performance

Performance Indicator / Activity	Expected Activity / Target 2014	Performance Indicator / Activity	Expected Activity / Target 2014
Medical Cards No. persons covered	1,875,707	No. of claims – Special Type Consultations	1,242,077
GP Visit Cards No. persons covered	402,138*	**Hi-Tech** No. of claims	531,607
% of completed medical / GP visit card applications processed within the 15 day turnaround	95%	**DTSS** No. of treatments (routine)	1,354,079
Long Term Illness No. of claims	944,288	No. of treatments (complex)	68,338
No. of items	3,059,492	No. of patients who have received treatment (routine)	617,446
Drug Payment Scheme No. of claims	2,512,529	No. of patients who have received treatment (complex)	65,769
No. of items	8,551,742	**Community Ophthalmic Scheme** No. of treatments	845,715
GMS No. of prescriptions	21,639,388		
No. of items	66,432,920	i). Adult	771,933
No. of claims – Special items of Service	946,957	ii). Children	73,782

* GP Visit Card expected activity / target 2014 includes provision for GP services for children aged 5 years and under

Finance and HR Key Indicators of Performance

Finance		Human Resources	
Variance against Budget: Income and Expenditure	<0%	Absenteeism rates	3.5%
Variance against Budget: Income Collection	<0%	Variance from approved WTE ceiling	<0%
Variance against Budget: Pay	<0%		
Variance against Budget: Non Pay	<0%		
Variance against Budget: Revenue and Capital Vote	<0%		

NOTE: The Finance and HR targets relate to all aspects of the Performance Scorecard.

The Funding Position

Budget Framework

Financial Context 2014

The Health Service is facing financial challenges in 2014, resulting from the reductions to its funding base and the significant additional savings targets required.

The gross current voted estimate for the Health Service (including Children and Families) in 2014 is €13.120bn. Since 2008 the Health Service budget has reduced by 22%, and additional savings totalling €619m are required for 2014, which will bring the total level of reductions to almost €4bn over the last 6 years.

A further **€80m** related to the Haddington Road Agreement is being held centrally, in the first instance, and will be allocated to individual services following an assessment of the most appropriate allocation of the savings across each service location.

Primary Care Division Financial Context 2014

The Primary Care Division budget is set out below, along with the unavoidable pressures and savings measures and funding provided under the Programme for Government, with final budget provision for 2014.

	Primary Care	Social Inclusion	PCRS	Multi Care Group	Total
	€m	€m	€m	€m	€m
Opening 2014 budgets including central	614.8	115.9	2,520.1	121.5	3,372.3
2013 service development funding	17.9				17.9
Sub total	**632.7**	**115.9**	**2,520.1**	**121.5**	**3,390.2**
2014 Budget - Unavoidable Pressures and Savings Measures					
PCRS - Rollover savings from 2013			-89.0		-89.0
New PCRS Savings measures			-142.0		-142.0
Full year cost funding			60.0		60.0
Haddington Road Agreement	-4.7	-1.0			-5.7
Incentivised Career Break	-0.4	-0.1			-0.5
Reduction in management grades	-0.1	0.0			-0.1
Employment Control Framework (ECF)	-1.3	-0.2			-1.5
Subtotal - 2014 unavoidable pressures and savings measures	**-6.5**	**-1.3**	**-171.0**	**0.0**	**-178.8**
2014 Funding – Programme for Government and Demographic Requirements					
Demographics - Special Care Babies	1.2				1.2
Demographic funding - medical cards			35.0		35.0
Incoming deficit funding - DTSS			12.0		12.0
Programme for Government funding - GP Service, without fees at the point of use, for all children aged 5 years and under			37.0		37.0
Subtotal - 2014 Funding	**1.2**	**0.0**	**84.0**	**0.0**	**85.2**
Inter Directorate Budget Transfers					
Transfer of budget from Primary Care to Children & Families in respect of staff	-5.2				-5.2

transfers					
Transfer of Oral Health Office budget from Corporate to Primary Care	0.7				0.7
Care Group Budget Rebalancing	-7.0	-5.0	0.0		-12.0
Sub total	-11.5	-5.0	0.0	0.0	-16.5
Final Opening 2014 Budgets	616.0	109.6	2,433.1	121.5	3,280.1
** Drug Task Force Funding (transfer from DOH)		21.6			21.6
	616.0	131.2	2,433.1	121.5	3,301.7

*Overall budget adjustments include transfer from pensions, probity adjustment and multi-care group funds.
**Drug Task Force funding (€21.57m transfer from DOH) is listed under Social Inclusion for illustrative purposes in this table.

Primary Care Schemes
Primary Care Schemes through the Primary Care Reimbursement Service (PCRS) include a cost reduction challenge of €231m in 2014 as well as the carried forward cost reduction target of €353m applied in 2013. While reference pricing and prescription charges will deliver reductions and increased income, the plan for 2014 will involve comprehensive reviews of client eligibility to ensure that only those entitled to medical and GP visit cards receive them and retain them.

PCRS Probity Measures 2014
The AEV contained a figure of €113m in respect of new probity measures for PCRS. Following a review it has been ascertained that this level of savings cannot be delivered from probity within the current guidelines. Therefore an allocation of €47m has been made within the Revised Estimate Volume, €3m will be included in addition to the existing €20m identified for probity, and €63m will be utilised from the pension budget. These three elements account for the €113m set out in the original AEV. Therefore €23m is set out in this plan for PCRS probity measures.

2014 Funding – Programme for Government and Demographic Requirements

Appendix 1 of the 2014 NSP details the provision for primary care as follows:

Programme for Government commitments

Area	Initiative	Funding €m	WTE
Primary Care / PCRS			
GP services for all children aged 5 years and under	Implement a universal GP service, without fees at the point of use, for all children aged 5 years and under	37.0	-

Demographic requirements

Area	Initiative	Funding €m	WTE
Primary Care			
Special Care Babies in the Community	Discharge of special care babies from Children's Hospital using packages of care in the community for babies with tracheostomies	1.20	-
PCRS			
Medical Cards	Provide up to 60,000 additional cards phased in throughout the year.	35.00	-

Primary Care Division Financial Allocations 2014 – By Region and ISA Area

Primary Care, Social Inclusion and Multi Care Group	Allocation 2014
2014 BUDGETS BY ISA	**€m**
Contracts	5.1
Dublin South East/Wicklow	53.4
Dublin South Central	70.9
Dublin South West/Kildare West Wicklow	37.2
Midlands	60.9
Central/ regional	36.3
Other	3.8
Dublin Mid Leinster Region	**€267.6**
Cavan Monaghan	19.8
Louth	15.7
Meath	13.3
Dublin North City	35.9
Dublin North	25.5
Regional Services	15.6
Dublin North East Region	**€125.8**
Kerry	16.8
Cork	84.9
Waterford and Wexford	30.8
Carlow / Kilkenny and South Tipperary	42.8
Once-off allocations to be reinstated	1.7
Regional funds	2.6
Southern Region	**€179.6**
Donegal	33.3
Sligo / Leitrim / West Cavan	24.1
Mayo	31.0
Galway / Roscommon	52.5
Mid-West	56.3
Regional	6.0
Western Region	**€203.2**
Central	**€45.4**
Income	25.8
Primary Care Total	**€847.4**

Primary Care Reimbursement Service - Financial Allocations 2014

Schemes	Budget 2014 €m
Medical Card Scheme	1,738,469,485
Sub-Total	**1,738,469,485**
Community Drug Schemes	
Drug Payment Scheme	70,910,185
Long Term Illness Scheme	96,224,759
High Tech	183,845,570
Dental Treatment Services	75,000,000
Health Amendment Act	1,524,289
Community Ophthalmic Scheme	31,540,000
Methadone Treatment	18,477,000
Childhood Immunisation	7,409,000
Doctors Fees / Allowances (Immunisations/ Heartwatch)	6,749,000
Sub-Total	**491,679,803**
Primary Care Schemes	
Hardship	15,000,000
OPAT	7,000,000
Sub-Total	**22,000,000**
Oncology	10,000,000
Appropriations-In-Aid	27,000,000
Community Demand-Leds	171,000,000
TOTAL SCHEMES	**2,433,149,288**

The Workforce Position

The staff of the Primary Care Division are its most important resource. We seek to provide safe services while striving to improve the quality, ease of access and cost effectiveness of services within the resources available. Various reports (including Mid Staffordshire Trust) have re-emphasised the need to ensure Performance Indicators on quality and patient safety are brought on par with other indicators around resource management, access and activity volumes. This includes assurance on the level of staffing available in services at any given time. This requires careful consideration in view of exit schemes and the employment control framework.

Employment Control

The challenge for the Primary Care Division is to achieve the end of year reduction in staff numbers in a managed way, while ensuring that services are maintained to the maximum extent and that service priorities determined by Government are addressed. There will be robust and responsive employment control, with accountability at service manager level in 2014. An employment control ceiling will be assigned to managers in order to ensure that there is clarity on the level of reduction to be achieved in the course of the year. Any adjustments to these ceilings will be made only to take account of specific service development needs and in the context of the overall employment target being achieved.

Staff Breakdown by Category (projected December 2013 out-turn, information source Workforce Planning, HR)

Region	Area	Medical/ Dental	Nursing	Health & Social Care Professionals	Clerical/ Admin	General Support Staff	Other Patient & Client Care	Total (Sept 2013)	Ceiling Dec 2013	Projected Dec 2013 Outturn
DML	Dublin South Central	53	124	145	117	27	108	574	575	576
	Dublin South East / Wicklow	75	169	207	216	36	87	789	790	792
	Dublin South West/ Kildare West Wicklow	31	155	102	122	25	35	470	471	472
	Midlands	138	212	208	206	15	95	874	875	877
	Other					41		41	41	41
DNE	Cavan / Monaghan	3	68	60	82	5	5	223	224	224
	Dublin North City	42	166	181	168	37	89	683	684	685
	Dublin North	62	96	69	79	16	18	340	341	341
	Louth / Meath	67	131	101	217	11	60	586	587	588
South	Carlow/ Kilkenny/ South Tipperary	48	122	99	116	12	23	420	421	422
	Cork	119	244	221	186	18	84	872	873	875
	Kerry	16	82	45	59	3	15	219	220	220
	Waterford / Wexford	32	106	77	91	15	29	350	351	352
West	Donegal	33	114	117	148	14	54	480	481	482
	Galway / Roscommon	63	170	185	196	24	54	691	691	693
	Mayo	27	75	91	80	7	11	291	291	292

Region	Area	Medical/ Dental	Nursing	Health & Social Care Professionals	Clerical/ Admin	General Support Staff	Other Patient & Client Care	Total (Sept 2013)	Ceiling Dec 2013	Projected Dec 2013 Outturn
	Mid West	75	182	136	293	53	76	815	816	818
	Sligo-Leitrim / West Cavan	34	56	81	109	7	21	306	307	307
	Other				9			9	9	9
National	PCRS			10	271	3	1	285	285	286
Total		918	2,273	2,135	2,805*	326	864	9,321	9,330	9,352

Note: Includes Primary Care, Social Inclusion and PCRS. The impact of 2013 PCT needs to be considered. WTE Figures will be adjusted during 2014 in accordance with ceiling targets.

The Division is undertaking a WTE census which may alter WTE figures quoted above. Reporting by Division and the sub-allocation/re-allocation of the overall employment ceiling will require particular focus which will in turn require significant remapping, verification/validation and an alignment of service, finance and HR datasets.

*Includes all ISA, corporate clerical/administration support staff and Civil Registration, PCRS and Multi-Care Group.

Employment Ceilings

The above figures are subject to revision and are for guidance only as Divisional ceilings will not be determined until year-end out-turns are agreed.

Recruitment

Recruitment cannot compromise adherence to budgets and financial sustainability in 2014, as well as the achievement of compliance with the end-of-year employment ceiling. Robust approval processes for all recruitment is a prerequisite. All recruitment will be delivered through the National Recruitment Services or under licence from them.

Absence Management

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

Agency and Overtime Policy

The demand and complexity of services within the Primary Care Division requires a flexible workforce that can respond to the changes required at short notice. All staff in primary care, including permanent, temporary and agency staff demonstrated significant commitment and flexibility throughout the recent national change program, and will continue to do so throughout 2014.

Agency staff are only utilised as necessary and where appropriate cost savings are achieved in line with the relevant business needs. It is policy to minimise the requirement and use of overtime and to only approve overtime as service requirements demand and where appropriate cost savings are achieved.

Potential Risks to Delivery

The ongoing Health Reform Agenda provides the Primary Care Division and its many stakeholders with a blueprint for the future design and delivery of Primary Care. However, similar to other large scale change initiatives it presents many risks and challenges, particularly in the prevailing challenging economic environment. It is critical, now more than ever, that a renewed emphasis is placed on the primary care division services in order to deliver on national policy objectives and to ensure that patients do not present unnecessarily and inappropriately to more expensive specialist facilities.

The potential risks to the delivery of this plan for **Primary Care** services include:

- The impact of expanding access to services with reducing resources
- GP involvement in PCTs
- The governance model to support PCTs and HSCNs
- PCT accommodation
- ICT support for PCT member
- Eligibility issues
- The transfer of the children and family services to the new Child and Family Agency
- Transition to new primary care structures

The potential risks to the delivery of this plan for **Social Inclusion** services include:

- The lack of standardised identifiers of performance.
- The absence of ICT systems.
- The transfer of funding for Drug Taskforces and associated challenges.

The potential risks to the delivery of this plan for **PCRS** services include:

- Implementation of the savings targets for probity measures within the PCRS, which will be pursued through the eligibility verification processes; the level of savings realisable will be dependent on the extent of ineligibility detected.
- Changes to the factors which give rise to increased Scheme activity and costs e.g.
  - The number and demographic profile of persons eligible for services under the various schemes.
  - The scope and volume of services, drugs, medicines and consumable appliances reimbursed under the schemes.
  - The transaction costs associated with providing these services.
- The delivery of savings within the Medical Card Scheme will require additional data sharing arrangements with Revenue and the Department of Social Protection.

Actions 2014

Primary Care

Priority Area – Primary Care	Primary Care - Action 2014	End Q
Quality and Safety	- Develop a framework to meet the requirements of the Quality Standards across Primary Care services	Q1-Q4
	- Develop quality indicators across all services and take appropriate action where performance does not meet identified targets.	Q1-Q4
	- Progress the Quality and Safety Clinical Governance Initiative in two primary care learning sites (North Cork and Sligo).	Q2
Deliver appropriate health services to meet primary healthcare needs through primary care teams and health and social care networks	Consolidate Health and Social Care Networks and working arrangements.	Q1-Q4
	Re-engineer primary care services work processes and practices to maximise clinician-to-patient time and reduce patient waiting times for assessment and/interventions.	Q1-Q4
	21 capital projects to be completed and / or operational in 2014: - DML: 9 additional primary care centres. - DNE: 3 additional primary care centres. - South: 2 additional primary care centres. - West: 7 additional primary care centres.	Q1-Q4
	Development of ICT supports - Develop an electronic patient management system which will facilitate integrated care within primary care services and across the wider health services. This will be progressed in collaboration with the ICT Strategy Unit.	Q4
	- Progress Phase II of the Electronic GP Referral Pilot Project to develop a fully integrated electronic referral between primary care and secondary care outpatient services.	Q4
	- Implement health identifier initiative as part of eHealth Strategy.	Q4
Provide additional Primary Care Services and address specific service challenges	Implement a universal GP service, without fees at the point of use, for all children aged 5 years and under. (€37m)	Q3-Q4
	Enhance the services of existing Community Intervention Teams with an increased emphasis on helping people to avoid hospital admission or return home earlier; this will be done through redeployment and reconfiguration of existing resources.	Q2-Q4
	Review the provision of INR testing in primary care, targeting areas where INR testing in primary care is low.	Q1-Q3
	Undertake community health needs assessments in collaboration with Health Promotion, Health Intelligence and Public Health. This will include service user involvement as per the PCT Service User Framework.	Q1-Q4
	The discharge of special care babies from hospital using packages of care in the community for babies with tracheostomies. (€1.2m)	Q1-Q4
	Optimise the management and provision of Community (Demand-Led) Schemes, including aids and appliances, through a dedicated project which will manage delivery within resources, maximise efficiencies and put this service on a sustainable footing.	Q1-Q4
Ensure integration with other Divisions and National Clinical Strategy and Programmes	**Children and Family Services** - Continue to define and develop guidelines/protocols between primary care and the Children and Family Agency in the context of ensuring integration in the emerging structures.	Q1
	Children First - Develop a Keeping Children Safe Implementation Plan to ensure that the safety and wellbeing of children is protected and promoted in accordance with Children First and other relevant legislation.	Q1
	- Establish a Health Service Oversight Group and submit progress reports on implementation to Department of Health High Level Group.	Q1
	- Undertake a risk assessment to inform planning and implementation.	Q1
	- Develop suite of compliance indicators.	Q1
	- Undertake training needs assessment and implement recommendations of same.	Q1

Priority Area – Primary Care	Primary Care - Action 2014	End Q
	- Ensure Divisional High Level Oversight Groups are established which will develop Implementation Plans and submit monthly compliance reports according to defined indicators.	Q1
	- Ensure compliance reports from relevant Corporate Departments (HR; Data Protection; Health and Safety and Complaints).	Q1
	- Ensure SLAs with Sections 38 and 39 Agencies reflect requirement to adhere to compliance.	Q1
	Mental Health Services	
	- In collaboration with the Mental Health Division, provide access to psychotherapy and counselling for primary care patients.	Q1-Q4
	Social Care	
	- Ensure access to falls prevention programmes in 50% of PCTs (50% West, 50% South, 50% DNE, 50% DML).	Q1-Q4
	- In collaboration with the Social Care Division, regional pilots will commence in line with the Falls and Bone Health Integrated Care Pathway (1 in each Region).	Q3
	- Engage with the Local Implementation Groups on the Progressing Disability Services for Children and Young People (0-18 years) Programme in order to ensure integrated pathways between Primary Care and Network Disability Teams.	Q1-Q4
	Health and Wellbeing	
	Support the Health and Wellbeing Division in the following actions:	
	- Develop a cross-divisional 'health services' 3 year implementation plan and work programme for Healthy Ireland (led by Health and Wellbeing).	Q1-Q4
	- Roll out the Tobacco Free Campus Policy to all new Primary Care Centres and a further 35% of existing primary care centres/health centres (target 70% in 2014).	Q1-Q4
	- Roll out of brief intervention training for smoking cessation within PCTs to a further 10% of staff in line with policy. (121 West, 120 DML, 96 South, 86 DNE – Total 423).	Q1-Q4
	- Develop a model for child health screening and development (led by Health and Wellbeing).	Q1-Q4
	- Implement quality improvement plans for poorly performing areas in relation to child health screening (led by Health and Wellbeing).	Q1-Q4
	- Develop a new model for the delivery and governance of immunisation services (led by Health and Wellbeing).	Q1-Q4
	- Put in place quality improvement plans for poor performing areas in respect of immunisation programme (led by Health and Wellbeing).	Q1-Q4
	- Develop a model to strengthen the role of the Community Dieticians in their work to improve the health and wellbeing of local communities (led by Health and Wellbeing).	Q1-Q4
	- Support pilot projects in the primary care setting targeting obesity – Health Service-ICGP Weight Management Treatment Algorithm for Children Pilot (led by Health and Wellbeing) (South Cork – 8 PCTs, West Mayo – 14 PCTs, DML Laois/Offaly – 20 PCTs, DNE Dublin North City – 30 PCTs).	Q1-Q4
	Clinical Care Programmes	
	Diabetes	
	- Align the existing primary care diabetes care initiatives to the nationally agreed model of care with the support of the Diabetes Clinical Programme.	Q3
	Respiratory Programmes	
	- Prepare for the implementation of the agreed model of structured asthma care in primary care.	Q1-Q4
	- Develop a model of care including guidelines for the management of Chronic Obstructive Pulmonary Disease (COPD) including spirometry in primary care with National Clinical Strategy and Programmes.	Q3
	Ophthalmology	
	- Review primary care ophthalmology services in collaboration with the Ophthalmology Clinical Programme.	Q3
	Radiology Services	
	- Improve GP access to diagnostic tests.	Q1-Q4
	Community Nursing Review	
	- Work in partnership with the Office of Nursing and Midwifery Service - Clinical Strategy and Programmes	

Priority Area – Primary Care	Primary Care - Action 2014	End Q
	and Health and Wellbeing to undertake a Community Nursing Review (led by ONMS - Clinical Strategy and Programmes) and agree a model of service delivery based on the outcomes.	Q2-Q4
Improve specific healthcare provision	**Dental and Oral Health** - Ensure at least 5% of all primary care Dental Treatment Services Scheme (DTSS) approvals for complex care are for vulnerable adults. This will especially focus on complex care patients such as those with cancer *Dental GA and sedation services* - Upskill 1 Dental Team per ISA in sedation techniques. - Develop IV sedation services with a minimum of one sedation service in each region. *Implement HIQA Standards* - Commence the implementation of anti-microbial guidelines across a range of dental settings. - Undertake a baseline compliance assessment in relation to HIQA standards and commence planning for their implementation. *Orthodontics* - Reduce the waiting time for orthodontic treatment. - Commence consultation and initial implementation of the Independent Review of orthodontic services.	Q1-Q4 Q3 Q4 Q2 Q3 Q1-Q4 Q1-Q4
	Community Oncology The following initiatives will be developed by the National Cancer Control Programme in collaboration with primary care: - Progress the prostate e-learning project for GPs (jointly with the Irish College of General Practice), and nurse e-learning projects including breast, prostate and lung cancers, smoking and psychological wellbeing projects. - Implement the Community Oncology Nursing Programme (on receipt of National University and An Bord Altranais accreditation). - Cancer Survivorship - Develop a standardised treatment summary for people with a history of cancer. - Develop an ovary cancer referral guideline for GPs. This initiative depends on appropriate GP access to non-obstetric pelvic ultrasound being made available. - Evaluate the breast cancer referral form and guideline and update these in line with new evidence. - Develop an electronic pigmented lesion referral form in association with Primary Care, Healthlink, GPIT and Health Service ICT and implement this in hospitals that have dermatology/plastic surgery services.	Q4 Q2 Q2 Q2 Q3 Q4
	Audiology - Continue to implement the Audiology Review recommendations. - Progress the procurement of a patient management system for audiology. - Implement the bilateral simultaneous and sequential cochlear implant programme in collaboration with acute services.	Q1-Q4 Q1-Q4 Q1-Q4

Social Inclusion

Priority Area – Social Inclusion	Social Inclusion - Action 2014	End Q
Achieve improved health outcomes for persons with addiction issues	Implement the policy objectives of the *Drugs Strategy 2009-2016*, with specific reference to the implementation of relevant actions on early intervention, treatment and rehabilitation.	
	- Implement recommendations from **the Health Service Opioid Treatment Protocol** and produce six monthly updates on health service led actions.	Q1-Q4
	- Transfer operational responsibility for the Drugs Initiative (Taskforce) to the Health Service.	Q1
	- Implement the recommendations of the **Tier 4 (Residential Addiction Services Report)** within the context of available resources.	Q1-Q4
	- Evaluate the **Pharmacy Needle Exchange Programme** and make recommendations in respect of potential for mainstreaming.	Q3
	- Finalise the implementation plan for the **Overdose Prevention Strategy** *to* include a report on the implementation of a demonstration project using Naloxone.	Q2
	Prioritise and implement the Health Service actions in the Report of the Steering Group on a **Substance Misuse Strategy**	
	- Launch an Alcohol Public Education / Awareness Campaign.	Q2
	- In partnership with Health Promotion, roll out screening and brief intervention training for alcohol and problem substance use within Tier 1 and Tier 2 services (West – 45, South – 100, DML – 30, (DNE will be delivered by Health Promotion exclusively).	Q1-Q4
	- Launch of adolescent and adult screening and brief intervention self assessment tool on www.drugs.ie.	Q3
	- Link with Health and Wellbeing, Mental Health, Acute and Children and Family Services/Divisions to establish an Implementation Group on Alcohol Abuse to address the actions for which the Health Services has responsibility.	Q2
	Implement the Health Service **Drugs Rehabilitation Framework** (2010) in partnership with the Drugs Rehabilitation Implementation Committee via Local and Regional Drugs Task Forces.	Q1-Q4
	- Promote care planning and integrated care pathways as key concepts in achieving continuity of care across sectors (which may include GP practices, PCT, mental health, prison services and the voluntary and statutory sector agencies involved with clients).	Q1-Q4
	Addiction Training Programme	
	- Conduct a survey of the addiction workforce to identify a training needs analysis.	Q2
	- Develop a Workforce Development Plan (which targets emerging trends and best practice in addiction) which will specify training modules based on Irish Drugs and National Occupational Standards (DANOS) competencies.	Q2
	- Provide active support to the development of the Drugs Rehabilitation Committee on competencies and training.	Q3
	- Evaluate the roll out of the Training for Trainers Screening and Brief Intervention Programme in the South, to inform the roll out of a similar programme in one other site to be determined.	Q3
Hepatitis C Strategy	Implement recommendations of the **Hepatitis C Strategy 2011-2014** in line with the specified time frame and within existing resource constraints.	
	- Gather data in preparation for a population prevalence study.	Q4
	Address alcohol issues and provide alcohol reduction strategies for those patients infected with Hepatitis C who require them – linking with specific recommendations of the Report of the Steering Group on the Substance Misuse Strategy.	Q1-Q4
	Collate and review existing educational material to identify gaps in information and advice on Hepatitis C.	Q2
	- Provide clear, consistent and updated advice on the transmission risks of Hepatitis C through the development of an education and awareness week in July 2014.	Q3
Homelessness	Implement the specific health aspects of a housing-led approach to **homelessness** in line with the new Homelessness Policy Statement by implementing regional and local area homeless action plans.	Q1-Q4
	Improving Health	
	- Analyse and implement the findings of the 2013 homeless mapping exercise.	Q3

Priority Area – Social Inclusion	Social Inclusion - Action 2014	End Q
	Homeless Action Teams / Care & Case Management - Review with key partners, the operation of the Homeless Action Teams across the regions, with particular focus on actions in relation to care and case management and the contribution/ value of the PASS system.	Q2 – Q4
	Discharge Protocols - Implement and monitor protocols on discharge from acute hospital settings in line with the anticipated Integrated Discharge Guidance Document.	Q1-Q4
	Service Arrangements - Monitor Service Level Agreements with the voluntary sector with clear linkages to service planning priorities and performance targets.	Q1-Q4
	Regional Forums/ Action Plans - Participate on the Regional Homeless Fora / Regional Homeless Management Groups and lead / support the implementation of Regional / Local Homeless Action Plans where appropriate.	Q1-Q4
Intercultural Health	Improve access to services for people from **diverse ethnic and cultural backgrounds** within the context of the *Intercultural Health Strategy*.	Q1-Q4
	Interpreting and Translation - Build and apply database of translated health material and monitor its accessibility and usage. - Progress conversion of Emergency Multilingual Aid into an APP for widespread application in appropriate settings and monitor usage. - Work in partnership with key stakeholders to develop a standard approach to provision of interpreting services.	Q2 Q2 Q4
	Asylum seekers - Implement an integrated approach to service delivery for Asylum Seekers through involvement in the Multi Agency Group with the Dept of Social Protection, Dept of Education and Skills and Dept of Justice and Equality.	Q1-Q4
	Refugee Resettlement - Implement the health related element of the Refugee Resettlement programme - led by the Office of Integration in the Department of Justice, Equality and Defence – in line with Government commitments and associated health service agreements.	Q1-Q4
	Female Genital Mutilation (FGM) - Support training, awareness raising and provision of appropriate information to health professionals and members of communities in partnership with relevant community organisations. - Develop and strengthen appropriate referral and care pathways for women who have been subjected to FGM.	Q1-Q4 Q2
Traveller Health	Improve health outcomes for members of the **Traveller Community** in line with the *All-Ireland Traveller Health Study*. - Implement prioritised actions of Health Service Traveller Health Action Plan (reference All Ireland Traveller Health Study) e.g. engagement with PCTs to enhance access to services and support Traveller Health Units with development and reporting of appropriate health indicators. - Work in collaboration with the Mental Health Division towards addressing issues in relation to Travellers and mental health. - Implement the Asthma Education pilot programme in the Eastern Region Traveller Health Unit and the Navan Traveller Health Unit. - Address cardiovascular health and diabetes in the Traveller community through the implementation of a range of educational/ community initiatives.	 Q1-Q4 Q1-Q4 Q2 Q1-Q4
Roma	Enhance the health status of the Roma community in line with the requirements of the **Integration Strategy** and based on learning from focused seminars and existing outreach projects. - Support expansion of targeted health services to excluded Roma clients and build links to ensure a coordinated approach to the development of allied services to this cohort, this will be facilitated by the 2 clinics in the Dublin Area.	Q1-Q4
LGBT Health	Progress strategic actions in the area of **LGBT health**, with a specific focus on Transgender health. - Develop treatment pathways for Transgender service users in partnership with the Quality and Patient	Q3

Priority Area – Social Inclusion	Social Inclusion - Action 2014	End Q
	Safety Directorate and identified professional bodies.	
	- Support TENI (Transgender Equality Network Ireland) in carrying out a range of agreed actions aimed at addressing elements of mental health and suicide prevention.	Q4
HIV / AIDS	Support Health Promotion in aspects of the European Joint Action on Quality Improvement in HIV/AIDS prevention.	Q4
Enhancing Access to Services and Community Development	Develop guidelines / protocols between Social Inclusion and the Directorates, and with the Children and Family Agency, in the context of emerging health structures and the Service Delivery Framework of the CFA.	Q2
	Support members of socially excluded groups to access and engage with Primary Care Teams, in the context of the Service User Framework.	Q4
Child Wellbeing and Protection in respect of Social Inclusion Services	- Work with Children and Family Services in the context of the Joint Protocol for Interagency Working between the Health Service and CFA.	Q1-Q4
	- Ensure that the interests of children of disadvantaged social groups are promoted and translated into effective, integrated and multi agency provision.	Q1-Q4
	Hidden Harm	
	- Progress efforts in relation to aspects of Hidden Harm in collaboration with Children and Family Services.	Q1
	- Conduct a stakeholder survey in 2 practice site areas.	Q3
	- Provide a training programme to 50 staff in 2 practice site areas.	Q3
Improving Quality of Information and Standards	Improving Quality of Information	
	- Build capacity of Metrics group and associated structures in Social Inclusion to progress the development of an information framework that supports efficient and effective collection, application and reporting of agreed data.	Q1-Q4
	Clinical Governance in Addiction services	
	- Address issues of Clinical governance in Addiction (drugs and alcohol) services through proposed implementation of the Clinical Governance Framework and associated Clinical Lead.	Q2
	- Develop a Care Planning and Case Management approach.	Q3
	Ethnic Equality Monitoring	
	- Implement the plan to introduce an Ethnic Identifier across a range of settings.	Q2
	- Enhance collection and evaluation of data in respect of Ethnicity in order to allow for the application of findings to ongoing planning on the needs of diverse groups.	Q2
	- Coordinate the rollout of an ethnic identifier in 2 new settings in each region.	Q2

PCRS

Priority Area - PCRS	PCRS - Action 2014	End Q
Assess Eligibility	Assess the **eligibility** of new applicants and review the eligibility of existing cardholders in line with health policy, regulations and the service level arrangements governing the administration of the GMS Scheme.	Q1 – Q4
GP service for children of 5 years of age and under	Commence the introduction of a **universal GP service.** This will make available a GP service, without fees, to approximately 420,000 children aged 5 years and under.	Q3
Implementation of revised Guidelines	Implement revised **Guidelines** for Medical Cards and GP Visit Cards for persons aged 70 and over.	Q1
	Implement **new arrangements** for the retention of Medical / GP Cards for persons returning to work.	Q1
Prescription Charge Arrangements	Implement the revised **prescription charge** arrangements.	Q1
Reimburse Primary Care contractors	Reimburse **primary care contractors** in line with health policy, regulations and the service level arrangements governing the administration of the Schemes.	Q1-Q4
Progress Key Projects	Progress a number of **key projects** to support the strategic priorities of the organisation as follows: - **Drug Reference Pricing / Generic Substitution:** Implement additional interchangeable drug groups and specify appropriate reference prices to increase the levels of generic substitution of drugs. - **Medicines Management Programme:** Promote more cost effective prescribing by GPs and implement improved GP access to analysis of prescribing. - **Revenue and Department of Social Protection Interfaces**: Integrate Revenue and Department of Social Protection data with the PCRS database. Implementation of the **savings target for probity measures** within the PCRS will be pursued through eligibility verification processes, but the level of savings realisable will be dependent on the extent of ineligibility detected. Additional probity measures will include: - Focusing on eligibility for services in order to ensure that those who are eligible to access services under the schemes continue to do so. In this regard, reviews of eligibility will be conducted in a risk-assessed manner in relation to approximately one million medical card holders. - Establishing data sharing arrangements with both the Revenue Commissioners and the Department of Social Protection. - Examining claims for services from primary care contractors to ensure the reasonableness and accuracy of such claims. - Increasing the use of advanced data analysis to support inspection functions. - Implement the Postcode in the national client index, the Medical Card Scheme and throughout PCRS systems and infrastructure in readiness for the launch in Q2 2015. - Work with the Department of Health to design and implement the Individual Health Identifier Register.	Q1-Q4

Capital Infrastructure

Summary of capital projects that are to be completed and / or to become operational in 2014 (Appendix 3 refers)

DML	DNE	South	West
● South Wicklow/Carnew	● Summerhill Meath	● Carrigtwohill	● Limerick City (Market 1 and 2 Garryowen)
● Bride Street/Liberties (Meath Hospital)	● Corduff	● Kinsale	● Limerick City (Castletroy)
● Wicklow Town	● Laytown/Bettystown		● Swinford
● Baggot Street/Sandymount			● Loughrea
● Donnybrook/Ranelagh			● Manorhamilton
● Kilnamanagh/Tymon			● Carrick-on-Shannon
● Clane			● Derrybeg/Bunbeg
● Rathangan/Monasterevin			
● Athlone			

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Appendix 1: Performance Indicators
Appendix 1 (a): Performance Indicators 2013 and 2014 Overview

Note: PIs/Metrics highlighted in yellow background indicate that they are included in NSP Balance Scorecard

Primary Care

	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
No. of PCTs	140	96	134	115	485	120	70	127	106	423	140	96	134	115	485
Community Intervention Team Activity by Source ▪ ED Hospital Avoidance ▪ Early Discharge ▪ GP Referrals ▪ Community Referrals					New 2014 PI					New 2014 PI	1496 3624 320 268	2008 1252 1200 72	456 264 392 76	2016 964 228 184	5,976 6,104 2,140 600
Chronic Disease - Diabetes No. of existing primary care diabetes initiatives aligned to the nationally agreed model of care					New 2014 PI					New 2014 PI	3	2	1	4	10
GP Out of Hours Co-Ops No. of contacts with GP out of hours Co-Ops	136,581	174,735	414,161	250,133	975,610	140,576	180,883	421,221	252,256	994,936	140,576	180,883	421,221	252,256	994,936
Primary Care Nursing Existing patients seen in the month New patients seen in the month Longest waiting time for nursing service					New 2014 PI					New 2014 PI					New 2014 PI
Physiotherapy No. of patient referrals	41,616	31,295	50,211	49,265	172,387	39,462	31,790	50,622	50,402	172,276	39,462	31,790	50,622	49,900	171,774
Physiotherapy No. of patients seen for a first time Assessment	34,819	24,872	41,253	38,158	139,102	33,981	26,175	41,281	40,103	141,540	33,981	26,175	41,281	39,894	141,331
Physiotherapy **No. of patients seen** No. of patients treated in the reporting month (monthly target)					New PI for 2014					New PI for 2014	8,273	5,907	10,474	8,799	33,453
Physiotherapy No. of face to face contacts / visits	160,631	122,405	220,957	216,033	720,026	158,364	125,432	218,477	219,711	721,984	158,364	125,432	218,477	213,092	715,365

	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
Occupational Therapy No. of patient referrals	20,496	15,364	15,928	18,964	70,752	20,157	15,066	16,306	19,251	70,780	20,157	15,066	16,306	19,449	70,978
Occupational Therapy Assessments No. of new patients seen for first assessment					New PI 2014					New PI 2014	21,250	15,957	16,784	17,549	71,540
Occupational Therapy No. of patients treated (direct and indirect) (monthly target)					New PI 2014					New PI 2014	4,731	3,564	3,488	4,921	16,704
Primary Care Physiotherapy and Occupational Therapy Wait List Management ▪ Occupational Therapy - No. of patients waiting over 16 weeks for assessment ▪ Physiotherapy – No. of patients waiting over 12 weeks for assessment					New PI 2014					New PI 2014					Reduce December 2013 out-turn by 10%
Tobacco Control ▪ % all new primary care centres to open tobacco free	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
▪ % of existing health centres to be tobacco free	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%	70%	70%	70%	70%	70%
Primary Care Psychology, Podiatry, Ophthalmology, Audiology and Dietetics Existing patients seen in the month New patients seen in the month Longest waiting time for primary care psychology, podiatry, ophthalmology, audiology and dietetics services					New PI 2014					New PI 2014					New PI 2014
Oral Health No. of new patients attending for ▪ Scheduled assessment ▪ Unscheduled assessment					New PI 2014					New PI 2014					New PI 2014
Oral Health % of new patients					New PI 2014					New PI 2014					New PI 2014

	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
needing further care who commenced treatment within 3 months of assessment															
Oral Health % of new patients whose treatments is completed within 9 months of assessment					New PI 2014					New PI 2014					New PI 2014
Oral Health No. of new patients attending for unscheduled care who are prescribed an antibiotic					New PI 2014					New PI 2014					New PI 2014
Oral Health No. of new patients on antibiotics who receive a return appointment within 10 working days					New PI 2014					New PI 2014					New PI 2014
Orthodontics No. of patients receiving active treatment at the end of the reporting period	5,403	2,050	1,135	5,012	13,600	7,163	2,957	6,262	5,732	22,114	7,163	2,957	6,262	5,732	22,114
Orthodontics (Quarterly) Reduce waiting times of those waiting for assessment										New PI 2014					90% assessed within one year
Orthodontics % of patients on the treatment waiting list less than 2 years										New PI 2014					75%
Orthodontics % of patients on treatment waiting list less than 4 years (grade 4 and 5)										New PI 2014					95%
Orthodontics No. of patients on the assessment waiting list at the end of the reporting period					New PI 2013	2,244	605	1,821	2,720	7,390	2,244	605	1,821	2,720	7,390
Orthodontics No. of patients on the treatment waiting list – grade 4 –at the end of the reporting period					New PI 2013	1,867	1,849	1,546	2,519	7,781	1,867	1,849	1,546	2,519	7,781
Orthodontics No. of patients on the treatment waiting list – grade 5 –at the end of the reporting period					New PI 2013	1,596	1,321	1,568	1,996	6,481	1,596	1,321	1,568	1,996	6,481
Orthodontics Reduce the										New PI 2014					< 5%

	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
proportion of patients on the treatment waiting list longer than 4 years (**grade 4 and 5**)															
Quality and Patient Safety															
% of complaints investigated within legislative timeframe					New Primary Care PI						75%	75%	75%	75%	75%
Healthcare Associated Infection: Medication Management - Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)					23					27	<21.7	<21.7	<21.7	<21.7	<21.7

Please note:

- Community Intevention Team Data reflects a new PI for 2014 and a data validation process will be carried out in 2014 in line with targets set

Social Inclusion

	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
Opioid Treatment (KPI's Monthly in arrears) No. of clients in opioid substitute treatment (outside prisons (monthly target)					New PI 2014					New PI 2014	4,920	3,265	576	339	9,100
No. of clients in opioid substitute treatment (prisons) (monthly target)					500					500					500
Substance Misuse (KPI's Quarterly in arrears) No. of substance misusers (over 18 years) for whom treatment has commenced following assessment reported quarterly in arrears)	300	210	550	200	1,260	290	135	494	151	1,070	300	210	550	200	1,260
No. and % of substance misusers (over 18 years) for whom treatment has commenced **within one calendar month** following assessment reported quarterly in arrears)	300 100%	210 100%	550 100%	200 100%	1,260 100%	275 95%	135 100%	482 98%	150 100%	1024 96%	300	210	550	200	1,260 100%
No. of substance misusers (**under 18 years**) for whom treatment has commenced following assessment	25	15	40	25	105	16	10	30	18	74	25	15	40	25	105
No. and % of substance misusers (**under 18 years**) for whom treatment has commenced within **one week** following assessment	25 100%	15 100%	40 100%	25 100%	105 100%	16 100%	10 100%	30 100%	18 100%	74 100%	25 100%	15 100%	40 100%	25 100%	105 100%
Pharmacy Needle Exchange (monthly data reported quarterly in arrears) No. of individuals attending pharmacy needle exchange per month					-	42	69	339	251	700	40	70	340	250	700
No. of pharmacies recruited to provide Needle Exchange Programme					-	23	18	58	31	130	23	18	58	31	130
No. of pharmacy needle exchange packs provided per month					-	80	140	1,135	543	1,898	80	140	1,135	543	1,898
Average no. of clean needles provided per person per month					-	20	21	24	17	20	20	20	20	20	20
No and % of Pharmacy needle exchange packs returned per month					-	8 10%	51 37%	330 29%	158 29%	547 29%	32 40%	56 40%	454 40%	218 40%	760 40%
Homeless Services (all KPI's are quarterly current) Number of service users admitted during the quarter to homeless emergency accommodation hostels / facilities	425	501	924	612	2,462	435	346	731	575	2,084	416	334	700	550	2,000
Number and % of service users admitted during the	319	376	693	459	1,847	344	225	351	414	1,334	312	250	525	413	1,500

	Expected Activity / Target 2013					Projected Outturn 2013					Expected Activity / Target 2014				
	DML	DNE	South	West	Total	DML	DNE	South	West	Total	DML	DNE	South	West	Total
quarter to homeless emergency accommodation hostels / facilities who have a medical card. (quarterly target)	75%	75%	75%	75%	> 75%	79%	65%	48%	72%	64%	75%	75%	75%	75%	75%
No. and % of individual 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.	320 75%	373 75%	686 75%	459 75%	1,839 75%	367 85%	205 59%	550 75%	455 80%	1,577 76%	354 85%	284 85%	595 85%	467 85%	1,700 85%
No. and % of individual service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical/ mental health as part of their care/ support plan.	317 75%	376 75%	693 75%	459 75%	1,845 75%	344 79%	194 56%	472 64%	392 69%	1,403 67%	249 60%	201 60%	420 60%	330 60%	1,200 60%
Traveller Health Screening (bi-annual) No. of clients to receive health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through the Traveller Health Units / Primary Health Care Projects					2,580	593	645	362	980	2,580	380	412	231	627	1,650

PCRS

	Expected Activity / Target 2013	Projected Outturn 2013	Expected Activity/ Target 2014
Medical Cards No. persons covered	1,921,245	1,890,465	1,875,707
GP Visit Cards No. persons covered	265,257	127,697	402,138*
% of completed medical / GP visit card applications processed within the 15 day turnaround	95%	95%	95%
Long Term Illness No. of claims	923,794	912,296	944,288
No. of items	3,020,807	2,955,838	3,059,492
Drug Payment Scheme No. of claims	2,834,189	2,469,070	2,512,529
No. of items	8,871,012	7,752,880	8,551,742
GMS No. of prescriptions	20,864,890	20,631,372	21,639,388
No. of items	65,307,106	63,338,311	66,432,920
No. of claims – Special items of Service	883,796	924,287	946,957
No. of claims – Special Type Consultations	1,217,992	1,229,781	1,242,077
Hi-Tech No. of claims	461,668	494,669	531,607
DTSS No. of treatments (routine)	1,127,410	1,328,466	1,354,079
No. of treatments (complex)	54,357	67,076	68,338
No. of patients who have received treatment (routine)	519,707	605,509	617,446
No. of patients who have received treatment (complex)	56,323	64,554	65,769
Community Ophthalmic Scheme No. of treatments	798,393	801,806	845,715
i). Adult	730,649	731,855	771,933
ii). Children	67,744	69,951	73,782

* GP Visit Card expected activity / target 2014 includes provision for GP services for children

Appendix 1 (b): Performance Indicators 2014 Targets by ISA and Regions

Note: PIs/Metrics highlighted in yellow background indicate that they are included in NSP Balance Scorecard

Primary Care

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/ Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/ Monaghan	Dublin North City	Dublin North	Louth/ Meath	DNE	Kerry	Cork	Waterford / Wexford	Carlow / Kilkenny / South Tipperary	South	Donegal	Sligo/ Leitrim	Galway / Roscommon	Mayo	Mid-West	West	TOTAL
No. of PCTs	30	40	34	36	140	14	30	23	29	96	16	63	29	26	134	18	10	32	14	41	115	485
Community Intervention Team Activity by Source																						
▪ ED Hospital Avoidance					1,496					2,008					456						2,016	5976
▪ Early Discharge					3,624					1,252					264						964	6104
▪ GP Referrals					320					1,200					392						228	2140
▪ Community Referrals					268					72					76						184	600
Total					5,708					4,532					1,188						3,392	14,820
Chronic Disease - Diabetes No. of existing primary care diabetes initiatives aligned to the nationally agreed model of care					3					2					1						4	10
GP Out of Hours Co-Ops No. of contacts with GP out of hours Co-Ops					140,576					180,883					421,221						252,256	994,936
Primary Care Nursing Existing patients seen in the month New patients seen					New PI 2014					New PI 2014					New PI 2014							New PI 2014

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/ Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/ Monaghan	Dublin North City	Dublin North	Louth/ Meath	DNE	Kerry	Cork	Waterford / Wexford	Carlow / Kilkenny / South Tipperary	South	Donegal	Sligo/ Leitrim	Galway / Roscommon	Mayo	Mid-West	West	TOTAL
in the month																						
Longest waiting time for nursing service																						
Physiotherapy Referral No. of patient referrals	6,985	8,684	8,304	15,489	39,462	7,390	8,850	4,931	10,619	31,790	9,889	17,208	11,707	11,818	50,622	10,733	5,403	12,703	7,497	13,564	49,900	171,774
Physiotherapy Assessments No. of patients seen for a first assessment	6,608	7,567	6,457	13,349	33,981	5,991	7,064	4,161	8,959	26,175	7,914	14,241	9,273	9,853	41,281	8,206	4,303	9,704	4,450	13,231	39,894	141,331
Physiotherapy No. of patients seen No. of patients treated in the reporting month (monthly target)	1,486	1,880	1,903	3,004	8,273	1,415	1,483	920	2,089	5,907	1,523	4,564	2,164	2,223	10,474	2,006	1,009	2,305	1,135	2,344	8,799	33,453
Physiotherapy Contacts No. face to face contacts / visits	32,503	33,889	21,794	70,178	158,364	28,030	33,682	19,228	44,492	125,432	32,370	89,772	46,144	50,191	218,477	56,466	22,321	47,369	33,447	53,489	213,092	715,365
Occupational Therapy Referrals No. of patient referrals	4,210	5,145	4,034	6,768	20,157	3,344	3,538	3,560	4,624	15,066	1,924	5,372	4,545	4,465	16,306	3,683	3,574	3,910	1,833	6,449	19,449	70,978
Occupational Therapy Assessments No. of new patients seen for first assessment	4,838	5,519	4,340	6,553	21,250	3,478	4,053	4,449	3,977	15,957	1,875	5,865	4,264	4,780	16,784	3,376	2,963	3,782	1,347	6,081	17,549	71,540
Occupational																						

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/ Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/ Monaghan	Dublin North City	Dublin North	Louth/ Meath	DNE	Kerry	Cork	Waterford / Wexford	Carlow / Kilkenny / South Tipperary	South	Donegal	Sligo/ Leitrim	Galway / Roscommon	Mayo	Mid-West	West	TOTAL
Therapy No. of patients treated (direct and indirect) (monthly target)	1,124	1,092	944	1,571	4,731	809	953	546	1,256	3,564	317	1,412	881	878	3,488	1,060	913	890	712	1,346	4,921	16,704
Primary Care Physiotherapy and Occupational Therapy **Wait List Management** • Occupational Therapy - No. of patients waiting over 16 weeks for an assessment • Physiotherapy – No. of patients waiting over 12 weeks for an assessment					Reduce December 2013 out-turn by 10%					Reduce December 2013 out-turn by 10%					Reduce December 2013 out-turn by 10%						Reduce December 2013 out-turn by 10%	Reduce December 2013 out-turn by 10%
Tobacco Control • % all new primary care centres to open tobacco free	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
• % of existing health centres to be tobacco free	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Primary Care Psychology, Podiatry, Ophthalmology, Audiology and Dietetics Existing patients seen in the month New patients seen					New PI 2014					New PI 2014					New PI 2014							New PI 2014

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/Monaghan	Dublin North City	Dublin North	Louth/Meath	DNE	Kerry	Cork	Waterford/Wexford	Carlow/Kilkenny/South Tipperary	South	Donegal	Sligo/Leitrim	Galway/Roscommon	Mayo	Mid-West	West	TOTAL
in the month Longest waiting time for primary care Psychology, Podiatry, Ophthalmology, Audiology and Dietetics services																						
Orthodontics No. of patients receiving active treatment at the end of the reporting period		2,133	3,573*	1,457	7,163		2,957			2,957	4,543	1,719			6,262	1,095		3,280		1,357	5,732	22,114
Orthodontics (Quarterly) Reduce waiting times of those waiting for assessment					90% assessed within one year					90% assessed within one year					90% assessed within one year						90% assessed within one year	90% assessed within one year
Orthodontics % of patients on the treatment waiting list less than 2 years					75%					75%					75%						75%	75%
Orthodontics % of patients on the treatment waiting list less than 4 years (grade 4 and 5)					95%					95%					95%						95%	95%
Orthodontics No. of patients on the assessment waiting list at the end of the reporting period		236	1,686*	322	2,244		605			605	1,158	663			1,821	435		1,955		330	2,720	7,390
Orthodontics No. of patients on the treatment waiting list – grade		416	627*	824	1,867		1,849			1,849	767	779			1,546	260		1,443		816	2,519	7,781

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/ Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/ Monaghan	Dublin North City	Dublin North	Louth/ Meath	DNE	Kerry	Cork	Waterford / Wexford	Carlow / Kilkenny / South Tipperary	South	Donegal	Sligo/ Leitrim	Galway / Roscommon	Mayo	Mid-West	West	TOTAL
4 –at the end of the reporting period																						
Orthodontics No. of patients on the treatment waiting list – **grade 5** –at the end of the reporting period		409	777*	410	1,596	1,321				1,321	542	1,026			1,568	355	948			693	1,996	6,481
Orthodontics Reduce the proportion of patients on the treatment waiting list longer than 4 years (**grade 4 and 5**)	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%	<5%
Oral Health No. of new patients attending ▪ Scheduled assessment ▪ Unscheduled assessment					New PI 2014					New PI 2014					New PI 2014						New PI 2014	New PI 2014
Oral Health % of new patients needing further care who commenced treatment within 3 months of assessment					New PI 2014					New PI 2014					New PI 2014						New PI 2014	New PI 2014
Oral Health % of new patients whose treatment is completed within 9 months of assessment					New PI 2014					New PI 2014					New PI 2014						New PI 2014	New PI 2014
Oral Health No. of new					New PI					New PI					New PI						New PI	New PI

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/ Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/ Monaghan	Dublin North City	Dublin North	Louth/ Meath	DNE	Kerry	Cork	Waterford / Wexford	Carlow / Kilkenny / South Tipperary	South	Donegal	Sligo/ Leitrim	Galway / Roscommon	Mayo	Mid-West	West	TOTAL
patients attending for unscheduled care who are prescribed an antibiotic					2014					2014					2014						2014	2014
Oral Health No. of new patients on antibiotics who receive a return appointment within 10 working days					New PI 2014					New PI 2014					New PI 2014						New PI 2014	New PI 2014
Quality and Patient Safety																						
% of complaints investigated within legislative timeframe	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%	75%
Healthcare Associated Infection: Medication Management - Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day)	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7	<21.7

Please note:

- Public Health Nursing metrics for child health are reported under Health and Well Being Section.

- Community Intevention Team Data reflects a new PI for 2014 and a data validation process will be carried out in 2014 in line with targets set

- *Orthodontics data is returned under the old area health board structures. In DML expected activity for Dublin South West/kildare West Wicklow includes Dublin South Central.

- **Chronic Disease – Diabetes -** No. of existing primary care diabetes initiatives aligned to the nationally agreed model of care Diabetes:
  - DM: Midlands Diabetes Structure Care Programme, South Inner City Partnership Dublin and East Coast Area Diabetes Shared Care Programme
  - DNE: Diabetes Watch, Dublin (Area 8) North
  - West: Sligo/Leitrim, Donegal, Galway, Limerick, North Tipperary/Clare
  - South: North Cork, South Lee, North Lee and West Cork.

- Out of Hours – Out of Hours Services by Region

- DM: MIDoc and KDoc
- DNE: DDoc and NEDoc
- West: NowDoc, WestDoc and ShannonDoc
- Sout:h: CareDoc and SouthDoc.

Social Inclusion

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/ Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/ Monaghan	Dublin North City	Dublin North	Louth/ Meath	DNE	Kerry	Cork	Waterford / Wexford	Carlow / Kilkenny / South Tipperary	South	Donegal	Sligo/ Leitrim	Galway / Roscommon	Mayo	Mid-West	West	TOTAL
Opioid Treatment (KPI's Monthly in arrears) No. of clients in opioid substitute treatment (outside prisons (monthly target)	2,510	935	1,131	344	4,920	65	2,286	751	163	3,265	46	253	150	127	576	4	9	105	4	217	339	9,100
No. of clients in opioid substitute treatment (prisons) (monthly target)																						500
Substance Misuse (KPI's Quarterly in arrears) No. of substance misusers (over 18 years) for whom treatment has commenced following assessment reported quarterly in arrears)	48	30	18	204	300 100%	34	113	0	63	210 100%	83	143	198	126	550 100%	0	66	80	20	34	200 100%	1,260 100%
No. and % of substance misusers (over 18 years) for whom treatment has commenced **within one**	48 100%	30 100%	18 100%	204 100%	300 100%	34 100%	113 100%	0	63 100%	210 100%	83 100%	143 100%	198 100%	126 100%	550 100%	0	66 100%	80 100%	20 100%	34 100%	200 100%	1,260 100%

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/ Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/ Monaghan	Dublin North City	Dublin North	Louth/ Meath	DNE	Kerry	Cork	Waterford / Wexford	Carlow / Kilkenny / South Tipperary	South	Donegal	Sligo/ Leitrim	Galway / Roscommon	Mayo	Mid-West	West	TOTAL
calendar month following assessment reported quarterly in arrears)																						
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	0	0	25	0	25 100%	5	8	0	2	15 100%	4	16	10	10	40 100%	7	7	7	2	2	25 100%	105 100%
No. and % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	0	0	25 100%	0	25 100%	5 100%	8 100%	0 100%	2 100%	15 100%	4 100%	16 100%	10 100%	10 100%	40 100%	7 100%	7 100%	7 100%	2 100%	2 100%	25 100%	105 100%
Pharmacy Needle Exchange (monthly data reported quarterly in arrears) No. of individuals attending pharmacy needle exchange per month	0	0	0	40 100%	40 6%	6 8%	0	0	64 92%	70 10%	4 1%	178 52%	127 37%	31 9%	340 49%	55 22%	5 2%	53 21%	1 0%	136 54%	250 36%	700
No. of pharmacies recruited to provide Needle Exchange Programme	0	0	0	23	23 18%	8	0	0	10	18 14%	4	22	15	17	58 45%	5	2	6	3	15	31 24%	130
No. of pharmacy needle exchange packs provided per month	0	0	0	80	80 4%	14	0	0	126	140 7%	6	691	322	116	1,135 60%	1	10	125	1	406	543 29%	1,898
Average no. of	0	0	0	20	20	20	0	0	20	20	20	20	20	20	20	20	20	20	20	20	20	20

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/ Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/ Monaghan	Dublin North City	Dublin North	Louth/ Meath	DNE	Kerry	Cork	Waterford / Wexford	Carlow / Kilkenny / South Tipperary	South	Donegal	Sligo/ Leitrim	Galway / Roscommon	Mayo	Mid-West	West	TOTAL
clean needles provided per person per month					100%					100%					100%						100%	
No and % of Pharmacy needle exchange packs returned per month	0	0	0	32 40%	32 40%	5 40%	0	0	51 40%	56 40%	3 40%	277 40%	129 40%	45 40%	454 40%	1 40%	4 40%	50 40%	1 40%	162 40%	218 40%	760 40%
Homeless Services (all KPI's are quarterly current) Number of service users admitted during the quarter to homeless emergency accommodation hostels / facilities	322	34	26	34	416 21%	0	184	20	130	334 17%	37	498	93	72	700 35%	44	88	132	11	275	550 27%	2,000
Number and % of service users admitted during the quarter to homeless emergency accommodation hostels / facilities who have a medical card. (quarterly target)	241 75%	26 75%	19 75%	26 75%	312 75%	0	138 75%	15 75%	97 75%	250 75%	28 75%	373 75%	70 75%	54 75%	525 75%	33 75%	66 75%	99 75%	9 75%	206 75%	413 75%	1,500 75%
No. and % of individual 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	273 85%	29 85%	23 85%	29 85%	354 85%	0	156 85%	18 85%	110 85%	284 85%	32 85%	423 85%	79 85%	61 85%	595 85%	37 85%	75 85%	112 85%	9 85%	234 85%	467 85%	1,700 85%

	Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014					Expected Activity / Target 2014						
	Dublin South Central	Dublin South East/ Wicklow	Dublin South West/Kildare West Wicklow	Midlands	DML	Cavan/ Monaghan	Dublin North City	Dublin North	Louth/ Meath	DNE	Kerry	Cork	Waterford / Wexford	Carlow / Kilkenny / South Tipperary	South	Donegal	Sligo/ Leitrim	Galway / Roscommon	Mayo	Mid-West	West	TOTAL
of admission.																						
No. and % of individual service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical/ mental health as part of their care/ support plan.	192 60%	20 60%	17 60%	20 60%	249 60%	0	109 60%	13 60%	79 60%	201 60%	22 60%	299 60%	56 60%	43 60%	420 60%	26 60%	53 60%	79 60%	7 60%	165 60%	330 60%	1,200 60%
Traveller Health Screening (bi-annual) No. of clients to receive health awareness raising / screening programmes (breast check, cervical smear screening, men's health screening, blood pressure testing) delivered through the Traveller Health Units / Primary Health Care Projects					380					412					231						627	1,650

Appendix 2: PCRS Expenditure on Schemes

Schemes	Budget 2013 €m	Outturn 2013 €m	Budget 2014 €m
Medical Card Scheme	1,880,804,848	1,878,777,808	1,738,469,485
Sub-Total	**1,880,804,848**	**1,878,777,808**	**1,738,469,485**
Community Drug Schemes			
Drug Payment Scheme	89,269,330	89,165,439	70,910,185
Long Term Illness Scheme	100,616,899	107,409,185	96,224,759
High Tech	186,896,570	186,777,568	183,845,570
Dental Treatment Services	63,000,000	71,224,000	75,000,000
Health Amendment Act	1,988,641	1,794,000	1,524,289
Community Ophthalmic Scheme	31,540,000	31,320,000	31,540,000
Methadone Treatment	18,477,000	19,073,000	18,477,000
Childhood Immunisation	7,913,000	7,758,000	7,409,000
Doctors Fees / Allowances (Immunisations/ Heartwatch)	6,643,000	6,557,000	6,749,000
Sub-Total	**506,344,440**	**521,078,192**	**491,679,803**
Primary Care Schemes			
Hardship	15,000,000	13,090,000	15,000,000
OPAT	7,000,000	2,880,000	7,000,000
Sub-Total	**22,000,000**	**15,970,000**	**22,000,000**
Oncology	10,000,000	6,877,000	10,000,000
Appropriations-In-Aid	-27,000,000	-27,000,000	-27,000,000
TOTAL SCHEMES	**2,392,149,288**	**2,395,703,000**	**2,235,149,288**

Note: The total schemes 2014 figure does not include the Local Schemes budget total of €171m.

Appendix 3 - Capital Projects – Primary Care

Capital projects that are due to be
- completed in 2012/2013 but not operational
- completed and operational in 2014
- completed in 2014 but not operational until 2015

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2014 Implications	
							2014	Total	WTEs	Rev Costs €m
PRIMARY CARE										
Dublin Mid-Leinster										
Primary Care	South Wicklow/Carnew	Primary Care Centre, by lease agreement.	Q4	Q1 2015	0	0	0	0	0	0
Primary Care	Bride Street/Liberties (Meath Hospital)	Primary Care Centre, by lease agreement.	Q1	Q1	0	0	0	0	0	0
Primary Care	Wicklow Town	Primary Care Centre, by lease agreement.	Q3	Q3	0	0	0	0	0	0
Primary Care	Baggot Street / Sandymount	Primary Care Centre, by lease agreement.	Q4 2013	Q2	0	0	0	0	0	0
Primary Care	Donnybrook / Ranelagh	Primary Care Centre, by lease agreement.	Q3	Q3	0	0	0	0	0	0
Primary Care	Kilnamanagh / Tymon	Primary Care Centre, by lease agreement.	Q4	Q1 2015	0	0	0	0	0	0
Primary Care	Clane	Primary Care Centre, by lease agreement.	Q4 2013	Q1	0	0	0	0	0	0
Primary Care	Rathangan / Monasterevin	Primary Care Centre, by lease agreement.	Q2	Q2	0	0	0	0	0	0
Primary Care	Athlone, Co. Westmeath	Primary Care Centre, by lease agreement	Q4 2013	Q1	0	0	0	0	0	0
Dublin North East										
Primary Care	Summerhill, Meath	Primary Care Centre, by lease agreement.	Q2	Q3	0	0	0	0	0	0
Primary Care	Corduff	Primary Care Centre to be developed on health service owned site.	Q4	Q1 2015	0	0	6.0	7.2	0	0
Primary Care	Laytown/ Bettystown, Co. Meath	Primary Care Centre, purchase and fit-out.	Q4	Q4	0	0	2.0	3.0	0	0

	Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2014 Implications	
							2014	Total	WTEs	Rev Costs €m
South										
Primary Care	Carrigtwohill	Primary Care Centre, by lease agreement	Q3	Q4	0	0	0	0	0	0
Primary Care	Kinsale	Primary Care Centre, by lease agreement.	Q4	Q4	0	0	0	0	0	0
West										
Primary Care	Limerick City (Market 1 and 2 - Garryowen)	Primary Care Centre, by lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Limerick City (Castletroy)	Primary Care Centre, by lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Swinford	Primary Care Centre, by lease agreement.	Q4	Q4	0	0	0	0	0	0
Primary Care	Loughrea, Co. Galway	Primary Care Centre	Q4	Q4	0	0	0.5	0.5	0	0
Primary Care	Manorhamilton, Co. Leitrim	Primary Care Centre	Q4	Q1 2015	0	0	0.2	0.72	0	0
Primary Care	Carrick on Shannon Co Leitrim	Primary Care Centre, by lease agreement	Q4	Q1 2015	0	0	0	0	0	0
Primary Care	Derrybeg / Bunbeg Co Donegal	Primary Care Centre, by lease agreement	Q2	Q3	0	0	0	0	0	0