Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

2017

Primary Care Division Operational Plan

Building a Better Health Service

CARE COMPASSION TRUST LEARNING


Goal 1
Promote health and wellbeing as part of everything we do so that people will be healthier
Goal 2
Provide fair, equitable and timely access to quality, safe health services that people need
Goal 3
Foster a culture that is honest, compassionate, transparent and accountable
Goal 4
Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them
Goal 5
Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Contents

Appendices

Introduction

The Primary Care chapter of the 2017 National Service Plan (NSP) sets out the key priorities and volume of primary care, social inclusion, palliative care and primary care reimbursement services (PCRS) to be provided in 2017, within the funding available. It also seeks to align our priorities to the *Corporate Plan 2015-2017* and priorities of the Minister for Health and Government as set out in *A Programme for a Partnership Government*.

The development of primary care services is a key element of the overall Health Reform Programme. A decisive shift to primary care in the Irish health system is required to bring about improvements to the health and wellbeing of the population and better integrated health services. The key 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.

Primary Care division services include primary care teams (PCTs), community healthcare network services, general practice, schemes reimbursement, social inclusion and palliative care services; reference to primary care throughout this plan includes reference to all of these services.

In addition to setting out our priorities and volume of services in the NSP, this 2017 Primary Care Operational Plan sets out supporting demographic information, further actions and data/metrics to demonstrate that we will work to provide services that better meet the needs of people who depend on them. We will also:

- Focus on supporting our staff who are fundamental to delivering primary care services across the country.
- Describe the financial framework that supports the plan.
- List the performance indicators and supporting metrics against which performance will be measured.

The NSP is supported by the Performance and Accountability Framework, the focus of which is on recognising good management and outcomes while continually improving performance within primary care, social inclusion, palliative care and PCRS services. This Framework, which has been adopted by the HSE Directorate, sets out how the HSE, including Primary Care (and all managers within Primary Care) will be held to account for their performance in relation to the *Quality and Safety* of services, *Access* to services and managing within the *Financial and Human resources* available.

Health Challenges that impact on services include:

Primary Care

Following the implementation of policies to widen access to primary care services, 46.4% of the population now have access to either a GP visit card or a medical card. This compares with 41.4% at the start of 2015. The number of long term illness scheme patients has increased by 87% since 2014. In the case of

diabetes mellitus for example, the number of claimants increased by 40,446, doubling the number of claimants with this illness.

Social Inclusion
There is a strong link between poverty, socio-economic status and health. Mental and physical health problems can be both a cause and consequence of homelessness and social deprivation. Disadvantaged groups within the population carry a disproportionate burden of mental and physical ill-health and disability, with consequent high health service utilisation and health and social care costs.

Palliative Care
With population ageing, the need for palliative care services is growing and will challenge existing capacity: for example, patients experiencing end-of-life with cancer alone are projected to increase by 5.8% and 23% in 2017 and 2022 respectively.

Priorities for 2017 include:

- Improving quality, safety, access to and responsiveness of primary care services to support the decisive shift of services to primary care
- Improving health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities
- Improving access, quality and efficiency of palliative care services
- Reimbursing contractors in line with health policy, regulations and within service level arrangements governing administration of health schemes
- Processing applications for eligibility (under the PCRS) within agreed timelines
- Strengthening accountability and compliance across all services and reviewing contractor arrangements.

Children First

The Children First implementation plan sets out key actions to ensure compliance with Children First legislation and national policy. Under legislation, the HSE and funded organisations providing services to children and young people are required to undertake an assessment of risk and to use this risk assessment to develop and publish a Child Safeguarding Statement. The Safeguarding Statement also outlines how staff/volunteers will be provided with information to identify abuse which children may experience outside of the organisation, and what they should do with concerns about child safety.

In 2017, high level actions include the implementation of Children First plans by CHOs and Hospital Groups with support from the Children First National Office; and the delivery of Children First training programmes for HSE staff and HSE funded organisations. Child protection policies at CHO and Hospital Group level will also be developed and reports tracked and monitored by the Children First office. Children First compliance will also be included in the performance assurance process.

Risks to the delivery of the Primary Care Operational Plan

- **Service Demand**
  The increasing demands for primary care services which are often beyond funded levels.

- **Paybill Management**
  Control over pay and staff numbers to funded levels remain a priority while seeking to ensure recruitment and retention of highly skilled and qualified staff. The impact of continued Paybill Management in Primary Care in 2017 will be evident in certain areas– e.g. access waiting times for

physiotherapy, occupational therapy, ophthalmology, audiology, dietetics, podiatry etc and in relation to dental services.

- **Paediatric Home Care Packages**
  Maintaining complex paediatric home care packages to funded levels in the face of increasing demand and a pattern of earlier discharge from acute facilities is a particular challenge.

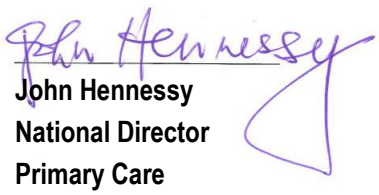
- **Homelessness**
  The phased approach on a multi annual basis to the *Homeless Action Plan* will restrict the scale of additional activity in 2017.

- **National Virus Reference Laboratory (NVRL)**
  The review of NVRL governance and activity referrals will represent a key challenge in order to maintain safe levels of service within the available funding.

- **New Drugs**
  Capacity to meet the demand for new drug therapies within funded levels continues to be a significant challenge.

- **Primary Care Reimbursement Service (PCRS)**
  The scale of financial management required within PCRS in line with the numbers availing of schemes, including medical cards is a challenge due to the demand led nature of eligibility.

Signed



John Hennessy
National Director
Primary Care

Building a Better Primary Care Service

Introduction

Primary care continues on a programme of service improvement and reform with the 2017 priorities set out througout this plan. Building a Better Health Service sets out some of the strategic approaches being developed to better meet the needs of people who use primary care services. In 2017, we will aim to finalise the review of the GP Contract along with the priorities and actions arising from this, and continue to implement the organisational priorities as set out below.

Improving the quality and safety of our services

Every person who uses our services should receive a safe service which is person-centred and of high quality. We will engage with the three-year National Safety Programme and the implementation of safety priorities and intiaitives including the following:

- Develop the capacity of the Community Healthcare Organisations (CHOs) to manage safety, risk and improve quality including implementing the Safety Programme priorities at service level.
- Plan, oversee and ensure clinical leadership for targeted safety initiatives in areas such as the deteriorating patient, early warning systems and clinical handover, medication safety, pressure ulcers, falls prevention, healthcare associated infection (HCAI) and the implementation of related National Clinical Guidelines and Standards for Clinical Practice Guidance.
- Implement the new *National Standards for the Conduct of Reviews of Patient Safety Incidents 2016*, continuing to build the organisation's capacity to manage safety incidents including serious reportable events. This will include the development and implementation of enhanced approaches to the review of these incidents and will be supported by the further roll-out of the Open Disclosure Policy.
- Implement the revised Integrated Risk Management Policy 2016.
- Strengthen the accountability for safety, risk and quality by building capacity for gathering and analysing safety information and audit, including clinical audit.
- Implement the *Framework for Quality Improvement* with a particular focus on working with front line staff on innovative ways to improve care and, strengthening engagement with patients and families to ensure services are focused on their needs.
- Learn from feedback provided by patients and service users.

Improving the health and wellbeing of the population

Life expectancy in Ireland has increased and is above the EU average at 83 years for a woman and 79 years for a man. People are living longer through advances in medicine, technology and improved models of care. The population will grow by 34,800 (0.7%) people between 2016 and 2017. The *Healthy Ireland* Framework sets out a vision for how people can live fulfilled lives and be as healthy as they can. In 2017 we will:

- Continue to assess the health needs of the population as part of designing services to promote good physical and mental health.
- Integrate illness prevention, early detection and self-management as part of models of care.

- Implement programmes to reduce the burden of chronic disease by promoting an increase in active living, positive ageing and positive mental health, healthy eating and reductions in smoking levels and alcohol consumption.
- Deliver *Healthy Ireland* actions in services through implementation plans for CHOs.

Providing care in a more integrated way

Our aim is to provide a primary care service which is available to people where they need it and when they need it and to provide people with the best outcomes that can be achieved. The clinical and integrated care programmes are central to this approach, and clinical leadership is at the core of reform and service improvement to support better health outcomes. In 2017 we will:

- Continue to implement integrated care programmes for chronic disease prevention and management, older people, children and patient flow.
- Continue to work with patients, medical colleges, nursing and therapy leads to develop and implement processes that will improve the way care is provided.
- Engage with GPs in relation to the review and updating of the GP contract.

Health Service Improvement

Primary care services are provided across the country in general practice, urban primary care centres and smaller local health centres. It is essential that primary care services are organised in a way that ensures they are capable of responding to the needs of these communities. Decision-making and accountability is being devolved as close as possible to front line services through the development of CHOs.

The Programme for Health Service Improvement is key to enabling a more integrated care delivery model. Appropriately trained programme management staff, expert specialist support and direct project management support for the health service improvement programme of work will be put in place. This is aligned with the change management programme for national functions under the Centre Transformation Programme and supported by interconnected development programmes within human resources, eHealth, finance, communications, health business service and quality and safety services.

In 2017 actions across the health system and within the health service improvement programme will:

- Support the decisive shift of service to primary care and associated strengthening of primary care teams and networks.
- Progress the implementation of the Hospital Groups, CHOs, the Centre Transformation Programme, National Ambulance Service and enabling service programmes.
- Develop structures and processes for Hospital Groups, CHOs, National Ambulance Service and the National Centre reflecting the developing accountable and autonomous nature of these organisations.
- Support the development and implementation of the Patient Safety Programme.
- Support local service improvement programmes, prioritising quality and patient safety and implementing integrated models of care.
- Develop programme offices in each of the service delivery organisations which will provide local implementation support to the integrated care programmes. In addition it will support other strategic programmes including quality and safety, eHealth Ireland, service specific improvement programmes, including the Emergency Department (ED) Task Force and the Performance and Accountability Framework improvement programmes.
- Continue to develop the way in which the corporate 'centre' relates to Hospital Groups, CHOs, PCRS and the Ambulance Service. This will be achieved through the development of an operating

model, at the heart of which will be a comprehensive 'commissioning' cycle aimed at empowering, resourcing and supporting the delivery of quality services.

Developing a performing and accountable primary care service

There will be a focus on improving the performance of services and accountability in relation to *Access* and the *Quality and Safety* of those services, and doing this within the *financial resources* available.

With the goal of improving services, the *Performance and Accountability Framework* sets out the means by which the HSE and in particular services including Primary Care and individual managers are held to account for their performance. In 2017 we will:

- Implement the HSE's Performance and Accountability Framework, including strengthened processes for escalation, support and intervention in underperforming service areas.
- Measure and report on performance against the key performance indicators (KPIs) set out in the NSP as part of the monthly performance reporting cycle.
- Strengthen and oversee the HSE's Governance Framework with funded section 38 and section 39 agencies through the Compliance Unit and strengthen the management of the HSE's relationship with its funded agencies at CHO and Hospital Group level.
- Develop data gathering, reporting processes and systems to support the Performance and Accountability Framework.

Developing business supports and infrastructure

The Health Business Services will continue to grow and develop using a shared model of delivery for a range of critical business support services to both the statutory and voluntary sectors (funded under section 38 / section 39 of the *Health Act 2004*). This best practice approach drives value for money, efficiency, compliance and service quality objectives and will maximise the use of digital opportunities. Primary Care service improvement is supported through the continuing development of infrastructure. In addition to the ongoing infrastructural programme in 2017 we will continue the development of new primary care centres and address backlogs in replacement and upgrading of existing facilities.

Implementing *eHealth Ireland*

A modern primary care health service will depend upon high quality information and digital technology. A *Knowledge and Information Plan* was published to support implementation of the eHealth Ireland strategy with the objectives of:

- Knowing our patients: by providing access to data when and where it is legitimately needed most, to identify what is happening and predict what will happen next.
- Engaging the population: by connecting patients to their care teams to better manage care delivery and engage people individually in their health and wellbeing.
- Managing our services: by putting data into action to improve outcomes, manage demand and optimise service delivery, maximising value and better service delivery.
- The 2017 priority list of Primary Care ICT Reform Projects is set out in the service delivery chapter.

Finance

2017 Primary Care Division - Net Expenditure Allocations

	Primary Care	Social Inclusion	Palliative Care	Local DLS	PCRS	Total
	€m	€m	€m	€m	€m	€m
Budget 2016	764.8	127.1	72.8	242.6	2417.1	3624.4
Income Defict Funding				4	125	129
Once off Adjustments and release of Held Funding	8.8	2.8	2.8		13.5	27.9
Opening Base Budget 2017	**773.6**	**129.9**	**75.6**	**246.6**	**2555.6**	**3781.3**
Full year costs of 2015 Developments	3					3
Expected Level of Service Funding	10.6		0.4	3	-10.1	3.9
Pay cost pressures	8.9	0.4	0.5		0.2	10
Funding to Expand existing Developments	7				1.5	8.5
	29.5	**0.4**	**0.9**	**3**	**-8.4**	**25.4**
Primary Care Division Budget allocated 2017	**803.1**	**130.3**	**76.5**	**249.6**	**2547.2**	**3806.7**
Funding Held by Department of Health	**5**	**3**			**13.5**	**21.5**
Primary Care Division Budget Received 2017	**808.1**	**133.3**	**76.5**	**249.6**	**2560.7**	**3828.2**
Increase versus opening Base	34.5	3.4	0.9	3	5.1	46.9
% Change	4.46%	2.62%	1.19%	1.22%	0.20%	1.24%

Budget 2017 versus budget 2016

The 2017 divisional allocation is €3,828.2m compared with an opening 2017 budget of €3,781.3 million. This represents a €46.9m (1.24%) increase in funding. The Department of Health is holding a further €21.5m of development funding for 2017.

Additional funding was received in 2016 to deal with cost pressures as follows:

- €4m Local demand led schemes.
- €125m PCRS.

This funding is reflected in the opening base budget for 2017. In 2016, the Division supported base funding deficits with time related savings across a number of pay and non pay headings. However, in 2017 the necessity to continue to apply tight cost control and achieve savings through improved models of care and procurement initatives will be a critical component in delivering a balanced budgetary position.

Existing level of service (ELS)

Funding was received to support existing level of services and provide for some additional growth in 2017 as follows:

- €10m funding for pay cost pressures.
- €11m funding for non-pay core services.
- €3m funding for local demand led schemes.

A significant portion of the ELS funding is required to cover costs of medical and surgical supplies and the demand led costs associated with paediatric home care packages.

Notwithstanding the additional funding received there an estimated unfunded pay requirment of **€5.383m** across a number of pay elements of which **€2.590m** comprises increments.

Non-pay and demographic related costs

The key elements of non-pay cost in 2017 for primary care continue to be medical and surgical supplies, primary care lease costs including IT costs associated with previously commissioned centres, and paediatric home care packages.

Additional funding has been allocated to support growth in these services. The full year cost has also been provided for the opening of Kerry Hospice beds.

- €7m funding to expand existing developments.
- €3m developments (Including Kerry Hospice).

Funding held by the Department of Health

The Department of Health is holding additional funding in respect of the Primary Care division for developments in relation to Prescrition charges, GMS and Social Inclusion measures.

Furthermore, Primary Care will work with Mental Health to jointly implement the development plan for pyschology services and homeless initatives with funds provided in the 2016 Service Plan.

- €5m – Psychology services.
- €2m - Homeless services.

Clinical Strategies and Programmes hold a further €1.5m of funding to address a number of homeless services initatives.

Approach to financial challenge in 2017

Given the underlying base funding pressures (which were offset by time related savings in 2016) and the shortfall in the pay requirement, the 2017 budgetary environment will be challenging. The requirement to adhere to a balanced pay budget will continue to be a critical component to deliver an overall balanced position in 2017 and will require an extension of pay control measures currently in place across a number of CHO areas. Efforts to eliminate or reduce agency will continue to deliver savings and we will encourage and support service improvement initiatives that maximise throughput across therapy disciplines in a safe and effective manner.

A number of value for money initatives are at an advanced stage across the local demand led cost headings and it is expected that the associated procurement and process improvement initatives will assist in controlling cost growth across this heading in 2017. However significant volume growth across these headings, particulary in an environment where the primary care division is supporting earlier discharge and care in the community, will likely result in upward pressure on these cost headings.

Exceptional cost pressures

PCRS supports the delivery of a wide range of primary care services to the general public through 7,000 primary care contractors across a range of community health schemes. The PCRS budget for 2017 has been framed by reference to a series of working assumptions which have been developed in detailed discussions with the Department of Health and Department of Public Expenditure and Reform. As the wide range of services provided to the public by PCRS is of a demand-led nature, the budget allocation presents challenges for maintaining existing levels of service within funded levels.

Costs related to new drugs and medicines or new indications for existing medications

Recent sectoral agreements have set out the framework under which new drugs can be introduced. We will work with other divisions to maximise the delivery of improved services, including the provision of new drugs within the overall funding provision. The HSE will indicate to the Department of Health the nature and extent of any interventions that it considers necessary in relation to the affordability of certain new drugs.

Workforce

Introduction

Primary care staff are at the forefront of healthcare delivery in the community. Recruitment, retention and appropriate allocation of human resources continue to be key objectives.

The health service has a workforce of over 105,000 who deliver care across the country, 365 days a year. The workforce for services under the remit of Primary Care account for 10,404 of the overall staff numbers.

The Health Service People Strategy

The *People Strategy 2015-2018* was developed in recognition of the vital role our workforce plays in delivering safe better healthcare. It is a strategy that extends to the entire health sector workforce and managers at all levels. The strategy is underpinned by a commitment to engage, develop, value and support our workforce. Alongside the strategy are work plans across the eight priority areas: Leadership and Culture, Staff Engagement, Learning and Development, Workforce Planning, Evidence and Knowledge, Performance, Partnering and Human Resource Professional Services. In 2017, these work plans will be further developed and rolled out, with particular focus on performance achievement, leadership development and e-HRM, in addition to the work plans already commenced in 2016.

Pay and Numbers Strategy 2017 and funded workforce plans

The Pay and Numbers Strategy 2017 is a continuation of the strategy that was approved in July 2016, central to which is compliance with allocated pay expenditure budgets to ensure effective allocation and deployment of available resources. Overall pay expenditure, which is a made up of direct employment costs, overtime and agency will continue to be monitored, managed and controlled. This will ensure compliance with allocated pay budgets as set out in the annual funded workforce plan at divisional and service delivery unit level that are required to:

- Take account of any first charges in pay overruns that may arise from 2016
- Operate strictly within allocated pay frameworks, while ensuring that services are maintained to the maximum extent and that service priorities determined by Government are progressed
- Comply strictly with public sector pay policy and the code of practice for public sector appointments
- Identify further opportunities for pay savings to allow for re-investment purposes in the health sector workforce and to address any unfunded pay cost pressures.

Pay and staff monitoring, management and control at all levels will continue to be an area of significant focus for primary care in 2017, in line with the Performance and Accountability Framework. Early intervention and effective plans to address any deviation from the approved funded workforce will be central to maximising full pay budget adherence at the end of 2017. There will be a continuous review of the cost and reliance on agency staff to ensure that the level used is appropriate to meet the needs of service delivery and that agency use is reduced or service need met by recruitment of staff paid directly when this is suitable.

Within primary care, particular attention will be paid to the further development and implementation of measures to support the recruitment and retention of nursing and midwifery staff in light of identified shortages in particular areas.

Attendance Management

Primary Care will continue to actively monitor and manage the Attendance Management Framework towards achieving the management target of ≤3.5%.

Primary Care Service Delivery

Cross cutting priorities

A multi-year system-wide approach

The following system wide priorities will be delivered across the organisation.

Promote health and wellbeing as part of everything we do

- Implement measures outlined in the '*Healthy Ireland in the Health Service Implementation Plan 2015–2017'.*
- Implement actions in support of priority programmes for tobacco, alcohol, healthy eating, active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health.
- Progress implementation of Making Every Contact Count.
- Implement *Connecting for Life.*
- Increase support for staff health and wellbeing.

Quality, safety and service improvement

- Implement integrated care programmes, with an emphasis on chronic disease and frail elderly.
- Implement priorities of the national clinical programmes.
- Implement the Safety Programme initiatives including those for HCAI and medication safety.
- Implement the HSE's Framework for Improving Quality.
- Measure and respond to service user experience including complaints.
- Carry out patient experience surveys and implement findings.
- Continue to implement open disclosure and assisted decision-making processes.
- Implement *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures.*
- Report serious reportable events and other safety incidents and undertake appropriate reviews or investigations of serious incidents.
- Implement programmes of clinical audit.
- Implement National Clinical Effectiveness Guidelines.
- Continue to implement the *National Standards for Safer Better Healthcare.*
- Carry out the Programme for Health Service Improvement.
- Put *Children First* legislation into action.
- Implement *eHealth Ireland* programmes.

Finance, governance and compliance

- Implement the HSE's Performance and Accountability Framework.
- Comply with governance arrangements for the non-statutory sector.
- Implement and monitor internal and external audit recommendations.
- Progress the new finance operating model and further embed activity based funding.
- Implement the Protected Disclosures legislation.
- Put in place standards / guidelines to ensure reputational and communications stewardship.

Workforce

- Implement the 2017 priorities of the *People Strategy.*
- Implement the Pay and Numbers Strategy 2017.
- Carry out a staff survey and address findings.
- Progress the use of appropriate skill mix across the health service.

Primary Care

2017 Operational Plan Actions to support Service Plan Priorities

Priority Actions	Target Q
Primary Care	
Improve quality, safety, access and responsiveness of primary care services to support the decisive shift of services to primary care	
Deliver integrated care programmes for chronic disease prevention and management in primary care	**Q3**
Operational Plan Actions	
• Support the implementation of the Chronic Disease Framework.	Q3
Respiratory	
• Progress the implementation of the respiratory integrated care projects utilising the 6 Clinical Nurse Specialists (Respiratory) and 6 Senior Physiotherapists approved in 2016. - CHO 1 – Senior Physiotherapist (1) and Integrated Care Clinical Nurse Specialist (1). - CHO 2 – Senior Physiotherapist (2) and Integrated Care Clinical Nurse Specialist (2). - CHO 5 – Senior Physiotherapist (1) and Integrated Care Clinical Nurse Specialist (1). - CHO 7 – Senior Physiotherapist (2) and Integrated Care Clinical Nurse Specialist (2).	Q2
Diabetes	
• Progress the implementation of the chronic disease integrated care projects utilising the 2016 approved posts for diabetes. - CHO 1 – Senior Dietitian (2). - CHO 2 – Senior Podiatrist (1), Integrated Care Clinical Nurse Specialist (1) and Senior Dietitian (2). - CHO 3 – Senior Podiatrist (1), Senior Dietitian (2) and Integrated Care Clinical Nurse Specialist (2). - CHO 4 – Senior Dietitian (2) and Integrated Care Clinical Nurse Specialist (1). - CHO 5 – Integrated Care Clinical Nurse Specialist (1), Senior Podiatrist (1) and Senior Dietitian (2). - CHO 6 – Senior Podiatrist (1), Senior Dietitian (2) and Integrated Care Clinical Nurse Specialist (1). - CHO 7 – Senior Podiatrist (2), Senior Dietitian (2) and Integrated Care Clinical Nurse Specialist (2). - CHO 8 – Senior Podiatrist (2) and Senior Dietitian (2). - CHO 9 – Senior Podiatrist (1), Integrated Care Clinical Nurse Specialist (1) and Senior Dietitian (2). - A national post (1) of Clinical Specialist Dietitian was also approved to support the above.	Q2
Heart Failure	
• Provide a structured approach to the diagnosis and care of heart failure patients in the primary care setting. • Progress the development of integrated care pathways between primary, secondary and tertiary care with prompt access to specialist opinion and diagnostics.	Q2
Heart Failure Virtual Consultation Service	
• Implement a virtual heart failure consultation service enabling outpatient referrals between the hospital and primary care.	Q2
Asthma and COPD Advice Line Service	
• Evaluate the 2016 asthma and COPD advice line service in collaboration with the Asthma Society of Ireland and COPD Support Ireland.	Q3
Strengthen and expand Community Intervention Team (CIT) / Outpatient Parenteral Antimicrobial Therapy (OPAT) services	**Q2**
Operational Plan Actions	
• Provide treatment for in excess of 32,000 referrals. • Strengthen governance and reporting of CIT services and ensure shared learning in relation to best practice. • Increase the number of patients supported and trained to self administer compounded IV antibiotics S-	Q1 Q2 Q2

Priority Actions	Target Q
OPAT.	Q1
• Update CIT Guidance Document.	Q2
• Prioritise CIT/OPAT services for audit, undertake audits and support CIT/OPAT services to put in place quality improvement programmes to address audit findings.	Q2
• Identify outcome measures to assess the impact of CIT care.	Q2
• Establish collection systems for OPAT data.	
Consolidate the provision of ultrasound and minor surgery services in primary care sites and expand provision of direct access to x-ray services within existing resources	**Q4**
Operational Plan Actions	
• Consolidate provision of minor surgery by GP Surgeons providing 15 minor surgery procedures.	Q2
• Expand minor surgery sites subject to resources.	Q2
• Consolidate and expand primary care ultrasound service: Provide 16,640 ultrasounds across the following primary care sites: 1. Kenmare Primary Care Centre – 780. 2. Ballyheigue Health Centre – 780. 3. Mallow/Cork Site – 4,420. 4. St Camillus Hospital, Limerick – 2,080. 5. Galway (East) Primary Care Centre – 2,340. 6. Castlebar Primary Care Centre – 1,820. 7. Roscommon Primary Care Centre – 780. 8. Sligo Primary Care Centre – 1,300. 9. Letterkenny Primary Care Centre – 2,340.	Q4
• See all urgent referrals within 5 days of referral.	
• See all routine referrals within 10 days of referral.	
• Monitor onward referral rates to a hospital setting for further radiological / medical investigations.	
• Evaluate the 2015-2016 ultrasound initiative to inform service planning and improvement.	Q2
Expand provision of direct access to x-ray services within existing resources:	
• Support and expand existing community x-ray schemes in Donegal and Kerry.	Q1
• Trial local solutions to increase GP Direct Access to X-Ray services.	Q3
Strengthen governance arrangements to support packages of care for children discharged from hospital with complex medical conditions to funded levels	**Q4**
Operational Plan Actions	
• Support 514 packages of care for children discharged from hospital with complex medical conditions.	Q4
• Agree and implement a protocol for discharge planning for children with complex medical conditions.	Q2
• Agree and implement a clinical and service assessment tool for children with complex medical conditions.	Q2
• Finalise, in collaboration with the Office of the Nursing and Midwifery Services Director, a training programme for HSE and provider nursing and health care assistant staff working with children with complex medical conditions.	Q3
• Undertake a quality assurance review of home care packages in place for children with complex medical needs.	Q2
Implement the recommendations of the GP Out of Hours, Primary Care Eye Services and Island Services Reviews	**Q4**
GP Out of Hours Review Report Operational Plan Actions	Q3
• Implement, within existing resources, the recommendations from the GP Out of Hours Review 2016.	
• Implement recommendations for: - Future provision of GP Out of Hours services based on available evidence and value for money. - Performance and assurance oversight of GP Out of Hours services.	
• Develop an enhanced performance data set and key performance indicators.	

Priority Actions	Target Q
Primary Care Eye Services Review Report Operational Plan Actions • Develop and agree an implementation plan to commence phased roll out of service model and care pathways – implementation plan will address workforce planning and capacity, training, communications, equipping and guidance on roll out of care pathways. • Provide change management / team training for CHO primary care eye team staff. • Develop eye care algorithms for GPs in relation to commonly presenting eye conditions in conjunction with the ICGP and GP Leads. • Oversee national procurement process for equipment and consumables. • Support Head of Contracts to agree updated eye care contracts. • Establish a new primary care eye team in South Dublin and expand the existing primary care eye team in North Dublin.	Q1 Q2 Q4 Q4 Q4 Q4
Island Services Review Report Operational Plan Actions • Implement, on a phased basis, recommendations of the Island Services Review (expected January 2017).	Q3
Civil Registration Review Report Operational Plan Actions • Implement, on a phased basis and within existing resources, recommendations from the Civil Registration Review Report.	Q4
Develop and implement integrated models of Hepatitis C treatment across community and acute settings, ensure that treatment is offered to all state-infected patients by the end of 2017	**Q1-Q4**
Operational Plan Actions • Monitor developments in therapeutic treatments and liaise with industry to achieve optimum value for money in drug procurement. • Provide treatment to approximately 1,600 patients including all state-infected patients across 10 sites in line with goal of eliminating Hepatitis C by 2026. • Develop a Hepatitis C Treatment Programme strategic plan in collaboration with the Programme Advisory Group. • Develop and implement performance metrics for all Hepatitis C treatment sites to drive treatment volume and monitor performance. • Devise strategies for the continued identification of patients for treatment and development of pathways to care. • Review prioritisation and selection criteria of patients for treatment through the National Hepatitis C Treatment Programme Clinical Advisory Group. • Continue development and implementation of the National Hepatitis C Treatment Programme Communication Plan. • Develop the Hepatitis C registry to support continued planning of treatment for the duration of the National Hepatitis C Treatment Programme. • Develop the Hepatitis C registry to support the provision of clinical information on patient outcomes to the National Hepatitis C Treatment Programme. • Develop and implement improved infrastructural support to the Hepatitis C Registry.	Q1-Q4
Progress the recommendations of the national clinical guidelines on Hepatitis C screening (when published) within available funding	**Q4**
Operational Plan Action • Interface with all Hepatitis C initiatives to improve surveillance, screening, education and ensure that pathways to care are based on the National Clinical Guidelines on Hepatitis C screening.	Q4
Improve waiting times for therapy services by implementing a revised model of care for children's speech and language therapy services and psychology services and develop new models for physiotherapy, occupational therapy and lymphodema services	**Q4**
Operational Plan Actions	

Priority Actions	Target Q
• Conclude recruitment of 83 WTEs (75 SLT WTEs and 8 Grade 3 WTEs) for implementation of speech and language therapy service improvement initiatives across CHOs, focussing on children/young people. • Agree and commence implementation of the revised model for children's speech and language therapy services. • Provide in excess of 100,000 additional speech and language assessment/therapy appointments as part of the 2016 service improvement initiative. • Implement revised model for primary care psychology service, utilising 2016 approved funding (as per actions set out below). • Convene governance groups to develop and agree revised models for primary care physiotherapy and occupational therapy services to include development and agreement of care pathways, workforce planning and implementation plan. • Develop and agree a standardised model of care for lymphodema services including the supply and reimbursement of compression garments.	Q2 Q1 Q4 Q3 Q1 Q3
Implement the mental health and primary care initiative to enhance counselling services with a focus on enhanced counselling interventions for children and adolescents	**Q4**
Operational Plan Actions • Roll out the revised psychology service model with a focus on children and adolescents. • Recruit 114 assistant psychology posts to deliver rapid access low intensity psychological interventions for young people. These posts will deliver stepped care and will result in high throughput for young people with mild to moderate mental health problems. • Recruit 20 staff grade psychology posts for services for children in geographical areas where there are inadequate numbers of posts in place. These posts will provide the necessary governance framework to oversee the stepped care provision of Assistant Psychologists. • Provide a computerised cognitive behavioural therapy programme for young people which will be adapted from the work already completed for the programme for adults.	Q4
Improve access to children's oral health services and improve access to orthodontic services for children	**Q2**
Operational Plan Actions Oral health and orthodontics • Establish a clinical oversight group to advise on clinical standards in HSE funded primary dental services. • Implement targeted screening for areas that do not have access for 11-13 year olds to ensure national equity. • Provide treatment for 11-13 year old children in all CHO areas, prioritising public dental health i.e. fissure sealants. • Complete wave 2 – Fluoride and Caring for Children's Teeth (FACCT) fieldwork. • Develop a communication action plan to support implementation of antimicrobial guidelines in dentistry. • Implement the SMILES programme for under three year olds in CHO 4. • Continue the waiting list initiative for children's orthodontic services for 'long-waiters' by reducing the waiting list to three years or under. • Continue the training of orthodontic therapists and liaise with HR to introduce the grade of orthodontic therapist based on the evaluation of the current scheme.	Q1 Q2 Q3 Q1 Q3 Q4 Q4 Q1
Implement primary care actions aligned to the action plan for healthcare associated infections (HCAI) in line with new governance arrangements (resource neutral) and ensure governance structures are in place in CHOs to drive improvement and monitor compliance for healthcare associated infections and anti-microbial (AMR) resistance targets	**Q4**
Support Ireland's Global Action Plan for Anti-Microbial (AMR) Resistance due to be published in 2017	**Q4**
Other Primary Care Services Operational Plan Actions	
Policy on Access to Services for Children with a Disability or Developmental Delay • Complete implementation of National Policy on Access to Services for Children with a Disability or	Q4

Priority Actions	Target Q
Developmental Delay Care with children's disability network teams as they are established.	
Implementation of Dementia Strategy Operational Plan Action • Select sites and deliver the *Primary Care Education, Pathways and Research in Dementia (PREPARED)* education programme to primary care teams in collaboration with the Dementia Office and Social Care services.	Q4
Community Nursing Services Operational Plan Actions • Support initiatives from recent and forthcoming policy developments through engagement with the office of the Chief Nursing Officer, Department of Health, including the roll-out of the Framework for Staffing and Skill Mix for Nursing. • Develop a standardised template for use by all public health nursing staff to allow safe and quality assured administration of medications prescribed by medical practitioners. • Implement the Service Improvement Framework for Public Health Nursing/collaborative between the Office of Nursing and Midwifery Services Director and Primary Care.	Q4
Quality and Safety Operational Plan Actions **Promote quality and safe services in line with the Framework for Improving Quality:** • Support the roll out of the HSE *Framework for Improving Quality in our Health Service*. • Support leadership and quality improvement training for primary care management teams in collaboration with the Quality Improvement Division (QID), to include measurement for improvement. • Provide support and advice to CHOs on implementing the *National Standards for Safer Better Healthcare.* • Support the implementation of safety programmes such as pressure ulcers, HCAI, falls prevention and decontamination. • Risk Management: - Support the implementation of the new Risk Management Policy (2016) in collaboration with the Quality Assurance and Verification Division (QAVD). - Work with management team to agree the management and monitoring of the risk register. - Collaborate with other divisions to agree a cross divisional approach to support a train the trainer model for CHOs. • Support the development of the *Incident Management Framework*. - Participate in the co-design of the new incident management framework. - Collaborate cross divisionally to agree the training needs for the implementation of the framework. - Support the development of the train the trainer model for CHOs. • Collaborate with QAVD in the development of incident type specific tools. - Develop capability within primary care to report, investigate, disseminate and implement learning from safety incidents. - Oversee that the recommendations of serious incidents escalated nationally are disseminated and implemented. - Support the Incident Management System (NIMS) Steering Group work programme. - Review monthly/quarterly incident analysis reports to elicit key themes and trends. - Provide NIMS train the trainer and incident management training as required.	Q4 Q4 Q4 Q4 Q2 Q1 Q4 Q1 Q1 Q2 Q3 Q4 Q4 Q4 Q4
Develop necessary governance structures and processes to deliver services that are safe and provide good quality of care: • Support the development of the quality and safety structures and processes within CHOs in collaboration with QID. • Support the Primary Care Quality and Safety Committee in its oversight role for quality and safety. • Support implementation of the new Policy Procedure Protocol and Guideline (PPPG) Framework. • Support the work of the Clinical Effectiveness Committee. • Support the delivery of an education and training process for clinical audit within CHOs, in collaboration with QID.	Q4 Q4 Q4 Q2 Q4

Priority Actions	Target Q
Support learning through the development of the primary care quality and safety dashboard	
• Support the ongoing development of the primary care quality and safety dashboard.	Q4
• Seek assurance from COs through the performance framework regarding quality and safety of services by reviewing the primary care quality dashboard, primary care risk registers, incidents, quality improvement plans and other quality information sources.	Q4
Support initiatives to develop a more person centred approach through the roll out of the primary care survey	
• Support CHOs in conducting patient experience surveys in primary care with roll out of the revised primary care patient experience survey tool, in collaboration with QID.	Q4
• Support QID in the open disclosure handover plan to CHOs.	Q4
Assisted Decision Making	
• Support the Assisted Decision Making Steering Group and participate with the needs assessment workshops and the national consultation process on Assisted Decision Making.	Q3
• Develop a primary care Assisted Decision Making implementation plan.	Q3
Implement Children First Initiatives and Support Operational Plan Actions	
• Provide e-learning reports to each CHO and hospital group with breakdown of the number of local staff who have completed e-learning programmes as a percentage of the total number trained.	Q4
• Evaluate e-learning programme by way of focus groups.	Q3
• Undertake random audits of check list returns to ensure compliance with Children First training requirements by HSE and funded services.	Q4
• Develop training programmes for website, webinars and face to face (where clinically necessary).	Q3
• Collaborate with University College Dublin on synergistic training (use of recording labs etc).	Q2
• Provide advice and support to CHOs.	Q4
Improve Audiology Services Operational Plan Action	
• Develop and agree a policy on provision of upgrades and replacements for bone anchored hearing aid devices.	Q3
• Develop a policy regarding the management of lost and beyond economically repairable devices (this includes hearing aids, BAHA, Middle Ear and Cochlear Implant processors).	Q3
ED Taskforce and Winter Planning	
• Provide primary care services to support hospital avoidance and early discharge including GP out of hours services, community intervention team services and aids and appliances.	Q4
Outpatient Services Operational Plan Actions	
• The Outpatient Services Performance Improvement Programme will develop referral pathways from primary care to outpatient services for orthopaedics, urology, dermatology, ENT and ophthalmology in collaboration with primary care, clinical programmes, health and well-being and other key stakeholders.	Q4
ICT Operational Plan Actions	Q1-Q4
• Proceed with Phase 2 of electronic referrals, under the auspices of the eReferrals Governance Group.	
• Continue deployment of healthmail to priority areas, guided by the formal evaluation of the Healthmail service.	
• Complete accreditation of GP Practice Systems and continue to develop these systems in line with eHealth Ireland priorities so that they can serve the needs of patients, clinicians and integrated care programmes effectively.	
• Develop requirements for technology that is the best fit for mobile (clinical) workers in primary care and commence deployment of that kit to enable more efficient work practices and better access to information.	
• Continue to build on the work of ePrescribing for Primary Care completed in 2016 (Phase 1) and implement Phase 2 in 2017. This will also support the enhancement in value for prescribing/medications usage in primary care initiative. ePrescribing in Primary Care is also an essential building block for the summary care record being developed.	
• Support the procurement of a Quality Management Information System (QMIS).	
• Support electronic ordering by GPs, using Healthlink, for the Medical Laboratory Information System and GP access to electronic shared care records for the Maternal and Newborn Clinical Information	

Priority Actions	Target Q
System (MN-CMS). • Develop specification requirements for the Primary Care activity metrics system and progress procurement of same. • Complete the upgrade of the Out of Hours (OoH) system for Donegal and support the review of the Out of Hours service from an IT perspective. • Progress the linking of contracted diagnostic system services provided by 3rd parties to NIMIS. • Support the Immunisation System Project team by providing Office of the CIO resource to enable that project to progress through the initiation phase. • An Addiction System will be developed to funding approval stage.	
ICT Projects planned to go live in 2017 include: • Commence implementation of the Audiology System. • SPG Online System – Section 38 and 39 SLA management system. • CIT/OPAT referral portal. • Community Funded Schemes – IT support developed in 2016 to support the Winter Initiative will be developed for the overall management of aids and appliances.	Q1-Q4
Develop Individual Health Identifier (IHI) Project **Operational Plan Actions** • Procure and configure the IHI business application tool. • Implement the IHI business service. • Roll out the IHI to initial selected GPs. • Commence broader roll out to national systems, further GP and first hospital systems.	 Q1 Q1 Q1 Q2
Healthy Ireland/Health and Wellbeing Cross Divisional Operational Plan Actions	
Operational Plan Actions Healthy Ireland**:** • Implement relevant actions from *Healthy Ireland* in the *Health Service Improvement Plan 2015-2017.* • Support CHOs to develop and implement CHO plans for *Healthy Ireland*.	 Q4 Q4
Policy Programmes: • Implement actions in support of policy priority programmes for tobacco, alcohol, healthy eating active living, healthy childhood, sexual health, positive ageing and wellbeing and mental health.	Q1-Q4
Improve immunisation rates: • Improve influenza vaccination rates amongst persons aged 65 years and over. • Improve influenza vaccination rates among staff in front line settings. • Increase the percentage of children who receive vaccines to the target percentages. • Support the implementation of the rotavirus and meningococcal B vaccination programmes within available resources.	Q1-Q4
Enhance child health services: • Complete planning and develop implementation plan for a revised child health model and Nurture Programme. • Roll out the Ages and Stages Questionnaire in the public health nursing services.	 Q4 Q3
Breastfeeding: • Increase breastfeeding rates at the first PHN visit and at three months by the phased implementation of the Action Plan for Breastfeeding 2016 -2021.	Q4
Implement Tobacco Control Implementation Framework: • Release a further 5% of front line primary care staff, in each CHO, to attend brief intervention training on smoking cessation to support the routine treatment of tobacco addiction as a healthcare issue. • Display QUIT support resources in all appropriate services. • Ensure staff are aware of the QUIT campaign and refer patients/clients to QUIT and to other appropriate smoking cessation services.	 Q4 Q4 Q4
A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025: • Support the planning for key initial actions under the A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025 including planning for the provision of enhanced community-based, weight	Q4

Priority Actions	Target Q
management programmes.	
Staff Health and Wellbeing • Increase support for staff health and wellbeing.	Q4
Social Inclusion	
Improve health outcomes for the most vulnerable in society including those with addiction issues, the homeless, refugees, asylum seekers, Traveller and Roma communities	
Addiction Services	
Improve access to addiction treatment services for adults and children, with a particular focus on services for the under 18s	**Q4**
Operational Plan Actions • Ensure that adults deemed appropriate for treatment for substance use receive treatment within one calendar month (*National Drug Strategy, 2009-2016*, Action 32). • Ensure that children deemed appropriate for treatment for substance use receive treatment within one week.	Q4 Q4
Implement the recommendations of the *National Drugs Rehabilitation Framework*	**Q4**
Operational Plan Actions • Roll out the *National Drugs Rehabilitation Framework* to all HSE services, statutory bodies and the community and voluntary sector. • Develop capacity to support each CHO to deliver the *National Drugs Rehabilitation Framework* (including SAOR screening and brief intervention for problem alcohol and substance use). • Review services in all CHOs in relation to the person-centred care planning processes of the *Drugs Rehabilitation Framework* re assessment, key working and care planning. • Undertake a service users experience survey and address findings. • Train 778 staff on SAOR screening and brief intervention for problem alcohol and substance use. • Support the implementation of making every contact count.	Q4 Q2 Q2 Q3 Q4 Q4
Establish a pilot supervised injecting facility in Dublin	**Q2**
Operational Plan Actions • Support the enactment of the legislation on the misuse of drugs. • Undertake a process to identify an appropriate service provider for a supervised injecting facility. This service will be supported by a robust organisational and clinical governance structure. • Establish a working group to make recommendations on programme design and governance structures. • Carry out a survey of service users views in relation to the practical operation of the facility. • Report on an operating model of best practice to include monitoring and evaluation. • Oversee the establishment of the supervised injecting facility in an appropriate location.	Q2 Q2 Q1 Q1 Q2 Q3
Expand access to naloxone to approximately 600 new clients	**Q4**
Naloxone Operational Plan Actions • Expand access to naloxone by implementing remaining findings from Naloxone Demonstrator Evaluation Project and prescribing naloxone to approx 600 new clients. • Roll out training in all CHOs for administration of naloxone. • Strengthen the Quality Assurance Group by incorporating additional clinical expertise, regional representation, service users and families.	Q4 Q4 Q1
Increase access to buprenorphine naloxone, buprenorphine products	**Q3**
Operational Plan Actions • Support the agreement of regulations to allow for the introduction of buprenorphine naloxone, buprenorphine products. • Establish a working group to progress increased access to buprenorphine naloxone, buprenorphine products. • Organise and deliver a training programme for addiction staff, level 2 GPs and pharmacists.	Q2 Q1 Q2

Priority Actions	Target Q
• Undertake roll out of buprenorphine naloxone, buprenorphine products through addiction services and GPs nationally.	Q4
Provide 25 more addiction residential treatment beds and 142 additional treatment episodes	**Q2**
Operational Plan Actions **Tier 4 Residential Services** • Commence unit cost study (cost per treatment episode) to determine base line. • Undertake a review of supply and demand for HSE funded Tier 4 residential services. • Contract with preferred providers, through service level agreement, the additional 142 treatment episodes. • Agree scope (HSE funded residential centres) and support the self audit.	 Q1 Q2 Q2 Q1
Other Addiction Services Operational Plan Actions	
Pharmacy Needle Exchange Operational Plan Actions • Implement the recommendations of the Evaluation Report for the Pharmacy Needle Exchange Programme. • Ensure the provision of pharmacy needle exchange matches demand in each CHO. • Undertake research on prevalence and the needs of clients who require equipment for image and performance enhancing drugs. • Develop integrated care pathways and referral pathways from pharmacy needle exchange to other agencies e.g. sexual health, blood borne virus testing. • Expand and monitor the provision of other paraphernalia i.e. foil within the pharmacy needle exchange programme to allow clients the option of smoking rather than injecting.	 Q4 Q3 Q2 Q1 Q2
Clinical Programme for Co-Morbid Mental Illness and Substance Misuse • Develop, in collaboration with mental health, a clinical programme for co-morbid mental illness and substance misuse (dual diagnosis).	 Q4
Hidden Harm • Launch of Guidelines and Strategic Statement on Hidden Harm. • Provide, in collaboration with Tusla, co-ordinated response to needs of children of problem alcohol and substance users. • Develop, in collaboration with Tusla, a joint training programme on hidden harm in the identified three practice sites (CHO 1, 7 and 8). • Develop and deliver, in collaboration with Tusla, a Train the Trainers Programme on Hidden Harm to HSE Addiction staff and Tusla staff in Q4 2017, for full roll-out in 2018.	 Q2 Q2 Q3 Q4
National Standards for Safer Better Healthcare in Addiction Services • Continue self assessment against the Standards for Safer Better Healthcare. • Address priority gaps following assessment through quality improvement plans.	 Q3 Q4
Homeless Services	
Improve health outcomes for people experiencing or at risk of homelessness, particularly those with addiction and mental health needs by providing key worker, case management, general practitioner (GP) and nursing services	**Q4**
Operational Plan Actions • Provide supports including key working, case management, GP and nursing services, to address the complex and diverse health needs of homeless people through the Homeless Action Team(s) in each CHO area. • Review existing service arrangements with Section 39 service providers to ensure a stronger focus on addressing the health needs of homeless persons including the development of targets, outcomes, quality standards, enhanced monitoring and evaluation. • Ensure that the Discharge Protocol for Homeless Persons in Acute Hospitals and Mental Health facilities is developed and implemented in each CHO/Hospital Group. • Ensure the development of quality standards for homeless services, by the Dublin Regional Homeless Executive, the HSE Quality Improvement Division and Social Inclusion, are aligned with the *National*	 Q4 Q2 Q2 Q3

Priority Actions	Target Q
Standards for Safer Better Health Care.	
Implement the health actions set out in *Rebuilding Ireland, Action Plan for Housing and Homelessness,* on a phased basis, in order to provide the most appropriate primary care and mental health services to those in homeless services and improve their ability to sustain a normal tenancy	**Q4**
Operational Plan Actions • Provide the required health services to support the extended housing led approach to other urban areas, outside Dublin, focusing on rough sleepers and long-term homeless households (Action 1.13). • Improve mental health and primary care services by enhancing services within homeless accommodation and by providing in reach speciality primary care and mental health services (Action 1.15). • Address the rehabilitation needs of homeless people by ensuring the drug rehabilitation pathway is linked to sustainable supported tenancy arrangements as provided by the Local Authority (Action 1.16).	Q4 Q3 Q3
Traveller, refugees, asylum seeker and Roma communities	**Q4**
Deliver targeted programmes to support Travellers to manage chronic conditions such as diabetes, asthma and cardiovascular disease	**Q4**
Operational Plan Actions • Complete roll out of education resource "small changes, big difference" and associated health promotion programmes across Traveller Health Units. • Train staff in Traveller Health Units on *Connecting for Life* so that it can be promoted, in a culturally appropriate manner, to members of the Traveller community. • Geomap Traveller Health Units, Traveller sites and align these with primary care and mental health catchment areas. • Commission a review of Traveller Health Unit actions and outcomes in relation to the *National Standards for Safer Better Healthcare.* • Undertake a review of the role of Traveller community health workers and identify issues in relation to sustainability of this workforce. • Conduct a financial audit of Traveller services receiving funding from the HSE.	Q2 Q2 Q2 Q3 Q1 Q2
Expand primary care health screening and primary care services for refugees, asylum seeker and Roma communities	**Q4**
Operational Plan Actions • Roll out a mobile health screening unit to facilitate access to basic health screening, GP and nursing services by marginalised groups, refugees, asylum seekers and Roma communities. • Implement health actions, within available resources, including provision of GP, nursing and mental health support services, to support the Irish Refugee Protection Programme including supports at emergency reception and orientation centres during the resettlement phase. • Launch HSE Intercultural Health Strategy and develop phased implementation plan. • Develop and pilot a vulnerability assessment tool in collaboration with the Mental Health for use in screening of asylum seekers and refugees. • Facilitate translation of health related materials for asylum seekers and refugees. • Review use of emergency multilingual aid and update as necessary. • Train a minimum of 2 staff in each CHO on intercultural awareness and practice in health and social care. On completion of training each CHO to develop a quality improvement plan incorporating the further roll out of this training.	Q1 Q4 Q3 Q3 Q2 Q2 Q2 Q4
Domestic, sexual and gender-based violence	
Implement health related actions in line with *National Strategy on Domestic, Sexual and Gender-based Violence 2016-2021*	**Q3**
Operational Plan Actions • Implement, the phased 2017 prioritised, health related actions in line with *National Strategy on Domestic, Sexual and gender-based Violence, 2016-2021*, (Actions 1.500, 2.100 and 2.400 refer). • Train a minimum of 2 staff in each CHO in Domestic Sexual and Gender Based Violence on a train the	Q1 Q4

Priority Actions	Target Q
trainer basis. On completion of training, each CHO to develop a quality improvement plan incorporating further roll out of this training to frontline staff. • Develop culturally appropriate toolkits and guidance to support staff dealing with victims of domestic, sexual and gender based violence.	Q3
Other Vulnerable Groups Operational Plan Actions	
Prevent and Combat Human Trafficking • Implement the phased health actions from the 2nd *National Action Plan to Prevent and Combat Human Trafficking in Ireland.* • Develop a plan to provide supports and appropriate health services for victims of human trafficking (Actions 23, 24 and 25). • Review current supports to victims of human trafficking as part of the overall efforts towards monitoring provision of services to victims of human trafficking and identify areas for improvement (Action 24). • Develop a strategy and action plan to develop awareness, and identify further supports for victims of trafficking. This strategy will inform the HSE contribution to the comprehensive policy document to be developed by the Department of Justice in respect of measures designed to provide assistance to victims of human trafficking (Action 23).	Q3 Q4 Q2 Q4
Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) • Implement the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Practice Policy in each CHO. • Complete roll out of transgender health training across CHOs in partnership with Transgender Equality Network Ireland.	Q2 Q4
Connecting for Life • Increase awareness of available suicide prevention and mental health services to priority groups including travellers by piloting STORM® (Skills Training on Risk Management) self-harm training in one Traveller Health Unit and within addiction services in two CHOs (3 and 4).	Q4
Support Community Development • Review existing community development (HSE and cross sectoral) services provided in CHOs and identify models of good practice. • Develop a HSE strategic plan for community development.	Q4
Palliative Care Services	
Improve access, quality and efficiency of palliative care services	
Increase the specialist palliative care bed numbers in CHO 4	**Q1**
Operational Plan Action • Open 15 bed specialist inpatient unit (hospice) at University Hospital Kerry.	Q1
Implement the model of care for adult palliative care services	**Q4**
Operational Plan Action • Commence the implementation the model of care for adult palliative care services.	Q4
Implement a standardised approach to the provision of children's palliative care in the community	**Q3**
Operational Plan Actions • Develop standards, protocols and pathways to ensure a standardised approach to the provision of children's palliative care in the community. • Undertake a consultation process with all service providers. • Implement the standards agreed.	Q4 Q2 Q4
Other Palliative Care Operational Plan Actions	
Eligibility Criteria Guideline Operational Plan Actions • Ensure patients with a primary non-cancer diagnosis have equal access to services as per the eligibility criteria guideline. • Monitor the data on patient diagnosis returned by services to ensure compliance with the eligibility criteria guideline.	Q2 Q3
Management of Cancer Pain Operational Plan Actions	Q3

Priority Actions	Target Q
• Implement the Clinical Effectiveness Committee (NCEC) approved clinical guidelines on the management of cancer pain and the management of constipation in palliative care patients. • Undertake a mid-year review of the utilisation of the guidelines and e-learning module within palliative care services. • Work with the Irish Cancer Society and Department of Health and UCD to conduct a one day survey on the impact and treatment of cancer pain and constipation in the eight Designated Cancer Centres.	
Care of the Dying Adult in the Last Days of Life Operational Plan Actions • Support the development of the clinical guideline on 'Care of the Dying Adult in the last days of life'.	Q4
Design and Dignity Grant Scheme Operational Plan Actions • Improve the physical environment for patients, families and staff through the Irish Hospice Foundation / HSE Design and Dignity Grant Scheme. • Commence the development of up to 12 projects e.g. mortuaries, family rooms and personal rooms with privacy in acute hospitals including maternity units.	Q3
Palliative Care Support Beds Review Operational Plan Action • Implement, on a phased basis, the 10 recommendations from the Palliative Care Support Beds Review.	Q4
Specialist Palliative Care Initiative in Nursing Homes Operational Plan Actions • Work in partnership with four nursing homes in CHOs 1 and 8 to ensure residents requiring palliative care can remain at home (nursing home), prevent inappropriate admissions to acute hospitals and enable people to return home as quickly as possible after a stay in hospital. • Pilot tele-mentoring educational support from Specialist Palliative Care to Nursing Homes (Project Echo).	Q3
Patient Charter Operational Plan Action • Integrate palliative care into the revised HSE Patient Charter and support QID in its implementation of the Charter within specialist palliative care services.	Q3
Engage with service users, service providers and staff in the ongoing development and monitoring of palliative care services Operational Plan Actions Adults: • Work with the All Island Institute for Hospice and Palliative Care to engage with the Voices4Care patient representative group to review palliative care key performance indicators / metrics. • Disseminate the findings from the *Lets Talk About Report.* Children: • Implement, on a phased basis, the recommendations contained in the evaluation report on the children's palliative care programme launched in 2016.	 Q3 Q2 Q4
***National Standards for Safer Better Healthcare* Operational Plan Actions** • Work in partnership with the Palliative Care Quality Improvement Collaborative to support services to develop and implement their quality improvement plans.	Q3
Primary Care Reimbursement Service (PCRS)	
Reimburse contractors in line with health policy, regulations and within service level arrangements governing administration of health schemes	
Implement *Programme for a Partnership Government* Priorities including:	
Provide medical cards for children in receipt of Domiciliary Care Allowance.	Q3
Reduce prescription charge for those over 70 years of age from €2.50 per item to €2 and reduce the monthly cap on prescription charges for those over 70 years of age from €25 to €20.	Q3
Extend access to free GP care for children aged up to 12 years subject to negotiations under the Framework Agreement (subject to legislative change).	Q4
Implement the provisions of the *Framework Agreement on the Supply and Pricing of Medicines* including:	
Realign downward the price of all qualifying medicines on the 1st July 2017.	Q3

Priority Actions	Target Q
Reduce the price of patent-expired, non-exclusive, non-biologic medicines where first generic products become available.	Q4
Reduce the price of patent-expired, non-exclusive, biologic medicines where first biosimilar products become available.	Q4
Collect the rebate of 5.25%, as provided for in the Agreement.	Q4
Operational Plan Actions • Extend PCRS reimbursement arrangements to hospitals to medicines provided under local demand led schemes.	Q1
• Extend online processing to dentists and clinical dental technicians.	Q2
Improve quality assurance by developing and expanding the PCRS quality assurance function	**Q4**
Operational Plan Actions • Issue revised medical card application form, with suite of correspondence reviewed by National Adult Literacy Agency. • Mitigate data protection breaches with the support of the cross functional data protection working group. • Integrate risk management into operations. • Commence process for ISO accreditation in the Medical Card Unit.	Q1 Q1 Q2 Q1
Assess and reimburse applications in relation to new drugs and new uses of existing drugs in 2017 in accordance with the procedures outlined in the Framework Agreement on the Supply and Pricing of Medicines	**Q4**
Operational Plan Action • Strengthen High Tech drug scheme arrangement processes.	Q4
Process applications for eligibility (under the PCRS) within agreed timelines	
Process 96% of completed medical / GP visit card applications within 15 days	**Q4**
Operational Plan Actions • Configure all teams to ensure streamlined processing of all applications types. • Design and implement a suitable extension of the medical card numbering system. • Rollout document scanning, on a phased basis, to improve efficiency of processing. • Develop internal targets for each team.	Q3
• Process 90% of medical card applications error free. • Assess eligibility of new applicants for medical cards and GP visit cards and review eligibility of existing cardholders in line with health legislation. • Engage with external stakeholders throughout the year e.g. Appeals Office, Patient Advocacy Groups etc. • Implement the Clinical Advisory Group recommendations approved by the Department of Health / HSE. • Provide online Change of Doctor facility to GMS Practices. • Implement quality initiative of standardised training for new and existing staff.	Q3 Q1
Web based paperless medical card application Operational Plan Actions • Roll out a web based paperless medical card application process to reduce the number of paper based applications.	Q3
Enhanced Data Sharing Operational Plan Actions • Replace current system used to share data with the Department of Social Protection (DSP) with an enhanced data sharing solution. • Integrate DSP data using the published DSP application programme interface and enhance accurate processing of applications. • Train staff in the use of integrated DSP data in medical card application processing. • Re-configure existing practices with the phase-out of Infosys.	Q3 Q2 Q2 Q3
• Implement document scanning in Contract Support Unit. • Implement optical character recognition scanning for optical claims.	Q2

Priority Actions	Target Q
• Implement integrated solution to allow GPs submit health check, asthma and diabetes cycle of care data. • Work to achieve accreditation in Excellence through People.	Q3 Q2 Q4
Medicine Management Programme Operational Plan Actions • Review and update core lists based on the outcome of Medicines Management Programme Review with Clinical Programmes. • Design, develop and implement reports to support the work of the Medicines Management Programme. • Complete review of oral nutritional supplements.	Q3
Develop Website Information Operational Plan Actions • Update medicalcard.ie (HSE website) and PCRS.ie microsites. • Convene 'inter-functional' editorial group. • Liaise with HSE Digital Team.	Q2
Recommendations of the Clinical Advisory Group Operational Plan Actions • Consider further recommendations of the Clinical Advisory Group including conclusions on the assessment of the burden of disease as agreed for implementation by the HSE and Department of Health. • Develop a burden of illness assessment tool. • PCRS to anticipate work plans coming from Clinical Advisory Group recommendations in order to ensure timely implementation of actions.	Q3
Improve Customer Engagements Operational Plan Actions • Convene meetings with representatives of CHOs, GPs and local representatives. • Provide opportunity for customer feedback. • Provide two information exchange sessions per month, in collaboration with the Office of the Chief Officer in each CHO Area.	Q4
Introduce Query Handling Operational Plan Actions • Introduce query handling for reimbursement operations. • Enhance system currently available for optical and dental processing teams to capture all primary care contractor types. • Develop daily reports to capture level of queries. • Develop and maintain frequently asked questions for each contractor group on www.pcrs.ie to reduce number of queries submitted.	Q3
Conduct Staff Engagement Operational Plan Actions • Conduct regular staff briefing sessions. • Roll out the staff development programme to all staff.	Q4
Develop PCRS ICT and Shared Services Operational Plan Actions • Develop ICT Projects as agreed under Programme 4 of the Primary Care System Reform Programme. • Upgrade core infrastructural components to ensure ongoing performance and resilience of medical card eligibility assessment and reimbursement operations. • Transition the current HR record management system and payroll to SAP HR and Payroll. • Transition the current payroll to SAP Payroll (in accordance with corporate plans). • Continue to implement Phase 2 of Single Euro Payments Area (SEPA) project to reduce the numbers of cheques being issued. • Utilise HSE Shared Services capacity for administrative support services (e.g. Payroll and Pension Administration and Vendor Management).	Q4 Q2 Q3 Q2 Q3
Strengthen accountability and compliance across all services and review contractor arrangements	
Strengthen accountability within primary care and ensure compliance with service and probity arrangements and internal and external audit findings	**Q4**
Operational Plan Actions **Performance Monitoring and Compliance**	

Priority Actions	Target Q
• Monitor performance of Primary Care services against agreed budgets and activity levels to ensure services are delivered within funded levels. • Implement measures where there is variance from break even position. • Convene monthly engagement with Chief Officers in relation to budget and activity levels.	Q1-Q4
Operational Plan Actions **Service Arrangements** • Undertake periodic review of service arrangements with a view to achieving 100% compliance. • Assign a senior manager to ensure Service Arrangements are complete. • Address incomplete service arrangements with Chief Officers, by having this as a permanent agenda item on CHO performance meetings with updates provided by CHOs on measures to be taken to ensure full compliance for service arrangements. **Internal Audit** • Implement actions to address internal audit findings in a timely manner and in accordance with the targets set by Internal Audit. • Assign a senior manager to ensure Internal Audit recommendations are implemented. • Address internal audit recommendations with Chief Officers, by having this as a permanent agenda item on CHO performance meetings with updates provided by CHOs on measures to be taken to ensure implementation of recommendations (as appropriate).	Q1-Q4 Q1-Q4
Progress and implement policy and value for money projects for community demand-led schemes in relation to aids and appliances, respiratory products, orthotics, prosthetics and specialised footwear, incontinence wear, urinary, ostomy and bowel care, nutrition, bandages and dressings	**Q4**
Operational Plan Actions For each of the above progress the following: • Agree national approved list of items. • Communicate agreed approved list of items. • Agree prescribing guidelines/clinical criteria. • Develop prioritisation tool. • Agree standard operating procedure. • Develop product specification for all approved items. • Complete tender process. • Complete contracts/service level agreements for approved items and communicate to CHOs. • Agree materials descriptors. • Develop and implement ICT system for stock management. • Review recycling model and implement recycling contracts (if appropriate) • Review purchase versus rental model. • Monitor and performance manage contracts.	Q1-Q4
Minor Ailment Scheme Operational Plan Action • Evaluate the 2016 pharmacy-based Minor Ailment Scheme pilot project.	Q1
Use the Optimising Primary Care Pharmaceutical Programme to ensure quality, safety and value for money	**Q3**
Ensure medicines are procured, provided and used in a cost-effective, efficient and rational manner across the health service	**Q4**
Operational Plan Actions **Cross reference with Service Plan Actions on the Framework Agreement on the Supply and Pricing of Medicines** • Monitor savings to be achieved under the Framework Agreement on the Supply and Pricing of Medicines. • Develop and implement a model of care for medical intervention with oral anticoagulants. • Develop and agree a report with recommendations to influence prescribing practices for prescriptions that originate in acute hospitals and are reimbursed in the primary care setting and GP prescribing in primary care. • Develop a report for use of powers under the Health (Pricing and Supply of Medical Goods) Act 2013,	Q4 Q4 Q3 Q3

Priority Actions	Target Q
with associated benefits, risks, dependencies and impact. • Develop a framework for the price-setting of biosimilars. • Develop a plan to address cost savings, risks and challenges in relation to the High Tech Drugs and Medicines Scheme. • Update probity processes. • Provide additional resources to ensure that the assessment process for new medicines is implemented effectively.	Q4 Q4 Q3 Q2
Review contractor arrangements, including the GP contract under the Framework Agreement in relation to GP contracts, the Dental Treatment Services Scheme and the Primary Care Ophthalmic, Optometry and Dispensing Optician Contracts	**Q4**
Operational Plan Actions • Finalise new contractual framework to comprehend all of the publicly funded health sector contracts involving GPs and define scope of services to be provided. • Finalise introduction of free GP care to children aged 6-11 years and children in receipt of Domiciliary Care Allowance. • Review of the Dental Treatment Service Scheme (DTSS). - Commence engagement with all of the relevant stakeholders on new contractual framework and scope of services to be provided. - Finalise new contractual framework and new scope of service in line with Oral Health Policy (subject to finalisation of Oral Health Policy). • Review of Primary Care Ophthalmic, Optometry and Dispensing Optician Contracts. - Commence review of contracts in line with recommendations of Primary Care Eye Services Review. - Finalise new contractual framework and new scope of service in line with recommendations of Primary Care Eye Services Review.	Q4 Q4 Q4 Q4 Q4 Q4
Engage with the GP representatives and other stakeholders to develop appropriate contractual arrangements	**Q4**
Operational Plan Actions • Conclude engagement with all of the relevant stakeholders on new contractual framework and scope of services to be provided.	Q4
Finalise the service level agreement on the training programme for GPs	**Q2**
Operational Plan Actions • Finalise and implement new arrangements for management of GP training, involving the Irish College of General Practitioners. • Train 187 GP Trainees (annual intake).	Q2 Q4

Volume of services in 2017 includes:

Primary Care			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Primary Care			
Community Intervention Teams			
No. of referrals	**24,202**	**27,033**	**32,861**
Admission avoidance (includes OPAT)	914	949	1,187
Hospital avoidance	12,932	17,555	21,629
Early discharge (includes OPAT)	6,360	5,240	6,072
Unscheduled referrals from community sources	3,996	3,289	3,972
GP Activity			
No. of contacts with GP Out of Hours Service	964,770	1,053,996	1,055,388
Therapies / Community Healthcare Network Services			
Total no. of patients seen	1,249,772	1,508,664	1,549,256[(i)]
Physiotherapy			
No. of patients seen	597,177	613,320	613,320
Occupational Therapy			
No. of patients seen	329,991	335,988	338,705
Speech and Language Therapy			
No. of patients seen	-	247,536	265,182
Podiatry			
No. of patients seen	71,407	74,640	74,952
Ophthalmology			
No. of patients seen	75,444	86,988	97,150
Audiology			
No. of patients seen	50,659	47,988	56,834
Dietetics			
No. of patients seen	84,215	64,308	65,217
Psychology			
No. of patients seen	40,879	37,896	37,896
Nursing			
No. of patients seen	898,944	663,300	898,944
Paediatric Homecare Packages			
No. of packages (based on average cost per package of €0.075m)	-	474	514
GP Trainees			
No. of trainees	157	172	187
National Virus Reference Laboratory			
No. of tests	-	799,881	627,684[(ii)]
Social Inclusion			
Opioid Substitution			
No. of clients in receipt of opioid substitution treatment (outside prisons)	9,515	9,560	9,700
Needle Exchange			
No. of unique individuals attending pharmacy needle exchange	1,731	1,647	1,647

Primary Care			
Area of service provision	NSP 2016 Expected Activity	Projected Outturn 2016	Expected Activity 2017
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	1,311	1,022	1,272
Traveller Health No. of people who received health information on type 2 diabetes and cardiovascular health	3,470	3,481	3,481
Palliative Care			
Inpatient Palliative Care Services No. accessing specialist inpatient bed (during the reporting month)	New 2017	New 2017	3,555
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month	3,309	3,517	3,620
Children's Palliative Care Services No. of children in the care of the children's outreach nurse	New 2017	New 2017	269
No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	New 2017	New 2017	20
Primary Care Reimbursement Service[iii]			
Medical Cards No. of persons covered by medical cards as at 31st December	1,675,767	1,697,081	1,672,654
No. of persons covered by GP visit cards as at 31st December	485,192	478,541	528,593
Sub-total	**2,160,959**	**2,175,622**	**2,201,247**
General Medical Services Scheme			
Total no. items prescribed	-	58,929,932	57,821,617
Average dispensing fee (€) per item	-	5.49	5.49
Average ingredient cost (€) per item (gross cost)[iv]	-	11.56	11.55
Long Term Illness Scheme			
Total no. items prescribed	-	7,611,368	8,657,750
Average dispensing fee (€) per item	-	4.32	4.32
Average ingredient cost (€) per item (gross cost) [iv]	-	21.17	21.25
Drug Payment Scheme			
Total no. items prescribed	-	7,440,900	8,305,797
Average dispensing fee (€) per item	-	1.88	1.88
Average ingredient cost (€) per item (gross cost) [iv]	-	6.79	6.82

(i) Includes new patients seen for initial assessment as part of speech and language therapy service improvement initiative. Additional activity arising from psychology development initiative not included

(ii) Reduction of costs and activity targeted through revised governance arrangements and efficiency measures

(iii) The PCRS budget and activity profile has been framed with reference to current working assumptions in relation to the levels of schemes eligibility and the value of savings to be achieved in 2017

(iv) The gross cost is prior to any price reductions from the Framework Agreement on the Supply and Pricing of Medicines, manufacturers' rebates and the netting off of prescription charges

Appendix 1: Financial Tables

2017 CHO Net Expenditure Allocations

CHO	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
CHO 1					
Primary Care	60.57	21.05	81.62	(1.43)	80.19
Social Inclusion	0.32	2.12	2.45	0.00	2.45
Palliative Care	4.99	1.58	6.57	(0.50)	6.06
Core Services	65.88	24.76	90.64	(1.94)	88.70
Local DLS	0.00	22.12	22.12	0.00	22.12
Total	65.88	46.88	112.76	(1.94)	110.82
CHO 2					
Primary Care	57.62	25.40	83.02	(2.07)	80.95
Social Inclusion	0.07	5.99	6.06	0.00	6.06
Palliative Care	1.64	5.26	6.90	0.00	6.90
Core Services	59.33	36.65	95.99	(2.07)	93.92
Local DLS	0.00	21.71	21.71	0.00	21.71
Total	59.33	58.36	117.69	(2.07)	115.62
CHO 3					
Primary Care	38.09	18.07	56.16	(1.48)	54.68
Social Inclusion	1.90	6.56	8.45	(0.04)	8.42
Palliative Care	0.00	11.62	11.62	0.00	11.62
Core Services	39.99	36.25	76.24	(1.52)	74.72
Local DLS	0.00	11.94	11.94	0.00	11.94
Total	39.99	48.19	88.18	(1.52)	86.66
CHO 4					
Primary Care	67.89	31.21	99.09	(2.32)	96.77
Social Inclusion	2.35	13.64	15.99	(0.00)	15.99
Palliative Care	0.61	7.95	8.56	(0.25)	8.32
Core Services	70.85	52.80	123.65	(2.57)	121.08
Local DLS	0.00	29.44	29.44	0.00	29.44
Total	70.85	82.24	153.09	(2.57)	150.52
Cork Dental					
Primary Care	1.48	0.71	2.19	(0.35)	1.84
Social Inclusion	0.00	0.00	0.00	0.00	0.00
Palliative Care	0.00	0.00	0.00	0.00	0.00
Core Services	1.48	0.71	2.19	(0.35)	1.84

CHO	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Local DLS	0.00	0.00	0.00	0.00	0.00
Total	1.48	0.71	2.19	(0.35)	1.84
Total CHO 4 (Incl. Cork Dental)					
Primary Care	69.37	31.92	101.28	(2.67)	98.61
Social Inclusion	2.35	13.64	15.99	(0.00)	15.99
Palliative Care	0.61	7.95	8.56	(0.25)	8.32
Core Services	72.33	53.51	125.84	(2.92)	122.92
Local DLS	0.00	29.44	29.44	0.00	29.44
Total	72.33	82.94	155.28	(2.92)	152.36
CHO 5					
Primary Care	55.47	24.18	79.66	(3.30)	76.36
Social Inclusion	2.26	5.44	7.70	(0.00)	7.70
Palliative Care	0.21	1.13	1.34	(0.00)	1.34
Core Services	57.94	30.76	88.70	(3.30)	85.40
Local DLS	0.00	18.53	18.53	0.00	18.53
Total	57.94	49.29	107.22	(3.30)	103.93
CHO 6					
Primary Care	39.62	15.00	54.62	(4.51)	50.10
Social Inclusion	0.67	1.89	2.56	(0.00)	2.56
Palliative Care	0.38	0.39	0.77	(0.00)	0.77
Core Services	40.67	17.27	57.95	(4.52)	53.43
Local DLS	0.00	19.15	19.15	0.00	19.15
Total	40.67	36.42	77.10	(4.52)	72.58
Dublin Dental					
Primary Care	5.20	1.63	6.83	(1.30)	5.53
Social Inclusion	0.00	0.00	0.00	0.00	0.00
Palliative Care	0.00	0.00	0.00	0.00	0.00
Core Services	5.20	1.63	6.83	(1.30)	5.53
Local DLS	0.00	0.00	0.00	0.00	0.00
Total	5.20	1.63	6.83	(1.30)	5.53
Total CHO 6 (Incl. Dublin Dental)					
Primary Care	44.83	16.63	61.45	(5.82)	55.64
Social Inclusion	0.67	1.89	2.56	(0.00)	2.56
Palliative Care	0.38	0.39	0.77	(0.00)	0.77
Core Services	45.88	18.90	64.78	(5.82)	58.96

CHO	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Local DLS	0.00	19.15	19.15	0.00	19.15
Total	45.88	38.06	83.93	(5.82)	78.11
CHO 7					
Primary Care	55.19	25.89	81.08	(0.27)	80.80
Social Inclusion	18.24	28.05	46.29	(0.09)	46.20
Palliative Care	2.50	0.55	3.05	(0.04)	3.01
Core Services	75.93	54.49	130.42	(0.40)	130.01
Local DLS	0.00	47.63	47.63	0.00	47.63
Total	75.93	102.12	178.05	(0.40)	177.64
OLH					
Primary Care	0.00	0.00	0.00	0.00	0.00
Social Inclusion	0.00	0.00	0.00	0.00	0.00
Palliative Care	24.18	5.67	29.85	(8.75)	21.10
Core Services	24.18	5.67	29.85	(8.75)	21.10
Local DLS	0.00	0.00	0.00	0.00	0.00
Total	24.18	5.67	29.85	(8.75)	21.10
Total CHO 7 (Incl. OLH)					
Primary Care	55.19	25.89	81.08	(0.27)	80.80
Social Inclusion	18.24	28.05	46.29	(0.09)	46.20
Palliative Care	26.69	6.22	32.90	(8.79)	24.11
Core Services	100.11	60.16	160.27	(9.15)	151.12
Local DLS	0.00	47.63	47.63	0.00	47.63
Total	100.11	107.79	207.90	(9.15)	198.75
CHO 8					
Primary Care	78.67	36.07	114.74	(2.66)	112.08
Social Inclusion	1.78	2.04	3.81	(0.00)	3.81
Palliative Care	5.34	1.06	6.40	(0.48)	5.92
Core Services	85.79	39.16	124.95	(3.14)	121.81
Local DLS	0.00	26.70	26.70	0.00	26.70
Total	85.79	65.86	151.65	(3.14)	148.51
CHO 9					
Primary Care	54.04	22.75	76.79	(0.06)	76.74
Social Inclusion	11.76	23.33	35.09	(0.21)	34.88
Palliative Care	0.01	10.88	10.89	0.00	10.89
Core Services	65.82	56.96	122.78	(0.26)	122.51
Local DLS	0.00	52.39	52.39	0.00	52.39

CHO	Pay	Non Pay	Gross Budget	Income	Net Budget
	€m	€m	€m	€m	€m
Total	65.82	109.35	175.16	(0.26)	174.90
Other Primary Care Services (Note 1)					
Primary Care	15.20	72.08	87.28	(0.21)	87.08
Social Inclusion	0.40	1.83	2.23	0.00	2.23
Palliative Care	(0.46)	1.03	0.57	0.00	0.57
Core Services	15.13	74.95	90.08	(0.21)	89.87
Local DLS	0.00	0.00	0.00	0.00	0.00
Total	15.13	74.95	90.08	(0.21)	89.87
Primary Care Reimbursement Service	16.97	2,647.29	2,664.26	(103.56)	2,560.70
Total PCRS	16.97	2,647.29	2,664.26	(103.56)	2,560.70
Overall Totals					
Primary Care	529.05	294.04	823.09	(19.96)	803.13
Social Inclusion	39.75	90.89	130.64	(0.34)	130.30
Palliative Care	39.40	47.12	86.52	(10.02)	76.50
Core Services Total	608.20	432.05	1,040.25	(30.32)	1,009.93
Local DLS	0.00	249.60	249.60	0.00	249.60
PCRS	16.97	2,647.29	2,664.26	(103.56)	2,560.70
Total	625.17	3,328.94	3,954.11	(133.88)	3,820.23

Note: Other primary care services include regional services and national services. Primary Care and Social Inclusion do not include funds held by the Department of Health of €5m and €3m respectively in the above table.

2017 PCRS Schemes Budget

Scheme/ Payment Category	Allocation 2017 €m
GP Fees and Allowances	559.57
Drug Target Refund	0.49
GMS Pharmacy Claims	826.29
DPS Pharmacy Claims	68.57
LTI Pharmacy Claims	226.9
EEA Pharmacy Claims	1.07
Dental Treatment Services	66.14
High Tech Drugs/Medicines	608.81
Methadone Treatment	21.43
Health Amendment Act 1996	3.61

Scheme/ Payment Category	Allocation 2017 €m
Community Ophthalmic Services	31.73
Hardship Arrangements	17.42
Oncology Drugs/Medicines	28.15
OPAT	8.13
OPIT	4.24
Orphan Drugs/Medicines	10.48
Hepatitis C Programme	30.0
Other Hospital Drugs	9.0
Administration (Pay and Non-Pay) Technical Services/HSE Reg Stationery	38.67
Total Payments	**2,560.70**

Appendix 2: HR information

Primary Care Workforce Position: Staff Category Information as at September 2016

(Source: Workforce Planning, Analytics & Informatics, National HR Directorate)

	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16	% Total
CHO 1								
HSE	*73*	*295*	*294*	*319*	*71*	*80*	***1,131***	*10.90%*
Total CHO 1	**73**	**295**	**294**	**319**	**71**	**80**	**1,131**	***10.90%***
CHO 2								
HSE	*91*	*287*	*300*	*295*	*31*	*69*	***1,073***	*10.30%*
Total CHO 2	**91**	**287**	**300**	**295**	**31**	**69**	**1,073**	***10.30%***
CHO 3								
HSE	*71*	*199*	*101*	*199*	*44*	*50*	***665***	*6.40%*
Total CHO 3	**71**	**199**	**101**	**199**	**44**	**50**	**665**	***6.40%***
CHO 4								
HSE	*112*	*334*	*285*	*239*	*6*	*69*	***1,044***	*10.00%*
Section 38	*18*	*9*	*3*	*25*	*10*	*27*	***92***	*0.90%*
Total CHO 4	**129**	**343**	**288**	**264**	**16**	**96**	**1,137**	***10.90%***
CHO 5								
HSE	*75*	*258*	*248*	*215*	*27*	*50*	***874***	*8.40%*
Total CHO 5	**75**	**258**	**248**	**215**	**27**	**50**	**874**	***8.40%***
CHO 6								
HSE	*118*	*186*	*167*	*182*	*19*	*54*	***725***	*7.00%*
Section 38	*13*	*5*	*2*	*28*	*13*	*28*	***89***	*0.90%*
Total CHO 6	**131**	**191**	**169**	**210**	**32**	**81**	**813**	***7.80%***
CHO 7								
HSE	*93*	*338*	*311*	*256*	*54*	*154*	***1,206***	*11.60%*
Section 38	*18*	*167*	*59*	*52*	*86*	*107*	***489***	*4.70%*
Total CHO 7	**111**	**505**	**369**	**308**	**140**	**261**	**1,694**	***16.30%***
CHO 8								

	Medical/ Dental	Nursing	Health & Social Care Professionals	Management/ Admin	General Support Staff	Patient & Client Care	WTE Sep 16	% Total
HSE	*148*	*406*	*324*	*404*	*26*	*136*	***1,444***	*13.90%*
Total CHO 8	**148**	**406**	**324**	**404**	**26**	**136**	**1,444**	***13.90%***
CHO 9								
HSE	*115*	*311*	*313*	*247*	*51*	*108*	***1,144***	*11.00%*
Total CHO 9	**115**	**311**	**313**	**247**	**51**	**108**	**1,144**	***11.00%***
Other Non-Acute								
HSE	*1*	*0*	*11*	*51*	*0*	*0*	***63***	*0.60%*
Total Other Non-Acute	**1**	**0**	**11**	**51**	**0**	**0**	**63**	***0.60%***
PCRS								
HSE	*0*	*0*	*13*	*348*	*3*	*0*	***364***	*3.50%*
Total PCRS	**0**	**0**	**13**	**348**	**3**	**0**	**364**	***3.50%***
Total	**945**	**2,794**	**2,431**	**2,860**	**441**	**933**	**10,404**	***100.00%***

Appendix 3: Primary Care Scorecard and Performance Indicator Suite

Quality and Safety	Expected Activity/ Target 2017
Primary Care	
Healthcare Associated Infections: Medication Management	
▪ Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	<21.7
Community Intervention Teams (CITs) – Number of referrals	**32,861**
▪ Admission avoidance (includes OPAT)	1,187
▪ Hospital avoidance	21,629
▪ Early discharge (includes OPAT)	6,072
▪ Unscheduled referrals from community sources	3,972
Health Amendment Act: Services to persons with State Acquired Hepatitis C	
▪ Number of Health Amendment Act cardholders reviewed	586
Primary Care Reimbursement Service	
Medical Cards	
▪ % of medical card/GP visit card applications, assigned for medical officer review, processed within five days	91%
▪ % of medical card/GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	95%
Social Inclusion	
Homeless Services	
▪ Number and % of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission	1,272 85%
Traveller Health	
▪ Number of people who received health information on type 2 diabetes and cardiovascular health	3,481
Palliative Care	
Inpatient Palliative Care Services	
▪ % of patients triaged within one working day of referral (inpatient unit)	90%
▪ % of patients with a multidisciplinary care plan documented within five working days	90%

Access	Expected Activity/ Target 2017
Primary Care	
GP Activity	
▪ Number of contacts with GP out of hours service	1,055,388
Nursing	
▪ % of new patients accepted onto the caseload and seen within 12 weeks	100%
Physiotherapy	
▪ % of new patients seen for assessment within 12 weeks	81%
▪ % on waiting list for assessment ≤ 52 weeks	98%
Occupational Therapy	
▪ % of new service users seen for assessment within 12 weeks	72%
▪ % on waiting list for assessment ≤ 52 weeks	92%
Speech and Language Therapy	
▪ % on waiting list for assessment ≤ 52 weeks	100%
▪ % on waiting list for treatment ≤ 52 weeks	100%
Podiatry	
▪ % on waiting list for treatment ≤ 12 weeks	44%
▪ % on waiting list for treatment ≤ 52 weeks	88%
Ophthalmology	
▪ % on waiting list for treatment ≤ 12 weeks	50%
▪ % on waiting list for treatment ≤ 52 weeks	81%
Audiology	
▪ % on waiting list for treatment ≤ 12 weeks	50%
▪ % on waiting list for treatment ≤ 52 weeks	95%
Dietetics	
▪ % on waiting list for treatment ≤ 12 weeks	48%
▪ % on waiting list for treatment ≤ 52 weeks	96%
Psychology	
▪ % on waiting list for treatment ≤ 12 weeks	60%
▪ % on waiting list for treatment ≤ 52 weeks	100%
Oral Health	
▪ % of new patients who commenced treatment within three months of assessment	88%
Orthodontics	
▪ % of referrals seen for assessment within six months	75%
▪ Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grades 4 and 5)	<5%

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
of initial assessment (inpatient unit) **Community Palliative Care Services** ▪ % of patients triaged within one working day of referral (community)	90%	**Primary Care Reimbursement Service** **Medical Cards** ▪ % of completed medical card/GP visit card applications processed within 15 days ▪ Number of persons covered by medical cards as at 31st December ▪ Number of persons covered by GP visit cards as at 31st December **Social Inclusion** **Substance Misuse** ▪ % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment ▪ % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment **Opioid Substitution** ▪ Number of clients in receipt of opioid substitution treatment (outside prisons) ▪ Average waiting time from referral to assessment for opioid substitution treatment ▪ Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced **Needle Exchange** ▪ Number of unique individuals attending pharmacy needle exchange **Palliative Care** **Inpatient Palliative Care Services** ▪ Access to specialist inpatient bed within seven days ▪ Number accessing specialist inpatient bed within seven days **Community Palliative Care Services** ▪ Access to specialist palliative care services in the community provided within seven days (normal place of residence) ▪ Number of patients who received treatment in their normal place of residence **Children's Palliative Care Services** ▪ Number of children in the care of the children's outreach nurse ▪ No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	96% 1,672,654 528,593 100% 100% 9,700 4 days 28 days 1,647 98% 3,555 95% 3,620 269 20
Child Health ▪ % of children reaching 10 months within the reporting period who have had child development health screening on time or	95%		

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
before reaching 10 months of age ▪ % of newborn babies visited by a PHN within 72 hours of discharge from maternity services	98%		
▪ % of babies breastfed (exclusively and not exclusively) at first PHN visit	58%		
▪ % of babies breastfed (exclusively and not exclusively) at three month PHN visit	40%		
System Wide **Immunisation** ▪ % uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card	75%		
▪ % children aged 24 months who have received 3 doses of the 6-in-1 vaccine	95%		
▪ % children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	95%		
▪ % of first year girls who have received two doses of HPV vaccine	85%		
System Wide **Serious Reportable Events (SREs)**	**Target**	**System Wide** **Health and Safety**	**Target**
▪ % of serious reportable events being notified within 24 hours to the senior accountable officer	99%	▪ No. of calls that were received by the National Health and Safety Helpdesk	10% increase
▪ % of investigations completed within 120 days of the notification of the event to the senior accountable officer	90%	**Service User Experience - Complaints** ▪ % of complaints investigated within 30 working days of being acknowledged by the complaints officer	75%
Safety Incident Reporting			
▪ % of safety incidents being entered onto NIMS within 30 days of occurrence by CHO	90%		
▪ Extreme and major safety incidents as a % of all incidents reported as occurring	Actual to be reported in 2017		
▪ % of claims received by the State Claims Agency that were not reported previously as an incident	40%		
Internal Audit			
▪ % of internal audit recommendations implemented within 6 months of the report being received	75%		
▪ % of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	95%		
Service Arrangements/Annual Compliance Statement			
▪ % of number of service arrangements signed	100%		
▪ % of the monetary value of service			

Quality and Safety	Expected Activity/ Target 2017	Access	Expected Activity/ Target 2017
arrangements signed	100%		
▪ % annual compliance statements signed	100%		
Finance		**Workforce**	
Budget Management		**Absence**	
▪ Net expenditure: variance from plan	≤0.1%	▪ % absence rates by staff category	≤3.5%
▪ Pay: Direct / Agency / Overtime	≤0.1%	**Staffing Levels and Costs**	
Capital		▪ % adherence to funded staffing thresholds	>99.5%
▪ Capital expenditure versus expenditure profile	100%		

Primary Care Performance Indicator Suite

Primary Care

Primary Care				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	Q	< 21.7	27.6	< 21.7
Community Intervention Teams (No. of referrals) Admission avoidance (includes OPAT)	M	**24,202** 914	**27,033** 949	**32,861** 1,187
Hospital Avoidance	M	12,932	17,555	21,629
Early discharge (includes OPAT)	M	6,360	5,240	6,072
Unscheduled referrals from community sources	M	3,996	3,289	3,972
Health Amendment Act: Services to persons with State Acquired Hepatitis C No. of Health Amendment Act cardholders who were reviewed	Q	798	212	586
GP Activity No. of contacts with GP Out of Hours Service	M	964,770	1,053,996	1,055,388
Nursing % of new patients accepted onto the caseload and seen within 12 weeks	M	New 2017	New 2017	100%
Child Health % of children reaching 10 months within the reporting period who have had child development screening on time or before reaching 10 months of age	M	95%	94%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	Q	97%	98%	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	Q	56%	57%	58%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	Q	38%	38%	40%
Physiotherapy % of new patients seen for assessment within 12 weeks	M	70%	81%	81%
% on waiting list for assessment ≤ 52 weeks	M	100%	98%	98%
Occupational Therapy % of new service users seen for assessment within 12 weeks	M	70%	72%	72%
% on waiting list for assessment ≤ 52 weeks	M	100%	82%	92%
Speech and Language Therapy				

Primary Care				
Indicator	Reporting Frequency	NSP 2016 Expected Activity / Target	Projected Outturn 2016	Expected Activity / Target 2017
% on waiting list for assessment ≤ 52 weeks	M	100%	97%	100%
% on waiting lists for treatment ≤ 52 weeks	M	100%	85%	100%
Podiatry % on waiting list for treatment ≤ 12 weeks	M	75%	44%	44%
% on waiting list for treatment ≤ 52 weeks	M	100%	78%	88%
Ophthalmology % on waiting list for treatment ≤ 12 weeks	M	60%	28%	50%
% on waiting list for treatment ≤ 52 weeks	M	100%	71%	81%
Audiology % on waiting list for treatment ≤ 12 weeks	M	60%	41%	50%
% on waiting list for treatment ≤ 52 weeks	M	100%	85%	95%
Dietetics % on waiting list for treatment ≤ 12 weeks	M	70%	48%	48%
% on waiting list for treatment ≤ 52 weeks	M	100%	86%	96%
Psychology % on waiting list for treatment ≤ 12 weeks	M	60%	28%	60%
% on waiting list for treatment ≤ 52 weeks	M	100%	75%	100%
Oral Health % of new patients who commenced treatment within three months of assessment	M	80%	88%	88%
Orthodontics % of referrals seen for assessment within six months	Q	75%	60%	75%
Reduce the proportion of patients on the treatment waiting list waiting longer than four years (grades 4 and 5)	Q	< 5%	6%	< 5%

Note: The activity targets for therapy services are aligned to achievable levels based on 2016 existing levels of service. These targets will be reviewed in 2017 in association with service improvement initiatives in the therapy services.

Social Inclusion

Social Inclusion				
Indicator	Reporting Frequency	NSP 2016 Expected Activity / Target	Projected Outturn 2016	Expected Activity / Target 2017
Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	Q	100%	89%	100%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	Q	100%	85%	100%
Opioid Substitution	M	9,515	9,560	9,700

Social Inclusion				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
No. of clients in receipt of opioid substitution treatment (outside prisons)				
Average waiting time from referral to assessment for opioid substitution treatment	M	14 days	4 days	4 days
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced	M	28 days	31 days	28 days
Needle Exchange No. of unique individuals attending pharmacy needle exchange	Q	1,731	1,647	1,647
Homeless Services No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	Q	1,311 85%	1,022 68%	1,272 85%
Traveller Health No. of people who received health information on type 2 diabetes and cardiovascular health	Q	3,470	3,481	3,481

Palliative Care

Palliative Care				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
Inpatient Units – Waiting Times Access to specialist inpatient bed within seven days	M	98%	97%	98%
No. accessing specialist inpatient bed within seven days during the reporting month	M	New 2017	New 2017	3,555
% patients triaged within one working day of referral (inpatient unit)	M	90%	90%	90%
% of patients with a multi-disciplinary care plan documented within five working days of initial assessment (inpatient unit)	M	90%	90%	90%
Community Palliative Care Services Access to specialist palliative care services in the community provided within seven days (normal place of residence)	M	95%	92%	95%
No. of patients who received specialist palliative care treatment in their normal place of residence in the month	M	3,309	3,517	3,620
% patients triaged within one working day of referral (community)	M	New 2017	New 2017	90%
Children's Palliative Care Services No. of children in the care of the children's outreach nurse	M	New 2017	New 2017	269
No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	M	New 2017	New 2017	20

Primary Care Reimbursement Service

Primary Care Reimbursement Service				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
% of completed medical card / GP visit card applications processed within 15 days	M	95%	95%	96%
% of medical card / GP visit card applications, assigned for Medical Officer review, processed within five days	M	90%	90%	91%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	M	95%	86%	95%
No. of persons covered by medical cards as at 31st December	M	1,675,767	1,697,081	1,672,654
No. of persons covered by GP visit cards as at 31st December	M	485,192	478,541	528,593
Sub-total		**2,160,959**	**2,175,622**	**2,201,247**

The PCRS budget and activity profile has been framed with reference to current working assumptions in relation to the levels of schemes eligibility and the value of savings to be achieved in 2017

System Wide

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
Budget Management Net Expenditure: variance from plan Pay: Direct / Agency / Overtime	M	≤0.33%	2016 Annual Financial Statements	≤0.1%
Non-pay	M	≤0.33%	2016 Annual Financial Statements	≤0.1%
Income	M	≤0.33%	2016 Annual Financial Statements	≤0.1%
Capital Capital expenditure versus expenditure profile	Q	100%	100%	100%
Audit % of internal audit recommendations implemented within 6 months of the report being received	Q	75%	75%	75%
% of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	Q	95%	95%	95%

System-Wide				
Indicator	**Reporting Frequency**	**NSP 2016 Expected Activity / Target**	**Projected Outturn 2016**	**Expected Activity / Target 2017**
Service Arrangements / Annual Compliance Statement				
% of number of service arrangements signed	M	100%	100%	100%
% of the monetary value of service arrangements signed	M	100%	100%	100%
% of annual compliance statements signed	A	100%	100%	100%
Workforce				
% absence rates by staff category	M	≤ 3.5%	4.3%	≤ 3.5%
% adherence to funded staffing thresholds	M	> 99.5%	>99.5%	>99.5%
Health and Safety				
No. of calls that were received by the National Health and Safety Helpdesk	Q	15% increase	>15%	10% increase
Service User Experience - Complaints				
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	M	75%	75%	75%
Serious Reportable Events				
% of serious reportable events being notified within 24 hours to the senior accountable officer	M	99%	40%	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	M	90%	0%	90%
Safety Incident Reporting				
% of safety incidents being entered onto NIMS within 30 days of occurrence by CHO	Q	90%	50%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	Q	New PI 2017	New PI 2017	Actual results to be reported in 2017
% of claims received by the State Claims Agency that were not reported previously as an incident	A	New PI 2016	55%	40%
Immunisation	A	75%	55.4%	75%
% uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card				
% children aged 24 months who have received 3 doses of the 6-in-1 vaccine	Q	95%	94.9%	95%
% children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	Q	95%	92.7%	95%
% of first year girls who have received two doses of HPV vaccine	A	85%	70%	85%

2017 Primary Care – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Community Intervention Teams (No. of referrals)				**24,202**	**27,033**	**32,861**		**N/A**	**3,252**	**4,612**	**3,661**	**4,150**	**1,242**	**7,669**	**2,656**	**5,619**
Admission Avoidance (includes OPAT)	NSP	Quality	M	914	949	1,187	CHO	N/A	92	98	182	282	76	130	179	148
Hospital Avoidance	NSP	Quality	M	12,932	17,555	21,629	CHO	N/A	1,946	2,787	1,846	2,961	1,008	6,683	1,319	3,079
Early discharge (includes OPAT)	NSP	Quality	M	6,360	5,240	6,072	CHO	N/A	934	1,045	799	758	158	856	975	547
Unscheduled referrals from community sources	NSP	Quality	M	3,996	3,289	3,972	CHO	N/A	280	682	834	147	0	0	184	1,845
Outpatient Parenteral Antimicrobial Therapy (OPAT) Re-admission rate %	DOP	Access /Activity	M	≤5%	2.3%	≤5%	HG	N/A	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%
Community Intervention Teams Activity (by referral source)				**24,202**	**27,033**	**32,861**	**CHO**	**N/A**	**3,252**	**4,612**	**3,661**	**4,150**	**1,242**	**7,669**	**2,656**	**5,619**
ED / Hospital wards / Units	DOP	Access /Activity	M	13,956	18,042	21,966	CHO	N/A	2,039	2,964	1,884	2,361	688	6,707	1,898	3,425
GP Referral	DOP	Access /Activity	M	6,386	5,619	7,003	CHO	N/A	836	720	855	1,455	466	540	409	1,722
Community Referral	DOP	Access /Activity	M	2,226	1,896	2,212	CHO	N/A	164	784	671	0	0	158	186	249
OPAT Referral	DOP	Access /Activity	M	1,634	1,476	1,680	CHO	N/A	213	144	251	334	88	264	163	223
GP Out of Hours																
No. of contacts with GP Out of Hours Service	NSP	Access /Activity	M	964,770	1,053,996	1,055,388	National									
Physiotherapy																
No. of patient referrals	DOP	Activity	M	193,677	197,592	197,592	CHO	26,556	22,956	15,396	28,260	25,548	13,044	21,720	27,276	16,836
No. of patients seen for a first time assessment	DOP	Activity	M	160,017	163,596	163,596	CHO	22,248	17,136	11,304	24,396	22,704	11,568	19,176	22,056	13,008

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No. of patients treated in the reporting month (monthly target)	DOP	Activity	M	36,430	37,477	37,477	CHO	4,900	4,068	2,140	4,888	5,052	2,420	5,935	5,172	2,902
No. of face to face contacts/visits	DOP	Activity	M	775,864	756,000	756,000	CHO	115,188	91,380	47,136	103,272	101,964	50,244	80,508	107,184	59,124
Total no. of physiotherapy patients on the assessment waiting list at the end of the reporting period	DOP	Access	M	28,527	30,454	30,454	CHO	3,796	4,230	3,644	2,694	3,933	1,378	2,751	4,492	3,536
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	20,282	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,437	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,118	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	993	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of physiotherapy patients on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	624	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
% of new physiotherapy patients seen for assessment within 12 weeks	NSP	Access	M	70%	81%	81%	CHO	81%	81%	81%	81%	81%	81%	81%	81%	81%
% of physiotherapy patients on waiting list for assessment ≤ 26 weeks	DOP	Access	M	90%	88%	88%	CHO	88%	88%	88%	88%	88%	88%	88%	88%	88%
% of physiotherapy patients on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	95%	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
% of physiotherapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	98%	98%	CHO	98%	98%	98%	98%	98%	98%	98%	98%	98%
Occupational Therapy																
No. of service user referrals	DOP	Activity	M	89,989	93,264	93,264	CHO	11,304	7,776	8,220	9,636	10,212	6,732	12,924	15,348	11,112

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No. of new service users seen for a first assessment	DOP	Activity	M	86,499	87,888	90,605	CHO	10,291	6,699	7,380	11,022	9,671	6,780	12,966	14,048	11,748
No. of service users treated (direct and indirect) monthly target	DOP	Activity	M	20,291	20,675	20,675	CHO	2,621	1,949	1,419	2,267	1,973	1,464	2,599	3,684	2,699
Total no. of occupational therapy service users on the assessment waiting list at the end of the reporting period	DOP	Access	M	19,932	25,874	25,874	CHO	1,240	2,275	1,339	4,677	4,426	1,523	3,171	4,123	3,100
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	9,074	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	6,249	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	3,506	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	2,385	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of occupational therapy service users on the assessment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,660	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
% of new occupational therapy service users seen for assessment within 12 weeks	NSP	Access	M	70%	72%	72%	CHO	72%	72%	72%	72%	72%	72%	72%	72%	72%
% of occupational therapy service users on waiting list for assessment ≤ 26 weeks	DOP	Access	M	80%	59%	59%	CHO	59%	59%	59%	59%	59%	59%	59%	59%	59%
% of occupational therapy service users on waiting list for assessment ≤ 39 weeks	DOP	Access	M	95%	73%	73%	CHO	73%	73%	73%	73%	73%	73%	73%	73%	73%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
% of occupational therapy service users on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	82%	92%	CHO	92%	92%	92%	92%	92%	92%	92%	92%	92%
Primary Care – Speech and Language Therapy																
No. of patient referrals	DOP	Activity	M	50,863	52,584	52,584	CHO	5,556	4,896	4,332	6,924	5,436	3,036	6,060	7,968	8,376
Existing patients seen in the month	DOP	Activity	M	New 2016	16,958	16,958	CHO	2,394	1,630	1,239	2,736	2,226	944	1,655	2,846	1,288
New patients seen for initial assessment	DOP	Activity	M	41,083	44,040	44,040	CHO	4,296	4,572	3,492	6,576	4,500	1,860	4,872	6,912	6,960
Total no. of speech and language patients waiting initial assessment at end of the reporting period	DOP	Access	M	13,050	14,164	14,164	CHO	1,116	854	1,052	1,916	1,305	578	2,694	2,227	2,422
Total no. of speech and language patients waiting initial therapy at end of the reporting period	DOP	Access	M	8,279	8,823	8,823	CHO	124	786	507	1,380	2,125	372	1,223	1,193	1,113
% of speech and language therapy patients on waiting list for assessment ≤ to 52 weeks	NSP	Access	M	100%	97%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of speech and language therapy patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
Primary Care – Speech and Language Therapy Service Improvement Initiative																
New patients seen for initial assessment	DOP	Activity	M	New 2017	New 2017	17,646	CHO	280	656	920	1,512	1,440	600	4,972	2,666	4,600
No. of speech and language therapy initial therapy appointments	DOP	Access	M	New 2017	New 2017	43,201	CHO	2,058	4,424	2,240	6,524	10,360	2,240	5,579	4,666	5,110
No. of speech and language therapy further therapy appointments	DOP	Access	M	New 2017	New 2017	39,316	CHO	3,052	2,828	5,950	6,230	1,120	910	8,120	4,666	6,440

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Primary Care – Podiatry																
No. of patient referrals	DOP	Activity	M	11,589	11,148	11,148	CHO	2,688	2,280	1,020	1,380	156	No direct service	No direct service	3,624	No direct service
Existing patients seen in the month	DOP	Activity	M	5,210	5,454	5,454	CHO	1,636	998	565	1,485	87	No direct service	No direct service	683	No direct service
New patients seen	DOP	Activity	M	8,887	9,192	9,504	CHO	2,616	1,708	918	1,022	168	No direct service	No direct service	3,072	No direct service
Total no. of podiatry patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	3,186	2,699	2,699	CHO	397	609	504	597	26	No direct service	No direct service	566	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,194	No target	CHO	No target	No target	No target	No target	No target	No direct service	No direct service	No target	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	481	No target	CHO	No target	No target	No target	No target	No target	No direct service	No direct service	No target	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	244	No target	CHO	No target	No target	No target	No target	No target	No direct service	No direct service	No target	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	190	No target	CHO	No target	No target	No target	No target	No target	No direct service	No direct service	No target	No direct service
No. of podiatry patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	590	No target	CHO	No target	No target	No target	No target	No target	No direct service	No direct service	No target	No direct service
% of podiatry patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	75%	44%	44%	CHO	44%	44%	44%	44%	44%	No direct service	No direct service	44%	No direct service
% of podiatry patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	90%	62%	62%	CHO	62%	62%	62%	62%	62%	No direct service	No direct service	62%	No direct service
% of podiatry patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	71%	71%	CHO	71%	71%	71%	71%	71%	No direct service	No direct service	71%	No direct service

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
% of podiatry patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	78%	88%	CHO	88%	88%	88%	88%	88%	No direct service	No direct service	88%	No direct service
No of patients with diabetic active foot disease treated in the reporting month	DOP	Quality	M	133	140	166	CHO	44	45	15	32	8	1	6	14	1
No. of treatment contacts for diabetic active foot disease in the reporting month	DOP	Access /Activity	M	532	561	667	CHO	176	180	61	126	30	5	25	59	5
Primary Care – Ophthalmology																
No. of patient referrals	DOP	Activity	M	26,913	28,452	28,452	CHO	6,360	3,060	2,232	5,328	4,824	792	1,116	2,448	2,292
Existing patients seen in the month	DOP	Activity	M	4,910	5,281	5,281	CHO	1,906	426	521	402	1,092	156	230	273	275
New patients seen	DOP	Activity	M	16,524	23,616	33,779	CHO	9,702	3,428	3,680	3,923	5,298	1,204	1,408	1,593	3,543
Total no. of ophthalmology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	14,267	16,090	16,090	CHO	2,387	1,015	1,682	3,444	1,344	1,064	1,149	785	3,220
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,550	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,117	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	2,095	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,670	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No. of ophthalmology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	4,658	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
% of ophthalmology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	50%	CHO	50%	50%	50%	50%	50%	50%	50%	50%	50%
% of ophthalmology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	48%	58%	CHO	58%	58%	58%	58%	58%	58%	58%	58%	58%
% of ophthalmology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	61%	61%	CHO	61%	61%	61%	61%	61%	61%	61%	61%	61%
% of ophthalmology patients on waiting list for treatment ≤ 52 weeks	NSP	Access	M	100%	71%	81%	CHO	81%	81%	81%	81%	81%	81%	81%	81%	81%
Primary Care – Audiology																
No. of patient referrals	DOP	Activity	M	18,317	22,620	22,620	CHO	3,144	3,240	1,392	3,108	3,180	Service included in CHO9	3,432	2,232	2,892
Existing patients seen in the month	DOP	Activity	M	2,850	2,740	2,740	CHO	417	341	188	386	269	Service included in CHO9	489	298	352
New patients seen	DOP	Activity	M	16,459	15,108	23,954	CHO	3,697	2,547	1,571	3,706	2,971	Service included in CHO9	2,163	5,014	2,285
Total no. of audiology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	13,870	14,650	14,650	CHO	2,341	2,300	1,222	1,579	1,702	Service included in CHO9	1,692	3,204	610
No. of audiology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	5,956	No target	CHO	No target	No target	No target	No target	No target	Service included in CHO9	No target	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	3,352	No target	CHO	No target	No target	No target	No target	No target	Service included in CHO9	No target	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,856	No target	CHO	No target	No target	No target	No target	No target	Service included in CHO9	No target	No target	No target

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No. of audiology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	1,340	No target	CHO	No target	No target	No target	No target	No target	Service included in CHO9	No target	No target	No target
No. of audiology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	2,146	No target	CHO	No target	No target	No target	No target	No target	Service included in CHO9	No target	No target	No target
% of audiology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	41%	50%	CHO	50%	50%	50%	50%	50%	Service included in CHO9	50%	50%	50%
% of audiology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	64%	64%	CHO	64%	64%	64%	64%	64%	Service included in CHO9	64%	64%	64%
% of audiology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	76%	76%	CHO	76%	76%	76%	76%	76%	Service included in CHO9	76%	76%	76%
% of audiology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	85%	95%	CHO	95%	95%	95%	95%	95%	Service included in CHO9	95%	95%	95%
Primary Care – Dietetics																
No. of patient referrals	DOP	Activity	M	27,858	31,884	31,884	CHO	4,692	3,444	2,760	7,584	3,696	2,460	2,856	1,896	2,496
Existing patients seen in the month	DOP	Activity	M	5,209	3,480	3,480	CHO	623	434	132	1,007	353	289	311	164	167
New patients seen	DOP	Activity	M	21,707	22,548	23,457	CHO	3,516	2,402	1,320	5,158	2,316	2,076	2,180	3,132	1,356
Total no. of dietetics patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	5,479	8,843	8,843	CHO	1,065	1,492	514	1,240	1,361	291	789	1,576	515
No. of dietetics patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	4,255	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No. of dietetics patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,921	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	912	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	536	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of dietetics patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,219	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
% of dietetics patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	70%	48%	48%	CHO	48%	48%	48%	48%	48%	48%	48%	48%	48%
% of dietetics patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	85%	70%	70%	CHO	70%	70%	70%	70%	70%	70%	70%	70%	70%
% of dietetics patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	95%	80%	80%	CHO	80%	80%	80%	80%	80%	80%	80%	80%	80%
% of dietetics patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	86%	96%	CHO	96%	96%	96%	96%	96%	96%	96%	96%	96%
Primary Care – Psychology																
No. of patient referrals	DOP	Activity	M	12,261	13,212	13,212	CHO	1,356	1,212	396	888	1,524	1,212	1,164	4,044	1,416
Existing patients seen in the month	DOP	Activity	M	2,626	2,312	2,312	CHO	548	189	107	184	222	168	132	643	119
New patients seen	DOP	Activity	M	9,367	10,152	10,152	CHO	1,200	1,032	84	420	1,128	1,164	1,644	2,748	732
Total no. of psychology patients on the treatment waiting list at the end of the reporting period	DOP	Access	M	6,028	7,068	7,068	CHO	848	679	483	957	838	371	548	1,267	1,077
No. of psychology patients on the treatment waiting list at the end of the reporting period 0 - ≤ 12 weeks	DOP	Access	M	No target	1,979	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >12 weeks - ≤ 26 weeks	DOP	Access	M	No target	1,584	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No. of psychology patients on the treatment waiting list at the end of the reporting period >26 weeks but ≤ 39 weeks	DOP	Access	M	No target	1,026	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period >39 weeks but ≤ 52 weeks	DOP	Access	M	No target	694	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
No. of psychology patients on the treatment waiting list at the end of the reporting period > 52 weeks	DOP	Access	M	No target	1,785	No target	CHO	No target	No target	No target	No target	No target	No target	No target	No target	No target
% of psychology patients on waiting list for treatment ≤ 12 weeks	NSP	Access	M	60%	28%	60%	CHO	60%	60%	60%	60%	60%	60%	60%	60%	60%
% of psychology patients on waiting list for treatment ≤ 26 weeks	DOP	Access	M	80%	50%	80%	CHO	80%	80%	80%	80%	80%	80%	80%	80%	80%
% of psychology patients on waiting list for treatment ≤ 39 weeks	DOP	Access	M	90%	65%	90%	CHO	90%	90%	90%	90%	90%	90%	90%	90%	90%
% of psychology patients on waiting list for treatment ≤ to 52 weeks	NSP	Access	M	100%	75%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
Primary Care – Nursing																
No. of patient referrals	DOP	Activity	M	159,694	135,384 Data Gap	135,384 Data Gaps	CHO	6,156 Data Gaps	13,992 Data Gaps	18,648 Data Gaps	72,840 Data Gaps	1,284 Data Gaps	3,108 Data Gaps	1,308 Data Gaps	Unavailable	18,048 Data Gaps
Existing patients seen in the month	DOP	Activity	M	64,660	46,293 Data Gap	64,660 Data Gaps	CHO	3,857 Data Gaps	5,341 Data Gaps	21,934 Data Gaps	26,441 Data Gaps	Unavailable Data Gaps	1,482 Data Gaps	1,800 Data Gaps	Unavailable	3,805 Data Gaps
New patients seen	DOP	Activity	M	123,024	110,784 Data Gap	123,024 Data Gaps	CHO	10,960 Data Gaps	17,185 Data Gaps	16,509 Data Gaps	49,450 Data Gaps	Unavailable Data Gaps	5,948 Data Gaps	1,884 Data Gaps	Unavailable	21,088 Data Gaps
% of new patients accepted onto the caseload and seen within 12 weeks	NSP	Access	M	New 2017	New 2017	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Child Health																
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	NSP	Quality	M	95%	94%	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	NSP	Quality	Q	97%	98%	98%	CHO	98%	98%	98%	98%	98%	98%	98%	98%	98%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	NSP	Quality	Q	56%	57%	58%	CHO	58%	58%	58%	58%	58%	58%	58%	58%	58%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	NSP	Quality	Q	38%	38%	40%	CHO	40%	40%	40%	40%	40%	40%	40%	40%	40%
Oral Health Primary Dental Care																
No. of new patients attending for scheduled assessment	DOP	Access /Activity	M	Unavailable	47,904 Data Gap	Unavailable	CHO	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
No. of new patients attending for unscheduled assessment	DOP	Access /Activity	M	Unavailable	25,476 Data Gap	Unavailable	CHO	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
% of new patients who commenced treatment within three months of assessment	NSP	Access	M	80%	88% Data Gap	88%	CHO	88%	88%	88%	88%	88%	88%	88%	88%	88%
Orthodontics																
No. of patients receiving active treatment at the end of the reporting period	DOP	Access	Q	16,887	18,404	18,404	National/ former region									
% of referrals seen for assessment within 6 months	NSP	Access	Q	75%	60%	75%	National/ former region									
% of orthodontic patients on the waiting list for assessment ≤ 12 months	DOP	Access	Q	100%	99%	100%	National/ former region									

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP/ DOP	KPI Type Access/ Quality /Access Activity	Report Freq- uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
% of orthodontic patients on the treatment waiting list less than two years	DOP	Access	Q	75%	62%	75%	National/ former region									
% of orthodontic patients on treatment waiting list less than four years (grades 4 and 5)	DOP	Access	Q	95%	94%	95%	National/ former region									
No. of orthodontic patients on the assessment waiting list at the end of the reporting period	DOP	Access	Q	5,966	6,720	6,720	National/ former region									
No. of orthodontic patients on the treatment waiting list – grade 4 –at the end of the reporting period	DOP	Access /Activity	Q	9,912	9,741	9,741	National/ former region									
No. of orthodontic patients on the treatment waiting list – grade 5 –at the end of the reporting period	DOP	Access /Activity	Q	8,194	8,136	8,136	National/ former region									
Reduce the proportion of orthodontic patients on the treatment waiting list waiting longer than 4 years (grades 4 and 5)	NSP	Access	Q	<5%	6%	<5%	National/ former region									
Health Amendment Act - Services to persons with State Acquired Hepatitis C																
No. of Health Amendment Act cardholders who were reviewed	NSP	Quality	Q	798	212	586	National	50	50	40	64	60	50	135	50	87
Healthcare Associated Infections: Medication Management																
Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	NSP	Quality	Q	<21.7	27.6	<21.7	National									
Tobacco Control																
% of primary care staff to undertake brief intervention training for smoking cessation	DOP	Quality	Q	5%	5%	5%	CHO	5%	5%	5%	5%	5%	5%	5%	5%	5%

Social Inclusion – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Substance Misuse																
No. of substance misusers who present for treatment	DOP	Access	Q, 1 Qtr in arrears	6,972	6,760	6,760	CHO	804	624	288	512	1,316	588	1,276	652	700
No. of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q, 1 Qtr in Arrears	4,864	4,748	4,748	CHO	348	616	256	280	1,024	432	1,088	216	488
% of substance misusers who present for treatment who receive an assessment within two weeks	DOP	Quality	Q,, 1 Qtr in Arrears	100%	70%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of substance misusers (over 18 years) for whom treatment has commenced following assessment	DOP	Quality	Q, 1 Qtr in Arrears	5,584	5,932	5,932	CHO	664	616	240	440	1,212	532	1,136	516	576
No. of substance misusers (over 18) for whom treatment has commenced within one calendar month following assessment	DOP	Quality	Q, 1 Qtr in Arrears	5,024	5,304	5,304	CHO	656	552	148	440	1,204	380	892	512	520
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	NSP	Access	Q, 1 Qtr in Arrears	100%	89%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of substance misusers (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	268	348	348	CHO	44	84	4	32	52	0	116	0	16
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1 Qtr in Arrears	260	296	296	CHO	24	76	4	32	52	0	92	0	16
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	NSP	Access	Q, 1 Qtr in Arrears	100%	85%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%

				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
% of substance misusers (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	74%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of substance misusers (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	87%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of substance misusers (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	90%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
Opioid Substitution																
Total no. of clients in receipt of opioid substitution treatment (outside prisons)	NSP	Access	M, 1 Mth in Arrears	9,515	9,560	9,700	CHO	94	136	294	438	464	991	3,733	594	2,956
No. of clients in opioid substitution treatment in clinics	DOP	Access	M, 1 Mth in Arrears	5,470	5,466	5,084	CHO	0	49	134	326	172	477	2,023	196	1,707
No. of clients in opioid substitution treatment with level 2 GP's	DOP	Access	M, 1 Mth in Arrears	1,975	2,083	2,108	CHO	65	0	35	13	25	340	865	206	559
No. of clients in opioid substitution treatment with level 1 GP's	DOP	Access	M, 1 Mth in Arrears	2,080	2,011	2,508	CHO	29	87	125	99	267	174	845	192	690
No. of clients transferred from clinics to level 1 GP's	DOP	Access	M, 1 Mth in Arrears	300	288	300	CHO	0	5	9	18	60	27	86	12	83
No. of clients transferred from clinics to level 2 GP's	DOP	Access	M, 1 Mth in Arrears	134	81	140	CHO	0	0	2	8	6	15	50	9	50
No. of clients transferred from level 2 to level 1 GPs	DOP	Access	M, 1 Mth in Arrears	119	21	150	CHO	10	0	6	10	10	16	48	10	40

				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Total no. of new clients in receipt of opioid substitution treatment (outside prisons)	DOP	Access	M, 1 Mth in Arrears	617	552	645	CHO	20	12	40	101	58	56	181	55	122
Total no. of new clients in receipt of opioid substitution treatment (clinics)	DOP	Access	M, 1 Mth in Arrears	498	449	507	CHO	0	12	37	100	57	13	154	33	101
Total no. of new clients in receipt of opioid substitution treatment (level 2 GP)	DOP	Access	M, 1 Mth in Arrears	119	103	138	CHO	20	0	3	1	1	43	27	22	21
Average waiting time (days) from referral to assessment for opioid substitution treatment	NSP	Access	M, 1 Mth in Arrears	14 days	4 days	4 days	CHO	4 days	4 days	4 days	4 days	4 days	4 days	4 days	4 days	4 days
Average waiting time (days) from opioid substitution assessment to exit from waiting list or treatment commenced	NSP	Access	M, 1 Mth in Arrears	28 days	31 days	28 days	CHO	28 days	28 days	28 days	28 days	28 days	28 days	28 days	28 days	28 days
No. of pharmacies providing opioid substitution treatment	DOP	Access	M, 1 Mth in Arrears	653	654	654	CHO	26	42	44	69	74	60	134	96	109
No. of people obtaining opioid substitution treatment from pharmacies	DOP	Access	M, 1 Mth in Arrears	6,463	6,630	6,630	CHO	101	143	279	429	509	608	2,079	639	1,843
Alcohol Misuse																
No. of problem alcohol users who present for treatment	DOP	Access	Q, 1 Qtr in Arrears	3,540	3,736	3,736	CHO	580	76	28	552	780	680	344	420	276
No. of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q, 1 Qtr in Arrears	2,344	1,900	1,900	CHO	256	68	20	272	616	336	140	128	64
% of problem alcohol users who present for treatment who receive an assessment within two weeks	DOP	Access	Q, 1 Qtr in Arrears	100%	51%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of problem alcohol users (over 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	3,228	3,424	3,424	CHO	512	68	20	496	732	680	344	324	248

				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No. of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q, 1 Qtr in Arrears	3,228	2,956	2,956	CHO	508	68	20	496	728	348	228	312	248
% of problem alcohol users (over 18 years) for whom treatment has commenced within one calendar month following assessment	DOP	Access	Q, 1 Qtr in Arrears	100%	86%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
No. of problem alcohol users (under 18 years) for whom treatment has commenced following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	36	36	CHO	12	0	0	8	16	0	0	0	0
No. of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1 Qtr in Arrears	56	28	28	CHO	4	0	0	8	16	0	0	0	0
% of problem alcohol users (under 18 years) for whom treatment has commenced within one week following assessment	DOP	Access	Q, 1Qtr in Arrears	100%	78%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	60%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (over 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	91%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have an assigned key worker	DOP	Quality	Q, 1 Qtr in Arrears	100%	89%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of problem alcohol users (under 18 years) for whom treatment has commenced who have a written care plan	DOP	Quality	Q, 1 Qtr in Arrears	100%	67%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%

				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No. of staff trained in SAOR Screening and Brief Intervention for problem alcohol and substance use	DOP	Quality	Q, 1 Qtr in Arrears	300	397	778	CHO	18	200	50	100	80	70	100	100	60
Needle Exchange																
No. of pharmacies recruited to provide Needle Exchange Programme	DOP	Quality	TRI M, 1 Qtr in Arrears	119	112	112	CHO	12	11	16	21	18	0	0	34	0
No. of unique individuals attending pharmacy needle exchange	NSP	Access	TRI M, 1 Qtr in Arrears	1,731	1,647	1,647	CHO	39	128	279	383	337	0	0	481	0
Total no. of clean needles provided each month	DOP	Access	TRI M, 1 Qtr in Arrears	New 2017	New 2017	23,727	CHO	771	1,807	4,394	5,221	5,152	0	0	6,382	0
Average no. of clean needles (and accompanying injecting paraphenilia) per unique individual each month	DOP	Quality	TRI M, 1 Qtr in Arrears	New 2017	New 2017	14	CHO	14	14	14	14	14	14	14	14	14
No. and % of needle / syringe packs returned	DOP	Quality	TRI M, 1 Qtr in Arrears	1,032 (30%)	863 (22%)	1,166 (30%)	CHO	28 (30%)	86 (30%)	204 (30%)	295 (30%)	253 (30%)	0	0	300 (30%)	0
Homeless Services																
No. and % of individual service users admitted to homeless emergency accommodation hostels/ who have medical cards	DOP	Quality	Q	1,108 (75%)	1,093 (73%)	1,121 (75%)	CHO	55 (75%)	85 (75%)	152 (75%)	395 (75%)	93 (75%)	7 (75%)	57 (75%)	98 (75%)	179 (75%)
No. and % of service users admitted during the quarter who did not have a valid medical card on admission and who were assisted by hostel staff to acquire a medical card during the quarter	DOP	Quality	Q	302 (70%)	218 (54%)	281 (70%)	CHO	8 (70%)	18 (70%)	29 (70%)	130 (70%)	17 (70%)	2 (70%)	8 (70%)	24 (70%)	45 (70%)

				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	NSP	Quality	Q	1,311 (85%)	1,022 (68%)	1,272 (85%)	CHO	62 (85%)	97 (85%)	173 (85%)	448 (85%)	105 (85%)	8 (85%)	65 (85%)	111 (85%)	203 (85%)
No. and % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed and are being supported to manage their physical / general health, mental health and addiction issues as part of their care/support plan	DOP	Quality	Q	80%	1,128 (76%)	1,017 (80%)	CHO	50 (80%)	78 (80%)	138 (80%)	358 (80%)	84 (80%)	6 (80%)	52 (80%)	89 (80%)	162 (80%)
Traveller Health																
No. of people who received health information on type 2 diabetes and cardiovascular health	NSP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	3,481	3,481	CHO	246	697	351	321	396	130	477	587	276
No. of people who received awareness and participated in positive mental health initiatives	DOP	Quality	Q	3,470 20% of the population in each Traveller Health Unit	4,167	3,481	CHO	246	697	351	321	396	130	477	587	276

Palliative Care – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 1 Saolta and Royal College of Surgeons HGs	CHO 2 Saolta HG	CHO 3 University of Limerick HG	CHO 4 South/ South West HGs	CHO 5 South/ South West and Ireland East HGs	CHO 6 Ireland East HG	CHO 7 Royal College of Surgeons and Dublin Midlands/ Children's HGs	CHO 8 Ireland East, Royal College of Surgeons and Dublin Midlands HGs	CHO 9 Ireland East and Royal College of Surgeons/ Children's HGs
Inpatient Palliative Care Services																
Access to specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	98%	97%	98%	CHO/HG	98%	98%	98%	98%	98%	98%	98%	No inpatient service	98%
No. accessing specialist inpatient bed within seven days (during the reporting month)	NSP	Access	M	New 2017	New 2017	3,555	CHO/HG	355	333	593	728	92	152	679	No inpatient service	623
Access to specialist palliative care inpatient bed from eight to14 days (during the reporting month)	DOP	Access	M	2%	3%	2%	CHO/HG	2%	2%	2%	2%	2%	2%	2%	No inpatient service	2%
% patients triaged within one working day of referral (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	90%	90%	90%	90%	90%	90%	90%	No inpatient service	90%
No. of patients in receipt of treatment in specialist palliative care inpatient units (during the reporting month)	DOP	Access /Activity	M	474	466	494	CHO/HG	41	45	70	127	7	32	82	No inpatient service	90
No. of new patients seen or admitted to the specialist palliative care service (monthly cumulative)	DOP	Access /Activity	M	2,877	2,916	3,110	CHO/HG	270	304	400	790	40	200	496	No inpatient service	610
No. of admissions to specialist palliative care inpatient units (monthly cumulative)	DOP	Access /Activity	M	3,310	3,708	3,815	CHO/HG	360	350	580	910	75	250	620	No inpatient service	670

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 1 Saolta and Royal College of Surgeons HGs	CHO 2 Saolta HG	CHO 3 University of Limerick HG	CHO 4 South/ South West HGs	CHO 5 South/ South West and Ireland East HGs	CHO 6 Ireland East HG	CHO 7 Royal College of Surgeons and Dublin Midlands/ Children's HGs	CHO 8 Ireland East, Royal College of Surgeons and Dublin Midlands HGs	CHO 9 Ireland East and Royal College of Surgeons/ Children's HGs
% patients with a multidisciplinary care plan documented within five working days of initial assessment (Inpatient Unit)	NSP	Quality	M 2016 Q4 Reporting	90%	90%	90%	CHO/HG	90%	90%	90%	90%	90%	90%	90%	No inpatient service	90%
Community Palliative Care Services																
Access to specialist palliative care services in the community provided within seven days (Normal place of residence) (during the reporting month)	NSP	Access	M	95%	92%	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
Access to specialist palliative care services in the community provided to patients in their place of residence within eight to 14 days (Normal place of residence) (during the reporting month)	DOP	Access	M	3%	6%	3%	CHO	3%	3%	3%	3%	3%	3%	3%	3%	3%
Access to specialist palliative care services in the community provided to patients in their place of residence within 15+ days (Normal place of residence) (during the reporting month)	DOP	Access	M	2%	2%	2%	CHO	2%	2%	2%	2%	2%	2%	2%	2%	2%
% patients triaged within one working day of referral (Community)	NSP	Quality	M	New 2017	New 2017	90%	CHO	90%	90%	90%	90%	90%	90%	90%	90%	90%
No. of patients who received treatment in their normal place of residence	NSP	Access /Activity	M	3,309	3,517	3,620	CHO	410	410	485	600	450	260	275	430	300
No. of new patients seen by specialist palliative care services in their normal place of residence	DOP	Access /Activity	M	9,353	9,864	9,610	CHO	900	1,120	910	1,550	1,050	830	940	1,360	950

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 1 Saolta and Royal College of Surgeons HGs	CHO 2 Saolta HG	CHO 3 University of Limerick HG	CHO 4 South/ South West HGs	CHO 5 South/ South West and Ireland East HGs	CHO 6 Ireland East HG	CHO 7 Royal College of Surgeons and Dublin Midlands/ Children's HGs	CHO 8 Ireland East, Royal College of Surgeons and Dublin Midlands HGs	CHO 9 Ireland East and Royal College of Surgeons/ Children's HGs
Day Care																
No. of patients in receipt of specialist palliative day care services (during the reporting month)	DOP	Access /Activity	M	349	337	355	CHO	15	35	40	120	0	40	40	0	65
No. of new patients who received specialist palliative day care services (monthly cumulative)	DOP	Access	M	985	996	1,010	CHO	90	65	120	375	0	120	120	0	120
Intermediate Care																
No. of patients in receipt of care in designated palliative care support beds (during the reporting month)	DOP	Access /Activity	M	165	146	176	CHO	21	4	19	31	33	13	40	15	0
Children's Palliative Care Services																
No. of children in the care of the children's outreach nurse	NSP	Access /Activity	M	New 2017	New 2017	269	CHO	25	29	32	29	41	15	33	35	30
No. of new children in the care of the children's outreach nurse	DOP	Access /Activity	M	New 2017	New 2017	New metric 2017	CHO	To be set in 2017	To be set in 2017	To be set in 2017	To be set in 2017	To be set in 2017	To be set in 2017	To be set in 2017	To be set in 2017	To be set in 2017
No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting in the month	NSP	Access /Activity	M	New 2017	New 2017	20	HG							20		To be set in 2017
No. of new children in the care of the specialist paediatric palliative care team in an acute hospital setting	DOP	Access /Activity	M	New 2017	New 2017	63	HG							63		To be set in 2017

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National/ CHO / HG Level	CHO 1 Saolta and Royal College of Surgeons HGs	CHO 2 Saolta HG	CHO 3 University of Limerick HG	CHO 4 South/ South West HGs	CHO 5 South/ South West and Ireland East HGs	CHO 6 Ireland East HG	CHO 7 Royal College of Surgeons and Dublin Midlands/ Children's HGs	CHO 8 Ireland East, Royal College of Surgeons and Dublin Midlands HGs	CHO 9 Ireland East and Royal College of Surgeons/ Children's HGs
Acute Services Palliative Care																
No. of new referrals for inpatient services seen by the specialist palliative care team	DOP	Access /Activity	M	11,224	12,300	12,300	HG	874	1,564	878	2,064	966	984	1,976	1,258	1,736
Specialist palliative care services provided in the acute setting to new patients and re-referrals within two days	DOP	Access /Activity	M	13,298	13,520	13,520	HG	724	1,934	846	2,056	1,576	1,522	1,812	1,372	1,678
Bereavement Services																
No. of family units who received bereavement services	DOP	Access /Activity	M	621	670	671	CHO	50	132	125	60	78	16	66	78	66

PCRS[1] – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Key Performance Indicators				2016	2016	2017
KPI Title	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected/Actual* outturn	2017 National Target / Expected Activity
Medical Cards / GP Visit Cards						
No. of persons covered by medical cards as at 31st December	NSP	Access	M	1,675,767	1,697,081	1,672,654
No. of persons covered by GP visit cards as at 31st December	NSP	Access	M	485,192	478,541	528,593
Sub-total				**2,160,959**	**2,175,622**	**2,201,247**
% of completed medical / GP visit card applications processed within the 15 day turnaround	NSP	Access	M	95%	95%	95%
% of medical card / GP visit card applications, assigned for medical officer review, processed within 5 days	NSP	Quality	M	90%	90%	90%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	NSP	Quality	M	95%	86%	95%
% of applications for medical cards / GP visit cards that are processed from end to end without the need for additional information	DOP	Quality	M	60%	60%	60%
General Medical Services Scheme (GMS)						
No. of prescriptions	NSP	Access	M	17,780,183	19,203,192*	18,811,508
Total no. items prescribed	NSP	Access	M	-	58,929,932	57,821,617
Average dispensing fee (€) per item	NSP	Access	M	-	5.49	5.49
Average ingredient cost (€) per item (gross cost)[2]	NSP	Access	M	-	11.56	11.55
No. of line items	DOP	Access	M	54,229,556	58,533,213*	57,328,951
No. of claims - special items of service	DOP	Access	M	999,158	1,066,509*	1,074,865
No. of claims - special type of consultations	DOP	Access	M	1,164,844	1,294,186*	1,350,710
Long Term Illness Scheme						
No. of claims	NSP	Access	M	2,125,507	2,141,313*	2,407,912
Total no. items prescribed	NSP	Access	M	-	7,543,128*	8,657,750
Average dispensing fee (€) per item	NSP	Access	M	-	4.32	4.32

[1] *The PCRS budget and activity profile has been framed with reference to current working assumptions in relation to the levels of schemes eligibility and the value of savings to be achieved in 2017.*

[2] *The gross cost is prior to any price reductions from the Framework Agreement on the Supply and Pricing of Medicines, manufacturers' rebates and the netting off of prescription charges.*

Key Performance Indicators				2016	2016	2017
KPI Title	Reported against NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Frequency	2016 National Target / Expected Activity	2016 Projected/Actual* outturn	2017 National Target / Expected Activity
Average ingredient cost (€) per item (gross cost) 2	NSP	Access	M	-	21.17	21.25
No. of line items	DOP	Access	M	7,555,211	7,543,128*	8,589,580
Drug Payment Scheme	DOP					
No. of claims	NSP	Access	M	2,177,935	2,207,979*	2,411,929
Total no. items prescribed	NSP	Access	M	-	7,197,509*	8,305,797
Average dispensing fee (€) per item	NSP	Access	M	-	1.88	1.88
Average ingredient cost (€) per item (gross cost) 2	NSP	Access	M	-	6.79	6.82
No. of line items	DOP	Access	M	7,113,927	7,216,663	7,862,888
High Tech Drugs						
No. of claims	NSP	Access	M	533,824	595,980*	660,125
Dental Treatment Service Scheme (DTSS)						
No. of treatments (above the line)	DOP	Access	M	1,207,639	1,152,654*	1,190,453
No. of treatments (below the line)	DOP	Access	M	65,315	63,635*	65,964
Total	**NSP**			**1,272,954**	**1,216,289***	**1,256,417**
No. of patients who have received treatment (above the line)	DOP	Access	M	567,728	560,049*	583,168
No. of patients who have received treatment (below the line)	DOP	Access	M	63,000	61,023	64,373
Community Ophthalmic Services Scheme						
No. of treatments						
(a) Adult	DOP	Access	M	747,849	772,028*	765,132
(b) Children	DOP	Access	M	85,084	91,320	92,485
Total	**NSP**			**832,933**	**863,348***	**857,617**

System Wide – Full Metrics/KPI Suite (All metrics highlighted in yellow background are those that are included in the Balance Scorecard)

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
Budget Management including savings																
Net Expenditure variance from plan (within budget) Pay	NSP		M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	0.1%
Non-pay	NSP		M	≤0.33%	2016 Annual Financial Statements	≤0.1%	CHO	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	0.1%
Income	NSP		M	≤0.33%	2016 Annual Financial Statements	≤0.33%	CHO	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	≤0.1%	0.1%
Capital																
Capital expenditure versus expenditure profile	NSP		Q	100%	100%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
Audit																
% of internal audit recommendations implemented within 6 months of the report being received	NSP		Q	75%	75%	75%	CHO	75%	75%	75%	75%	75%	75%	75%	75%	75%
% of internal audit recommendations implemented, against total number of recommendations, within 12 months of report being received	NSP		Q	95%	95%	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
Service Arrangements / Annual Compliance Statement																
% of number of service arrangements signed	NSP		M	100%	100%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
% of the monetary value of service arrangements signed	NSP		M	100%	100%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
% of annual compliance statements signed	NSP		A	100%	100%	100%	CHO	100%	100%	100%	100%	100%	100%	100%	100%	100%
Workforce																
% absence rates by staff category	NSP		M	≤3.5%	4.3%	≤3.5%	CHO	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%	≤3.5%
% adherence to funded staffing thresholds	NSP		M	>99.5%	>99.5%	>99.5%	CHO	>99.5%	>99.5%	>99.5%	>99.5%	>99.5%	>99.5%	>99.5%	>99.5%	>99.5%
Health and Safety																
No. of calls that were received by the National Health and Safety Helpdesk	NSP		Q	15% increase	15%	10% increase		10% increase	10% increase	10% increase	10% increase	10% increase	10% increase	10% increase	10% increase	10% increase
Service User Experience-Complaints																
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	NSP		M	75%	75%	75%	CHO	75%	75%	75%	75%	75%	75%	75%	75%	75%
Serious Reportable Events (SREs)																
% of Serious Reportable Events being notified within 24 hours to the senior accountable officer	NSP	Quality	M	99%	40%	99%	CHO	99%	99%	99%	99%	99%	99%	99%	99%	99%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	NSP	Quality	M	90%	0%	90%	CHO	90%	90%	90%	90%	90%	90%	90%	90%	90%
Safety Incident Reporting																
% of safety incidents being entered onto the National Incident Management System (NIMS) within 30 days of occurrence by CHO	NSP	Quality	Q	90%	50%	90%	CHO	90%	90%	90%	90%	90%	90%	90%	90%	90%
Extreme and major safety incidents as a % of all incidents reported as occurring	NSP	Quality	Q	New PI 2017	New PI 2017	Actual to be reported in 2017	CHO	Actual to be reported in 2017	Actual to be reported in 2017	Actual to be reported in 2017	Actual to be reported in 2017	Actual to be reported in 2017	Actual to be reported in 2017	Actual to be reported in 2017	Actual to be reported in 2017	Actual to be reported in 2017

Key Performance Indicators Service Planning 2017				2016	2016	2017		2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target	2017 Expected Activity / Target
KPI Title	NSP / DOP	KPI Type Access/ Quality /Access Activity	Report Freq-uency	2016 National Target / Expected Activity	2016 Projected outturn	2017 National Target / Expected Activity	Reported at National / CHO	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
% of claims received by State Claims Agency that were not reported previously as an incident	NSP	Quality	A	New PI 2016	55%	40%	CHO	40%	40%	40%	40%	40%	40%	40%	40%	40%
Immunisation																
% update in flu vaccine for those aged 65 and older with a medical card or GP visit card	NSP		A	75%	55.4%	75%	CHO	75%	75%	75%	75%	75%	75%	75%	75%	75%
% children aged 24 months who have received 3 doses of the 6-in-1 vaccine	NSP		Q	75%	94.9%	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
% children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	NSP		Q	95%	92.7%	95%	CHO	95%	95%	95%	95%	95%	95%	95%	95%	95%
% of first year girls who have received two doses of HPV vaccine	NSP		A	85%	70%	85%	CHO	85%	85%	85%	85%	85%	85%	85%	85%	85%

*** All incidents including SREs are to be reported on NIMS.**

Appendix 4: Capital Infrastructure

This appendix outlines Primary Care capital projects that were: 1) completed in 2016 and will be operational in 2017; 2) are due to be completed and operational in 2017; or 3) are due to be completed in 2017 and will be operational in 2018.

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
PRIMARY CARE									
CHO 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan									
Ballymote, Co. Sligo	Primary Care Centre, by PPP	Q4 2017	Q4 2017	0	0	1.60	1.60	0	0.00
CHO 2: Galway, Roscommon, Mayo									
Ballinrobe, Co. Mayo	Primary Care Centre, by PPP	Q3 2017	Q3 2017	0	0	1.30	1.30	0	0.00
Boyle, Co. Roscommon	Primary Care Centre, by PPP	Q3 2017	Q3 2017	0	0	0.10	0.10	0	0.00
Tuam, Co. Galway	Primary Care Centre, by PPP	Q4 2017	Q4 2017	0	0	1.60	1.60	0	0.00
Claremorris, Co. Mayo	Primary Care Centre, by PPP	Q3 2017	Q4 2017	0	0	1.30	1.30	0	0.00
CHO 3: Clare, Limerick, North Tipperary/East Limerick									
Borrisokane, Co. Tipperary	Extension of primary care facility	Q2 2017	Q3 2017	0	0	0.06	0.46	0	0.00
Lord Edward Street, Limerick City	Primary Care Centre, by PPP	Q4 2017	Q4 2017	0	0	1.10	1.10	0	0.00
CHO 4: Kerry, North Cork, North Lee, South Lee, West Cork									
St. Finbarr's Hospital, Cork	Audiology services, ground floor, block 2	Q1 2017	Q1 2017	0	0	0.96	1.50	0	0.00
St. Mary's, Gurranabraher, Cork City	Primary Care Centre	Q4 2017	Q4 2017	0	0	11.00	18.33	0	0.00
Ballyheigue, Co. Kerry	Primary Care Centre, refurbishment of existing health centre	Q1 2017	Q2 2017	0	0	0.14	0.14	0	0.00
Carrigaline, Co. Cork	Primary Care Centre, by lease agreement	Q3 2017	Q4 2017	0	0	0.00	0.00	0	0.00
University Hospital Kerry, Tralee, Co. Kerry	Palliative Care Development –15-bed inpatient unit funded and directly contracted by Kerry Hospice Association. Enabling works funded by HSE in 2015 (€0.4m)	Q2 2017	Q2 2017	15	0	0.21	6.11	42.8	3.00
CHO 5: South Tipperary, Carlow, Kilkenny, Waterford, Wexford									
Tipperary Town	Primary Care Centre, by lease agreement	Q4 2016	Q1 2017	0	0	0.30	0.30	0	0.00

Facility	Project details	Project Completion	Fully Operational	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
						2017	Total	WTE	Rev Costs €m
CHO 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West									
Junction House, Kilnamanagh/Tymon, Dublin	Primary Care Centre, by lease agreement	Q3 2017	Q4 2017	0	0	0.00	0.00	0	0.00
Cashel Road/Walkinstown, Crumlin, Dublin	Primary Care Centre, by lease agreement	Q2 2017	Q3 2017	0	0	0.00	0.00	0	0.00
Springfield, Tallaght, Dublin	Primary Care Centre, by lease agreement (phased)	Q4 2016	Q1 2017	0	0	0.60	0.60	0	0.00
Celbridge, Co. Kildare	Primary Care Centre, by lease agreement	Q4 2016	Q1 2017	0	0	0.00	0.00	0	0.00
Blessington, Co. Wicklow	Primary Care Centre, by lease agreement	Q3 2016	Q1 2017	0	0	0.15	0.15	0	0.00
CHO 8: Laois/Offaly, Longford/Westmeath, Louth/Meath									
Mullingar, Co. Westmeath	Primary Care Centre, by lease agreement	Q2 2017	Q2 2017	0	0	0.00	0.00	0	0.00
Drogheda (North), Co. Louth	Primary Care Centre, by lease agreement	Q4 2017	Q1 2018	0	0	0.00	0.00	0	0.00
Tullamore, Co. Offaly	Primary Care Centre, by lease agreement	Q4 2017	Q1 2018	0	0	0.00	0.00	0	0.00
CHO 9: Dublin North, Dublin North Central, Dublin North West									
Balbriggan, Co. Dublin	Primary Care Centre, by lease agreement	Q1 2017	Q1 2017	0	0	0.00	0.00	0	0.00
Portmarnock, Co. Dublin	Primary Care Centre, by lease agreement	Q2 2017	Q3 2017	0	0	0.00	0.00	0	0.00
Grangegorman, Dublin	Primary Care Centre, to be developed on site in Grangegorman	Q1 2017	Q1 2017	0	0	2.00	13.18	0	0.00
	Relocation of Eve Holdings to Grangegorman Villas (1-5). Enabling works for PCC	Q3 2017	Q3 2017	0	0	0.45	0.75	0	0.00
			Totals	**15**	**0**	**22.87**	**48.52**	**0**	**3.0**