
Appendix 9

**Overview of the major
system initiatives under way**

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1. Development of a new model for Primary Care

The provision for significant development of primary care is outlined in the Primary Care Strategy which accompanied *Quality and Fairness*. A small, full-time National Primary Care Task Force has been established to support the implementation of the model of primary care outlined in the Strategy, which is constituted on Primary Care Networks and Primary Care Teams. The terms of reference of the National Primary Care Task Force (which is inter-disciplinary and will report to a wider representative Steering Group which will be chaired by the Department of Health and Children. This includes representation from health boards, primary care professional groups, unions and other relevant stakeholders) include:

- Driving the implementation of the primary care model as outlined in the Strategy
- Identifying representative locations for the implementation projects
- Planning human resources, information and communications technology and capital requirements for primary care on a national basis
- Putting in place a framework for the extension of GP co-operatives on a national basis with specific reference to payment methods and operational processes

The Task Force has already identified ten pilot implementation projects, which were announced by the Minister for Health and Children in October 2002.

The development of this ambitious primary care model will undoubtedly present challenges in terms of the interface between the primary care structures and existing statutory services as provided by the Health Boards at a local level. The strategy is not explicit about possible evaluation of the primary care teams/networks to a budget holding or purchasing role. Nor does it contain detail on the managerial infrastructure needed to support the new model.

2. The review of medical manpower by the National Task Force on Medical Staffing

The National Task Force on Medical Staffing is currently considering the Report of the Forum on Medical Staffing and the Report of the National Joint Steering Group on the Working Hours of Non-Consultant Hospital Doctors. Its terms of reference are to:

- Oversee the implementation of detailed strategies for reducing the working hours of NCHDs, so that a 48-hour working is achieved by 2009
- Address the associated medical staffing needs of the Irish hospital system

- Analyse the practicalities and estimate the costs that would arise if a consultant-provided (rather than consultant-led) system was in place
- Consider the medical education and training requirements arising from any changes to the current model of delivering services

In January 2001, the Chair of the Task Force, Mr. David Hanly, highlighted the opportunities for wider system-change arising from changes to the medical manpower model:

'The legal requirement to reduce NCHD working hours forces us to look at how the service is structured, managed, operated and delivered to the patient. It gives us the opportunity to make fundamental and far reaching changes with vision, courage and professionalism to deliver the health service that we aspire to.'

It is expected therefore, that this review will propose extensive reforms in manpower training, work methods, and supporting structural and organisational changes in the acute sector.

3. The Commission on Financial Management and Control

The Commission on Financial Management and Control in the Health Services (established in April 2002 and chaired by Professor Niamh Brennan) has as its objective 'to consider the various financial management systems and control procedures currently operated in the Department of Health and Children and by the main spending and service areas of the health sector'. The Commission's terms of reference are as follows:

- Examine the various financial management systems and control procedures currently operated in the Department of Health and Children, and by the key budget holders in the Health Boards and the main spending and service areas of the health sector
- Assess the various reporting procedures in these services
- Assess the capacity of the systems and procedures to provide relevant, timely and reliable information, in relation to current and capital expenditure, with particular reference to:
 - The measurement of resource use against outcomes
 - Management of resources within budgets
- Evaluate the capacity of these systems to develop cost consciousness among resource managers and to provide incentives to manage cost effectively
- Examine international best practice in regard to health service financial management systems, cost control and reporting arrangements
- Examine how the Estimates in the health area are compiled and allocations finalised and monitored
- Consider how the presentation of financial data can be enhanced so as to provide better information on how service delivery is proceeding
- Make recommendations in accordance with its findings, with a view to enhancing the timeliness and quality of financial management information throughout the health services and provided to Departments

It is clear from the above terms of reference that the Commission will be considering key aspects of current financial management and control processes which have a direct impact on the functioning of the health system. Better financial management and control has to go hand in hand with clearer structures and lines of accountability throughout the health services.

4. Review of Medical Practitioners Act

A review of the Medical Practitioners Act 1978 is currently underway. Action 105 of *Quality and Fairness* highlights the Government's commitment to strengthening existing legislation regarding certain professions such as doctors, nurses and pharmacists. The current body of legislation does not adequately meet the needs of today's society in relation to matters such as clinical governance, accountability, openness, concern with needs of the individual patient or public generally, fairness and efficiency of disciplinary procedures, and assurance of quality standards. The Strategy's Action Plan envisages a revision of existing legislation for doctors, nurses and the introduction of new legislation on other health professionals during 2003.

5. Action Plan for People Management

The Action Plan for People Management, which is a key Health Strategy objective, was published in October 2002 and sets out a detailed road map for the management of people in the health service over the lifetime of *Quality and Fairness*. The Action Plan builds upon the seven themes identified during the consultative phase of *Quality and Fairness*. These seven themes are:

- Manage People Effectively
- Improve the Quality of Working Life
- Devise and Implement Best Practice Employment Policies and Procedures
- Develop Partnership Further
- Invest in Training, Development and Education
- Improving Industrial and Employee Relations
- Develop Performance Management

Supporting actions are assigned to the Office for Health Management, the Health Services Employers Agency and senior management and HR and training units of individual health organisations. The action plan begins to provide a strategic HR platform which will be critical to delivery of *Quality and Fairness* objectives.

6. National Health Information Strategy

The National Health Information Strategy Committee established by the Department of Health and Children is in the final stages of developing a National Health Information Strategy in line with the commitment in *Quality and Fairness* to develop a strategic approach to the development and use of health information. In particular, the National Health Information Strategy Committee will:

- Review and assess present arrangements for the collection, reporting and use of health information, as broadly defined, in terms of requirements for both health service management and measurement of population health
- Examine approaches to integrated health information systems adopted elsewhere
- Address issues of data quality, standardisation of definitions, integration of data and timeliness
- Consider gaps in data and look at requirements for the development and use of performance indicators and outcome measures for monitoring and evaluating health and the effectiveness of health services
- Examine issues of access to data including protocols for confidentiality and release of data to third parties
- Investigate Information and Communications Technology (ICT) coordinated solutions for the improved storage,

updating, collection, analysis dissemination and standardisation of health and health related data in order to optimise data integration, management and delivery

- Recommend the required steps and estimated technical manpower and hardware resources required to develop and implement a national integrated health information model in a working environment where suitable IT and Statistical expertise is at a premium.

7. The restructuring of the Department of Health and Children

Quality and Fairness also identified the restructuring of the Department of Health and Children as a separate action under the Framework for Organisational Reform.

In relation to the Department of Health and Children specifically it became clear in the course of the project that significant restructuring of the Department was an intrinsic part of any significant reform and this has been factored into our analysis and recommendations.