



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Public Accounts Committee
Meeting
Thursday 5th December 2019

HSE Briefing Note: Primary Care Centres

Briefing Note – Public Accounts Committee

Response to Public Accounts Committee in response to C&AG Report (2018) Chapter 15 Development of Primary Care Centres

This briefing provides the Public Accounts Committee with an update in relation to the four recommendations regarding Development of Primary Care Centres in Chapter 15 of the C&AG Report (2018).

Context:

The Primary Care Strategy – *Primary Care, A New Direction 2001* was the first to set the strategic priority for provision of Primary Care Centres (PCCs), each accommodating one or more core Primary Care Teams (PCTs), supported by a wider network of Health & Social Care Professionals collectively providing services to meet the needs of a local population.

The first centres developed in a variety of ways across the old health board system. Subsequently, following the establishment of the HSE in 2005, a more standardised approach was developed and guidance issued to the system in 2007.

During 2008, a cost benefit analysis was undertaken which concluded that the Operational Lease was the most effective way of developing PCCs, which led to the establishment of the Operational Lease Programme that year. Subsequently, the C&AG reported on the programme in 2010 (Chapter 44).

A prioritised list of 341 PCCs was established in June 2012. In addition, the Public Private Partnership (PPP) project site locations were also decided at that time. Since then, expressions of interests for the development of the PCCs have been formally issued in 2014 and 2019. Progress regarding implementation of the programme is reported to the DoH on an on-going basis. Of the 341 locations identified during the 2012 prioritisation process, 127 locations are now operational (the figure of 127 does not include Inis Oirr PCC in Co. Galway, as it was not listed in the original 341 locations, but was included in the C&AG Report). A further 77 PCCs are in the process of being developed. Taken together this represents 204 or 60% of the original 341 locations identified.

The current C&AG report 2018 has been undertaken to assess and report on the progress made by the DoH and the HSE since 2010.

C&AG Report (2018) Summary:

C&AG conclusions:

- The Department stated strategic objective is to develop a national network of PCCs in around 350 locations, to accommodate just under 500 core PCTs and extended primary care networks. 57 new PCCs have become operational since 2013, bringing the total number of operating PCCs to 127 as of March 2019 — around 36% of the targeted network.
- Although modern, well-equipped, accessible premises are considered essential to the establishment and effective functioning of PCTs and the extended primary care network, there currently exists no quantified definition of what a PCC should comprise. What are currently categorised as operational PCCs range from stand-alone purpose built PCCs to health centres and centres co-located within community hospitals. Furthermore, some existing PCCs are operating without direct GP involvement.

C&AG Recommendations:

There are four recommendations- two for the Accounting Officer, DoH and two for the CEO, HSE all of which have been accepted and can be summarised as follows:

Recommendation 1:

The Department should define the minimum scope of services and accommodation that constitutes a PCC.

- This has been agreed by the Accounting Officer, DoH, however, this will require consultation with the HSE and will need to recognise that variation in the design or utilisation of PCCs is a function of local circumstances, population need and available resources.

Recommendation 2:

The Department should set a goal for when the full network is intended to be in place and intermediate (e.g. five yearly) targets.

- This has been agreed by the Accounting Officer, DoH, subject to a number of caveats; in particular, that such a goal could only be set following consultation with the HSE and the Department of Public Expenditure and Reform and in full recognition of the fact that market factors exist that are beyond the control of the Department and may impact on anticipated delivery schedules.
- Furthermore, it is important that any commitment in this regard reflects the wider move to a population-based planning approach and the development of regional health bodies and community healthcare networks as envisaged under Sláintecare, rather than being based on the current ranking of prospective sites derived in 2012.
- In addition, the Government's recent decision on regional health areas is being taken forward through, inter alia, a process of co-design of integrated health and social services with the citizens and staff of the six regions and this will provide an opportunity to review PCC priorities as part of the overall implementation of Sláintecare.

Recommendation 3:

The HSE should update the rankings of the target locations and determine how future delivery is to be prioritised (these were not updated since 2012).

- This has been agreed by the CEO of the HSE on the basis that the HSE will complete an overarching review relating to PCCs that will encompass an update of the rankings of the target locations, and a determination of how further delivery is to be prioritised and having regard to arrangements for the implementation of recommendation 2 referenced above. The review will ensure the maximisation of current resources, together with the increased resources of 1,000 community frontline staff to be appointed during 2020-2021 as part of the investment of €10m-60m over that period.
- It is agreed that there should be an integrated system among key HSE stakeholders and that there should be a method to determine how future delivery is to be prioritised.
- Service re-design and supporting infrastructure is a key action of Sláintecare. There is a commitment to support an integrated planning process for future PCCs as part of the capital planning implementation programme of the Sláintecare action plan 2019. This includes the need to complete a review of the utilisation of PCCs, to establish more PCCs and scope community-based diagnostics.

Recommendation 4:

The HSE should undertake a cost effectiveness review of the different delivery methods used to develop PCCs to date, with a view to informing future decisions on delivery methods.

- It has been agreed by the CEO of the HSE that it is now timely to undertake a cost effectiveness review of the delivery methods utilised to date.
- Due to the different models of delivery, as outlined in the report, the HSE will need to consider how best to perform an appropriate review and comparison of the best model of delivery of PCCs.

- This recommendation will also be progressed within the context of the Sláintecare action plan and under the governance of same, to ensure that learning from a cost effectiveness review will be used to inform future planning.

Usage of Primary Care Centres:

The extent to which the capacity and benefits offered by the PCCs are being maximised varies by location. As part of the Sláintecare Action Plan a review of PCCs, as referenced in response to Recommendation 3 above, is underway. This will help gain a better understanding of the current utilisation of PCCs at a service level, but it should also serve as an opportunity to review the characteristics of these facilities to identify the most effective service models and associated facility characteristics.

The review of PCCs will incorporate a review of utilisation of centres and how this would increase as services in the community are expanded commencing with the Sláintecare investment of €10m rising to €60m, which will see 1,000 additional front-line staff employed in Community Services.