



**An Roinn Sláinte**  
Department of Health



**Project  
Ireland 2040**  
*Building Ireland's  
Future*

Project Ireland 2040 is the government's long-term overarching strategy to make Ireland a better country for all of us. Project Ireland 2040 is about doing things differently. We have changed how we invest in public infrastructure in Ireland, moving away from the approach of the past which saw public investment spread too thinly and investment decisions which didn't align with a clearly thought out and defined strategy.

Access to a range of quality health services, in line with Sláintecare and relative to the scale of a region, city, town, neighbourhood or community is a defining characteristic of attractive, successful and competitive places. Compact, smart growth in urban areas and strong and stable rural communities will enable the enhanced and effective provision of a range of accessible services.

## **PRIMARY CARE CENTRES**

### **1. BACKGROUND**

Expanding Community and Primary Care is at the heart of the Sláintecare vision. The starting point for service delivery in the sector is the Primary Care Team (PCT) consisting of general practice, public health nursing, occupational therapy, physiotherapy and speech and language therapy. These teams support populations of around 7,000 to 10,000 people and operate alongside wider community network services that include oral health services, audiology, dietetics, ophthalmology, podiatry, and psychology services.

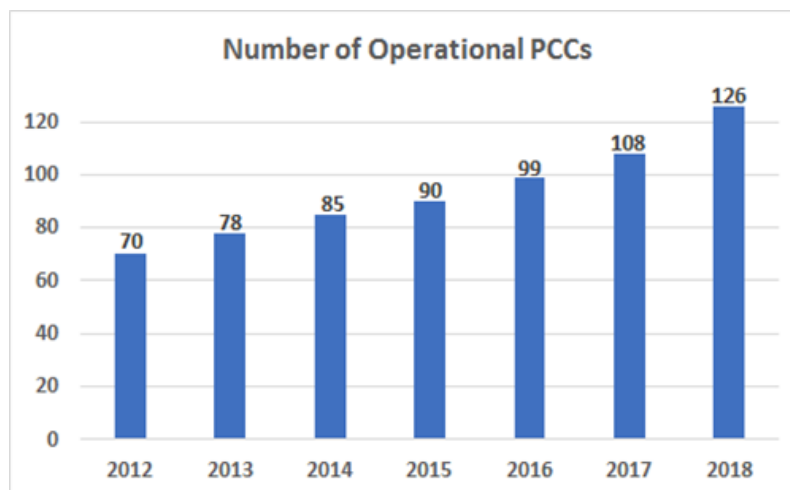
The Irish healthcare system was built to tackle accidental injuries or episodic diseases. Its current hospital-centric configuration is not suited to the changing demographic profile and health needs of the country, in which people are living longer but there is a greater prevalence of chronic conditions. Many of these conditions require preventative care and ongoing management, services that are generally provided closer to home, in the community. The development of modern, well-equipped and accessible infrastructure is, therefore, key if we are change the way we deliver care to our population.

Primary Care is, of course, about much more than buildings and, in practical terms, it is always possible for teams of Primary Care health professionals to operate out of more than one site. However, there are clearly benefits to bringing together staff who in many cases have previously been operating from older, more dispersed locations. Indeed, it is fair to say that with more and more Primary Care Centres (PCCs) becoming operational across the country, the transformation of the health service envisioned by Sláintecare has already begun.

## 2. DEVELOPMENT OF PRIMARY CARE CENTRES

The driving force behind the development of PCCs is the desire to support the implementation of new models of care and the delivery of services in high quality modern facilities. PCCs can support the delivery of integrated care by facilitating closer coordination and cooperation between health professionals from across different disciplines. They also provide a single point of access to services for the individual and can serve as a resource more broadly for the community, creating a focal point for local health initiatives or providing community groups with a place to meet.

The graph below illustrates how the construction programme for PCCs has delivered an additional 56 centres over the period 2012-2018. This represents an increase in numbers of some 80% over a six-year period. This rapid expansion has only been possible through the utilisation of different approaches, including direct building by the Health Service Executive, by working with the private sector using an operational lease arrangement and by utilising the Public Private Partnership mechanism.



In 2019, the target is to deliver another 12 PCCs and, with Summerhill PCC becoming operational in February, there are now 127 fully operational PCCs across the country. Just as importantly, there is a pipeline of over 70 PCC projects that are under construction or development or are in the planning stage. The delivery of these centres in the years ahead will dovetail with other initiatives as part of the Sláintecare

plan to ensure that more healthcare services will be available in the community. The provision of PCCs is informed by needs analysis and priority for development is given to areas of urban and rural deprivation.

### 3. INVESTMENT IN PRIMARY CARE STAFFING & SERVICES

In tandem with the development of Primary Care infrastructure, there has been a continuing programme of investment in the sector to build capacity and ensure that the new PCCs are appropriately staffed. The Health Service Executive's National Service Plan for 2019 allocates €897.2m to Primary Care services, and this headline figure reflects several important funding initiatives that have been introduced in recent years:

2013 – Additional funding of €20m for the recruitment of Primary Care Team staffing and to support Community Intervention Team (CIT) development.

2016 – ring-fenced funding of €4m to facilitate the recruitment of 83 posts in Speech & Language therapy and dedicated funding of €5m to recruit 114 Assistant Psychologists and 20 Psychologists to provide early intervention mental health services for those aged under 18.

2018 – provision of a €25 million Primary Care development fund to enable a range of initiatives to be progressed.

2019 – additional funding of €50m provided to boost capacity in the sector, including targeting the recruitment of additional therapy staff and nurses, alongside further service development.

This investment will allow services to be delivered in accordance with the Sláintecare principle of providing care in the right place, at the right time, by the right person. In 2019, it is expected that almost 2 million patients will avail of services delivered by PCT professionals:

- over 580,000 patients will avail of physiotherapy
- over 356,000 patients will avail of occupational therapy
- almost 280,000 patients will avail of speech and language therapy
- over 743,000 patients will avail of the community nursing service

Alongside the rollout of therapy services, there has been an ongoing build-up of Community Intervention Teams (CITs). These are teams of health professionals led by a specialist nurse which provide a rapid and integrated response to an acute episode of illness in the patients' home or community. One of the key services that

CIT nurses provide is the administration of the Home IV antibiotic programme, Outpatient Parenteral Antimicrobial Therapy (OPAT).

The ongoing expansion of the sector is reflected by the fact that there are now over 11,000 staff working within Primary Care. This represents an increase of over 14% since end 2012 and includes over 1,500 Public Health Nurses and over 1,600 therapists. These staff are vital members of PCTs, and many of them will be working directly from a PCC.

#### 4. LOOKING AHEAD

The Sláintecare Action Plan 2019 published in March set out the project management structures and governance approach for the 10-year implementation of Sláintecare and the actions and milestones for 2019. Developed by the Sláintecare Programme Implementation Office, the action plan is a fundamental enabler in the delivery of the Sláintecare vision for reformed health and social care services in Ireland.

The core objective of Sláintecare is to shift care from the acute to the community setting and to bring care closer to home for service users. Such a shift will improve the patient/client experience, improve the clinician experience, lower costs and promote better health outcomes.

The development of modern, purpose-designed PCCs is a key building block in enabling this vision to become a reality. Community settings such as PCCs offer an ideal alternative to hospitals for the management of many aspects of care for chronic conditions such as diabetes, asthma or chronic obstructive pulmonary disease (COPD) while PCCs and other community facilities can also be developed to support access to diagnostics and to provide minor surgery.

The future direction of Primary Care services will be guided by the vision set out in Sláintecare of a much more comprehensive community and Primary Care system. Primary Care should be the first point of contact that people have with the health system. As we implement the Sláintecare strategy in the years ahead, patients will be referred from Primary Care only when their needs are sufficiently complex. The emphasis in the year ahead will be on supporting people to live independently in their own communities for as long as possible.

In addition to Summerhill, eleven more Primary Care Centres are expected to be expected to be operational in 2019 – they are in Carrigtowhill, Newmarket, Tralee, Clonakilty, Bantry, Carrick-on-Shannon/Drumshanbo, Limerick City (Castletroy), Kilmallock, Shankill, Castleisland and Bray.

## Primary Care Centre Delivery 2012-2018

		2012	2013	2014	2015	2016	2017	2018	TOTAL
CHO 1	Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan	5	1	1	2	0	0	1	15
CHO 2	Galway, Roscommon, Mayo	2	1	1	0	2	1	4	21
CHO 3	Clare, Limerick, and North Tipperary/East Limerick	1	0	0	0	0	1	1	8
CHO 4	Kerry, North Cork, North Lee, South Lee, and West Cork	2	1	1	0	1	2	1	15
CHO 5	South Tipperary, Carlow/Kilkenny, Waterford, and Wexford	1	0	0	0	1	0	4	13
CHO 6	Wicklow, Dun Laoghaire, and Dublin South East	0	0	0	1	1	0	0	5
CHO 7	Kildare/West Wicklow, Dublin West, Dublin South City, and Dublin South West	3	1	2	1	2	2	3	19
CHO 8	Laois/Offaly, Longford/Westmeath, Louth, and Meath	2	3	2	0	1	1	2	20
CHO 9	Dublin North, Dublin North Central, and Dublin North West	0	1	0	1	1	2	2	10
		<b>16</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>9</b>	<b>9</b>	<b>18</b>	<b>126</b>