



Healthcare Update Issue 11

Primary Care Teams: HSE strategy

In May 2008 the National Strategy for Service User Involvement in the Irish Health Service was announced. Consisting of seven goals, the strategy builds on current good practice in involving service users. One of these goals is Primary Care Team (PCT) development as set out in the Health Strategy 2001 which emphasises primary care as the new central focus of the delivery of health and personal social services in Ireland. As Máire Hctor, Minister for Older People, at the 'Switch-on to Self-Care' conference of the Irish Pharmaceutical Association in the Royal College of Physicians of Ireland on 25 March 2009 stated, the development of new PCTs "will encourage people to take control of and responsibility for their health through self-referral to the most appropriate primary care team member."

Implementation is on a phased basis initially through implementation projects located around the country. 132 new PCT locations have been approved by the Health Service Executive to date, ten of which are due to open this year. It is intended that by 2011, 530 operational PCTs will be set up to service a population of about 8,000 patients each.

National Standards for Residential Care Settings for Older People

On 9 March 2009 the Health Information and Quality Authority's (HIQA's) approved National Standards for Residential Care Settings for Older People were launched. From **1 July 2009**, the Chief Inspector of Social Services will have the power to inspect all designated centres for older people and all nursing homes will have to be registered. This will replace the current system where the Health Service Executive (HSE) registers and inspects private nursing homes only.

The standards promote best practice in residential care settings for older people and aim to improve the quality of life of residents in these settings. They also outline what is expected of a provider of services and what a resident, their family, a carer, or the public can expect to receive in residential care settings. They deal with the areas of rights of older people; protection; health and social care needs; quality of life; staffing; the care environment; and management and governance.

Standards can be accessed at http://www.hiqa.ie/functions_shss_standards_residential_care.asp

Nursing Homes Support Scheme Bill

The Nursing Homes Support Scheme Bill 2008 provides the legislative basis for the new Nursing Homes Support Scheme. It underpins the "fair deal" nursing home funding scheme and sets out the financial support arrangements for people who need long term care and aims to guarantee affordable nursing home care for those who need it. The scheme will not differentiate between people based on their age or medical condition. The scheme is voluntary and both new and existing nursing home residents are eligible to apply. Anyone who is assessed as needing long term nursing home care, regardless of their age or medical condition, will be eligible to apply for support under the scheme. The scheme is scheduled to be implemented in **2009**.

Please see

<http://www.oireachtas.ie/viewdoc.asp?DocID=10089&&CatID=59&StartDate=01%20January%202008&OrderAscending=0>



Licensing of healthcare service providers

The Minister for Health and Children, Mary Harney on **12 February 2009** announced key steps to implement the August 2008 Madden report of the Commission on Patient Safety and Quality Assurance on "Building a culture of patient safety". The most significant recommendation in the report is the introduction of a licensing system for all health services. It says the licensing system should begin with the acute hospitals and other facilities "based on analysis of potential risk to patient safety".

The Government will therefore draft legislation on the licensing of both public and private healthcare service providers. It is proposed that the licensing system will establish objective, mandatory standards and that compliance with standards will be legally required for every hospital or healthcare service provider. The system of licensing will be self-financing. This will involve all healthcare service providers paying licence fees to cover the cost of the administration and inspection regime.

The Government have stated that they also strongly support improved governance in hospitals and, in particular, the introduction of systematic audit of clinical practice and outcomes for patient. This was commenced by the immediate establishment of a Steering Group to be chaired by the Department's Chief Medical Officer, Dr Tony Holohan to implement the report's recommendations. Specific details have yet to be published.

Government press release

<http://www.dohc.ie/press/releases/2009/20090212a.html>

A copy of the report is available at

http://www.dohc.ie/publications/building_culture_patient_safety.html

Medical Practitioner Act update

The Medical Practitioner Act 2007 (the Act) aims to reform the regulation of the medical profession. It is being implemented in a piecemeal fashion by the Minister for Health and Children. From **16 March 2009** the Medical Practitioners Act 2007 (Commencement) Order 2009 brought into effect the remaining provisions of the Act relating to the registration of medical practitioners and the role of the Medical Council and the Health Service Executive in relation to medical education and training and the recognition of qualifications.

More specifically this Order:

- Implements EU Directive 2005/36/EC on the recognition of medical practitioners' qualifications from other EU member states.
- Provides for the registration of medical practitioners on a register by the Medical Council. This includes establishing procedures and criteria for registration including the issue of certificates of registration and renewal of registration.
- Provides that the Medical Council sets and publishes the standards of medical education and training for basic and specialist medical qualifications and monitors adherence to these standards. There are currently ongoing consultation processes in this regard.

The Order also repeals all remaining operational provisions of the Medical Practitioners Acts 1978-2002.



Protection for whistleblowers in the health service

Whistleblowing is where an employee (or “whistleblower”) makes a disclosure to an employer or regulator about a dangerous or illegal activity or omission in their workplace. Most of the whistleblowing provisions in the Health Act 2007 came into effect on **1 March 2009**. The Department of Health and Children indicated that this new law is being introduced as a result of a number of scandals in the health service, some of which the Department believes may have been unearthed sooner if potential whistleblowers had not been deterred by the threat of civil litigation.

Section 103 of Health Act 2007 amends the Health Act 2004 and provides for the making of protected disclosures by health service employees. Subject to fulfilling certain criteria, the whistleblower will be protected from being dismissed or penalised where he makes a disclosure in good faith.

What is a protected disclosure?

A disclosure is protected where an employee in a relevant body (such as the Health Service Executive (HSE) and various healthcare service providers) makes, in good faith, a disclosure to an authorised person and the employee has reasonable grounds for believing that it will show one or more of the following:

- (a) that the health or welfare of a person who is receiving a health or personal social service in accordance with the Health Act 2007 has been, is or is likely to be at risk;
- (b) that the actions of any person employed by or acting on behalf of the relevant body has posed, is posing or is likely to pose a risk to the health or welfare of the public;
- (c) that the relevant body or a person employed by or acting on behalf of the relevant body failed, is failing or is likely to fail to comply with any legal obligation to which the relevant body or person is subject in the performance of the relevant body's or person's functions;
- (d) that the conduct of the relevant body or of a person employed by or acting on behalf of the relevant body has led, is leading or is likely to lead to a misuse or substantial waste of public funds;
- (e) that evidence of any matter falling within any of paragraphs (a) to (d) has been, is being or is likely to be deliberately concealed or destroyed.

Every relevant body must nominate an authorised person to whom disclosure can be made.

Similarly, disclosures made by persons to a professional regulatory body and, in certain circumstances, to the Health Information and Quality Authority or the Inspector of Mental Health Services are also protected under the Act. The professional regulatory bodies covered are an Bord Altranais; the Dental Council; the Health and Social Care Professionals Council; the Medical Council; and the Pharmaceutical Society of Ireland. The Act also set out in detail what procedures should be put in place by the HSE and other relevant health bodies to facilitate protected disclosures and their investigation.

Mental Capacity Bill

In September 2008 the Government approved proposals for a Mental Capacity Bill which will give effect to the Hague Convention on the International Protection of Adults and UN Convention on the Rights of Persons with Disabilities. The main purpose of the Bill is to reform the existing wards of court system in so far as it applies to adults and to replace it with a modern framework governing decision making on behalf of persons who lack capacity. As part of the consultation on the proposed Bill the Government held a conference in February 2009 on the proposals for the Bill.

A fundamental development is in relation to what constitutes lack of capacity. The Bill establishes a presumption of capacity. Capacity is defined as “the ability to understand the nature and consequences of a decision in the context of available choices at the time the decision is to be made.” The Bill also contains guiding principles to assist both the court and persons making a decision on behalf of an adult who lacks capacity. Another feature is the proposed establishment of an independent Office of Public Guardian, whose primary function will be to supervise persons appointed by the courts to perform guardianship or decision-making functions on behalf of incapacitated persons. The Bill is due to be published this year. The scheme of the Bill is available at www.justice.ie. The Adults with Incapacity (Scotland) Act 2000 gives some guidance in relation to the principles behind the Bill.



Safe Surgery Saves Lives

The goal of the World Health Organisation's (WHO's) recent Safe Surgery Saves Lives initiative is to improve the safety of surgical care around the world by ensuring adherence to proven standards of care in all states. It includes a surgical safety checklist which identifies a set of surgical safety standards that can be applied in all countries and health setting and which has improved compliance with standards and decreased complications from surgery in the eight pilot hospitals where was evaluated. WHO is calling for the checklist to be made compulsory. Many healthcare service providers are in the course of implementing these checklists and "time out" proposals.

Please see
<http://www.who.int/patientsafety/safesurgery/en/>

The Healthcare Unit

If you have any queries on the contents of this update, or if there are other topics you would like to see us address in future editions, please contact any member of the Healthcare Unit listed below.

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