



# Main Prospectus recommendations

**T**he main recommendations of the Prospectus Audit of Health System Structures and Functions are:

- Establish a separate National Health Services Executive (HSE) and restructure the Department of Health. HSE to take over executive functions from the Department and to take over health board and ERHA governance functions. Restructured Department to have policy development, monitoring/evaluation and operational functions. HSE to fund, commission and oversee delivery of integrated health and social services, to negotiate with health unions and to act as major health service staff employer;
- Create two service pillars within the HSE comprising a) an acute sector, overseen by a new National Hospitals Office (NHO) and b) a primary, community and continuing care sector. All funding and for acute

services to be allocated through the NHO, with existing major health board hospitals to be brought under the remit of NHO, with their own governance structures. Funding for hospitals to be based on contracts incorporating service agreements;

- Put in place four regional management structures and build on existing community care structures at local level. Regional hospital groupings to be aligned with the areas of responsibility of the four new Regional Health Offices (RHOs) whose boundaries have yet to be worked out. Local health offices (six to 10 within each region) to be developed, whose role will include supporting the development of the new primary care teams and networks;
- Develop a National Shared Services Centre (NSSC) within the HSE;
- Strengthen quality assurance and information through a

Health Information and Quality Authority (HIQA);

- HSE to develop a National Service Plan, with NHO developing a plan for acute services and RHOs developing plans for primary, community, and non-acute services;
- Implement governance and accountability arrangements. Put in place mechanisms to promote the quality of clinical care; GP and consultant contracts to be reviewed to ensure accountability is "as tight as it can be for all aspects of quality patient care." Consultant contract revision to include flexible provision of services and cooperation with clinical audit and accountability for resources used. GPs should get payment for performance rates on immunisation and screening, provide comprehensive and reliable out-of-hours services and provide comprehensive cover to areas including those with disadvantaged groups.

- Significantly reduce the current number of agencies. Comhairle na nOspidéal to be transferred to new NHO. ERHA and health board functions to transfer to HSE and its regional and local health offices, the NHO and the new National Shared Services Centre (NSSC). Functions of GMS Payments Board to be located within the NSSC; National Breast Screening Board and HeBE to be located within HSE. HSEA's role to be transferred to the HSE. NDSC and Cancer Registry Board to become divisions of the new HIQA. Other bodies including Crisis Pregnancy Agency to be merged with the Department of Health.

Postgraduate Medical and Dental Board Board to transfer functions to HSE and Medical and Dental Councils. Funding and accountability arrangements for IBTS to transfer to the HSE. Roles of Health Research Board (HRB) to be strengthened.