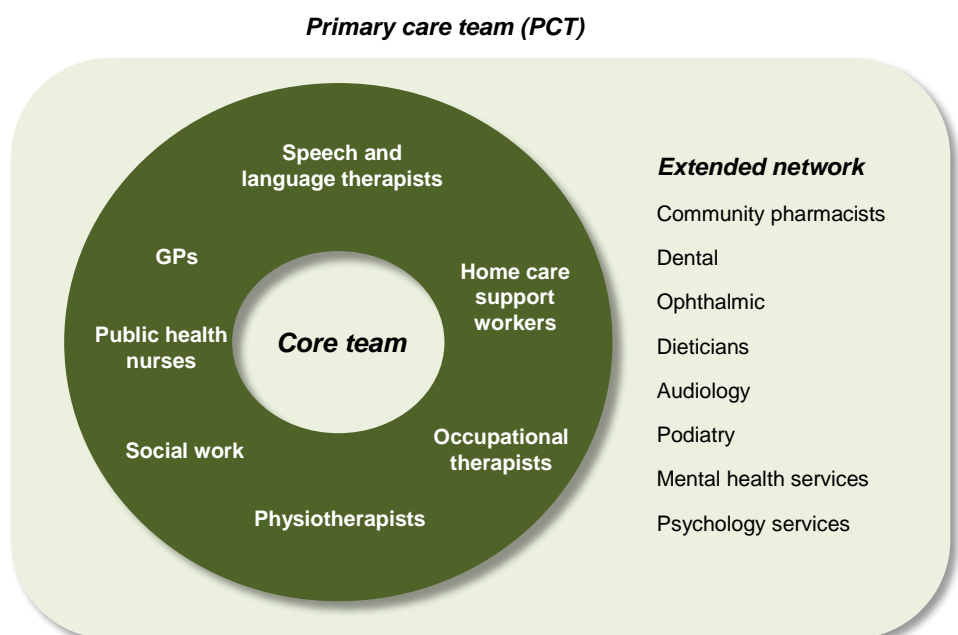


15 Development of primary care centres

- 15.1** Primary care involves the promotion of healthy lifestyles and keeping people well, delivering health care at the lowest level of complexity and as close as possible to where people live, and providing person-centred care based on assessed need and through multidisciplinary working. The primary care setting is considered the appropriate setting to meet the majority of health and social services needs with the potential to prevent development of conditions that might later require hospitalisation, and facilitation of earlier discharge from hospital.
- 15.2** Since 2001, a key strategic priority of the Department of Health (the Department) has been the strengthening of the primary care system in Ireland in order to provide
- a system that is the first and ongoing point of contact for people within the health care system
 - integrated, inter-disciplinary, high quality, team-based and user-friendly services
 - enhanced capacity in the areas of disease prevention, rehabilitation and personal social services.¹
- 15.3** The model of primary care envisaged in the strategy included provision of a national network of primary care centres (PCCs) each accommodating one or more core primary care teams (PCTs) supported by a wider network of health and social care professionals, collectively providing services to meet the needs of the local population (see Figure 15.1). Services provided include health promotion, screening for disease, assessment, diagnosis, treatment and rehabilitation, and personal and social services. Primary care services available within PCCs are provided in the main by both contracted providers, such as GPs, and by employees of the Health Service Executive (HSE).

Figure 15.1 Primary care model



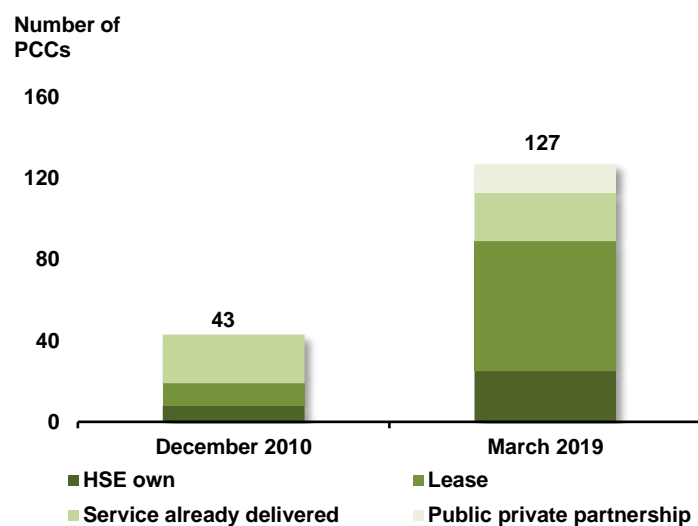
¹ *Primary Care: A New Direction*, Department of Health, 2001.

- 15.4** The 2001 strategy noted that modern, well equipped, accessible premises would be central to the effective functioning of the PCT and extended primary care network. While it was accepted that for practical purposes, PCTs would likely operate out of more than one premises in the short term, a key longer term objective was the development of locally accessible PCCs that would allow the services to be delivered from a single site in a community, providing a single point of access for users and facilitating closer co-ordination between health care professionals. The existing network of community health centres was not considered adequate to serve this purpose.
- 15.5** The development of PCCs and PCTs was previously reported on in 2010 (the 2010 report).¹ This examination has been carried out to assess and report on the progress made by the Department and the HSE since 2010.

Data collection

- 15.6** The examination team sought information on the number of operational PCCs along with the cost, the size, the number of staff and the services provided in each one. This information was not readily available and had to be collated by the Department and by a number of areas within the HSE — HSE estates, HSE primary care operations team and each of the HSE's nine community healthcare organisations (CHOs).²
- 15.7** Information on the PCCs operational as at the end of March 2019 was initially provided by HSE estates in May 2019. Over the course of the examination, the HSE provided revised data on three separate occasions. The examination team noted that in some cases, data such as the size of the facility, the delivery mechanism, the annual rental charge, the term of lease agreements, and the name of the facility were amended in the revisions provided.
- 15.8** The listing provided by HSE estates stated that there were 127 operational PCCs as at March 2019. This listing included 43 PCCs considered operational at the end of December 2010. This did not agree to the information previously provided by the HSE for the 2010 report, which states that just 24 PCCs were in operation at end December 2010 (see Figure 15.2).

Figure 15.2 Operational PCCs, December 2010 and March 2019



Source: HSE estates

¹ Chapter 43 Primary Care Teams and Chapter 44 Development of Primary Care Centres, *Report on the Accounts of the Public Services 2010*.

² Each CHO covers a geographical region as set out in Annex 15A.

- 15.9** The HSE has stated that, subsequent to the 2010 report, it identified a number of locations where PCCs were already effectively in existence, or where the provision of primary care services was considered adequate and did not need to be altered.¹ This resulted in the re-classification of some existing HSE facilities as 'service already delivered' PCCs with operational commencement dates ranging from 1998 to 2010.
- 15.10** The examination team noted that the 127 operational PCCs recorded by the HSE in 2019 include
- stand-alone purpose built facilities
 - former health centres from which primary care services are provided
 - PCCs co-located on integrated healthcare campuses such as community hospitals, and
 - leased accommodation in a variety of buildings such as office blocks or retail spaces.
- 15.11** There is currently no definition of a PCC. The HSE stated that they now consider a PCC to be '*any premises in which multi-disciplinary primary care service providers deliver integrated services from a single site and provide a single point of access for an individual to locally available primary care services*'.
- 15.12** The Department has stated that the categorisation of an individual facility as a PCC is a matter for the HSE, and accepts the HSE definition. However, the Department considers such a facility need not be used exclusively for such purposes and it could be on a stand-alone site or co-located with other health or public service facilities. As a result, there can be variation in the nature of PCCs and the range of services that may be delivered from a particular site.
- 15.13** The Department also stated that PCCs have evolved over time and are continuing to evolve. In particular, there is now more focus on the potential for PCCs to go beyond delivering core primary care services to support a wider range of community services such as mental health services, services for older people or disability services.
- 15.14** In addition, the Department noted that under the Sláintecare action plan a review of PCCs is underway.² 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.

¹ These locations were identified during a needs assessment of accommodation for PCTs carried out by the HSE in 2011. This process is examined in more detail later in the chapter.

² *Sláintecare Action Plan 2019*, Department of Health.

Prioritisation of PCCs for development

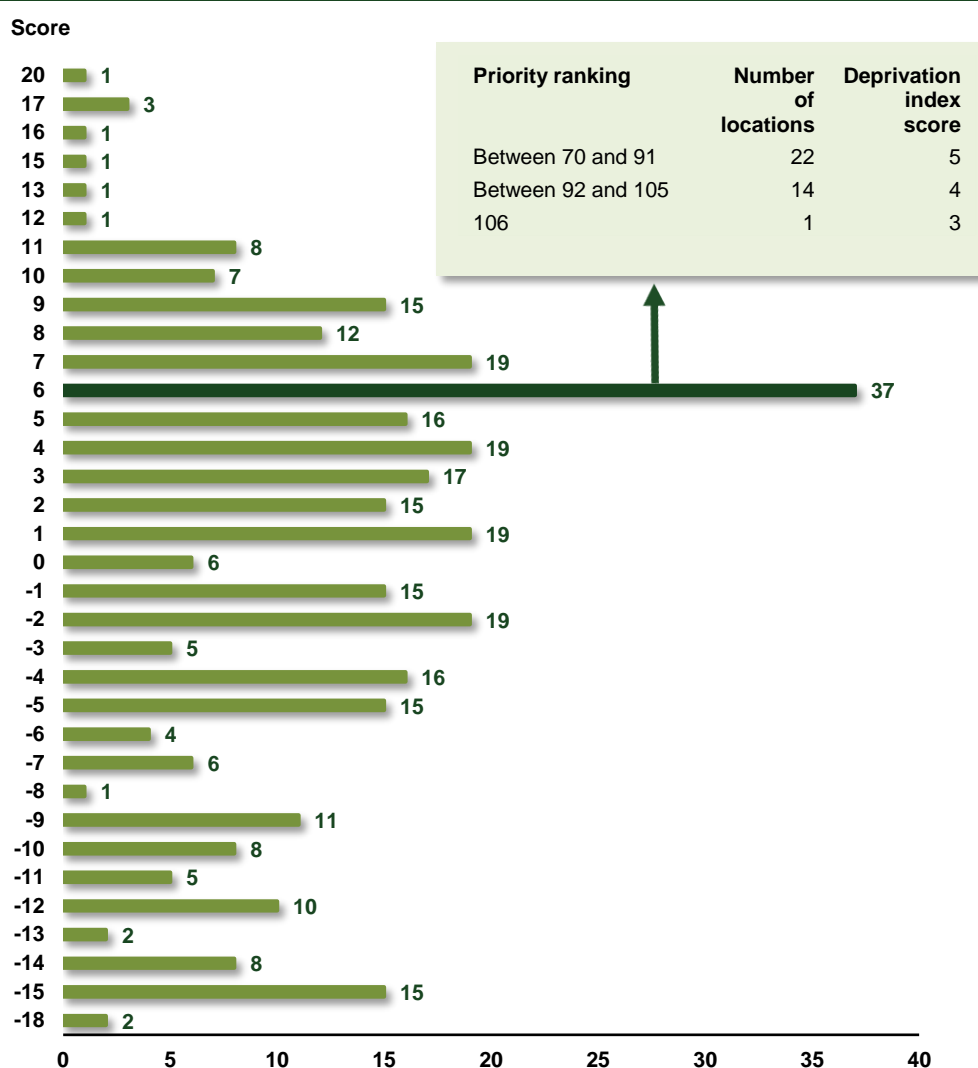
- 15.15** In late 2011, the HSE undertook an assessment of the current and future primary care accommodation needs. The assessment report noted that the primary care accommodation portfolio was aged and not designed for a multi-disciplinary ‘one-stop shop’ approach to primary care, and that investment would be required across the country to develop the infrastructure to support PCTs. It also noted that the absence of appropriate accommodation was a significant impediment to progressing PCTs in many locations with PCTs being accommodated in several different locations in a community and often in substandard accommodation.
- 15.16** The assessment involved the completion of a national accommodation schedule by each HSE integrated service area/local health office in conjunction with local HSE estate offices. Each local office was tasked with considering
- the appropriateness of existing accommodation and reasons if current accommodation is not appropriate
 - the availability of HSE lands for development of PCCs
 - current plans for procuring PCCs where they are at a very advanced stage
 - the future needs such as projected population growth and GP numbers to ensure the PCCs would be fit for purpose for the foreseeable future.
- 15.17** The assessment identified a total of 499 core PCTs and 336 PCC areas and concluded that
- 415 PCTs were in need of accommodation within 297 PCCs.
 - 55 PCTs were already accommodated in 39 new PCCs.
 - 29 PCTs were not in need of accommodation as it was determined that the procurement of a separate centre was not justifiable. For example, locations that were considered either too rural or too close to another main centre to justify a new centre.
- 15.18** The report estimated the approximate cost of delivering the 297 centres to be in the region of €1.3 billion (2011 prices). On foot of the assessment, a national prioritisation of PCC locations was carried out in 2012, by the HSE in consultation with the Department, based on
- **service need** — each area manager was requested to rate the requirement to develop a PCC against competing priorities in their area
 - **infrastructural need** — HSE estates provided a rating based on the space allocated to the PCT in their current location, the co-location of services, and the age and quality of the existing building
 - **deprivation** — based on regional deprivation indices using the Haase and Pratschke model.¹
- 15.19** The methodology used by the HSE in scoring the PCC locations is outlined in Annex 15B. The scores assigned to the locations ranged from 20 to minus 18. From this, the HSE compiled a ranked listing in order of prioritisation of 340 PCC locations, that included both locations already operational at the time the ranking exercise was carried out and future planned locations. The complete ranked listing is attached at Annex 15C.

¹ Irish Deprivation Measures, (HP Index), developed by Trutz Haase and Jonathan Pratschke, is funded by Pobal and published at <https://maps.pobal.ie>.

15.20 As a result of the way in which the assessment scores worked, multiple PCC locations achieved the same scores (see Figure 15.3). The HSE stated that where locations had equal scores, their rankings were then based on the deprivation index score. However, a number of locations that achieved the same overall score also had the same deprivation index score. It is not clear how the final rankings for these locations were ultimately determined by the HSE.

15.21 There has been no further strategic review of PCT accommodation requirements since 2012. The HSE stated that any reconfigurations, amalgamations and new locations identified since the rankings were produced have been done locally, and that the needs of the local communities are also considered and taken into account in each PCC development delivered.

Figure 15.3 Number of PCC locations by score



Source: Analysis by Office of the Comptroller and Auditor General of the HSE's 2012 national ranking

Status of delivery of PCCs

- 15.22** Information on the delivery of PCCs is provided by the HSE to the Department on a quarterly basis. The examination noted that the costs associated with each potential PCC, capital or revenue, are not included in these reports.
- 15.23** Using the March 2019 update to the Department (the March 2019 report), the examination team sought to establish what progress has been made in delivering the ranked PCCs. The March 2019 report sets out information for 351 PCCs — 340 from the 2012 ranked listing, plus a further 11 PCCs that were not included on the initial listing. Further details of these PCCs are set out in Annex 15C.
- 15.24** In comparing the March 2019 report to the information obtained from HSE estates, the examination team noted the following discrepancies
- the March report included Rathfarnham PCC as an operational PCC although it had been disposed of in August 2018
 - the March report included a single operational PCC servicing the Ballyshannon/Bundoran area, whereas information from HSE estates had included two separate operational PCCs — one in Ballyshannon and another in Bundoran
 - the ranking priority for those PCCs ranked 172 and below has changed since the 2012 ranking exercise, but it was unclear as to what had given rise to the re-prioritisation.
- 15.25** Around 64% or 223 of the PCCs listed in the March report are not yet operational.¹ Further details of the classifications assigned to the non-operational PCCs are set out in Figure 15.4.

Figure 15.4 Department of Health status classification of non-operational PCCs at March 2019

Status classification	Description	Number of PCCs
No classification	No classification assigned to the PCC	142
Early planning	Sites where the HSE has signed/issued a letter of intent for the project. This means that the HSE has selected a preferred developer based on submissions received following a call for expressions of interest for particular locations.	45
Advanced planning	Sites where the HSE has signed a lease agreement with the relevant developer.	8
In construction	Developer led lease agreement in place and the developer has commenced construction.	16
Underway	Sites that are HSE own build projects through the capital development programme.	9
Equipping	The final stage prior to becoming operational. A certificate of practical completion must have been issued by the architect for the new development.	3

¹ 224 PCCs are not classified as operational in the March 2019 report. However, the examination team has excluded the Coolock North location from this analysis, as it has been merged with Coolock South and developed as a single facility which became operational in 2018.

Source: Department of Health Report, March 2019 report

15.26 The examination team noted other information contained within the report suggested that the classifications applied to the PCCs may not in all cases accurately describe their current status.

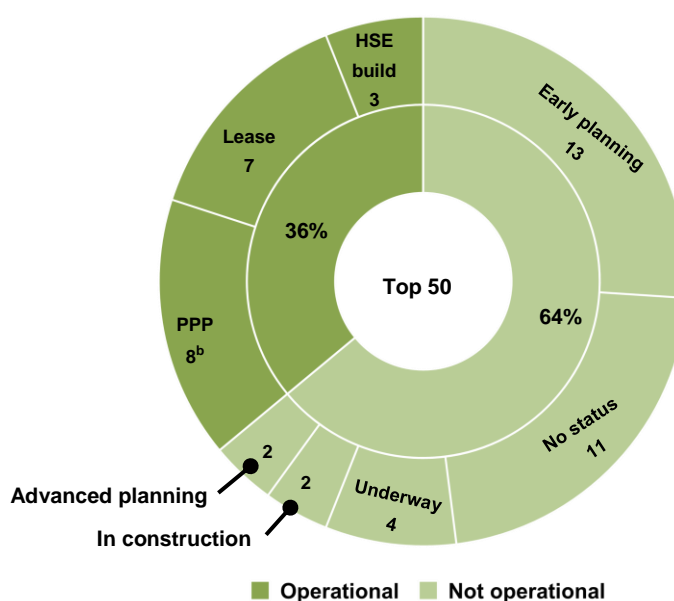
- Early planning — three PCCs were described as ‘to be re-advertised’; four PCCs where it was noted that the HSE are considering alternatives; and one PCC had progressed to construction.
- Advanced planning — one PCC where the other information suggests that the current developer is seeking to sell the project to another developer as a ‘going concern’.
- Underway — appears to cover a broad range of stages from initial discussions on the suitability and/or identification of a site to those sites that had progressed through planning to completion of design and tendering for construction works.

Top 50 ranked PCCs

15.27 From the top 50 ranked locations for development, 32 locations (64%) did not have an operational PCC as at March 2019, and 11 of these locations had no status classification assigned to them (see Figure 15.5).

15.28 The examination team found that development of PCCs in those locations did not appear to be progressing, and some were flagged as being ‘no longer a service priority’. The HSE stated that HSE estates and CHO areas work closely to support the delivery of PCCs and other healthcare infrastructure, and that local factors either impede or support the delivery of key projects at individual locations.

Figure 15.5 Status of PCCs within top 50 ranking, at March 2019^a



Source: Department of Health and HSE estates

Notes: a Based on 2012 national ranking and status tracker provided to Department of Health dated March 2019.

b Two of these ranked locations, Coolock North and Coolock South, have been merged and progressed as one facility, which was delivered by public private partnership (PPP) and became operational in 2018.

PCCs delivered since completion of the needs assessment

- 15.29** Since the national ranking list was devised, 57 PCCs have been delivered over the period 2013 to March 2019. The PCCs developed in that period did not follow the national ranking order with two thirds of the new PCCs being developed in locations at the top part of the ranking list (see Figure 15.6).
- 15.30** A PCC in the location which scored the least on the national ranking list was developed by lease agreement in 2013. The HSE stated that this location would have been ranked much higher had the facility not been on the brink of delivery when the needs assessment was being completed in 2011. The HSE also advised that, at that time, a number of other PCC locations within the bottom half of the ranking were already delivered, or were about to be delivered, and as a result were given a low priority ranking.

Figure 15.6 Prioritisation of 57 PCCs delivered, 2013 to March 2019^a

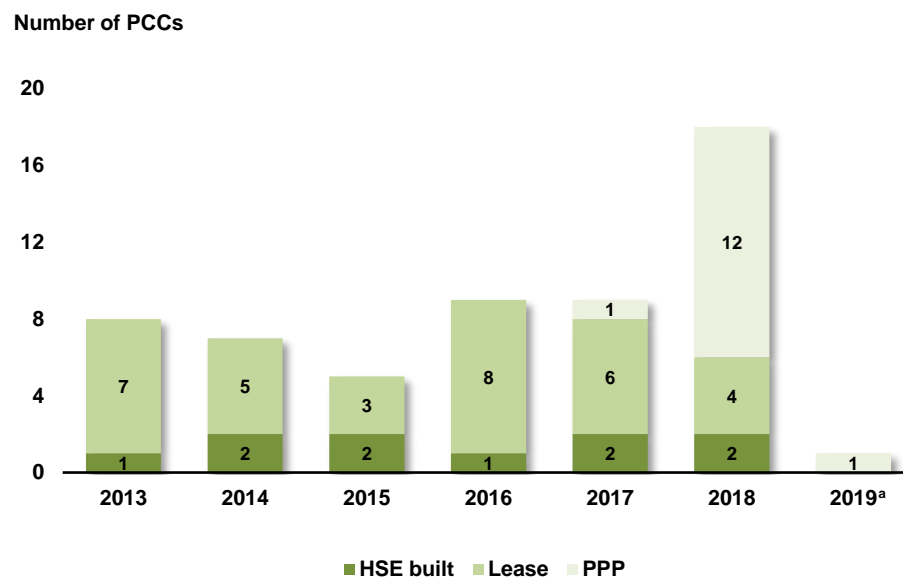
Ranking	Number of PCCs delivered
1 to 50	17 ^b
51 to 100	13
101 to 150	8
151 to 200	10
201 to 250	3
251 to 300	4
301 to 340	2
Total	57

Source: Analysis by Office of the Comptroller and Auditor General

- Notes:
- a Based on a comparison of the national ranked listing and the information provided by HSE estates on the operational PCCs as at March 2019.
 - b 17 of the top 50 ranked locations were developed through the delivery of 16 primary care centres due to the merging of Coolock North and Coolock South.

Delivery methods

- 15.31** The HSE has availed of a range of methods for the delivery of primary care centres.
- **Lease agreement** — the HSE enters into fixed term leases with developers for locations selected for the provision of PCCs. The developer provides the completed facility and has responsibility for maintaining it. The HSE pays annual rent and service charges and operates the facility.
 - **Public Private Partnership (PPP)** — this is an agreement between the public and private sectors for the provision of infrastructure and/or services. A private sector company funds the construction, fit-out and equipping of the PCC with the exception of some specialist equipment. The HSE remunerates the PPP company in the form of periodic unitary payments.
 - **HSE direct build** — PCCs built and owned by the HSE and funded from the HSE's annual capital allocation.

Figure 15.7 Number of primary care centres opened, 2013 to March 2019

Source: Department of Health

Note a Up to end March 2019.

15.32 According to the HSE, determination of the delivery method in a particular area is driven in part by market interest. The lease agreement option is pursued primarily and where there is no market interest for this method, other options — HSE direct build or PPP — are considered. Around 58% of PCCs developed over the period 2013 to March 2019 were delivered by way of lease agreement (see Figure 15.7).

Lease agreements

15.33 As of March 2019, there were 64 PCCs operating under lease agreements with just over half of these delivered since 2013. Leased PCCs range from purpose built facilities on sites owned by a developer, to units in retail or business parks or office space within pre-existing buildings. Figure 15.8 shows details of the PCCs delivered by lease in 2017 and 2018. HSE estates has pointed out that PCCs delivered through lease agreement are subject to market interest, and consequently the locations served may be more opportunistic than planned or prioritised.

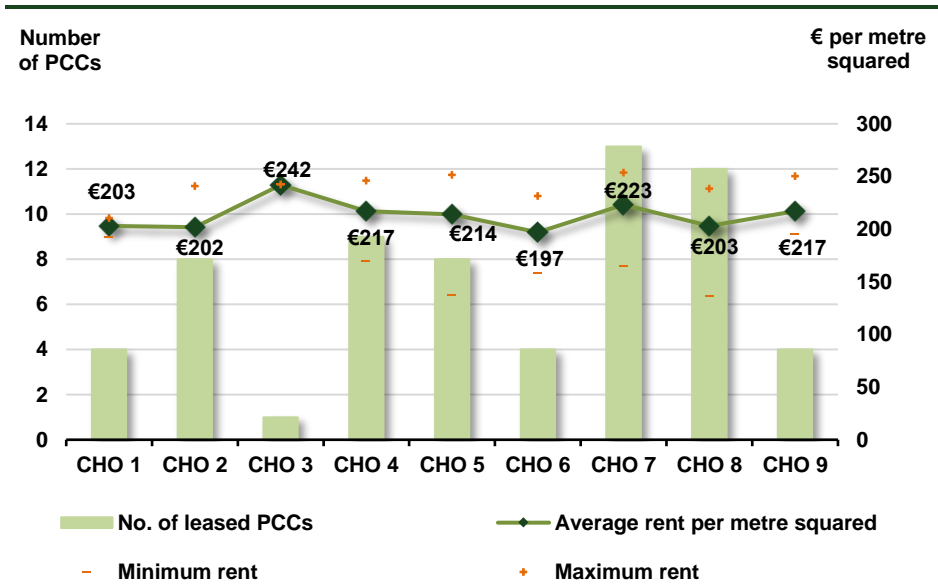
Figure 15.8 PCCs delivered by lease in 2017 and 2018

CHO	Priority ranking	Name of primary care centre	Size m ²	Year of first operation
CHO 4	109	Carrigaline, Co. Cork	2,289	2017
	7	Kilnamanagh/Tymon, Dublin 24	5,079	2018
CHO 7	69	Crumlin, Dublin 12	1,842	2018
	132	Blessington, Co. Wicklow	1,188	2017
	257	Celbridge, Co. Kildare	2,283	2017
CHO 8	86	Mullingar, Co. Westmeath	3,348	2017
	94	Drogheda North, Co. Louth	2,031	2018
CHO 9	194	Tullamore, Co. Offaly	3,326	2018
	43	Balbriggan, Co. Dublin	2,521	2017
	159	Portmarnock, Co. Dublin	831	2017

Source: HSE estates

15.34 The average rental cost across the 64 leased primary care centres was €211 per m². The examination team noted that the highest rent contracted for was €254 per m² for a PCC located in Dublin city centre and the lowest was €136 per m² for a PCC located in Westmeath (see Figure 15.9). The term for the majority of the leased PCCs is 25 years, with one lease having a term of 24 years and two leases having terms of 30 years.

Figure 15.9 Average rent per square metre by CHO^a



Source: Analysis by the Office of the Comptroller and Auditor General

Note: a Figures are stated inclusive of VAT.

Public private partnership

- 15.35** In July 2012, the Government announced that a number of primary care facilities would be developed using public private partnership (PPP). The HSE selected 14 locations suitable for PPP on the basis of site availability, service need, GP interest and whether it was a clean site from the point of view of title and separation from other services (see Figure 15.10).
- 15.36** Following a competitive procurement process, a consortium was selected as the preferred tenderer and a final contract was agreed on 25 May 2016. The PPP contract model used in this instance is one where the PPP company design, build, finance and maintain the PCCs over the term of the contract — 25 years.¹ The HSE provided the necessary sites, and operate the facilities.
- 15.37** The PPP company provide the upfront financing for the project. In return, the HSE pays for the provision of the PCCs and for maintenance of the centres over the contract term. This payment is in the form of regular unitary payments over the life of the contract. At the end of the contract term, ownership of the PCCs will transfer to the HSE.²
- 15.38** By the end of 2018, total expenditure incurred by the HSE under this contract is just over €28 million with future commitments of around €433 million (see Figure 15.11). The estimated unitary charge for all 14 sites in 2019 is €15.3 million.³

Figure 15.10 PCCs delivered by PPP

CHO	Priority ranking	Name of primary care centre	Size m ²	Year of first operation
CHO 1	17	Ballymote, Co. Sligo	2,506	2018
	29	Ballinrobe, Co. Mayo	2,059	2018
	39	Westport, Co. Mayo	2,434	2018
CHO 2	77	Claremorris, Co. Mayo	2,166	2018
	97	Tuam, Co. Galway	2,590	2017
	243	Boyle, Co. Roscommon	1,590	2018
CHO 3	47	Limerick City, Co. Limerick	1,760	2018
	25	Wexford Town	3,625	2018
CHO 5	52	Carrick on Suir, Co. Tipperary	2,558	2018
	72	Dungarvan, Co. Waterford	3,803	2018
	93	Waterford City	4,645	2018
CHO 7	112	Kilcock, Co. Kildare	2,344	2018
CHO 9	16	Coolock, Dublin 5	4,461	2018
	31	Summerhill, Dublin 1	4,259	2019

Source: HSE estates

1 The term of the contract runs from the date of service commencement of the first PCC in November 2017, for 25 years, until November 2042.

2 The key characteristics of the primary care centre PPP contract are summarised in Annex 15D.

3 Deductions to the unitary charge may be made under the contract mechanism if the PPP company fail to meet the required performance and/or availability standards set out in the contract.

Figure 15.11 Expenditure under PPP contract as at 31 December 2018

	€000
Payments	
Upfront construction VAT (one-off payment)	18,801
PPP unitary charge	9,597
	28,398
Future commitments^a	
Facilities management services, operational lifecycle costs	201,551
Construction and financing ^b	231,368
	432,919

Source: HSE annual financial statements for year end 31 December 2018

Notes: a Future commitments are shown at the current contract price and have not been discounted.

b Calculated on an assumed annual inflation of 2% per annum.

Direct build by the HSE

15.39 Since 2013, ten PCCs have been delivered by way of direct build (See Figure 15.12).

Figure 15.12 HSE direct build PCCs, 2013 to March 2019

CHO	Priority ranking	Name of primary care centre	Size m ²	Year of first operation	Cost €m
CHO1	56	Ballyshannon PCC, Co. Donegal ^a	1,540	2015	4.92
	92	Ballinamore PCC, Co. Leitrim ^b	600	2014	1.30
	168	Manorhamilton Primary and Mental Health Centre, Co. Leitrim	1,800	2014	0.78
CHO 2	186	Loughrea, Co. Galway	1,062	2014	1.50
CHO 3	285	Borrisokane PCC, Co. Tipperary	1,408	2017	0.75
CHO 4	1	St. Mary's PCC, Co. Cork	6,218	2018	19.50
	276	Ballyheighue Health Centre, Co. Kerry	144	2017	0.25
CHO 8	187	Enfield Health Centre, Co. Meath	250	2013	0.40
CHO 9	12	Grangegorman PCC, Dublin 7 ^c	3,704	2018	14.04
	14	Corduff PCC, Dublin 15	2,321	2016	6.80

Source: HSE estates

Notes: a This PCC is co-located with other healthcare facilities. The total cost of the complex was €7.8 million. The HSE estimates that the cost attributable to the PCC is €4.92 million. (Notice of correction: When this report was originally published, the construction cost shown in the table was €7.8 million. The correction was requested by the HSE subsequent to publication).

b This PCC is co-located with a healthcare facility that includes a 20 bed residential care unit. The total cost of the facility was €6 million. The HSE estimates that the cost attributable to the PCC is €1.3 million.

c This PCC is co-located with other healthcare facilities, including an acute mental health residential unit. The total cost of HSE facilities at Grangegorman, at end Dec 2018, is €34 million. The HSE estimates that the cost attributable to the PCC is €14.04 million.

15.40 The PCC at Grangegorman was funded by the HSE and developed under licence by the Grangegorman Development Agency (GDA). GDA was established by legislation to promote the development of a 73-acre site at Grangegorman as a location for education, health and other facilities.¹ The HSE retains ownership of the PCC and other health facilities located at Grangegorman.

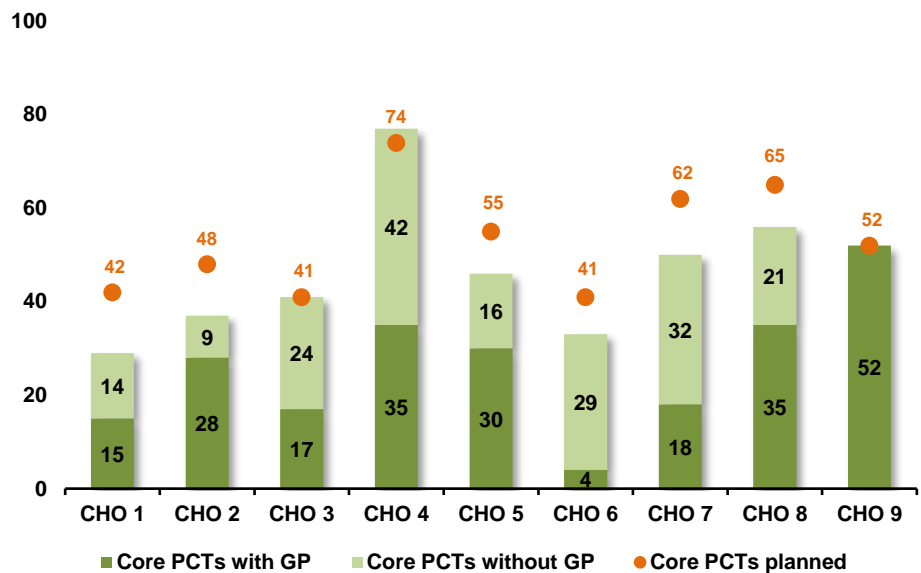
Accommodation of PCTs

15.41 The HSE advised that it has undertaken a mapping process to identify appropriate catchments to be serviced by PCTs. This process took into consideration population and other factors, including transport and access routes, GP affiliations, census information, deprivation and natural community catchments.

15.42 As a result of this process the HSE has determined that 480 PCTs are required to provide primary care services across the nine CHOs (See Figure 15.13). The HSE also advised that 96 ‘community healthcare networks’, each consisting of four to six PCTs, will be established. It is envisaged that each network will be responsible for delivering primary care services across an average population of 50,000.

15.43 Information provided by the HSE primary care operations, indicates that, as of July 2019, there are 421 PCTs in place, of which 234 have GP involvement with a further 21 PCTs planned to become operational in 2019. For those PCTs operating without direct GP involvement, the HSE advised that staff in all PCTs work closely with GPs to ensure the delivery of co-ordinated primary care services for people in that local area.

Figure 15.13 Core PCTs in place and planned per CHO, September 2019



¹ Grangegorman Development Agency Act 2005.

Source: HSE primary care operations

- 15.44** The examination team sought information from the HSE on the resourcing of PCCs such as
- the number of PCTs based in each operational PCC
 - the number of filled and vacant staff posts associated with each PCC
 - the number of clinical, support and contract staff assigned to each PCC
 - the type of services provided by each PCC.
- 15.45** The HSE advised that primary care services are being delivered from all of the 127 operational PCCs. However, in the case of smaller PCCs, services may be provided by PCTs that are based in larger PCCs.
- 15.46** The HSE stated that while information on staffing levels in primary care is gathered in the HSE census by group, discipline and geographic area, it does not provide information to the level of building location. Such information at present can only be collated by manually counting the staff numbers at each PCC. However, the HSE acknowledges the requirement to develop integrated reporting systems that would enable timely reporting of staffing by service area and location.

Conclusions and recommendations

- 15.47** The Department's stated strategic objective is to develop a national network of PCCs in around 350 locations, to accommodate just under 500 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.
- 15.48** 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.

Recommendation 15.1

In order to allow for effective monitoring and reporting of progress in delivering PCTs and PCCs, the Department should define the minimum scope of services and accommodation that constitutes a PCC.

Response of the Accounting Officer, Department of Health

Agreed.

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.

- 15.49** The Department has not put a timescale on the achievement of the target number of PCCs. At the rate of progress since 2013, it will take a further 20 years or more to develop the full network of PCCs.

Recommendation 15.2

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

Response of the Accounting Officer, Department of Health

Agreed.

I would note that the Department's Statement of Strategy 2016 – 2019 simply commits, in conjunction with the HSE, to delivering new PCCs as part of the objective of modernising health facilities.

This Department would have no objection in principle to the recommendation to set an indicative timeline for the delivery of the PCC network. However, 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. 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.

- 15.50** The target locations for development of PCCs were identified and ranked in 2012, using data then available. This ranking exercise has not been updated, despite significant growth in population and other relevant developments.

Recommendation 15.3

The HSE should update the rankings of the target locations and determine how future delivery is to be prioritised.

Response of the Chief Executive Officer, HSE

Agreed.

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.

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.

It is acknowledged that this is a longer term strategy and while progress is being made will require further planning and engagement before delivery is completed. Additionally, there are quarterly reports prepared which provide an update on status of delivery, and there is engagement between the various HSE stakeholders at local level in terms of delivery of PCTs and PCCs. However, a significant level of planning is required in order to deliver on this.

- 15.51** The HSE provide quarterly reports to the Department on the progress of the development of PCCs that shows information on both operational and non-operational PCCs. However, the examination found that this report did not in all cases represent accurately the current status of PCCs, in particular the 223 PCCs that are not operational.
- 15.52** The PCCs developed in the past five years do not closely reflect the ranking order. The HSE has attributed this in part to the interest expressed by developers or lessors in some locations and not in others. The HSE has relied heavily on the lease and PPP models in delivering PCCs, and to a much lesser extent on direct HSE development of facilities. Because the models of provision have different cost structures, it is difficult to compare the costs and benefits of each.
- 15.53** Given the experience of delivery of over 57 PCCs in the past five years, it would be opportune and timely for the HSE to undertake a formal cost effectiveness comparison of the different delivery models for PCCs.

Recommendation 15.4

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.

Response of the Chief Executive Officer, HSE

Agreed.

It is agreed that it is now timely to undertake a cost effectiveness review of the delivery methods utilised to date. A formal evaluation process is currently undertaken before a PCC is progressed. The HSE currently undertake a cost effectiveness review on each individual project which are evaluated by the capital steering committee.

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.

Annex 15A Community healthcare organisation (CHO) areas

Figure 15A.1 Geographical coverage of community healthcare organisations

Community Healthcare Organisation	Area
CHO 1 Community healthcare Donegal, Sligo, Leitrim, Cavan, Monaghan	Cavan, Donegal, Leitrim, Monaghan, Sligo
CHO 2 Community healthcare West	Galway, Mayo, Roscommon
CHO 3 Mid West community healthcare	Clare, Limerick, North Tipperary
CHO 4 Cork Kerry community healthcare	Cork and Kerry
CHO 5 South East community healthcare	Carlow, Kilkenny, South Tipperary, Waterford, Wexford
CHO 6 Community healthcare East	Dublin South East, Dun Laoghaire, Wicklow
CHO 7 Community healthcare Dublin South, Kildare & West Wicklow	Dublin South City, Dublin South West, Kildare, West Wicklow
CHO 8 Midlands Louth Meath community healthcare	Laois, Offaly, Longford, Westmeath, Louth, Meath
CHO 9 Community healthcare organisation Dublin North city & county	Dublin North, Dublin North Central, Dublin North West

Source: Health Service Executive

Annex 15B Methodology for prioritisation of locations for PCCs

In 2012 the HSE completed an exercise in prioritisation of locations for primary care centres based on needs analysis. The infrastructural requirements for each PCT area were assessed under three headings, accommodation needs, service priority and deprivation level (see Figure 15B.1). Each PCT area was scored using the formula below.

$$\text{Score} = [\text{accommodation needs score} + \text{service priority score}] - [\text{deprivation score} \times 3]$$

Figure 15B.1 PCT location scoring criteria

	Criteria	Score
Accommodation needs	<ul style="list-style-type: none"> ▪ Space available in each location. <ul style="list-style-type: none"> • Sufficient/insufficient space for PCT operation. • No suitable infrastructure in PCT catchment area. ▪ Number of buildings from which PCT currently provide services. <ul style="list-style-type: none"> • The greater the number of buildings from which a PCT delivers care, the greater the potential for inefficiency. • The highest score is where individuals have to leave the catchment area to access PCT services. ▪ Quality of the buildings from which PCT services provided — the age and standard of the building only. 	<p>Max is 15 — indicates no building available in catchment area to deliver primary care services and individuals have to access PCT services outside catchment area.</p> <p>Min is 0 — indicates a PCC is in operation providing services for area.</p>
Service Priority	<ul style="list-style-type: none"> ▪ Level of referral — how busy the PCT is. ▪ Service need. ▪ PCTs in place and operating. ▪ GP involvement with the PCT and service need. 	<p>Max is 10 — indicates the greatest service need.</p> <p>Min is 0 — indicates that PCC has already been delivered.</p>
Deprivation	<ul style="list-style-type: none"> ▪ The Haase & Pratschke (H&P) Deprivation Indices were used to score each PCT area. These indices were developed specifically for Ireland (funded through Pobal). The index was based on the 2006 census. ▪ The index takes into account the following <ul style="list-style-type: none"> • Proportion of population aged under 15 and over 64. • Percentage change in population profile over the previous five years. • Education, percentage with primary education only, with 3rd level education etc. • Social class (professional, managerial, unskilled, manual etc.). • Single parents. • Numbers per household, per room. • Male and female unemployment. 	<p>Each electoral district is scored on the H&P Index and the score was built up for each PCT based on the scores of the electoral districts within their boundaries.</p> <p>Max is 7 — indicates the least deprived areas.</p> <p>Min is 1 — indicates the most deprived areas. Weighted x 3 in formula.</p>

Source: HSE estates — accommodation needs assessment report

Figure 15B.2 Examples of PCT location scores

Priority ranking	PCC	Status at March 2019	Assessment Scores			Total score (A+B)-(Cx3)
			Accommodation needs (A)	Service priority (B)	Deprivation (C)	
1	Knocknaheeny Fairhill Gurranebraher City Centre, Cork	Operational	13	10	1	20
80	Killarney, Kerry	Not operational	11	10	5	6
170	Kilmacthomas/Portlaw, Waterford	Not operational	8	6	4	2
245	Athenry, Galway	Operational	11	0	5	-4
340	Ashbourne, Meath	Operational	0	0	6	-18

Source: HSE estates — 2012 national ranking

Annex 15C Ranked listing of primary care centres

Figure 15C.1 Prioritised 2012 list of primary care centres, with current status at March 2019

Priority ranking	CHO	County	PCT location or name(s)	Delivery method	Status as at March 2019
1	CHO 4	Cork	Knocknaheeny Fairhill Gurranebraher City centre	HSE own	● Operational
2	CHO 9	Dublin	Finglas South & West	HSE own	Underway
3	CHO 7	Dublin	Rowlagh	HSE own	Underway
4	CHO 7	Dublin	Clondalkin Village/Moorefield/Monastery	Lease	Advanced planning
5	CHO 7	Dublin	Rialto/The Coombe	Lease	In construction
6	CHO 1	Donegal	Dungloe	Lease	Early planning
7	CHO 7	Dublin	Kilnamanagh/Tymon	Lease	● Operational
8	CHO 7	Dublin	Citywest/Rathcoole/Saggart	Lease	
9	CHO 7	Dublin	Springfield (Tallaght)	Lease	● Operational
10	CHO 1	Cavan	Ballyjamesduff		
11	CHO 6	Wicklow	Rathdrum	Lease	Advanced planning
12	CHO 9	Dublin	Grangegorman	HSE own	● Operational
13	CHO 8	Offaly	Edenderry	Lease	Early planning
14	CHO 9	Dublin	Corduff	HSE own	● Operational
15	CHO 7	Dublin	Cashel Road/Walkinstown	Lease	● Operational
16	CHO 9	Dublin	Coolock South Artane	PPP	● Operational ^a
17	CHO 1	Sligo	East Sligo (Ballymote)	PPP	● Operational
18	CHO 1	Donegal	Lifford	Lease	
19	CHO 7	Dublin	Curlew Road	HSE own	
20	CHO 1	Donegal	Newtoncunningham	HSE own	Underway
21	CHO 1	Donegal	Derrybeg/Bunbeg	Lease	Early planning
22	CHO 2	Mayo	Erris		
23	CHO 9	Dublin	Coolock North Darndale	PPP	● Operational ^a
24	CHO 5	Tipperary	Tipperary Town	Lease	● Operational
25	CHO 5	Wexford	Wexford Town	PPP	● Operational
26	CHO 8	Longford	Ballymahon	Lease	Early planning
27	CHO 1	Donegal	Buncrana	Lease	Early planning
28	CHO 1	Monaghan	Monaghan	HSE own	Underway
29	CHO 2	Mayo	Ballinrobe	PPP	● Operational
30	CHO 8	Louth	Dundalk No 2	Lease	Early planning
31	CHO 9	Dublin	Summerhill	PPP	● Operational
32	CHO 1	Cavan	Killeshandra	Lease	Early planning
33	CHO 4	Cork	Ballyphehane/Togher/Greenmount/The Lough	Lease	Early planning
34	CHO 6	Wicklow	South Wicklow/Carnev	Lease	● Operational
35	CHO 7	Kildare	Monasterevin/Rathangan	Lease	● Operational
36	CHO 8	Longford	Edgeworthstown	Lease	
37	CHO 3	Limerick	Garryowen		
38	CHO 4	Kerry	North Kerry/Listowel	Lease	In construction
39	CHO 2	Mayo	Westport	PPP	● Operational
40	CHO 6	Dublin	Glathule/Sallynoggin	Lease	Early planning

Priority ranking	CHO	County	PCT location or name(s)	Delivery method	Status as at March 2019
41	CHO 8	Meath	Laytown/Bettystown	Lease	Early planning
42	CHO 2	Galway	Gort	Lease	
43	CHO 9	Dublin	Balbriggan	Lease	● Operational
44	CHO 8	Louth	Drogheda South	Lease	
45	CHO 1	Monaghan	Carrickmacross	Lease	Early planning
46	CHO 6	Wicklow	Arklow	Lease	Early planning
47	CHO 3	Limerick	Ballinacurra, Weston	PPP	● Operational
48	CHO 1	Donegal	Carndonagh	HSE own	
49	CHO 2	Galway	South Connemara	HSE own	
50	CHO 1	Donegal	Dunfanaghy/Falcarragh	Lease	Early planning
51	CHO 5	Wexford	Enniscorthy	Lease	Early planning
52	CHO 5	Tipperary	Carrick on Suir	PPP	● Operational
53	CHO 9	Dublin	Edenmore (East of Coolock)	Lease	In construction
54	CHO 2	Galway	Portumna	Lease	Early planning
55	CHO 3	Clare	Kilkee		
56	CHO 1	Donegal	Ballyshannon / Bundoran	HSE own	● Operational
57	CHO 8	Westmeath	Delvin		
58	CHO 2	Mayo	Ballyhaunis	Lease	Advanced planning
59	CHO 2	Mayo	Crossmolina	HSE own	
60	CHO 8	Laois	Borris/Rathdowney	Lease	
61	CHO 8	Offaly	Birr	Lease	Early planning
62	CHO 4	Kerry	Iveragh (Cahirciveen)	Lease	Early planning
63	CHO 5	Tipperary	Slieve Ardagh	HSE own	
64	CHO 5	Kilkenny	Gowran/Graigue/amanagh/Borris/Courtneil	Lease	
65	CHO 4	Cork	Beara	Lease	In construction
66	CHO 8	Laois	Mountrath		
67	CHO 2	Mayo	Kiltimagh	Lease	
68	CHO 5	Wexford	New Ross	Lease	Early planning
69	CHO 7	Dublin	Old County Road/Parnell Road Crumlin	HSE own	
70	CHO 5	Tipperary	Clonmel	Lease	
71	CHO 5	Carlow	Tullow Rathvilly Hacketstown	HSE own	Underway
72	CHO 5	Waterford	Dungarvan	PPP	● Operational
73	CHO 3	Clare	Sixmilebridge, County Clare	Lease	Early planning
74	CHO 3	Clare	Ballina/Killaloe/Newport, County Clare	Lease	Advanced planning
75	CHO 1	Sligo	Drumcliffe	HSE own	Underway
76	CHO 2	Mayo	Castlebar	Lease	● Operational
77	CHO 2	Mayo	Claremorris	PPP	● Operational
78	CHO 3	Clare	Ennis	Lease	Early planning
79	CHO 6	Wicklow	Wicklow	Lease	● Operational
80	CHO 4	Kerry	Killarney	Lease	
81	CHO 5	Wexford	Gorey	Lease	Early planning
82	CHO 5	Kilkenny	Thomastown/Ballyhale	Lease	In construction
83	CHO 4	Cork	Clonakilty	Lease	In construction
84	CHO 4	Cork	Fermoy	Lease	Early planning
85	CHO 4	Cork	Cobh	Lease	Advanced planning

Priority ranking	CHO	County	PCT location or name(s)	Delivery method	Status as at March 2019
86	CHO 8	Westmeath	Mullingar	Lease	● Operational
87	CHO 6	Dublin	Glenageary/Dun Laoghaire	Lease	
88	CHO 9	Dublin	Whitehall/Santry	Lease	
89	CHO 7	Kildare	Kilcullen		
90	CHO 7	Kildare	Kildare Town	Lease	● Operational
91	CHO 4	Cork	Ballineen	Merge	
92	CHO 1	Leitrim	Ballinamore	HSE own	● Operational
93	CHO 5	Waterford	Waterford City (East)	PPP	● Operational
94	CHO 8	Louth	Drogheda North	Lease	● Operational
95	CHO 4	Cork	Newmarket	Lease	In construction
96	CHO 1	Sligo	Tobercurrey	HSE own	
97	CHO 2	Galway	Tuam	PPP	● Operational
98	CHO 9	Dublin	Blanchardstown - Blakestown/Mountview	Lease	● Operational
99	CHO 1	Cavan	Ballyconnell	HSE own	Underway
100	CHO 7	Kildare	Athy/Castledermot	Lease	In construction
101	CHO 5	Waterford	Lismore	Lease	
102	CHO 5	Waterford	Waterford City/South Kilkenny	Lease	Advanced planning
103	CHO 7	Dublin	James Street (Pimlico,Liberties)	Lease	● Operational
104	CHO 1	Donegal	Moville		
105	CHO 5	Carlow	Graigcullen	Lease	
106	CHO 9	Dublin	East Wall Village	HSE own	
107	CHO 6	Dublin	Baggot Street/Sandymount	Lease	Early planning
108	CHO 6	Dublin	Shankill	Lease	In construction
109	CHO 4	Cork	Carrigaline/Passage West	Lease	● Operational
110	CHO 2	Galway	Oranmore	Lease	Early planning
111	CHO 4	Cork	Bishopstown	Lease	
112	CHO 7	Kildare	Kilcock	PPP	● Operational
113	CHO 8	Westmeath	Moate	Lease	Early planning
114	CHO 1	Leitrim	Carrick-on-Shannon/Drumshanbo	Lease	In construction
115	CHO 7	Dublin	Churchtown	Lease	● Operational
116	CHO 9	Dublin	Ashtown/Navan Road & Cabra West	Lease	● Operational
117	CHO 5	Wexford	Taghmon/Ballycullane	HSE own	
118	CHO 4	Kerry	Kilorglin		
119	CHO 4	Kerry	Castleisland	Lease	In construction
120	CHO 5	Wexford	Rosslare	Lease	
121	CHO 5	Kilkenny	Castlecomer		
122	CHO 9	Dublin	Dublin North City — Inns Quay (Smithfield)	Merge	
123	CHO 7	Dublin	Knocklyon/Rathfarnham	HSE own	
124	CHO 4	Cork	Mayfield/Montenotte/Dillons Cross	Lease	
125	CHO 4	Kerry	Tralee	Lease	Equipping
126	CHO 1	Sligo	Sligo Town 2	HSE own	Underway
127	CHO 8	Meath	Navan, Johnstown	Merge	
128	CHO 8	Meath	Navan Town	Lease	
129	CHO 8	Meath	Kells	Lease	● Operational
130	CHO 3	Tipperary	Thurles	Lease	Advanced planning

Priority ranking	CHO	County	PCT location or name(s)	Delivery method	Status as at March 2019
131	CHO 7	Wicklow	Baltinglass/Dunlavin	Lease	In construction
132	CHO 7	Wicklow	Blessington	Lease	● Operational
133	CHO 9	Dublin	Killester (Howth Rd)	Lease	
134	CHO 8	Laois	Abbeyleix/Durrow	Lease	
135	CHO 9	Dublin	Swords South	Lease	
136	CHO 1	Monaghan	Castleblayney	Lease	
137	CHO 5	Wexford	Buncloody	HSE own	
138	CHO 1	Donegal	Donegal Town	Lease	Early planning
139	CHO 9	Dublin	Cabra East	Merge	
140	CHO 9	Dublin	Millmount/Glasnevin	Lease	
141	CHO 7	Dublin	Brookfield/Fettercairn, Tallaght	HSE own	
142	CHO 3	Limerick	Castletroy	Lease	Equipping
143	CHO 4	Cork	Ballincollig	Lease	Early planning
144	CHO 7	Dublin	Rathmines/Rathgar	Lease	
145	CHO 7	Kildare	Leixlip	Lease	
146	CHO 6	Wicklow	Greystones	Lease	
147	CHO 8	Westmeath	Athlone	Lease	● Operational
148	CHO 4	Cork	Charleville	Lease	● Operational
149	CHO 3	Limerick	Newcastlewest	Lease	Early planning
150	CHO 7	Kildare	Newbridge	Lease	● Operational
151	CHO 4	Cork	Bandon	Lease	Early planning
152	CHO 9	Dublin	Ongar, Blanchardstown		
153	CHO 5	Kilkenny	Kilkenny City (newpark merritt)	Lease	In construction
154	CHO 4	Cork	Blackpool/The Glen/Carrignavar		
155	CHO 4	Cork	Youghal	Lease	
156	CHO 2	Galway	Glenamaddy	HSE own	
157	CHO 9	Dublin	Dublin North City — North Strand/East Wall	HSE own	
158	CHO 7	Dublin	Killinarden/Oldbawn, Tallaght	HSE own	
159	CHO 9	Dublin	Portmarnock	Lease	● Operational
160	CHO 5	Tipperary	Cahir	Lease	Early planning
161	CHO 4	Cork	Midleton	Lease	
162	CHO 8	Louth	Dunleer/Clogheer Head	HSE own	
163	CHO 8	Laois	Ballickmoyler		
164	CHO 9	Dublin	Finglas North & Ballygall	HSE own	
165	CHO 2	Galway	Headford	Lease	
166	CHO 8	Laois	Portlaoise		
167	CHO 4	Cork	Kinsale	Lease	● Operational
168	CHO 1	Leitrim	Manorhamilton	HSE own	● Operational
169	CHO 5	Kilkenny	Freshford/Johnstown	HSE own	
170	CHO 5	Waterford	Kilmacthomas/Portlaw	HSE own	
171	CHO 3	Clare	Ennistymon	Lease	Advanced planning
172	CHO 1	Donegal	Killybegs		
173	CHO 7	Dublin	Jobstown, Tallaght	HSE own	
174	CHO 4	Cork	Douglas/Frankfield/Grange	Merge	
175	CHO 7	Dublin	Terenure Village/Harolds Cross	Lease	

Priority ranking	CHO	County	PCT location or name(s)	Delivery method	Status as at March 2019
176	CHO 4	Cork	Glanmire/Riverstown	Lease	
177	CHO 7	Dublin	Lucan St. Helen's	Lease	
178	CHO 7	Dublin	Lucan Heights/Lucan Esker	Merge	
179	CHO 4	Cork	Bantry	Lease	In construction
180	CHO 7	Kildare	Clane/Kilmeague	Lease	● Operational
181	CHO 7	Dublin	Bride Street/Liberties (Meath Hospital)	Lease	● Operational
182	CHO 4	Cork	Kanturk	Lease	Early planning
183	CHO 3	Limerick	Croom	Lease	Early planning
184	CHO 3	Limerick	Cappamore	Lease	Early planning
185	CHO 3	Clare	East Clare		
186	CHO 2	Galway	Loughrea	HSE own	● Operational
187	CHO 8	Meath	Enfield	HSE own	● Operational
188	CHO 9	Dublin	Donaghmede	Merge	
189	CHO 1	Monaghan	Ballybay	Lease	
190	CHO 2	Galway	Mountbellew	Lease	● Operational
191	CHO 1	Donegal	Finn Valley		
192	CHO 3	Limerick	Galvone (South hill)	HSE own	
193	CHO 6	Dublin	Donnybrook/Ranelagh	Lease	Early planning
194	CHO 8	Offaly	Tullamore	Lease	● Operational
195	CHO 9	Dublin	Marino (Fairview)	Lease	
196	CHO 8	Meath	Summerhill	Lease	● Operational
197	CHO 7	Dublin	Dunawley/Deansrath		
198	CHO 3	Limerick	Glin		
199	CHO 7	Kildare	Maynooth	Lease	
200	CHO 8	Meath	Ratoath		
201	CHO 2	Galway	Knocknacarragh/Salthill		Early planning
202	CHO 8	Laois	Stradbally		
203	CHO 4	Cork	Millstreet	Lease	
204	CHO 3	Clare	Shannon		
205	CHO 8	Meath	Athboy	Lease	
206	CHO 2	Galway	Oughterard		
207	CHO 2	Galway	Castlegar/Bailefoile		
208	CHO 2	Galway	Shantalla/City Centre	HSE own	
209	CHO 7	Dublin	Millbrook, Tallaght	HSE own	
210	CHO 2	Roscommon	Castlereagh	Lease	● Operational
211	CHO 8	Longford	Longford	Lease	● Operational
212	CHO 2	Mayo	Achill	Service already delivered	● Operational
213	CHO 2	Galway	Aran Islands	Service already delivered	● Operational
214	CHO 7	Dublin	St.Endas/Rathfarnham	Merge	
215	CHO 4	Cork	Carrigtowhill	Lease	Equipping
216	CHO 9	Dublin	Sutton	Lease	
217	CHO 9	Dublin	Kinsealy		
218	CHO 9	Dublin	Castleknock	HSE own	
219	CHO 6	Dublin	Ballybrack/Loughlinstown		Early planning
220	CHO 1	Sligo	Central Sligo		

Priority ranking	CHO	County	PCT location or name(s)	Delivery method	Status as at March 2019
221	CHO 4	Cork	Buttevant	Merge	
222	CHO 9	Dublin	Baldoye/Clongriffin	Lease	
223	CHO 8	Westmeath	Kilbeggan	Lease	Early planning
224	CHO 7	Dublin	Limekiln/Temploeogue/Terenure West	Merge	
225	CHO 7	Dublin	Firhouse, Tallaght		
226	CHO 1	Monaghan	Clones	Lease	Early planning
227	CHO 3	Limerick	Kilmallock	Lease	In construction
228	CHO 3	Limerick	Rathkeale		
229	CHO 2	Roscommon	Ballaghaderreen	Lease	Early planning
230	CHO 2	Galway	Spiddal		
231	CHO 2	Galway	Eyrecourt		
232	CHO 3	Limerick	Ballynanty	Service already delivered	● Operational
233	CHO 9	Dublin	The Ward		
234	CHO 6	Wicklow	Bray	Lease	In construction
235	CHO 8	Louth	Castlebelingham	HSE own	
236	CHO 1	Cavan	Bailieborough	HSE own	● Operational
237	CHO 9	Dublin	Kilbarrack	HSE own	
238	CHO 3	Limerick	Ballycummin (Raheen)	Lease	Early planning
239	CHO 9	Dublin	Skerries	HSE own	
240	CHO 5	Cork	Cloheen		
241	CHO 9	Dublin	Swords North	Merge	
242	CHO 2	Roscommon	Boyle	PPP	● Operational
243	CHO 3	Tipperary	Templemore		
244	CHO 2	Galway	Claregalway		
245	CHO 2	Galway	Athenry	Lease	● Operational
246	CHO 8	Offaly	Banagher/Kilcormac	Lease	Early planning
247	CHO 8	Offaly	Moneygall/Shinrone	Service already delivered	● Operational
248	CHO 1	Donegal	Fanad/Rosguill	Service already delivered	● Operational
249	CHO 8	Louth	Dundalk No 1	Merge	
250	CHO 3	Limerick	Abbeyfeale	Lease	
251	CHO 2	Mayo	Swinford	HSE own	
252	CHO 1	Cavan	Cavan Town No 2	Lease	● Operational
253	CHO 2	Galway	Clifden		
254	CHO 9	Dublin	Malahide	Merge	
255	CHO 6	Dublin	Stillorgan/Foxrock	Lease	
256	CHO 3	Limerick	Limerick City (Castle — Thomond; Ennis Road)	Lease	Early planning
257	CHO 7	Kildare	Celbridge	Lease	● Operational
258	CHO 6	Dublin	Ballinteer	HSE own	
259	CHO 4	Cork	Blarney	Lease	Early planning
260	CHO 4	Cork	Castlelyons	Merge	
261	CHO 8	Meath	Duleek	HSE own	
262	CHO 9	Dublin	Oldtown	Service already delivered	● Operational
263	CHO 2	Galway	Abbeyknockmoy		
264	CHO 3	Tipperary	Roscrea	Lease	Early planning
265	CHO 3	Clare	Kilrush		

Priority ranking	CHO	County	PCT location or name(s)	Delivery method	Status as at March 2019
266	CHO 8	Offaly	Ferbane		
267	CHO 3	Limerick	Dromcollogher		
268	CHO 7	Dublin	Ballyfermot/Cherry Orchard	HSE own	● Operational
269	CHO 9	Dublin	Clontarf		
270	CHO 9	Dublin	Roselawn, Blanchardstown	HSE own	
271	CHO 9	Dublin	Mulhuddart	Merge	
272	CHO 9	Dublin	Ballymun	Finance Lease	● Operational
273	CHO 6	Dublin	Blackrock/Monkstown/Frascati/Carysfort		
274	CHO 3	Limerick	Ballylanders	Service already delivered	● Operational
275	CHO 2	Mayo	Charlestown	Service already delivered	● Operational
276	CHO 4	Kerry	Ballyheigue	HSE own	● Operational
277	CHO 8	Louth	Ardee	HSE own	● Operational
278	CHO 1	Donegal	Glenties	HSE own	● Operational
279	CHO 1	Cavan	Virginia	Service already delivered	● Operational
280	CHO 6	Dublin	Killiney	Merge	
281	CHO 6	Dublin	Cabinteely/Deansgrange/Cornelscourt	Lease	
282	CHO 9	Dublin	Lusk	HSE own	
283	CHO 9	Dublin	Donabate		
284	CHO 9	Dublin	Rush	HSE own	● Operational
285	CHO 3	Tipperary	Borrisokane	HSE own	● Operational
286	CHO 3	Clare	Ballyvaughan		
287	CHO 9	Dublin	Hartstown/Huntstown		
288	CHO 2	Mayo	Ballina	Lease	● Operational
289	CHO 1	Sligo	West Sligo	Service already delivered	● Operational
290	CHO 2	Roscommon	Strokestown	Service already delivered	● Operational
291	CHO 7	Dublin	Marks Lane/Pearse Street	HSE own	● Operational
292	CHO 3	Tipperary	Nenagh	Service already delivered	● Operational
293	CHO 3	Limerick	Hospital	Service already delivered	● Operational
294	CHO 3	Limerick	Limerick City (Abbey St Mary's - King's Island)	Lease	● Operational
295	CHO 5	Waterford	Waterford City 1 (West)	Lease	● Operational
296	CHO 7	Kildare	Derrinturkin	Merge	
297	CHO 8	Offaly	Clara	Service already delivered	● Operational
298	CHO 2	Galway	Ballinasloe	Service already delivered	● Operational
299	CHO 4	Cork	Rosscarbery	Service already delivered	● Operational
300	CHO 5	Wexford	Gorey (Avenue)	Lease	● Operational
301	CHO 5	Wexford	Gorey (Conal House)	Lease	● Operational
302	CHO 1	Sligo	Sligo Town	Service already delivered	● Operational
303	CHO 4	Cork	Mitchelstown	Lease	● Operational
304	CHO 4	Kerry	West Kerry	Service already delivered	● Operational
305	CHO 4	Cork	Dunmanway Drimoleague	Service already delivered	● Operational
306	CHO 5	Carlow	Bagenalstown/Loughlinbridge/Myshall	Lease	● Operational
307	CHO 1	Cavan	Cootehill	HSE own	● Operational
308	CHO 1	Donegal	Letterkenny	Lease	● Operational
309	CHO 8	Laois	Mountmellick/Clonaslee	Lease	● Operational
310	CHO 7	Dublin	Inchicore	HSE own	● Operational

Priority ranking	CHO	County	PCT location or name(s)	Delivery method	Status as at March 2019
311	CHO 1	Cavan	Kingscourt	Lease	● Operational
312	CHO 1	Cavan	Cavan Town	Lease	● Operational
313	CHO 8	Westmeath	Kinnegad	Lease	● Operational
314	CHO 5	Tipperary	Cashel	Service already delivered	● Operational
315	CHO 8	Offaly	Daingean	Service already delivered	● Operational
316	CHO 3	Limerick	Limerick City (Westbury Co Clare)	Service already delivered	● Operational
317	CHO 8	Meath	Dunboyne	Service already delivered	● Operational
318	CHO 2	Galway	Moycullen	Service already delivered	● Operational ^b
319	CHO 4	Cork	Skibbereen	Service already delivered	● Operational
320	CHO 4	Cork	Mizen/Schull	Lease	● Operational
321	CHO 4	Cork	Macroom	Lease	● Operational
322	CHO 4	Kerry	Kenmare/Sneem	Lease	● Operational
323	CHO 2	Roscommon	Monksland/South Roscommon	Lease	● Operational
324	CHO 4	Cork	Blackrock/Mahon	Lease	● Operational
325	CHO 2	Galway	Galway City East/Ballybann	Lease	● Operational
326	CHO 7	Dublin	Irishtown	HSE own	● Operational
327	CHO 5	Kilkenny	Ayrfield	Lease	● Operational
328	CHO 4	Cork	Mallow	Lease	● Operational
329	CHO 5	Kilkenny	Callan	Lease	● Operational
330	CHO 5	Waterford	Tramore	Lease	● Operational
331	CHO 8	Louth	Carlingford	HSE own	● Operational
332	CHO 6	Wicklow	Newtownmountkennedy	Lease	● Operational
333	CHO 8	Laois	Portarlinton	Lease	● Operational
334	CHO 2	Roscommon	Roscommon	Lease	● Operational
335	CHO 8	Meath	Trim	Lease	● Operational
336	CHO 6	Dublin	Balally/Milltown	Service already delivered	● Operational
337	CHO 6	Dublin	Ballyogan/Leopardstown	Lease	● Operational
338	CHO 7	Kildare	Naas	Lease	● Operational
339	CHO 8	Meath	Dunshaughlin	Lease	● Operational
340	CHO 8	Meath	Ashbourne	Lease	● Operational
	CHO 1	Leitrim	Mohill		
	CHO 3	Limerick	Limerick — Hospital		
	CHO 8	Longford	Granard	Lease	
	CHO 1	Sligo	Collooney		
	CHO 3	Tipperary	Nenagh		
	CHO 2	Galway	Inisbofin	HSE own	Underway
	CHO 2	Galway	Inis Oirr	HSE own	● Operational
	CHO 5	Wexford	Ferns	Lease	
	CHO 6	Dublin	Cherrywood	Lease	
	CHO 2	Galway	Moycullen	Lease	Early planning ^b
	CHO 7	Dublin	Rathfarnham	Short term lease	Disposed of ^c

Source: Analysis by the Office of the Comptroller and Auditor General

- Notes:
- a Proposed developments at Coolock North and Coolock South were merged and progressed as a single facility.
 - b Moycullen was ranked twice on the Q1 2019 status report — an interim centre is operational, and a new centre is currently being developed by lease agreement and is at the early planning stage.
 - c Rathfarnham is included as operational on the Q1 2019 status report however it was disposed of in August 2018.

Annex 15D PPP primary care centre contract

Figure 15D.1 PPP primary care centre contract — key characteristics

Parties to agreement — Health Service Executive, National Development Finance Agency and the private sector company (PPP company).

Provision of a bundle of 14 new primary care centres on fourteen sites.

PPP company design, build, finance and maintain the primary care centres.

Scope of facilities management services — contract management, helpdesk, building management and maintenance, pest control, cleaning, grounds management and maintenance, security, and portorage (building related).

Term of agreement — 25 years from the service commencement date of the first primary care centre — November 2017 to November 2042.

Payment of a monthly unitary charge to PPP company over the term of the agreement.

All income received directly or indirectly in connection with making the PCC available for third party use must be divided 50:50 between the HSE and PPP company.

PPP company granted a licence in respect of each PCC site for the term of the agreement.

Hand-back of the assets to the HSE upon expiry of the agreement in the same condition when service commenced.

PPP company will undertake market testing/benchmarking at agreed stages during the agreement to ascertain the quality, cost and competitiveness of 'testable services' against comparable market costs.^a This may result in adjustments to the unitary charge.

Source: Health Service Executive

Note: a Testable services are defined in the contract as grounds maintenance, portorage, cleaning and environmental decontamination, security provision, and pest control.