

Partners and Institutional Members

DEPARTMENT OF HEALTH AND CHILDREN Ireland



Ireland's DoHC was established under the Ministers and Secretaries (Amendment) Act of 1946. Previously, the Department of Local Government and

Public Health was responsible for public health services, which continued to be administered by local authorities until 1970. The 1970 Health Act increased the Department's direct involvement in the execution of health policy by establishing eight health boards and abolishing the Hospitals Commission. In the years following passage of the Act, health policy in Ireland maintained a definitive emphasis on consistent development of the curative and regulatory aspects of health services and the acute hospital sector, in accordance with the policy commitments of the 1966 white paper, *The Health Services and Their Further Development*.

Reappraisal of health services commenced in 1986 with the discussion document, *Health: The Wider Dimensions*, and culminated in the 1994 publication of the health strategy, *Shaping a Healthier Future*. This strategy signaled a significant change in direction, with its emphasis on the achievement and measurement of both

health and social gains and its commitment to the organization and management of the system as an integrated whole.

Quality and Fairness: A new health strategy for the next seven to ten years was launched in 2001. Based on people-centered principles of equity, quality, and accountability, the strategy's key elements include the following:

- The largest expansion in hospital bed capacity in the health service's history.
- The establishment of a National Treatment Purchase Fund to purchase treatment for public patients waiting for more than three months from initial referral.
- The addition of more day/respite care facilities and residential capacity for people with disabilities.
- The development of an action plan on age and statutory complaints procedures.
- The opening of a new National Hospitals Office.
- The appointment of an independent Health Information and Quality Authority.

Under legislation passed in December 2004, the HSE was established and charged with statutory responsibility for delivering the entire range of health and personal social services previously delivered by the regional health boards and authority. This reorganization has helped to ensure

that policies are implemented consistently and that patients across the entire country have improved access to quality health service.

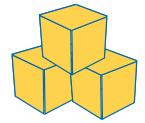
The Health Information and Quality Authority has been established on a statutory basis to drive the health information, quality, and safety agenda from a national perspective. Finally, the DoHC experienced an extensive reorganization in 2005 after reexamining its new role within the reformed health system. These major reform initiatives are designed to modernize Ireland's health service and provide a level of quality care that is consistent with national economic and social development.

DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY Northern Ireland



Established by the Departments Order 1999, the DHSSPS is charged with three main responsibilities:

- Health and Personal Social Services (HPSS): Policy and legislation for hospitals, family practitioner services, and community health and personal social services.



- Public Health: Policy, legislation, and administrative action to promote and protect the health and well-being of the population.
- Public Safety: Policy and legislation for fire and rescue services.

Several professional groups serve as advisors to the Department's administration and the Medical and Nursing Groups are represented in the Consortium membership. Currently, the Minister for DHSSPS for Northern Ireland is Mr. Michael McGimpsey, who was appointed in May 2007.

The Department's mission is to improve the health and social well-being of all people in Northern Ireland by ensuring appropriate health and social care services in clinical settings, such as hospitals and general practitioner surgeries, and in the community through nursing, social work, and other professional services.

The DHSSPS also supports health promotion and education programs in an effort to encourage the community to adopt activities, behaviors, and attitudes that will lead to improved health and well-being.

Since 2000, the Government has produced a written contract with the people of Northern Ireland setting out, within the limits of the financial resources available, the plans and priorities for tackling problems and

improving public services. The current *Priorities and Budget 2006-08* sets the context for the Department's present planning arrangements. This document also contains a Public Service Agreement that details the DHSSPS's key targets and links resources to the achievement of established expectations. The Agreement outlines the desired outcomes and targets, while the Health Minister's *Priorities for Action* document delivers the means by which the HSC of Northern Ireland will achieve those ends.

The outcomes and targets listed in *Priorities and Budget 2006-08* for the HSC are structured around the following ten priority areas:

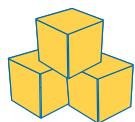
- Improved health and well-being.
- Safer, quality health services.
- Reduced hospital waiting times.
- Improved emergency care.
- Fully integrated care and support in the community.
- Improved children's services.
- Improved mental health and learning disability services.
- Effective financial control and improved efficiency.
- Reformed workforce.
- Investment in quality infrastructure.

The Northern Ireland Executive is currently in the process of finalizing the Review of Public Administration (RPA). The objective of the RPA is to reduce bureaucracy and concentrate resources on the front line of care. To date,

significant RPA changes have resulted in a reduction from nineteen to six in the number of service-providing Trusts. Decisions have yet to be made on how such services will be commissioned and managed in the long term. Currently, four HPSS boards are responsible for securing effective health and social services for their local populations, improving health and social well-being, and reducing inequalities. Their strategies for achieving these goals are explained in the document, *Health and Well-Being Investment Plans*. The setting, monitoring, and reporting of standards across health and personal social services will continue to be the responsibility of the Regulation and Quality Improvement Authority.

Review of Public Administration

RPA recommendations will be implemented in two major phases for health services. The first phase, which took place on 1 April 2007, involved the establishment of five new integrated HSC Trusts, replacing eighteen of the nineteen existing Trusts. The second phase will formally establish the other structures by April 2008. Decisions on the future of local government and education will be finalized in 2008. The Minister intends to have all new structures in place by April 2009 to ensure that all reforms will lead to better outcomes for the people of Northern Ireland in terms of health and social care.



NATIONAL CANCER INSTITUTE United States



The NCI is a component of the NIH, one of eight agencies that

comprise the Public Health Service in the U.S. DHHS. The NCI, established under the National Cancer Act of 1937, is the U.S. Federal government's principal agency for cancer research and training. The National Cancer Act of 1971 broadened the scope and responsibilities of the NCI and created the National Cancer Program. Over the years, legislative amendments have maintained the NCI authorities and responsibilities and added new information dissemination mandates, as well as a requirement to assess the incorporation of state-of-the-art cancer treatments into clinical practice.

Since its inception, the NCI has evolved into the world's preeminent cancer research organization. The NCI coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. Specifically, the Institute:

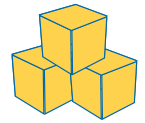
- Supports and coordinates research projects conducted by universities, hospitals, research foundations, and businesses throughout the U.S. and internationally through research grants and cooperative agreements.
- Conducts research in its own laboratories and clinics.
- Supports education and training in fundamental sciences and clinical disciplines for participation in basic and clinical research programs and treatment programs relating to cancer through career awards, training grants, and fellowships.
- Supports research projects in cancer control.
- Supports a national network of cancer centers.
- Collaborates with voluntary organizations and other national and foreign institutions engaged in cancer research and training activities.
- Encourages and coordinates cancer research by industrial concerns where such concerns evidence a particular capability for programmatic research.
- Collects and disseminates information on cancer.
- Supports construction of laboratories, clinics, and related facilities necessary for cancer research through the award of construction grants.

In the National Cancer Act of 1971, the NCI was charged to "collect, analyze, and disseminate all data useful in the prevention, diagnosis, and treatment of cancer" and to "disseminate insofar as

feasible the results of cancer research undertaken in any country for the use of any person involved in cancer research in any country." In addition, the Institute was directed to "support research in the cancer field outside the United States by highly qualified foreign nationals; support collaborative research involving American and foreign participants; and support the training of American scientists abroad and foreign scientists in the United States."

Mr. Michael Leavitt is the U.S. Secretary of Health and Human Services, Dr. Elias Zerhouni is the Director of the NIH, and Dr. John Niederhuber is the Director of the NCI.

Other Major Participating Members



HEALTH RESEARCH BOARD Ireland



In conjunction with Northern Ireland's HSC R&D Office, Ireland's HRB is responsible for funding many Consortium programs, including the clinical trials network and scholar exchange programs. In 1986, Ireland's former Minister of Health established the HRB to improve health through research and information. The HRB believes that health research and information combat disease, reduce disability, and enhance the quality and equity of health care in Ireland. In addition to advancing the development of more effective methods for diagnosing and treating disease, health research also contributes to the expansion of a knowledge-based economy in Ireland. The HRB is committed to strengthening research capacity on the island of Ireland and works closely with partners in Ireland, the U.K., Europe, and the U.S. to achieve these goals.

HEALTH AND SOCIAL CARE RESEARCH & DEVELOPMENT OFFICE Northern Ireland



The HSC R&D Office is responsible for the overall direction for HSC research and serves as the liaison with national statutory bodies and health-related organizations. With a mandate to encompass the research needs of all sectors of health and social care within Northern Ireland, the Office provides support for a wide range of research and development initiatives, from education and training to direct commissioning. In promoting, coordinating, and supporting research and development within the field of health and social care, the HSC R&D Office works with a variety of partner organizations and seeks to bridge professional, organizational, sectoral, and geographical boundaries.

OFFICE OF INTERNATIONAL AFFAIRS United States



The OIA is the focal point for the execution of many, though not all, of the NCI's international outreach programs. Specifically, OIA is charged with coordinating the planning, management, and evaluation of the international research, control, and information activities of the National Cancer Program. The OIA also serves as NCI's point of contact with the Fogarty International Center, the Office of Global Health Affairs, the State Department, and other Federal organizations involved in international health activities. In addition to coordinating cancer activities under formal and informal collaborative agreements between the U.S. and other countries, the OIA plans and implements programs for the international exchange of scientists and serves as a liaison with international agencies involved in the National Cancer Program.