PRIMARY CARE SUMMIT 2026

More care, closer to home

Using Primary Care infrastructure to move services from the acute setting into the community

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Westfield Integrated Care Centre, Ballincollig, Cork

Axis-PHP Portfolio

A national primary care estate

Wholly owned by PHP and managed end to end by Axis – from development and capex to day-to-day facilities management.

28

Primary and Integrated Care Centres managed by Axis

c.110k m²

Healthcare floor space across the estate

c.€345m

Ireland portfolio value

0.84%

vacancy rate – near-full occupancy



25+ year HSE leases · CPI-linked rent and SLA reviews · A-rated, bespoke buildings

WHO WE ARE

Axis-PHP: Develop, Deliver, Manage

Develop

Axis Health Care Assets – site finding, planning, HSE competitions and forward-funded PCC & health infrastructure development

Deliver

In-house project management and capex – from new PCCs to Integrated Care Centre extensions and private healthcare facilities

Manage

Axis Technical Services – facilities, SLA and asset management across the entire portfolio



Healthcare experience across primary care, acute hospitals, theatres, diagnostics and radiation oncology

36

Axis people – M&E, civil, structural

2023

Axis joins Primary Health Properties (PHP)

c.€7.2bn

PHP healthcare property portfolio, UK & Ireland

Other clients include Laya Healthcare, Uisce Éireann, Marymount, William Fry and Gas Networks Ireland.

WHY NOW

Demand is shifting to the community

1m+

people in Ireland aged 65+ by 2030, from a population of 5.4m

c.180 PCCs

purpose-built PCCs operational at end 2024 for HSE against the planned national network of 356

c.47%

of the population hold private health insurance (c.2.5m people)

Sláintecare – shifts to community health

Hospital → Community
Care delivered at or close to home

Treatment → Prevention
Earlier intervention, fewer admissions

Analogue → Digital
Shared data and virtual care

Sláintecare: help people stay healthy in their own homes and communities, and develop primary and community care to avoid hospital.

WHAT'S BEING SAID

The system is asking for more

> *"…population growth 'significantly exceeds' the expansion of general practices, primary care centres and the number of GPs"*

The Irish Times
July 2026, on ICGP analysis

> *"…usage and utilisation of space, definition of minimum scope of services and delivery timelines"*

Minister for Health
Dáil, Jan 2026 – on the PCC review due Q4 2026

> *"…even for practices who have GPs in, space has become the big issue"*

Medical Independent
April 2026 – Prof Tadhg Crowley, IMO

> *"…approximately 75% of patients with worsening heart failure can be safely stabilised in the community, releasing acute bed days"*

HSE
Integrated Healthcare Conference, Sept 2026

Sources: Irish Times, 25 Jul 2026; Dáil written answer, 22 Jan 2026; Medical Independent, 20 Apr 2026; HSE, 3 Sep 2026

PROOF IT WORKS · WESTFIELD ICC

Closer care, less waiting

HSE diabetes and respiratory services moved out of Cork University Hospital (CUH) into Westfield ICC, Ballincollig – a c.6,500 m² centre in the Axis-PHP estate

Reduced Diabetes Waiting list, CUH (12+ months for an outpatient appointment)



–80%

Reduced Respiratory Waiting list (12+ months for an appointment)



–53%

Reduced Respiratory Outpatient waiting list overall, CUH



–26%

0% 100%

–16%

Chronic-disease hospital admissions in the South-West, 2019-2022, (all medical admissions +7%)

"Hubs like these keep people living well, with care services close to home."

Dr Andy Phillips, HSE South-West

Source: HSE figures reported in the Irish Examiner, 4 June 2024



Westfield Integrated Care Centre, Ballincollig, Cork

WHAT MORE CAN BE DELIVERED

What PCCs can host next

Community health models, mapped to services based in the community

Integrated care hubs

Westfield ICC, Cork; Castlebar ICC extension; interim ICC at Mallow

Community diagnostics

Community Diagnostics at Drumalee with Bon Secours; Affidea at Mallow, The Meath and Athlone, Mise Health at Arklow and Dental Imaging Ireland at Bray

Urgent & minor injury

Local Injury Unit at Athy PCC; urgent care facilities open 10am–10pm, 365 days

Outpatient clinics

UPMC at Mallow PCC; specialist space for public and private providers alongside HSE teams

Public & Private Healthcare – delivered more efficiently in the community



ALREADY HAPPENING

Repurposing space, adding services

Centre	Was	Now
Mallow PCC	Gym & common space	Interim Integrated Care Centre
Athlone (Clonbrusk) PCC	Clinic space	Local Injury Unit (in progress)
Bray PCC	Café	Dental imaging suite
Armagh Rd, Crumlin	Vacant space	Diagnostic facility (proposed)
Wicklow PCC	Vacant space	National Ambulance Service base (fit-out)
Arklow PCC	Vacant space	Cardiac screening facility
Westfield ICC	Storage	Diagnostic facility (proposed)

Small conversions inside existing centres bring services out of hospital in months, not years

THE DELIVERY MODEL

Private capital builds it quicker…

The strategy is clear – the challenge now is delivery. Long-term private capital closes the gap between ambition to deliver health services and buildings on the ground.

Site & tender → PHP funds → Bespoke build → Lease & manage



Case: Youghal Primary Care Centre

3,834 m² · due Q1 2027 · proposed NAS training college alongside

25+ years

HSE lease terms, with CPI-linked reviews

€11m

Axis delivery across three private clinics

Zero upfront Capital

Zero capital needed – freeing capex for acute hospitals/other needs

THE OPERATIONAL LEASE MODEL

Operational Lease Delivery

Private capital funds, builds and manages the centre; the lessee pays rent and a service charge

Proven delivery

c. 160 centres delivered and operating nationwide via OLM for HSE

Better value for money

An all-in annual charge for a fully serviced, maintained building

Suitable Size: €10m+

Suited for small-to-mid scale health capital developments

Proportionate cost

Annual costs proportionate to lease length (typically 25+ years)



RIGHT CARE, RIGHT PLACE, RIGHT TIME

More can be delivered through PCCs

1. **Use what's already built**
   Convert PCC space for diagnostics, outpatients and minor injury

2. **Move services out**
   Diagnostics, outpatients, minor injury, etc into expanded PCCs and ICCs

3. **Partner with capital**
   Axis and PHP capability to fund and deliver infrastructure



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