



19/07/2019

Deputy Murphy O'Mahony,
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2.

PQ 31618/19

To ask the Minister for Health the status of plans to roll out a multi-disciplinary team approach for rheumatology care at primary care level by CHO; and if he will make a statement on the matter.

-Margaret Murphy O'Mahony

Dear Deputy Murphy O'Mahony,

The Health Service Executive (HSE) has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for response.

The National Clinical Programme for Rheumatology have proposed to pilot the inaugural "Integrated Multidisciplinary Rheumatology Community Care Service", this will be aligned with the impending National Integrated Care Strategy for Rheumatology in Ireland, which is currently in development.

This service will operate from the country's only Integrated Academic Primary Care Centre and provide the full spectrum of care for appropriately triaged patients with a rheumatic or musculoskeletal disorder. This innovative streamed approach to rheumatology care will utilise the "column filtration" methodology employed by the NCPR to service development and delivery. This offers patients timely access to the appropriate healthcare professional, thus ensuring the most cost effective, and in some instances significantly cost saving, solution is implemented.

The streamed approach is four-fold:

1. The utilisation and evolution of existing ANP resources within the rheumatology local service to achieve the treat to target goals outlined in the national rheumatology ANP service development plan.
2. The implementation of an 'interface clinic' pilot, for MSK Physiotherapy triage in collaboration with Orthopaedics. Interface clinics provide a link between Primary Care (GP) and Acutes, with the aim of triaging patients in a far more efficient manner. The interface clinic is a one-stop shop which will assess, and manage MSK patients. It plans to process 4,000 patients per annum. This initiative alone removes a significant number (65%+) of MSK patients (rheumatology and orthopaedic) from the acute setting.

3. The piloting of a vocational rehabilitation (VR) pilot which proposes the development of an outreach VR clinics in primary care settings for people with Arthritic and MSK disorders. Based in the same centre as the above, and run by clinical specialist occupational therapists, the clinics will facilitate 110 people with Arthritic and MSK disorders access/remain/return to work, education or training each year. This provides an overall positive monetary return to the exchequer, given that these disorders are the leading cause of temporary workplace disability accounting for 7 million lost days in absenteeism each year which amounts to over €750m in costs to the exchequer. Therefore, supporting employees at an early stage in order to offset long term absence will result in improved outcomes and significant savings.
4. The provision of an additional consultant post to progress the Rheumatology invest to save initiative and ensure appropriate governance and level of patient safety in the ANP, PT and VR initiatives. The consultant will also run integrated clinics in the community ensuring that all patients who can be treated in the community, are treated in the community thus developing primary care MSK services and retaining MSK care at primary care level.

Upon implementation, the expected column filtration should take effect quickly, and the number of those attending the acute setting for rheumatology care should fall sharply. Consequently, all those who require acute review or admission will get access to the care they need. A successful pilot will inform national expansion

I trust this information is of assistance to you.

Yours sincerely,

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Siobhán McArdle,
Head of Operations Primary Care,
Community Operations