



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Rannan na nOspideil Ghearmhíochaine
Aonad 4A – Áras Dargan
An Ceantar Theas
An Bothar Mileata
Cill Mhaighneann
BÁC 8

Acute Operations
Health Service Executive
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Heuston South Quarter
Military Road
Kilmainham
Dublin 8.

21st July 2020

Deputy Maurice Quinlivan

Dáil Éireann

Leinster House

Dublin 2

PQ 14197/20 *To ask the Minister for Health the resources that will be made available to increase capacity in the public health sector for access to diagnostics and the urgent recommencement of cancer screening programmes and access to time critical reviews for patients on surgical waiting lists - Maurice Quinlivan.

Dear Deputy Quinlivan,

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

Response:

In response to your query , there was a significant reduction in all scheduled care activity across all Acute Services including outpatient clinics, inpatient and day case procedures this is in line with the National Action Plan on COVID-19 (page 20).

<https://www.gov.ie/en/publication/47b727-government-publishes-national-action-plan-on-covid-19/>

The reduction in activity was to ensure patient safety and that all appropriate resources, both physical and human, are made available for COVID-19 related activity. Time-critical essential work continues throughout the system in line with the National Action Plan, Clinical Programme and World Health Organisation recommendations.

Arising from the NPHE decision in early May regarding resumption of services and aligned with the roadmap for reopening society and business, Phase 1

<https://www.gov.ie/en/publication/ad5dd0-easing-the-covid-19-restrictions-on-may-18-phase-1/#health-and-social-care>, interim guidance has been developed in the context of scheduled care for the resumption of services. This guidance has been approved by the Expert Advisory Group (EAG) and has been issued to all hospital groups/hospitals to support the resumption of patient treatment.

In terms of diagnostics the clinical programme for Radiology have advised that a number of services were reduced or suspended in response of the government restrictions including:

- CT-colonography
- Out-patient CT, MRI and US vetted as routine
- Out-patient nuclear medicine studies vetted as routine
- GP requested US/CT/MRI vetted as routine
- DEXA scans

Radiological services have now resuming however there are constraints in terms of physical infrastructure, workflow, cleaning of equipment etc aligned to the new guidelines which impact on overall service capacity.

To support enhancing capacity, diagnostic access from providers outside of the public system has been progressed; this was seen with the arrangement with the private hospitals and the HSE. Diagnostic services are now being reviewed in the context of further opportunities with the private hospitals as part of a new arrangement, in parallel the NTPF are also working towards the provision of additional diagnostic support through expansion of existing commissioning processes. In parallel with the above primary care are commencing work around expansion of diagnostic services currently provided in the community which will also serve to enhance access for GP's and reduction of referrals to acute services.

The National Screening Service (NSS) has commenced a phased restart of its cancer screening programmes. CervicalCheck began sending invitations and reminders on 06 July 2020. BowelScreen and BreastCheck are projected to resume in September/October. NSS are continuing to assess our capacity at our screening, laboratory and hospital facilities to understand the impact of new processes and procedures, and how they will affect the throughput of our programme participants.

In terms of access to time critical reviews for patients on surgical waiting lists, the introduction of government restrictions for COVID-19 based on public health advice required all acute hospitals to defer all non-emergency surgery. All sites are now in the process of resuming services in line with specific guidance associated with measures that need to be undertaken in the context of COVID-19 issued around resumption of services. In addition, guidance has been provided for individual specialties to support prioritisation of patients during this time of constrained activity. These measures are currently being implemented as services start to resume however they are restrictive and will result in a considerable reduction in capacity. The restrictions are multifactorial and encompass areas such as workflow, patient pathways, patient engagement and communication, infrastructure, physical distancing, capacity and resources.

The capacity that will be available under these measures will vary from one site to the next and from one service to the next. Patients requiring treatment are being clinically reviewed and prioritised, as capacity within acute services is re-established. Similar to diagnostic services surgical services are now being reviewed in the context of further opportunities with the private hospitals as part of a new arrangement and opportunities that may exist to purchase additional capacity supported by the NTPF.

I trust this addresses your query to your satisfaction.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Robert Kidd', written in a cursive style.

**Robert Kidd,
Assistant National Director,
Scheduled Care,
Acute Operations**