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31st July 2020

Deputy David Cullinane,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.

PQ 17892/20 - To ask the Minister for Health the decrease in community service activity that has occurred as a consequence of Covid-19; his plans to address the matter; and if he will make a statement on the matter.

-David Cullinane

Dear Deputy Cullinane,

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. I have examined the matter and the following outlines the position.

There was a necessary reduction in community service activity from Mid-March onwards. In responding to the international COVID-19 pandemic the HSE has planned, prepared, reorganised and refocused almost all health services in response to this threat to our population. We have created entirely new COVID-19 services, while protecting a very broad range of urgent care and treatment services. Urgent, time critical care services have not been curtailed and people who need them currently have access to these services. Some services that were deemed lower priority or where demand was reduced, or were not safe or possible to be delivered were curtailed in response to COVID-19. The impact / reduction of services have been dependant on the nature of the service provided. Additionally, some Community Health Organisations / Hospital Groups have been more impacted than others and this has impacted on their ability to deliver services.

There is still a significant burden on the health services in retaining the new Covid related services and in ensuring the health system is in a position to address a second potential surge of COVID-19, the effect of which may be compounded by the winter flu season. As services resume, the HSE is making changes to ensure social distancing is possible. This will reduce our capacity in our services. We also need to continue to implement strict infection prevention and control measures across our services. Where possible, services are working to connect with people using telehealth, providing consultations on phone or on video calls.

Plans are well advanced to resume services safely in both Community and Acute services; these plans are informed by the Winter Planning process but will be impacted by the following challenges:

- Physical distancing and infection prevention and control measures which have impacts on all aspects of healthcare and staff.
- There is a significant challenge in achieving staff levels to meet service needs in a COVID-19 environment (e.g. Staff redeployment, requirement to self-isolate)

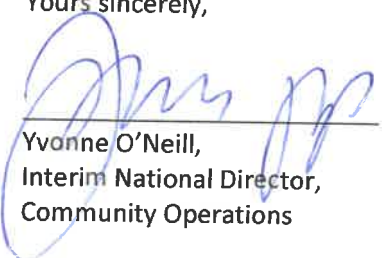
- The ability of acute hospitals to deliver inpatient services is heavily dependent on patient flow from the acute setting into the community
- Need to maintain COVID-19 services for the foreseeable future and the associated costs
- Potential winter surge due to the increased transmission of COVID-19 and other respiratory illnesses
- Staff training and education to enable redeployment of staff and implementation of infection prevention and control guidelines
- On-going capacity constraints in the Irish healthcare system specifically in relation to access to hospital beds and short stay / intermediate care beds.

The following are the service modalities that are being prioritised for business continuity on a phased basis:

1. Managing Older People and patients with Chronic Disease in the Community across the continuum of care, including capacity to respond to delayed transfers.
2. Specialist In-patient & Residential Provision
3. Enhanced Capacity for Home and Residential maximising people staying at home
4. Restoring Day Care and Team Based Community Services
5. Child Health
6. Health & Wellbeing Supports
7. Primary Care & Social Inclusion Services

I trust this information is of assistance to you, but should you have any further queries please contact me.

Yours sincerely,



Yvonne O'Neill,
Interim National Director,
Community Operations