

04 June 2020

Deputy Marc Ó Cathasaigh TD Dáil Éireann Leinster House Dublin 2. Rannan na nOspideil Ghearmhíochaine Aonad <u>4A</u> – Áras Dargan An Ceantar Theas An Bothar Mileata Cill Mhaighneann BÁC 8

Acute Operations
Health Service Executive
Unit 4A - The Dargan Building
Heuston South Quarter
Military Road
Kilmainham
Dublin 8.

<u>PQ 8093/20</u>\* To ask the Minister for Health the way in which he plans to deal with the backlog in elective procedures that have built up in University Hospital Waterford and other hospitals nationwide due to the Covid-19 crisis; and if he will make a statement on the matter.

Dear Deputy Ó Cathasaigh,

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.

Since the onset of COVID-19 there has been significant reduction in all scheduled care activity across Acute Services including outpatient clinics, inpatient and day case procedures this is in line with the National Action Plan on COVID-19 (page 20). <a href="https://www.gov.ie/en/publication/47b727-government-publishes-national-action-plan-on-covid-19/">https://www.gov.ie/en/publication/47b727-government-publishes-national-action-plan-on-covid-19/</a>

Arising from the NPHET decision in early May regarding resumption of services and aligned with the roadmap for reopening society and business, Phase 1 <a href="https://www.gov.ie/en/publication/ad5dd0-easing-the-covid-19-restrictions-on-may-18-phase-1/#health-and-social-care">https://www.gov.ie/en/publication/ad5dd0-easing-the-covid-19-restrictions-on-may-18-phase-1/#health-and-social-care</a>, interim guidance has been developed in the context of scheduled care for the resumption of services for outpatients, inpatients and day cases and GI scopes. 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 scheduled care.

This guidance outlines the measures that need to be undertaken to ensure safety for both patients and staff and vary depending on the type of appointment, surgery or treatment the patient is receiving. Key advice for both patients and staff has been provided depending on the above relating to measures required during the various steps in the patient journey including guidance on actions/measures:

14 days prior to admission

- 7- days prior to admission
- Anaesthesiology and pre-assessment 48 hours pre-admission
- Pre procedural testing
- Day of admission
- Pre-sedation
- Post procedural management
- On discharge
- Surveillance

In addition to the above guidance has been provided specifically 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 in the context of such elements 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 indeed from one service to the next; currently the new pathways are being established and tested however clear indications around what capacity will be displaced are not established at this point.

Additionally, in order continue to provide access for patients there has been a considerable growth and investment in virtual outpatient consultations for many specialties across the system. A virtual clinic is one in which the face-to-face clinician consultation is removed. The patient and clinician interact in real time, via a video or telephone. A total of 80,730 virtual outpatient consultations took place in April. This represents approximately 50% of the overall OPD activity for April the figure 80,730 is based on submissions from 36 sites. Of the patients seen 10,379 were new patients and DNA rates recorded for virtual activity is reported at less and 3%.

A patient who is waiting for their care to be scheduled is advised to remain in contact with their Consultant who is familiar with their circumstances and can best advise them on the process.

I trust that this is of assistance

Yours sincerely,

**Carol Ivory** 

**General Manager, Acute Operations**