



Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohifigeach Cliniciúil
Ospidéal Dr. Steevens, D08 W2A8
R: clinicaldesign@hse.ie T: 01 635 2000

Clinical Design & Innovation; Office of the Chief Clinical Officer
Dr Steevens' Hospital, D08 W2A8
E: clinicaldesign@hse.ie P: 01 635 2000

22nd September 2020

Deputy Louise O'Reilly, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

RE: PQ 21592/20

To ask the Minister for Health his plans to ensure the successful resumption and maintenance of heart failure services with particular emphasis on developing such services in the community and providing greater integration between these and hospital services; if there will be no redeployment of staff working in acute cardiac and stroke services in view of the fact such patients are particularly susceptible to such disruption; the research taking place to establish the exact impact of disruption to services on excess deaths since the outbreak of Covid-19 here; and if he will make a statement on the matter

Dear Deputy O'Reilly,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Heart Programme (NHP) on your question and have been informed that the following outlines the position.

Heart Failure (HF) is one of the major chronic diseases in Ireland today and is one of the most common reasons for hospital admission in the elderly, often requiring a prolonged stay. Death from HF will occur at the same or greater rate during the COVID-19 pandemic. As of July 2020 Heart Failure services have largely resumed around the country.

HF services have been re-established in the majority of sites—maintaining these services throughout the winter months is critical but it will be dependent on the approach taken should we see an escalation in COVID-19 cases in the community and hospitals. Ideally redeployment of HF staff to COVID-19 activities would be avoided as continuing to provide service to HF patients reduces risk of hospitalisation.

The National Heart Programme (NHP) in so far as possible has recommended that Heart Failure services remain uninterrupted during the COVID-19 pandemic. However, decisions surrounding redeployment are taken operationally at local level.

The NHP has prepared the following for the management of HF patients during COVID-19: Please refer to Guidance for Heart Failure Management during COVID-19 pandemic (CD 19-057 001/28.04.20) <https://hse.drsteevenslibrary.ie/c.php?g=679077&p=4865643>

Work on the development of a Heart Failure Virtual Consultation (HFVC) with Integrated Care Clinical Nurse Specialist Supports in the Community as part of the Slaintecare Integration Fund continues. The project builds on the evaluation project in Carlow/ Kilkenny which has now been mainstreamed. The service established in St. Vincent's University Hospital/St Michaels (which supports CW/KK) has been expanded to East Coast/ South Dublin/ North Wicklow (CHO 6) and a new service has been developed in Mater Misericordiae University Hospital/ Dublin North (CHO 9) area.

HFVC - this innovative approach facilitates real-time, on-line specialist support to general practitioners and prompt access to diagnostics. With the addition of Integrated Care Clinical Nurse Specialist supports in the community, GPs are enabled to safely manage an at-risk population in the community. The NHP, as part of the Integrated Care Programme for the Prevention and Management of Chronic Disease (ICP CD), is contributing to the Winter Planning initiative. This initiative supports a focus on the provision of care as close to home as possible and an integrated approach to the provision of care for individuals living with chronic diseases such as heart failure across the community, primary care and acute care sectors.

The ICP CD has also proposed an initiative to implement the roll-out of alternative OPD pathways for chronic disease including heart failure. This would reduce OPD waiting lists and shift care to the community by providing alternative pathway streams for patients based on their level of urgency. This initiative is still in development.

There is an ongoing project at SVUH directly assessing the COVID-19 impact on morbidity and mortality of HF patients and data from this will be available over the coming months

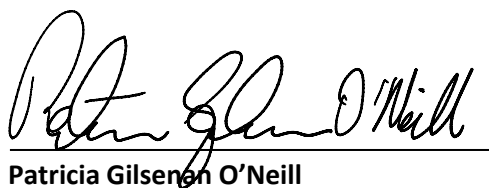
There is a paper under review from SVUH looking at the patients and physicians perspective of providing care for HF patients using telephonic clinics –data will be available once journal decision is confirmed.

Stroke is a leading cause of death and disability which will occur at the same or greater rate during the COVID-19 outbreak.

Many facets of the stroke pathway are vital both to save life and prevent significant disability. The National Stroke Programme has recommended that during COVID-19 crisis, in as far as possible, acute stroke unit beds need to maintain their designation to facilitate proper early management of stroke patients and Clinical Nurse Specialists in stroke / early supported discharge teams as specialist health personnel and key to all aspects of stroke care pathway should not be re-deployed to other clinical duties unless there are no other options and as a last resort. Full details on the recommendations of the National Stroke Programme with respect to COVID-19 are available at <https://hse.drsteevenslibrary.ie/c.php?g=679077&p=4865645>

I trust this information is of assistance to you but should you have any further queries please do not hesitate to contact me.

Yours sincerely,



Patricia Gilsenan O'Neill
General Manager