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

RE: PQ 21099/21 and PQ 21103/21

PQ 21099/21_To ask the Minister for Health the status of the implementation of recommendations 5.1, 5.2, 5.3, 5.4 and 5.5 of Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019; the actions that were taken to ensure full implementation; the aspects outstanding; and if he will make a statement on the matter

PQ 21103/21_To ask the Minister for Health the status of the implementation of recommendation 5.12 of Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019; the actions that were taken to ensure full implementation; the aspects outstanding; 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 on your question and have been informed that the following outlines the position.

The former National Clinical Programme (NCP) for Acute Coronary Syndrome (ACS) (now subsumed into the National Heart Programme) was initiated in late 2010. The aim of the NCP ACS was to save lives by standardising the care of ACS patients across the country. The initial focus of the NCP ACS was to develop a National Optimal Reperfusion Service (ORS) protocol for care of patients with ST-elevation myocardial infarction (STEMI), designate primary percutaneous coronary intervention (PPCI) centres for Ireland and standardise pre-hospital and in-hospital response, following a review of the international literature and service provision across Ireland in 2010.

The ORS protocol was put in place January 2013. The ORS protocol seeks to transport STEMI patients, either direct from community by ambulance or by ambulance hospital transfer, to arrive at a designated Primary (emergency) PCI centre within 90 minutes of first medical contact. If this is not achievable (within the 90 minutes) then to the nearest acute hospital, where a thrombolytic (clot-busting) drug can be given, followed by immediate transfer to a PPCI centre. This is acceptable international practice.



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In developing the Optimal Reperfusion Service (ORS) protocol, the NCP ACS undertook the following work:

- Review of the international evidence base for PPCI, models of care in place and how the transition to PPCI was undertaken in various countries/populations;
- A Needs Assessment, including study of demographics and population projections for Ireland, as well as a mapping exercise, showing that 81% of the population aged 55 years and over lived within a 90 minute drive time to Dublin, Cork and Galway;
- Review of the provision of reperfusion therapy (thrombolysis and PPCI) in 2010-2011;
- Development and agreement on a national protocol (National ORS Protocol).

Since the initiation in 2013, the following has taken place:

- Review of PPCI provision in Dublin to ensure sustainability;
- Change in ambulance facilities to facilitate ECG transmission from ambulance to cardiologist;
- Discussion with NHS, Northern Ireland, to provide a PPCI service in Altnagelvin hospital, Derry, serving the population of Donegal.

The rate of PPCI for appropriate STEMI patients in 2016 was 94.3%, indicating that there is a major change in the way patients with STEMI are now treated in Ireland.

As of 2017, designated PPCI centres are:

- Mater Misericordiae University Hospital Dublin (24/7 centre)
- St James's Hospital Dublin (24/7 centre)
- University Hospital Galway (24/7 centre)
- University Hospital Limerick (24/7 centre)
- Cork University Hospital (24/7 centre)
- University Hospital Waterford (9-5 (M-F) centre)

As well as this, there are 3 PCI centres that will do PPCI on walk in or in hospital STEMIs (within hours):

- Beaumont Hospital
- St Vincent's University Hospital
- Tallaght University Hospital

An arrangement has also been made with Northern Ireland, where Donegal STEMI patients can be transported by HSE Ambulance (or helicopter) to the Catheterisation (Cath) Lab in Altnagelvin Hospital (Derry) for emergency treatment. This has been in place since April 2016.

A report, *Heart Attack Care in Ireland 2016*, was published in 2018 and is available on the HSE website.

In order to ensure that the National Clinical Programme for ACS delivered on its aim of standardising heart attack care, a mechanism for monitoring performance was set up. A Data Governance Committee was established to oversee this monitoring mechanism. In 2019, governance for monitoring performance was transferred to NOCA, with a view to establishing the Irish Heart Attack Audit (IHAA). The audit is clinically led, collecting high quality data on ACS patients admitted to PPCI Centres in Ireland for the purpose of healthcare quality improvement. The IHAA Governance Committee is currently compiling its first report due for publication later this year.

The National Review of Cardiac Services (NRCS) will address the design of regional cardiac networks and the role of different types of hospital in such network. The National Heart Programme is currently liaising with the DoH in relation to the NRCS.



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



Anne Horgan
General Manager

