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5th July 2021

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

RE: PQ 21108/21, 21109/21, 21111/21 & 21113/21

PQ 21108/21_To ask the Minister for Health the status of the implementation of recommendations 6.1, 6.2 and 6.3 of Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019; the actions taken to ensure full implementation; the aspects outstanding; and if he will make a statement on the matter

PQ 21109/21_To ask the Minister for Health the status of the implementation of recommendations 6.4, 6.5 and 6.6 of Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019; the actions taken to ensure full implementation; the aspects outstanding; and if he will make a statement on the matter

PQ 21111/21_To ask the Minister for Health the status of the implementation of recommendations 6.12, 6.13 and 6.14 of Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019; the actions taken to ensure full implementation; the aspects outstanding; and if he will make a statement on the matter

PQ 21113/21_To ask the Minister for Health the status of the implementation of recommendation 7.6 of Changing Cardiovascular Health: National Cardiovascular Health Policy 2010 – 2019; the actions 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 questions, which you submitted to the Minister for Health for response. I have consulted with the National Heart Programme on your questions and have been informed that the following outlines the position.

Changing Cardiovascular Health 2010 – 2019 set the policy context for developments in Cardiac Rehabilitation (CR). The policy document contained six recommendations addressing the areas of improving access, ensuring equity, addressing quality, endorsing different models of CR and promoting effectiveness and efficiency through ICT developments and appropriate governance.

The *Health Information and Quality Authority (HIQA) Health Technology Assessment (HTA) Management Support Framework (2016)* identified CR as one of the most cost effective methods of

supporting patients to self-manage and improving clinical and health service usage outcomes (resulting in a 30% reduction in hospitalisation in 1 year). Consequently, CR has been an area of priority targeted under the Self-Management Support Framework within the Integrated Care Programme for Chronic Disease, as well as the more recent *National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020-2025*.

International guidelines recommend CR for patients with myocardial infarction (MI), unstable angina, acute coronary syndrome (ACS), coronary artery revascularisation and heart failure (HF). The guidelines also recommend CR for a variety of other cardiac conditions e.g. heart valve surgery, stable angina, cardiomyopathy, implantable cardioverter-defibrillator (ICD) insertion, transplant, adult congenital heart disease (CHD), high risk cardiovascular patients, diabetes type 2, stroke, transient ischemic attack (TIA), ventricular assist device (VAD) insertion and peripheral artery disease (PAD). There is some slight variation among the guidelines in respect of these latter diseases.

In 2016, the Health and Wellbeing Division of the HSE carried out a comprehensive national needs assessment for CR services. Overall, this needs assessment showed that CR services only met 22% of population needs, for patients diagnosed with diseases that met international guidelines recommending CR. For the four core conditions of myocardial infarction, unstable angina, cardiac revascularisation and heart failure, the services only met 39% of patient's needs. Each hospital admitting acute medical patients had a CR Unit, but this varied from 33% of need being met by the Dublin Midlands Hospital Group to 46% of need being met by the University of Limerick Hospital Group.

An analysis was carried out by county of residence of patients who had been admitted for myocardial infarction, unstable angina, revascularisation or heart failure, with a comparison to capacity of the services in that area. The results ranged from 75% of the residents of County Waterford who needed CR for these conditions receiving the service, to 12% in County Offaly, the national average being 39%.

The findings of this needs assessment showed approximately 13,000 CR course places are needed each year for patients and the service only had the capacity to deliver approximately 5,000 course places. Hence significant expansion in the service is needed.

It was estimated that 63% of CR staff were lost through reallocation to front line services between 2009 and 2016. CR services have been significantly impacted as a result of COVID-19, with many being redeployed and services cancelled.

Recognising the need to develop and deliver integrated, shared care between hospitals and the community, in 2020 significant investment was made through the HSE Winter Initiative and Enhanced Community Care Programme (ECCP) to establish Chronic Disease Specialist Hubs in the community. These teams will place a significant focus on prevention and self-management support services in the community. As part of this approach, a ring-fenced community-based CR Team will be recruited in each of the chronic disease hubs. The CR Team will be part of a Specialist Multidisciplinary Cardiology Team in the hub.

The HSE's National Heart Programme (NHP), established by the HSE early in 2020, encompasses the full continuum of cardiovascular care, with an emphasis on supporting service reform and the implementation of integrated care within the community, as well as ensuring acute care cardiology is supported and kept to an international standard. The Clinical Advisory Group of the NHP has recently established a subgroup to examine priorities in prevention, including CR. This group has agreed to prioritise a Model of Care (MoC) to set out the standards to be followed in CR. This MoC for CR services is currently in development. This MoC will support increased and more equitable access to CR.

A draft minimum dataset for national measurement and evaluation of CR services will be agreed in line with the work on the MoC. The Integrated Care Programme for the Prevention and Management of Chronic Disease will work with the Office of the Chief Information Officer (OoCIO), HSE, to develop information and technology work streams, which have significant potential to improve effectiveness, efficiency and patient experience of chronic disease and the associated work of health and social care professionals (HSCPs).

The NHP acknowledges the strong evidence base for cardiac rehabilitation (CR) and has consistently advocated for additional resources in this area. The NHP continues to advocate for resources to support equitable and timely access to CR for all eligible patients living in Ireland.

Implementation of recommendations 6.2 and 6.13 are not the responsibility of HSE and therefore will not be addressed in this response.

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

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Anne Horgan
General Manager