

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.

12th January 2022

Deputy Bernard Durkan Dáil Éireann Leinster House Dublin 2.

PQ 59752/21. To ask the Minister for Health the extent to which he foresees an adequacy of supply of hospital beds, access to accident and emergency throughout the winter months notwithstanding the persistent threat of Covid-19; and if he will make a statement on the matter.

Dear Deputy Durkan,

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.

In recognition of the significant and sustained effect of the Pandemic on both unscheduled and on planned work, the HSE Service Plan 2021 set out specific actions and funding to support improved access including the following:

- The Health Service Executive received revenue funding approval to open 1,146 acute hospital beds across the health system allowing hospitals to work towards 85% occupancy and provide a safer environment for patients and staff - we currently have 806 beds open.
- Access to Care Plan which made provision for €210m aimed at delivering additional OPD cases and additional private cases.
- New Consultant posts 147
- Critical care capacity Of the 66 critical care beds planned, there are currently 42 beds open.

The demands of COVID have resulted in these resources being redeployed to address emergency and urgent care needs. We are seeking to progress with our plans for implementing the Access to Care targets and have allocated significant resource to the public hospitals to support this aim. In addition we have developed a procurement framework which allows us to purchase private capacity in addition to NTPF and we are leveraging this presently. The HSE is working with DOH to develop and implement a multi-year plan to address scheduled care needs using the public and private sectors. A similar approach is being adopted by other jurisdictions as we seek to recover from the on-going impact of COVID.

The infection control requirements to manage COVID have necessitated the development of COVID and non COVID pathways and these are being maintained for this winter to ensure that we minimise transmission and protect patients and staff. There are challenges in maintaining staffing for dual pathways and this can cause delays on individual sites on a daily basis. Staff have worked relentlessly to support our overall response to the pandemic including the delivery of the vaccination programme and staffing of critical care units during periods of surge. These staff require annual leave and we are seeking to facilitate staff to take time off as we approach another winter.

The development of the winter plan seeks to build on the success of the Plan for last winter including consolidation of COVID /non COVID pathways, strengthened measures for egress from hospitals including home supports, long term care and enhanced primary care measures to ensure that patients use other options for accessing urgent care including Pharmacist, GP, GP Out of Hours Services and Minor Injury Units. In an emergency situation, Emergency Departments (EDs) continue to deal with all medical emergencies.

I trust that this answers your question.

Yours sincerely,

Angela Fitzgerald
Deputy National Director
Acute Operations