



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Rannan na nOspideil Ghearmhíochaine  
Aonad 4A – 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.

08-03-2021

Deputy Colm Burke TD  
Dáil Éireann  
Leinster House  
Dublin 2

**PQ 8803/21 To ask the Minister for Health the breakdown of specialties of urgent care which is taking place according to medical speciality in hospitals nationally in tabular form; and if he will make a statement on the matter.**

Dear Deputy Burke,

Please find the attached report provided by the Healthcare Pricing Office including explanatory detail in response to your question. The data is based on total discharges, both coded and un-coded from acute public hospitals for the year 2019 and 2020 (provisional data), and split by specialty. A very small number of cases in each year have no specialty recorded and these are excluded. 2020 data is provisional and subject to change.

On the 12<sup>th</sup> January, the Chief Clinical Officer of the HSE issued a memo to the acute hospital system in response to the third wave of the COVID-19 surge. In this memo the following instructions were included.

- Immediate suspension of all elective activity, priority should be emergency access only.
- Escalation in the discharge of patients from acute hospitals.
- Introduction of alternative pathways of care that support admission avoidance, minimise length of stay and facilitate discharge should be used to their fullest extent as should opportunities afforded by the private sector to deliver on time-sensitive services and maximise capacity.
- Services should be re-configured, as appropriate, to facilitate access to unscheduled care in the Model 3 & 4 hospitals.

For the duration of this wave, focus has been on delivering care to support unscheduled, urgent and time-sensitive care in patients with COVID and non-COVID healthcare needs. This includes all aspects of care including diagnostic scans and examinations and delivery has been supported by the Safety Net 2 Agreement with the private hospitals and with increased access to diagnostics in the Community through the GPs.

A Safety Net 2 agreement has been negotiated and agreed with the main private hospital sites in the country. This agreement is governed by an agreed Service Level Arrangement (SLA) signed by each Private Hospital (PH) and the HSE. The intent is that private hospitals would predominantly be

utilised to provide or support the provision of unscheduled, urgent and time critical care to NON-COVID patients albeit, if absolutely necessary, the SLA provides for COVID positive patients to be cared for in private hospitals.

I trust this answers your question to your satisfaction.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'TD' with a stylized flourish underneath.

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**Ms Trina Doran**  
**General Manager**  
**Acute Operations**