



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
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Kilmainham
Dublin 8.

12th March 2021

Deputy Eoghan Murphy
Dáil Éireann
Leinster House
Dublin 2

PQ 12741/21 *To ask the Minister for Health if medical consultations in the public system have become virtual consultations; and if it is planned to continue this practice beyond the pandemic.*

Dear Deputy Murphy,

Acute Operations, 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. This response relates to the position in acute hospitals.

In response to the COVID-19 pandemic, and in order to continue to provide outpatient access for patients, there has been enormous development in virtual outpatient consultations across acute services. This development has taken considerable work on the part of hospitals and hospital groups to achieve and is a commendable achievement in the backdrop of such challenging times.

The development has been fully supported by Acute Operations and indeed fell under the planned strategy for 2020 in terms of scheduled care. However, it was not envisaged that it would have developed to the extent that it has in such a short period of time. Working with the Clinical Programmes, and with support from the Office of the Chief Information Officer (OCIO) a Virtual Health Team has been established to develop and operationalise a suite of options to facilitate video-enabled care provision, providing essential clinical guidance and support for the implementation of change of practices in this area to support Acute and Community services.

Some of the key foundation stones that were required for virtual processes have been established including:

- Publication of a [Procedure for the Management of Virtual Outpatient Clinics](#)
- Preparation and publication of a [Patient Information Leaflet](#)
- Provision of clear guidance around the use of Telehealth solutions ensuring Data Protection and GDPR compliance needs are understood and met
- Seeking a position from [Clinical indemnity on the provision of care using a virtual approach](#)
- Working with the BIU to ensure that virtual activity could be reported nationally in a similar manner to face to face OPD consultations.

- Establishment of new ways of working across several clinical areas with video enabled care providing continuity of service to those unable to attend traditional face to face clinics, consultations, or group interventions.
- Identified Telehealth Leads established to support co-ordination with national virtual health efforts and those underway locally with access to a shared ecosystem of learning to promote and develop best practice.
- Establishment of Nursing and Midwifery Telehealth Advisory Group and HCSP telehealth leads to support the professions with the implementation of Telehealth

These elements have been achieved in collaboration with the OCIO, National Telehealth Steering Committee, Clinical Programmes, BIU, ONMSD and Acute Strategy from a national perspective and with continuous engagement and collaboration with Hospital Groups through the Scheduled Care leads.

In the context of Acute Services and OPD service delivery there has been considerable progress in the implementation of virtual engagements in 2020; below are details of the activity that has been reported to the BIU on a monthly basis since March 2020.

Table (a). below outlines the total OPD Consultant led activity and the volume and % of the activity that has taken place virtually in 2020. It should be noted that in 2019 the average OPD monthly activity was circa 285,000 and since the onset of COVID-19 that volumes are lower than the norm. The primary reporting process has been built on the existing OPD data collection process for Consultant lead OPD activity for virtual engagements however the technology is now being used for virtual engagements e.g. HSCP patient engagements (of note this data is not represented).

Preliminary data indicates that a total of 657,415 virtual outpatient consultations have been reported since March 2020 (when the reporting process commenced) details outlined in the table below. DNA rates remain low for virtual activity at less than 1%. *NOTE: GUH are undergoing ITC upgrade and as such virtual activity is not represented in this data for October, November or December c. 8,000 patients were seen virtually in September in GUH*

Table (a.) Total OPD Consultant led activity and the volume and % of the activity that has taken place virtually in 2020

OUTPATIENTS	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Total No. of new and return outpatient attendances (including virtual activity)	212,502	169,634	193,853	231,768	267,646	247,705	292,408	268,767	288,986	243,993
No. of new and return outpatient attendances - Virtual Clinics only	39036	87574	89014	81768	74962	62752	67473	54214	57049	43573
% of patients seen virtually	18%	52%	46%	35%	28%	25%	23%	20%	20%	18%

In May 2020 virtual engagements represented 50% of the OPD patient's engagements that took place nationally. In June, in line with the resumption of services, traditional face-to-face clinics increased and virtual engagements represented 35% of the activity nationally. As 2020 progressed the activity plateaued at around 20% of overall OPD activity; however, as the country remains challenged with the impact of COVID and diversifies in terms of its approach to patient care, it is anticipated that virtual engagements will become an embedded part of how care is provided. Virtual patient consultations have been used predominantly to support return patient visits and of the patients seen to date **558,639** were return patients and the remainder **98,776** (17.6%) were new patients.

Work supporting virtual patient engagements continues in acute services to embed workflow changes and ITC enablement to ensure that this approach to patient care will be maintained in a post COVID environment.

I trust this is of assistance.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Carol Ivory". The signature is fluid and cursive, with a long tail on the final letter.

Carol Ivory
General Manager
Acute Operations