

Rannan na nOspideil Ghearmhíochaine Aonad <u>4A</u> – Áras Dargan An Ceantar Theas An Bothar Mileata Cill Mhaighneann BÁC 8

Health Service Executive
Unit 4A - The Dargan Building
Heuston South Quarter
Military Road

Military Road
Kilmainham
Dublin 8.

**Acute Operations** 

30th June 2021

Deputy Tóibín Dáil Éireann Leinster House Dublin 2.

PQ 23629/21\* to ask the Minister for Health the number of elective surgeries which were carried out in the state in each of the past five years and to date in 2021. -Peadar Tóibín

Dear Deputy Tóibín,

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.

## Response

Since the onset of COVID-19 there has been significant reduction in all scheduled care activity across Acute Services including outpatient clinics, this is in line with the National Action Plan on COVID-19 (page 20).

https://www.gov.ie/en/publication/47b727-government-publishes-national-action-plan-on-covid-19/

Arising from the NPHET decision in early May, 2020 regarding resumption of services and aligned with the roadmap for reopening society and business, Phase 1 <a href="https://www.gov.ie/en/publication/ad5dd0-easing-the-covid-19-restrictions-on-may-18-phase-1/#health-and-social-care">https://www.gov.ie/en/publication/ad5dd0-easing-the-covid-19-restrictions-on-may-18-phase-1/#health-and-social-care</a>, interim guidance was developed in the context of all scheduled services for the resumption of activity including outpatients. This guidance was approved by the Expert Advisory Group (EAG) and issued to all hospital groups/hospitals to support the resumption of scheduled care.

The guidance outlines the measures that need to be undertaken to ensure safety for both patients and staff and varies depending on the type of appointment or treatment the patient is receiving. These measures were implemented as services resumed in 2020 and they have affected patient pathways in a number of ways. In the latter part of 2020, as services adapted to new workflows and processes associated with providing care within a COIVD environment, the number of patients treated began to increase. However, the number of patients being treated in the scheduled care pathway in the early part of 2021 was affected by a further surge in COVID-19 and the requirement to prioritise access for time – urgent care.

As a result of the Cyber Attack on HSE systems at this time there is limited access to information and in order to respond to this PQ we are accessing the most recent information available to us which relates to March 2021. This data has been provided by the Health Care Pricing Office (HPO) and sets out discharge data by speciality. The HPO is responsible for managing and reporting data from the Hospital In-Patient Enquiry (HIPE) scheme. HIPE is a health information system designed to collect medical and administrative data regarding discharges from, and deaths in, acute public hospitals.

There are a number of considerations and caveats with this data:

- 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.
- 2020 data is provisional and subject to change. Data for 2020 may contain a considerable proportion of un-coded data.
- The data does not include public hospital activity which was performed in private hospitals due to the Covid19 pandemic

The Deputy may be aware that significant funding has been identified in the National Service Plan (NSP) 2021 to support access to care. The HSE is working with Hospital Groups and the NTPF to ensure that available additional funding in 2021 is targeted at access to care for patients where care delivery has been affected by the Pandemic.

I trust that this answers your question.

Yours sincerely,

Robert Kidd

**Assistant National Director** 

**Acute Operations**