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15th October 2021

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

RE: PQ 50276/21

To ask the Minister for Health if he will provide details on the consolidation and scale-up of Heart Failure Virtual Consultation Service with Integrated Care Clinical Nurse Specialist Supports in the Community in which this service is available currently; his plans for further expansion; 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 question, which you submitted to the Minister for Health for response. I have consulted with the National Heart Programme on your question and have been informed that the following outlines the position.

Sláintecare Integration Fund Project 237 (SIF 237) entitled *Heart Failure Virtual Consultation (HFVC) Service*, with integrated care clinical nurse specialist (IC CNS) support in the community, was based in two sub-areas: St. Vincent's University Hospital/St Michael's (SVUH/ SMH) and Community Healthcare East (CHO 6) and Mater Misericordiae University Hospital (MMUH) and/ CHO Dublin North City & County (CHO 9). This project built on the success of the Carlow/Kilkenny HFVC pilot project, which has now been mainstreamed in the Carlow-Kilkenny area of South East Community Healthcare.

This innovative approach facilitates real-time, on-line specialist support to GPs, and provides prompt access to diagnostics. With the addition of community based IC CNSs , GPs are enabled to safely manage an at-risk population in the community. A local hub team in both SVUH and MMUH was responsible for the implementation of the project, consisting of the following: Clinical Lead (Consultant Cardiologist), Project Co-ordinator, HFVC Clinical Nurse Specialist, IC CNSs, Administrative support, Clinical Physiologist support and GP advice, supported by a Change Manager.

The objective of the project was to provide an efficient service for Heart Failure (HF) patients presenting to GPs in the targeted areas, building on the excellent results achieved to date in Carlow-Kilkenny. The aim of the extended service was to reduce unnecessary referrals to both in-patient and out-patient hospital services, provide improved treatment in the community through CNS-GP aided care, as well as save traveling time for our patients and families.

This service provides both (a) HFVCs to GPs and (b) patient appointments with IC CNSs in the community.

Key results include:

- Reduced waiting time, <2 weeks from referral to clinic
- Timely access to specialist service for HF patients
- Expand community based care and brings care closer to home. Patients avoid travel and save on time, costs and any risk associated with travel and hospital environment. A significant proportion of patients are frail. Improving their comfort and reducing risk creates huge benefits.
- Diagnostics provided in the community – not in hospitals – an important safety feature during COVID-19
- 100% reduction in referrals to ED/ Acute Medical assessment Unit (AMAU)
- 54% reduction in referrals to OPD/ Heart Failure Unit (HFU)
- 56% care transferred to community (includes patients that don't require OPD or ED referrals)
- Increased integration, connecting primary and acute environments
- Relationships and networking are long term benefits for all personnel involved and facilitates decision making, collaboration and builds trust
- All patients benefit from this system and cultural change
- The service uses and promotes an eHealth solution, with capacity to facilitate continuous provision of care even under very difficult conditions (e.g. COVID-19).
- More GPs are partaking or have expressed interest in using the Virtual Clinics.
- The HFVC service is building long-term capacity in the community through an education component. Participating GPs learn from all discussions during a clinic and are involved in a larger array of cases than presented in their surgery alone.

SIF 237 was nominated by Sláintecare/ DOH for the Civil Service Excellence and Innovation Awards and has been shortlisted in the Excellence in Innovation category.

The HFVC service will now form part of the integrated care cardiology service currently being developed nationally to be rolled out as part of the Enhanced Community Care Programme (ECCP), with support for 18 Integrated Care Specialist Ambulatory Care Hubs in the community in ECCP Phase 1 and an additional 12 hubs planned for ECCP Phase 2.

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

Anne Horgan

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Anne Horgan
General Manager