

Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohoifigeach Cliniciúil Ospidéal Dr. Steevens, D08 W2A8 R: <u>clinicaldesign@hse.ie</u>

Clinical Design & Innovation; Office of the Chief Clinical Officer Dr Steevens' Hospital, D08 W2A8 E: <u>clinicaldesign@hse.ie</u>

23<sup>rd</sup> September 2021

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

RE: PQ 41971/21

To ask the Minister for Health if there are hospitals in which eligible patients for cardiac rehabilitation phase III are still waiting in view of the strong evidence base for cardiac rehabilitation and the need for equitable and timely access to cardiac rehabilitation for all eligible patients living in Ireland; the reasons for persons not being referred or being seen for such rehabilitation; if these problems have only occurred since the Covid-19 pandemic; 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.

A recent survey carried out by the Irish Heart Foundation and the Irish Association of Cardiac Rehabilitation (IACR) found that the national waiting list for cardiac rehabilitation has now exceeded 2,800 patients – a 54% increase since 2013, with 40% of patients waiting at least 3 months for cardiac rehabilitation (CR).

While impacted by Covid-19 the increased waits are not as a direct result of the pandemic. In 2016 the Health and Wellbeing Division of the HSE carried out a comprehensive national needs assessment for CR services. Overall this needs assessment showed that CR services met 22% of the population's need, for patients diagnosed with diseases that met international guidelines recommending CR. For the four core conditions of myocardial infarction, unstable angina, cardiac revascularisation and heart failure the services met 39% of patient's needs. Each hospital admitting acute medical patients had a CR unit but this varied from 33% of need being met by the Dublin Midlands hospital group to 46% of need being met by the University of Limerick hospital group.

An analysis was carried out by County of Residence of patients who had been admitted for myocardial infarction, unstable angina, revascularisation or heart failure and compared to the capacity of the



services in that area. The results ranged from 75% of the residents of County Waterford who needed CR for these conditions receiving the service, to 12% in County Offaly, the national average being 39%.

The findings of this needs assessment showed approximately 13,000 CR course places are needed each year for patients and the service had the capacity to deliver approximately 5,000.

Based on the 2016 study the average waiting time for CR was estimated to be 14 weeks, with a median waiting time of 11 weeks. This ranged from a minimum of 4 weeks up to 60 weeks. Limerick Regional and Mayo General both had waiting lists of over 6 months and in Letterkenny General Hospital it was noted that while the average time was approximately 6 weeks for patient's post-acute myocardial infarction (AMI), it could be up to 52 weeks for patient's post-CABG or PCI.

The 2016 Health Needs Assessment (HNA) advised the evidence shows that practitioners may not refer patients for services which they know are unavailable or have long waiting time.

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,

to flow Will

Patricia Gilsenan O'Neill General Manager, Business Management Office

