



Oifig an Stiúrthóra Cúnta Náisiúnta  
Clár Cúraim Pobail Feabhsaithe &  
Conarthaí Príomhchúraim  
Feidhmeannacht na Seirbhíse Sláinte

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Deputy O'Callaghan,  
Dáil Eireann,  
Leinster House,  
Dublin 2.

19<sup>th</sup> January 2023

**PQ Ref 60318/22 - To ask the Minister for Health the number of additional health and social care professional staff in WTE terms appointed for each local health office area since 27 June 2020, in tabular form; and if he will make a statement on the matter.**

Dear Deputy O'Callaghan,

I refer to your parliamentary question which was passed to the HSE for response.

In line with Sláintecare, the Enhanced Community Care Programme (ECC) objective is to deliver increased levels of health care with service delivery reoriented towards general practice, primary care and community-based services. The focus is on implementing an end-to-end care pathway that will care for people at home and over time prevent referrals and admissions to acute hospitals where it is safe and appropriate to do so, and enable a "home first" approach.

The ECC Programme was allocated €240m for the establishment of 96 CHNs, 30 Community Specialist Teams for Older people, 30 Community Specialist Teams for Chronic Disease, national coverage for Community Intervention Teams and the development of a volunteer-type model in collaboration with Alone.

The role out of the ECC is closely aligned with the implementation of the "GP Agreement 2019", through which targeted funding of €210m has been provided to general practice to support phased development and modernisation over the period 2019 to 2022. This included €80m for new developments including roll out of the GP Chronic Disease Management programme which will see 430,000 GMS / GP visit care holders participating in the structured programme by the end of 2022. This programme recently received a prestigious United Nations award for developing a structured illness and preventative care programme in general practice.

While general practice will provide the core service at CHN level, the Community Specialist Team for Chronic Disease will support general practice in the provision of specialist opinion and input to people with more complex / specialist needs, in respect of Diabetes, Respiratory and Cardiology, with the teams consisting of 32.5 WTE. In line with best international practice each team consists of a variety of specialists including physicians, nursing, health and social care professionals, as well as administrative support. Similarly, the Community Specialist Team for Older Persons consists of 12.5 WTE including geriatricians, specialist nursing and health & social care professionals. The allocation of resources across the system was undertaken following a comprehensive engagement with local CHO's and acute hospitals, taking account of and incorporating initiatives that had already been initiated through the Sláintecare SIF fund as well as other demonstration sites and initiatives.

In response to your query regarding the number of additional health and social care professional staff in WTE terms appointed for each local health office area since 27 June 2020. We do not have this information available per Local Health office as the current structure relates to Community Health Organisations (CHOs), please see summary below with total numbers of



Health and Social Care Professionals recruited to the ECC Programme across the nine Community Health Organisations:

**Table 1**

Health & Social Care Professional	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9	Total
WTE Recruited (onboarded/ advanced stage of recruitment)	116.8	133.2	93.2	186	120.7	66	101.5	99.7	146.3	1063.4

I hope the above is of assistance to you.

**Yours sincerely,**

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**Geraldine Crowley,  
Assistant National Director,  
Enhanced Community Care Programme &  
Primary Care Contracts**