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Deputy Marc Ó Cathasaigh,
Dáil Éireann,
Leinster House,
Dublin 2.

4th April 2022

PQ Ref: 9149/22 - To ask the Minister for Health the position regarding the improvement of podiatrist services for people with diabetes both nationally and within each county in tabular form; and if he will make a statement on the matter. - Marc Ó Cathasaigh

Dear Deputy Ó Cathasaigh,

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 rollout of the ECC Programme 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.

The first Model of Care to be published by the National Clinical Programme (NCP) for Diabetes was the Model of Care for the Diabetic Foot 2011, which has been updated and launched in December 2021. In line with international best evidence, it calls for an equitable standardised foot screening process, risk status to be defined and a clinical care and management plan to be recommended for each category.

In 2020, the Health Service Executive also published The National Framework for the Integrated Prevention and Management of Chronic Disease (2020-2025) which adopted a whole system approach to integrated care. This coincided with a reformed GP contract (GP Agreement 2019 referenced earlier) which will provide reimbursement for opportunistic case finding prevention and care for people with diabetes. This specifically incorporates a detailed foot assessment.

Implementation of the Diabetic Foot Model of Care will empower people with diabetes, and reduce foot ulcers, reduce amputations and reduce length and number of hospital admissions. Recruitment of Integrated Care Podiatrists to Community Specialist Teams for Chronic Disease across Ireland underway is necessary to successful implementation.

The Integrated Care Programme for Chronic Disease and the NCP for Diabetes are working with multiple stakeholders (e.g. H.R., HSCP Office, Professional societies, HEI's) as part of the ECC Programme to drive recruitment and retention of Podiatrists into these integrated care positions.

The ECC Programme funding described is providing a significant uplift to Community Podiatrists with 93 Integrated Care Podiatrists (and an additional 6 Podiatrists allocated to Acute Services – 3 WTE Clinical Specialists and 3 WTE Senior Podiatristc) to be recruited. The breakdown of the additional Podiatrists being recruited is 30 WTE Clinical Specialist Podiatrists, 34 WTE Senior Podiatrists, and 29 Staff Grade Podiatrists. The Community Podiatrists will make up part of the 30 Community Specialist Teams for Chronic Disease. The recruitment for Diabetes Podiatrists commenced in mid-2021 across the country and is ongoing, currently with 25% of the overall Podiatrists onboarded.

I trust this information is of assistance to you.

Yours sincerely,

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