



Oifig Ceannasaí Oibríochtaí,
Oibríochtaí Pobail, Cúram Priomhúil

Seomra 243, Ospidéal Dr Steevens,
Lána Steevens, Baile Átha Cliath 8.
D08 W2A8.

Office of the Head of Operations,
Community Operations - Primary Care

Rm 243, Dr Steevens Hospital,
Steevens Lane, Dublin 8. D08 W2A8.

www.hse.ie
[@hselive](https://twitter.com/hselive)

T: 01 6352209/2682
E: community.primarycare@hse.ie

6th July 2022

Deputy Róisín Shortall,
Dáil Éireann,
Leinster House,
Kildare Street,
Dublin 2.

PQ 34807/22 - To ask the Minister for Health if he intends to review the interim model of care for long-Covid in view of the significant evidence of neurological and psychological complications associated with long-Covid; and if he will make a statement on the matter.

- Róisín Shortall

Dear Deputy Shortall,

The Health Service Executive (HSE) has been requested to reply directly to you in the context of the above Parliamentary Questions (PQ 34807/22), which you submitted to the Minister for Health for response.

The HSE recognises the need to provide follow up support and care for patients experiencing prolonged signs and symptoms of Covid-19. In response to this it has developed an Interim Model Of Care (MoC) for Long Covid which was finalised in September 2021. The aim of the MoC is to provide a national approach to provision of services and supports for patients experiencing prolonged symptoms of Covid-19. It sets out a framework for the provision of these services and supports spanning General Practice, Community Services, Acute Hospitals and Mental Health Services. The resultant Interim MoC recommended the development of eight Post-Acute Clinics and six Long Covid clinics.

Implementation of the MoC commenced in early 2022 and the initial priority is the establishment of Post-Acute and Long COVID clinics. The MoC recognizes that a variety of different specialist disciplines are required to effectively assess and treat patients experiencing Long Covid, this includes respiratory consultants, neurologists, infectious disease consultants and allied health professionals. Funding has been provided through the Model to ensure each site has access to these disciplines which will form a multi-disciplinary team at each clinic. Recruitment of these personnel is now underway.

In some incidences the designated hospital sites are providing Long Covid and Post-Acute clinics on an interim basis while awaiting recruitment of full staffing as per the MoC. They have been established in response to local need and are leveraging existing resources and capacity. The HSE is now working with these sites to expand their resources to ensure they can meet the requirements of the MoC and what is required within a local context. It is also working with sites that do not already have access to designated clinics so that these can become operational.

As this is an interim Model however, the approach to implementation will be agile and flexible, as there may be a need to change and adapt services based on learnings from clinics, new and emerging evidence and current and future demand for service. As clinics become fully operational, the HSE will be collating metrics such as waiting lists, numbers of patients treated and numbers of clinics operating. It will also collect metric



related to resource utilization and demand for specific types of services. This information will be key to informing any required expansion of clinics and/or the development of additional clinics at other hospital sites. It will also key be to informing any changes in staffing requirements for these clinics.

I trust this information is of assistance to you.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'TJ Dunford', written over a horizontal line.

TJ Dunford
Head of Operations - Primary Care
Community Operations