



**Oifig an Stiúirthóra Cúnta Náisiúnta  
Clár Cúraim Pobail Feabhsaithe &  
Conarthaí Príomhchúraim  
Feidhmeannacht na Seirbhíse Sláinte**  
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**Deputy Mairéad Farrell,  
Dáil Eireann,  
Leinster House,  
Dublin 2.**

**5<sup>th</sup> April 2022**

**PQ 10915/22 - To ask the Minister for Health the number of additional staff that were employed in the community for the Echo Programme; and whether it is the case that the same staff that do this work in the hospitals also do this in the community. - Mairéad Farrell**

Dear Deputy Farrell,

I refer to your above 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.

As part of the ECC Programme, in line with the 2020 Winter Plan, the HSE's Corporate Plan and the NSP 2021, ECC Programme has been working to increase direct access to Chronic Disease diagnostic services for GPs. There has been significant engagement between the Chronic Disease Clinical Programme and the Hospitals Groups and CHOs to put in place a plan to provide GPs and Community Specialist Teams (CST) with direct and equitable access to Echocardiography and Spirometry.

An additional 32 Senior Physiologists are to be recruited by the relevant hospitals and will be assigned to GP and CST related work. It is envisaged that this service will commence in the acute hospital and transition to the community locations for CSTs for Chronic Disease as they become available. Staff recruited to support this model will work across both hospital and/or community settings as agreed by the local governance group, but the minimum level of GP direct access service, will be guaranteed by the individual hospitals/hospital groups.

I hope the above information is of assistance to you.

Yours sincerely,

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