

Ceann Seirbhíse, Cúraim Príomhúil Cúram Sláinte Pobail Cabhán Dún na nGall Liatroim Muineachán, Sligeach An Clochar, Sráid an Choláiste, Béal Átha Seanaidh, Co Dhun na nGall, F94 TPX4 Head of Service, Primary Care
Community Healthcare Cavan Donegal
Leitrim Monaghan Sligo
HSE, An Clochar, College Street,
Ballyshannon, Co Donegal, F94 TPX4

www.hse.ie @hselive

t: 071 9834627 | 071 9834637

e: HOSPC.CHO1@hse.ie

7<sup>th</sup> November 2022

David Cullinane Dáil Éireann, Leinster House, Kildare Street, Dublin 2

PQ ref. 51409/22 - To ask the Minister for Health if there are plans for a new chronic disease clinic in Sligo-Leitrim.

Dear Deputy Cullinane

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following tables outline the position.

Chronic Disease hubs are sites identified outside of the hospital setting that will provide access to specialist services within the community. Each hub will be affiliated with a local hospital and will serve a population of approximately 150,000 and will focus primarily on the prevention and management of chronic disease. These hubs will be established to support the provision of care closer to home and to facilitate ready access to diagnostics, specialist services and specialist opinions in order to enhance the delivery of patient-centred care, support early intervention and avoid hospital admission, where possible.

The Chronic Disease hub for the population of Sligo/ Leitrim/ West Cavan and South Donegal (Ballyshannon/ Bundoran) has been established and Benbulbin Chronic Disease hub is based on Clarion Road in Sligo. There are also Outreach Services in Ballymote and Enniscrone in County Sligo, Carrick on Shannon and Ballinamore in County Leitrim and in Ballyshannon in County Donegal.

Chronic Disease Management (CDM) Hubs are community based, from which the following specialist teams operate;

- Cardiology
- Diabetes
- Respiratory

The focus of the CDM Hubs is to improve the individual experience of care for patients with Chronic Obstructive Pulmonary Disease (COPD), Asthma, Type 2 Diabetes and Cardiovascular Diseases and also to improve health outcomes in an integrated way between the acute and community settings by;

- Providing GP's and Practice Nurses with timely access to specialist assessment, diagnosis and treatment.
- Supporting the provision of more complex management of patients in the community setting.
- Providing direct access to diagnostics.
- Providing education and support self-management for patients living with chronic disease.

Significant funding has been allocated to recruit additional posts in order to develop specialist teams in both the community and acute setting. Additional Clinical Nurse Specialists, Advanced Nurse Practitioners, Physiotherapists, Dietitians, Podiatrists and Admin staff have been approved for this hub and recruitment is at an advanced stage. An Integrated Respiratory Consultant post has also been approved, as have additional diagnostic posts including respiratory and cardiac physiologists.

The Services provided at CDM locations include;

- Diagnostics.
- 1:1 Consultations.



- Group programmes including cardiac rehab; pulmonary rehab and DESMOND Structured Education for Type 2 Diabetes.
- Consultant Led Clinics.

Implementation groups with GP, acute and community Multi Disciplinary Team (MDT) involvement have also been established. Service users are represented on these groups.

There are a number of ways in which the Benbulbin CDM Integrated Service optimises admission avoidance from the Acute Service:

- CDM clinics in the hub.
- Delivery of Respiratory diagnostics (Pulmonary Function Tests) and Cardiac ECHO in the hub avoiding attendance at the acute setting.
- Patient Education/ Self-Management programmes.
- Integration between acute and community teams resulting in shared approach to care, person seen in the right place at the right time.
- Early intervention

The steps planned to continue the development of the Hubs are as follows;

- Complete recruitment of approved staff (over 75% recruited to date)
- Streamlining of processes and referral pathways (currently underway).
- Increase number of group rehab and education programmes with additional outreach locations in 2023 bringing care closer to home.

I trust this information is of assistance to you but should you have any further queries please contact me.

Yours sincerely,

Yours sincerely

\_\_....\_ \_....mhúil

Cúram Sláinte Pobail Cabhán Dún na nGall Liatroim Muineachán Sligeach

Head of Service, Primary Care

Community Healthcare Cavan Donegal Leitrim Monaghan Sligo