



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

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Deputy Michael Creed
Dáil Eireann,
Leinster House,
Dublin 2.

13th June 2023

PQ Ref: 25857/23- To ask the Minister for Health the rationale for excluding Mallow General Hospital from benefit under the appointment of community care consultant posts; the rationale for this decision given the extensive catchment area that Mallow General Hospital serves; if he is satisfied that this decision is compatible with the Sláintecare objectives of delivering the “right care, in the right place, at the right time, by the right team”; if he will review this decision with the HSE given the imminent opening of a new 50-bed unit in Mallow hospital and the likelihood that such a decision will only exacerbate the number of admissions on trollies at Cork University Hospital; and if he will make a statement on the matter. -Michael Creed

Dear Deputy Creed,

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

In line with Sláintecare, the Enhanced Community Care (ECC) Programme aims to deliver increased levels of health care with service delivery reoriented towards general practice, primary care and community-based services, with a focus on implementing an end-to-end care pathway that will care for people at home, enabling a “home first” approach to service delivery.

The ECC Programme has ear-marked funding in the order of €240m and approval for the recruitment of 3500 additional staff for the establishment of 96 CHNs, 30 Community Specialist Teams for Older People (CSTs for Older People), 30 Community Specialist Teams for Chronic Disease (CSTs for Chronic Disease). Over 2,600 additional staff are already onboarded or at an advanced stage of recruitment. The ECC programme includes provision for 49 new Specialist Integrated Care Consultant Posts for Cardiology, Respiratory and Endocrinology in the Acute Hospital system across the Country.

A comprehensive consultation process was undertaken with stakeholders when the model was being developed including clinical advice from the National Clinical Programmes and the Operational System. The Model provides an end to end care pathway across the CHNs, CSTs for Older People and Chronic Disease as well as the Front Door and in-patient Services in the Acute Hospitals with Clinical Governance being provided through the relevant Model 4 or 3 Hospitals but with the services being delivered locally in Community settings.

Mallow Hospital, as a Model 2 hospital, is part of the Model 4 CUH Group and operates as part of the well-established Clinical Directorate Model which provides the required corporate and clinical governance in line with HIQA standards. While clinical governance is provided in this way through the Model 4 and Model 3 Hospitals, the clinical guidance and operational arrangements provided as part of the ECC enable sufficient local flexibility to allow the consultants to work across the Level 4/3 and Level 2 hospitals.



Consultants appointed to the North Cork post will have a role in Mallow, and in the Ambulatory Care Hub for chronic disease, while at the same time operating under the overall clinical governance of the CUH Group.

Such arrangements already apply in other parts of the country. Detailed arrangements in respect of such individual post-holders can be addressed through the South-Southwest Hospital Group (SSWHG), which encompasses the CUH Group, with the HSE ECC National Programme providing assistance and guidance to ensure that arrangements comply with the relevant HIQA Standards and National Clinical Guidance.

I trust this clarifies the position.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'G. Crowley', written over a horizontal line.

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