



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

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Deputy Sherlock,
Dáil Eireann,
Leinster House,
Dublin 2.

16th May, 2024

PQ Number – 19740/24

To ask the Minister for Health the number of adults who are being treated for stage 1 and stage 2 hypertension within the primary care system; the cost of management of hypertension on an annual basis for 2022, 2023 and to date in 2024 to the GMS scheme; and the public health programmes underway to highlight the need to raise awareness of hypertension.

Dear Deputy Sherlock,

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

The GP Agreement 2019 provided for the introduction of an integrated model of a structured Chronic Disease Management (CDM) Programme. The GP Agreement (2019) provided €80m for new developments including roll out of the CDM Programme. The CDM Programme was launched in 2020 and has been rolled out on a phased basis (2020 – 2023). The aim of the Programme is to prevent and manage patients' chronic diseases using a population-approach. The CDM Programme identifies and manages GMS and GP visit card patients at risk of chronic disease (Prevention Programme) or who have been diagnosed with one or more specified chronic diseases (Treatment Programme).

The Prevention Programme component of the overall CDM Programme, which is for patients who have been referred from a CDM Opportunistic Case Finding GP assessment as a result of a number of specific high risk indicators, has been rolled out on a phased basis commencing in 2022 to eligible patients aged 65+ years and expanding in January, 2023 to include eligible patients aged 45+ years.

The relevant stakeholders to the GP Agreement, 2023 agreed further service enhancements as part of the roll out of Phase 3 of the CDM Programme including direct access to the Prevention Programme for eligible patients over 18 years with Hypertension (Stages 1, 2 & 3).

The overall cost of management of the 92,234 patients registered on the Prevention Programme since 2022 to March, 2024 is €9.03m. These figures relate to all the conditions managed on the Prevention Programme. It is not possible to provide the number of patients with hypertension and associated cost as the breakdown is not available at this time. The cost of managing the patients registered on the Prevention Programme was €0.90m in 2022; €5.22m in 2023 and €2.89m from January to March, 2024. It is expected that the full year cost in 2024 will increase over the 2023 cost due to new patients being registered.

In March 2023, the second report into the implementation of the Structured Chronic Disease Management (CDM) Programme in General Practice was published and can be accessed here <https://www.hse.ie/eng/services/news/media/pressrel/hse-publishes-second-report-into-the-implementation-of-the-structured-chronic-disease-management.html>.

Its key findings were:-



- 91% of patients with chronic disease were not now attending hospital for the ongoing management of their chronic condition, which was now fully managed routinely in primary care
- 83% of eligible patients (65 years and older) were enrolled in the Treatment Programme. *[March 2024 Note: Latest preliminary data shows that this has risen to 89% for over 65 year olds and 80% for over 18 year olds.]*
- Improving trend self-reported lifestyle risk factors.
 - 13% of patients had given up smoking between first and third visit.
 - Of patients who were obese at their first visit, 14% of them had reduced weight and were now not obese at their third visit.
 - Of those who had inadequate physical activity at their first visit 48% had achieved adequate activity by their third visit.
 - 67% of people who had harmful drinking patterns at their first visit no longer did at their third visit.
- Improving Trend in Biometric Risk Factors
 - 44% of patients who had hypertension at their first visit no longer did at their third visit.
 - 42% of diabetic patients who were not achieving treatment targets at their first visit did achieve them by their third visit.
 - Of people not achieving their cholesterol targets at their first visit approximately 30% had achieved them by their third visit.

In 2024, the HSE has allocated an additional once-off sum of €400,000 to the Irish Heart Foundation's for a High-Risk CVD Prevention Programme which has demonstrated its effectiveness by enhancing healthcare provision, clinical outcomes, and health behaviours in patients living in deprived communities.

I trust that the foregoing is of assistance.

Yours sincerely,

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