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Deputy Marie Sherlock
Dáil Eireann
Leinster House
Dublin 2

25th March, 2025

PQ 4418/25 - to ask the Minister for Health the reason for the cessation of the Heartwatch programme; the number of patients participating in the programme each year; and her plans for the resumption or the establishment of a similar programme. -Marie Sherlock

Dear Deputy Sherlock,

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

The Heartwatch Programme was established in the early 2000s, with an overall function of enrolling patients in a programme of care with a view to preventing secondary complications in this cohort of patients. The GP Agreement of 2019, saw the introduction of the Structured Chronic Disease Management (CDM) Programme, to prevent and manage patient chronic diseases using a population-approach.

With 95% of GPs signed up to the CDM programme and over 645k patient reviews[1] by GPs in 2024, 92% of patients with chronic disease, enrolled in the programme, are now fully managed routinely in primary care and are not attending hospital for ongoing management of their chronic condition. The CDM Programme is made up of three strands, namely:

- CDM Treatment Programme
- CDM Prevention Programme (PP)
- Opportunistic Case Finding (OCF) Programme.

These programmes are available to over 430k GMS / GP Visit Card patients. There were 158k reviews undertaken as part of the Prevention Programme and 77k Opportunistic Case Finding reviews in 2024. GPs are referring patients that cannot be managed within general practice to the Community Specialist Teams for Chronic Disease, under Enhanced Community Care, demonstrating the end-to-end pathway in the delivery of care in the community. Increased GP direct access to chronic disease diagnostics (Echocardiography, Spirometry and the NT-proBNP blood test) has also been implemented as part of the programme.

As a component of the implementation of that agreement it was planned that all eligible patients aged 18 years and over who were registered under the Heartwatch Programme before the introduction of the CDM programme would transition onto the Structured Chronic Disease Management Programme for onward care. Thereby ensuring appropriate transition arrangements for the legacy Heartwatch programme. In that way any of the 95% of GP's registered for the CDM programme, should be in a position to continue providing cardiac care under the remit of the Structured CDM programme.
The most recent data from the ICGP (below) shows that this has been the case with the number of new patients and visits falling as people are enrolled with the new system. I'm aware that there has been some

[1] GP Chronic Disease Management Patient Reviews – patients generally receive two patient reviews in a 12 month period.

suggestion that this is a funding issue however this is not the case as arrangements have been made to ensure that services are continued under the wider structured chronic disease management programme's three core elements Treatment Programme, Opportunistic Case Finding & Prevention Programme since its launch in 2020.

Year	New Patients	Total Visits*
2019	523	16,040
2020	262	8,750
2021	171	4,037
2022	116	2,651
2023	123	2,561
2024	73	2,331

*Visit count here are for all patients - not just those that are newly registered.

I trust this is of assistance.

Yours sincerely,

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Geraldine Crowley,
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