HSE Integrated Care Programme for the Prevention and Management of Chronic Disease Newsletter

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Integrated Care Programme for the Prevention and Management of Chronic Disease

Welcome to the December 2024 edition of the HSE Integrated Care Programme for the Prevention and Management of Chronic Disease Newsletter

NCAGL for Chronic Disease and Clinical Lead, Integrated Care Programme for the Prevention and Management of Chronic Disease

As we approach the close of 2024, it is with great enthusiasm that we welcome the addition of the National Clinical Programme for Obesity to the Office of the NCAGL for Chronic Disease. All four programmes will work together as the ICPCD to strengthen the approach to the prevention and management of multimorbidity in Ireland.

In this festive edition of our newsletter, we celebrate several key achievements. The National Conference, Integrated Healthcare: Advancing Health Service Reform, held in September, brought together over 1,000 health professionals, policymakers, and patient advocates to discuss the future of healthcare. A special note of congratulations to the Integrated Cardiopulmonary Specialist team at the Dublin North West Chronic Disease Integrated Care Center (DNWICC) for their award-winning poster on the integrated approach to cardiopulmonary disorders. Other awards to celebrate include the PMI Award for Excellence in Innovation for the ECC Programme, Best Paper Award at the North American Integrated Care Conference for Dr. Maria O'Brien (ICPCD) and recognition of Health Course Manager at the Health Service Excellence awards.

Additionally, the Department of Health is developing a National Diabetes Policy & Services Review in conjunction with the HSE which aims to improve diabetes care across Ireland. This initiative reflects the continuous efforts to enhance healthcare integration and outcomes for individuals living with diabetes and we look forward to the final report in 2025.

As we welcome new team members, we must also bid a sad farewell to Professor Derek O'Keeffe (National Clinical Lead for NCP Diabetes) and Dr. Michael Lockhart (Programme Manager for NCP Diabetes). This newsletter will give you a glimpse of a small fraction of the work that Derek and Michael have achieved during their time as part of the NCP Diabetes. We wish them both well in their future endeavors.

Looking ahead to 2025, we remain committed to improving care for the prevention and management of chronic disease and improving health outcomes. On behalf of the team, we wish you and your families a very Merry Christmas and a Happy New Year filled with health and happiness.

Dr Sarah O'Brien

Welcome to

Consultant Respiratory Physician and Clinical Lead, National Respiratory Programme

Professor Breda Cushen is a Consultant Respiratory Physician at Beaumont Hospital and Honorary Clinical Associate Professor at RCSI University of Medicine and Health Sciences. Having graduated from University College Dublin in 2007, she completed her post-graduate specialist respiratory training in Ireland. She is a fellow of the Royal College of Physicians in Ireland.

Prof. Cushen's subspecialty interest is severe airways disease. She was awarded a PhD from RCSI in 2018 for work exploring reasons for repeat healthcare use following hospitalisation with an acute exacerbation of COPD. On completion of training, she was appointed as consultant in severe asthma at the Royal Brompton Hospital in London.

She returned to Ireland to establish a dedicated multidisciplinary service for the management of patients with advanced COPD. In addition, she holds clinics in severe asthma, and undifferentiated airways disease. She is the clinical lead for the hospital's COPD outreach service and has been involved in the set-up and development of Respiratory Integrated Care programmes within the Beaumont catchment area, and CHO 9.

Prof. Cushen is PI/co-investigator in several studies ongoing at RCSI, all in Asthma or COPD. To date, she has authored 29 peer-reviewed research publications, in addition to several book chapters, most in airways disease. She is an associate editor of the ERS journal "Breathe". From 2021 – 2024, she was a board member of COPD Support Ireland and is currently Irish representative on the GOLD assembly.

ICGP Lead for Cardiovascular Disease, National Heart Programme

We are pleased to introduce Dr. Eamonn O'Shea, who began his role as the HSE/ICGP Integrated Care GP Clinical Lead (Cardiovascular) in May 2024. With 25 years of experience as a GP, Dr. O'Shea has always been passionate about structured, patient-centred care for cardiovascular disease in the community. He has witnessed the positive impact of initiatives like the Chronic Disease Management Programme and Integrated Care Pathways.

One of his key priorities is to engage with GPs and practice nurses to gather insights on current referral pathways and raise awareness of local integrated care hubs. He will also engage with patient representative groups to better understand their experiences. By collaborating with cardiology specialists in both acute and integrated care settings, Dr. O'Shea aims to establish clear referral pathways for common cardiovascular conditions, ensuring timely access to specialist care and reducing waiting times.

Dr. O'Shea recognises the critical role GPs play in the prevention, early detection, and management of cardiovascular disease. He plans to leverage his background in medical education to keep GPs informed on the latest cardiology best practices, focusing on investigations, ECG interpretation, and new guidelines for managing conditions like hypertension and hyperlipidemia.

Looking ahead, Dr. O'Shea will work on developing models of care for various cardiovascular conditions, building on the success of the heart failure model. As a member of the National Heart Programme team, he shares their goals of implementing a National Cardiac Registry and enhancing the use of cardiac imaging.

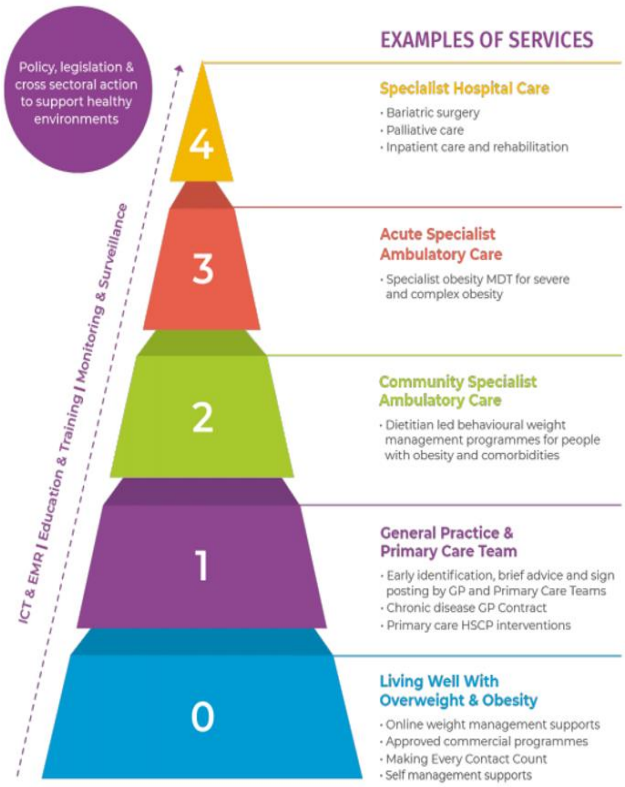
Dr. O'Shea is excited to collaborate with those at risk of or living with cardiovascular disease and all involved in their care to improve cardiovascular outcomes across Ireland in the coming years.

The Obesity National Clinical Programmes joins ICP Chronic Disease in 2024.

National Clinical Programme for Obesity

The Obesity National Clinical Programme (NCP), established in 2017, forms part of a broader national effort to address obesity, a significant public health challenge. In line with Healthy Weight for Ireland Obesity Policy and Action Plan 2016–2025 and the Integrated Framework for the Prevention and Management of Chronic Disease (2020), the NCP aims to improve the access, quality, safety, and efficiency of care by developing national models of care, clinical guidelines, and integrated care pathways.

The Obesity NCP joined the Office for the Integrated Care Programme for the Prevention and Management of Chronic Disease in June 2024. Obesity is a chronic disease where excess body weight impairs health. It requires long-term management. The Model of Care for the Management of Overweight and Obesity in Ireland (2021) sets out how the care of obesity should be delivered in the HSE. This aligns with the World Health Organization (WHO) Health Service Delivery Framework for Prevention and Management of Obesity (2023).



Aims and Objectives of the Obesity NCP

The goal of the Obesity NCP is to enhance the prevention and treatment of obesity. It seeks to:

- Improve early identification of overweight and obesity.
- Develop treatment pathways for individuals living with obesity.
- Increase access to multidisciplinary care for adults and children.
- Integrate primary, secondary, and tertiary care services for seamless care.
- Support healthcare professionals with training and guidelines on obesity management
- Promote patient engagement and Self-Management supports.
- Address obesity stigma and bias within healthcare

Services and Supports Available

There are various supports and services for children, young people and adults with obesity. These include hospital based and community-based teams. The Best Health Weight Management Programme is available within the Chronic Disease Hubs.

Supports for primary care include:

- Talking about Overweight and Obesity MECC module (www.hseland.ie)
- Talking about Weight booklet (available at www.healthpromotion.ie)
- Talking to your Child about Health and Weight booklet (available at www.healthpromotion.ie)

For further information about obesity see www2.hse.ie/conditions/obesity/ and www2.hse.ie/conditions/childrens-weight/ For further information about the programme see www.hse.ie/eng/about/who/cspd/ncps/obesity/

The Best Health Programme for Obesity Management

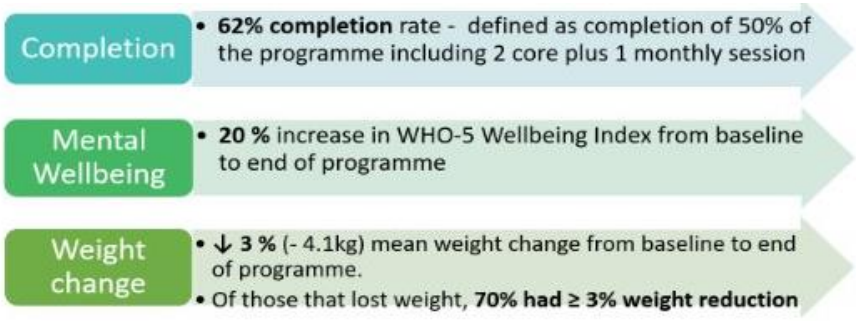
The Best Health programme is a Self-Management education and support (SMES) programme for people living with obesity. The programme commenced delivery in chronic disease hubs in 2021 and is now available in 16 hubs. Best Health was awarded QISMET Accreditation in July 2024, ensuring the highest possible quality service is provided (www.qismet.org.uk).

The Best Health programme is designed based on the latest evidence in obesity management. It acknowledges that every person living with obesity is different. Participants on the programme get support to achieve their goals, improve their physical and functional health and mental wellbeing, rather than focussing on weight loss alone, see figure 1 for more details of the programme curriculum.

Figure 1: The core themes of the programme

Evaluation of the programme shows participants engage well with the programme initially and stay engaged. It also shows significant improvements in wellbeing and weight reduction which is in line with other similar programmes internationally (Figure 2).

Figure 2: Key findings from a service evaluation of early phase implementation.



Participant feedback

"Listening to others in the group and their stories was helpful to me. The dietitian who presented the programme was very helpful and understanding and felt she didn't judge anyone, gave great advice and had great knowledge on all aspects of the programme"

Who can access the Best Health Programme?

All adults with a BMI ≥ 30 kg/m^2 (or 27.5kg/m^2 for South Asian, Chinese, Black African or Caribbean individuals) AND two obesity related co-morbidities listed: type 2 diabetes, hypertension, hyperlipidaemia, obstructive sleep apnoea, polycystic ovarian syndrome, and osteoarthritis.

How does the Best Health Programme work?

Participants will:

- Attend an individual initial assessment with a dietitian
- Attend a 12 month programme: 6 weekly session followed by 8 monthly support sessions (each session is 1.5 hours)
- Option of attending either online or in person programme
- Access social support and share lived experience.

How can people access the Best Health Programme?

By GP referral to the community dietitian in the community specialist teams. For GP practices using health link simply choose *Weight Mgmt. Prog (Best Health)* on the drop down menu (in areas where it has been activated).

Physiotherapy Referral for Radiological Procedures

Respiratory Clinical Specialists from COPD Outreach and acute hospital were among the first cohort of physiotherapists in Ireland invited to complete their training in referring for chest x-ray.

Feedback to date is very good with the physiotherapists looking forward to putting it into practise.

Pictured: Ciara Gleeson, St James Hospital, Eimear Power, Waterford University Hospital, Sara Leacy, Wexford General Hospital, Catherine Elliott, Cavan General Hospital, Alanah Quinsey & Emma McArdle, Tallaght University Hospital and Tara Quinn, Mater Misericordiae University Hospital.

Diabetes Educators Advancing Health Service Reform through Self Management Education Programmes: Showcasing at National Conference

The National conference, 'Integrated Healthcare: Advancing Health Service Reform', took place in the Convention Centre Dublin 5th September 2024. The conference brought together over 1000 (750 in person & 250 virtual) health professionals, policymakers and patient advocates. More than 100 posters were presented on the theme of "access and integration."

The ICPCD SME team presented some of their work in two posters:

1. *"Digital delivery of diabetes programmes improve care and access nationally for people with type 2 diabetes"*
2. *"National IT system 'Health Course Manager' enables better access, integration and quality chronic disease services".*

Other poster presentations on the day showcasing the work of dietitians delivering diabetes self management education included:

3. Tallaght Community Integrated Care Programme for Chronic Disease demonstrating the positive impact of the Diabetes Prevention Programme for participants in their area.
4. The National Clinical Programme for Diabetes, showcasing -Type 1 Diabetes Structured Education in Ireland: The DAFNE Expansion.
5. "*Waiting List Initiative for Adults with Type 2 Diabetes Accessing Self-Management Education and Support (SMES)"* Nadine Drew, Senior Diabetes Dietitian, CHO 5.
6. *"Improving Access to a Self- Management Education and Support Programme for people living with Type 2 Diabetes in an area of high deprivation'"* Rachel Mulcahy Senior Diabetes Dietitian, Joanne Begley Diabetes Nurse Specialist, Aine Maloney Diabetes Podiatrist, Chronic Disease Hub Kildare and West Wicklow.

Aoife Ward, Senior Dietitian ICPCD SME Office, Margaret Humphreys, Dietitian Manager ICPCD SME Office, Dr. Karen Harrington, Clinical Specialist Dietitian ICPCD SME Office, Peter Curley, Dietitian CHO 7 Tallaght Hub, Orla Brady, Senior Dietitian ICPCD SME Office.

Recognition for the pioneering Dublin North West Chronic Disease Integrated Cardiopulmonary Specialist Team

L-R: Niamh Murtagh (ECC Change Manager ICPCD), Barbara Parlon (DNW Cardiology ANP), Beatrice Lyons, Dr Sarah O'Brien (National Clinical Advisor & Group Lead for Chronic Disease), Johanna O'Callaghan (DNW Respiratory ANP), Samantha Lyons.

Congratulations to the Integrated Cardiopulmonary Specialist team in the Dublin North West Chronic Disease Integrated Care Centre (DNWICC), who received a poster prize award from HSE CEO Bernard Gloster at the recent HSE Advancing Healthcare Reform 2024 Conference for their poster titled "**Breathe Easy; Beat Strong**: A Unified Approach to Cardiopulmonary Disorders".

The DNWICC team showcased their service of a combined model of care for the evaluation and treatment of patients with concomitant cardiopulmonary diseases at plenary Session 3. Ms. Beatrice Lyons, an inspirational lady served by this pioneering service outlined the positive benefits for patients, in the supporting video.

The issues facing these patient cohorts of delays in specialist diagnostic testing and therapeutic challenges, inspired the cardiology and respiratory teams to develop interdisciplinary links. This enabled collaboration for effective teamwork for timely patient diagnosis and therapeutic interventions. The I.C. cardiopulmonary clinic, launched April 2023, was designed to provide patients with access to the highest level of care, for the assessment and management of comorbid cardiovascular disease and COPD in a community setting, all under one roof.

A review conducted on 52 patients who attended the joint clinic from April 2023 - May 2024 found:

1. Reduction in OPD waiting list times - 18 months to 3 months, minimising need for NTPF outsourcing,
2. Outpatient direct costs resulting in savings of €33,200,
3. Reduction in ED presentations, hospital admissions and inpatient stay cost. 187 bed days saved with savings of ~ €239, 173,
4. Patient travel time reduced with a resultant indirect patient cost of carbon footprint reduction equivalent to 5 return flights from Dublin to Amsterdam.

The overall impact included timely specialist access; early diagnosis and admission avoidance; environmental sustainability; improved patient experience and chronic disease management and enhanced multidisciplinary collaboration.

The team won the HSE CEO "Choice Innovation Award" at Spark Summit June 2024 for establishing Ireland's first joint cardiorespiratory clinic. ICPCD would like to extend congratulations to team members. Thank you to Beatrice Lyons who gave up her time to attend the conference in person.

https://www.hsenationalconference.com/live - Click Session 3 for live recording

https://www.hsenationalconference.com/ - For posters.

National Diabetes Policy & Services Review

The Department of Health, in collaboration with Diabetes Ireland and the National Clinical Programme for Diabetes, has commenced work on a National Diabetes Policy & Services Review. The purpose of this review is to develop a single national plan and implementation framework for diabetes care in Ireland. This plan will encompass the care provided across all age groups in acute, primary and community settings for people living with diabetes, in all health regions. This implementation framework will align closely with the National Framework for the Integrated Prevention and Management of Chronic Disease (2020 – 2025). The National Clinical Programme for Diabetes has led on a review of existing diabetes services currently being delivered in the public health service, identifying weaknesses and gaps in line with the new HSE health regions, and has provided clinical and operational leadership to a wider stakeholder group tasked with developing a set of actions to improve diabetes service delivery and patient outcomes. This stakeholder group comprises patient advocates and people living with diabetes, clinical leaders in all disciplines pertaining to diabetes care, NCAGL for Chronic Disease, public health experts, NOCA, IDNMSA, the Department of Health and Diabetes Ireland, among others. The stakeholder group has met for in-person workshops in the Department of Health on three occasions. The Department of Health will submit the National Diabetes Policy & Services review report to the Minister for Health by the end of 2024. The National Clinical Programme for Diabetes would like to express its sincere gratitude to the Department of Health, Diabetes Ireland and all members of the stakeholder group who have made this exciting endeavour possible.

HSE Health A-Z – Type 1 Diabetes Guide

The National Clinical Programme for Diabetes, led by Dr. Cathy Breen, Interim Dietetic Lead on the National Clinical Programme, has contributed to the HSE Health A – Z database with an updated Type 1 Diabetes guide for patients and their carers.

This guide, available on the HSE website, provides practical advice for patients newly diagnosed with Type 1 diabetes.

A broad range of topics are covered, including insulin therapy, blood glucose and ketone monitoring, retinal screening, foot screening, psychological wellbeing and support resources available, and carbohydrate counting, among others. There is a new section on diabetes technology. Also included in the HSE Health A – Z guide is information about the disease itself, including a clear definition, the symptoms which typically precede diagnosis and diagnostic testing.

Having access to accurate, clear patient information is key for the management of Type 1 Diabetes, as emphasised in the recently launched Adult Type 1 Diabetes Mellitus v2 National Clinical Guideline No. 17, and this HSE Health A – Z guide is an example of this.

The National Clinical Programme for Diabetes would like to thank the Self-Management Education and Support Office and everyone who contributed to this work.

For further information about obesity see:

https://www2.hse.ie/conditions/type-1-diabetes/

ICPCD recognition and awards

The ECC Programme has been honoured at the Project Management Institute National Project Awards on 14th November 2024 with a PMI Award for Excellence in Innovation. This prestigious recognition highlights commitment to providing solutions that improve our services and benefit service-users.

Alice McGinley, Ger Crowley, Pat Healy, Dr. Sarah O Brien & Conor Kirwan

Health Course Manager, the National IT system supporting delivery of chronic disease Self-Management education support (SMES) group courses was acknowledged at the Health Service Excellence awards held in Farmleigh House on 28th November 2024. HCM is supported by the ECC, OoCIO, HSE digital and the office of NCAGL Chronic Disease.

Siobhan O'Farrell, Change Manager, Margaret Humphreys, Dietitian Manager ICPCD SME Office, Dr. Karen Harrington, Clinical Specialist Dietitian

Success at the North American Integrated Care Conference

Jodeme Goldhar, IFIC Canada, Dr. Walter Woodchis, IFIC Canada, Dr. Niamh Lennox-Chughani, Chief Executive IFIC International, Dr. Maria O'Brien ICP CD Ireland, Prof. Aine Carroll, IFIC Ireland

The ICP CD team would like to congratulate Dr. Maria O' Brien, National Service Improvement Lead, ICP CD on her recent success at the North American Integrated Care Conference, in October 2024. Maria received a Best Paper Award for her paper on 'Integrating Chronic disease prevention at scale - The Irish journey to Making Every Contact Count'. The IFIC Integrated Care Awards are selected based on quality of content, originality and quality of presentation. The awards are supported by the Foundation and are in recognition of the advancement of the science, knowledge and adoption of integrated care policy and practice.

This work presented the journey form the development of the Making Every Contact Count programme in the HSE, for which Maria was the National Project manager. It also included presenting the findings of the HRB Funded Applied Partnership Award which Maria led with Prof Molly Byrne, Health Behaviour Change Research Group, University of Galway into identifying strategies for scaling and implementing the Making Every Contact Count programme across the Irish Health Service. This work has also resulted in the publication of a number of academic papers which has contributed significantly to the evidence for implementing behaviour change programmes across health services.

NDP Diabetes Technology Networking Event Sheraton Athlone October 10th 2024

Funded by ICPCD and coordinated by the NCP Diabetes and Ms. Marie Gately who provided invaluable administrative support, the day was aimed at multidisciplinary Specialist Acute Care Diabetes teams across Ireland who wanted to upskill, increase confidence and maintain competence in incorporating diabetes technology and e-health into their diabetes care pathways. 110 delegates from across Ireland attended the event.

The first session, entitled “Getting stuck in! Experiences from teams across Ireland” and chaired by Ms. Sandra McCarthy, Nurse Lead for the Integrated Care Programmes for Chronic Disease, was an inspiring session for any newer teams or team members who are starting to embed diabetes technology in services in Ireland, with marvellous insights from the perspective of expert clinicians as well as the lived experience of diabetes in Ireland.

The second session, entitled “Elephants in the room: inpatient care, DAFNE and HSE procurement” chaired by Prof Mensud Hatunic, Consultant Endocrinologist, Mater Misericordiae Hospital, covered some challenging topics including practical advice on insulin pumps in an inpatient setting, funding for diabetes technology and the Medicines Management Programme (MMP) Preferred CGM Sensors List and the complex interaction between DAFNE and diabetes technology. We’re proud as an NCP to air these topics as we work towards ever better services across the country.

We were delighted to open the third session, “Embedding technology in care: Experiences from teams across Ireland and the UK”, chaired by Dr Kevin Moore, Consultant Endocrinologist Naas Hospital, with our keynote speaker, Jane Baillie, Lead DNS in Addenbrooke’s Diabetes Service, Cambridge. Ms. Baillie took us through the MDT delivery of the insulin pump service in her centre. MDT members from all over the country then shared the value of technology in supporting challenges with diabetes and eating disorders, gastroparesis, recurrent hypoglycaemia and cystic fibrosis. It was encouraging to hear some inspiring examples of HSCPs working with their MDTs to the top of their licence. We also heard insights on how best to embed telehealth safely in our diabetes services.

We would like to sincerely thank all our speakers and chairs who made the day possible, as well as ICPCD for funding the event.

The future of diabetes technology and e-health is bright in Ireland as we work to reduce geographical inequity & deliver world class diabetes services and multidisciplinary teams across the country.

Dublin North Chronic Disease (Respiratory) Hub aligned to Beaumont Hospital.

2024 has been a busy year in the Dublin North Chronic Disease (Respiratory) Hub aligned to Beaumont Hospital. Their team has expanded with Ms Dee Murphy CNS, Ms Michelle Uno cANP, Mr Stephen McDonnell Physiotherapist, and Dr Vincent Brennan Respiratory Integrated Care (RIC) Consultant joining. There has been a substantial uptick in hub activity with a doubling of new patient contacts between March and August 2024.

In March, a weekly multidisciplinary clinic for new patient referrals was established. All patients undergo pulmonary function tests, consultant, nursing (CNS/cANP), and physiotherapy review. This model of care facilitates prompt and accurate diagnosis, and expert optimisation of care in one sitting. Feedback from patients has been universally positive.

Direct GP access to spirometry has been operational since March 2024. All results are reviewed by Dr Brennan, in combination with clinical information, through a virtual clinic model. This ensures that all GPs referring patients for spirometry receive a specialist opinion on diagnosis and appropriate patient management. Patients referred for direct CNS review or pulmonary rehabilitation are also discussed at a weekly multidisciplinary team meeting (MDM). Patients with severe disease are detected early and further RIC input or investigations, if required, scheduled promptly. Integration of the hub-based Pulmonary Function Test (PFT) lab with Beaumont Hospital also guarantees availability of results to the acute hospital respiratory team for those who require their input.

L-R: Michelle Uno (candidate ANP), Rinu Rajan (CNS), Lavinia McLeod (CNS), Dee Murphy (CNS)

The pulmonary rehabilitation (PR) programme continues to grow, and is receiving direct GP referrals. Direct GP access services support access to the right care, in the right place, at the right time, in line with the Sláintecare vision. The maintenance class at Glin Road in Coolock is increasing in popularity. The team have also supported the establishment of a COPD Support Ireland exercise group in Balbriggan, and virtual PR has restarted as an option for patients.

COPD outreach have expanded to include admission avoidance from ED. There has been a greater than 2-fold increase in referrals to outreach in 2024. For Quarters 1 and 2 of 2024, there was a 3-day reduction in length of hospital stay for patients discharged with outreach compared to those discharged without their follow-up. A weekly MDM with acute hospital and RIC members ensures appropriate continuity of care in the community for those who need it.

The increase in activity across all our integrated care programmes, and the results achieved by the team, demonstrate the positive effects of new programmes established in 2024 and will inform our goals for the coming year.

Resources and training

NCP Respiratory	**Launch of a suite of videos to support Integrated Respiratory Care** The following videos are available to view: • Introduction to integrated respiratory care • Chronic Disease Management Programme • GP access to spirometry • Integrated Respiratory Physiotherapy • Integrated Respiratory Nursing • Integrated Pulmonary rehabilitation • COPD Outreach • Operational Lead • Patient experience of COPD Outreach - Brendan • Patient experience of integrated care - Joe • Patient experience of integrated care - Rose • Patient experience of integrated care - Seamus • Patient experience of integrated care - Patsy All individual videos can be found here (YouTube) **NEW Maintenance and Reliever Therapy Adult Asthma Action Plan** launched in collaboration with the Asthma Society of Ireland. Many thanks to ASI and the team of volunteers from nursing, physiotherapy and pharmacy for their assistance in completing this document . The digital and print versions are available at: https://www.hse.ie/eng/about/who/cspd/ncps/ncpr/asthma/asthma-action-plan/mart/
"Tips for Self-Managing your Health when Living with a Long-term Health Condition" booklet	A practical booklet which explains Self-Management, its benefits and where people can get more information and support. The 14 tips in the booklet cover many topics including the following: • learning about your condition, • getting the most from your appointments, • being as healthy as you can be, • medication management and the importance of keeping a medicine list, • looking after your mental health, • setting SMART Self-Management goals and action planning to achieve these goals. There is also a section for service users to take notes and to store information such as appointment letters, a medicines list or personal action plans. The booklet is available to download here and printed copies can be ordered from your local HSE Self-management Support Coordinator. For more information and resources go to www.hse.ie/selfmanagementsupport