Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service

A Safe Return to Health Services

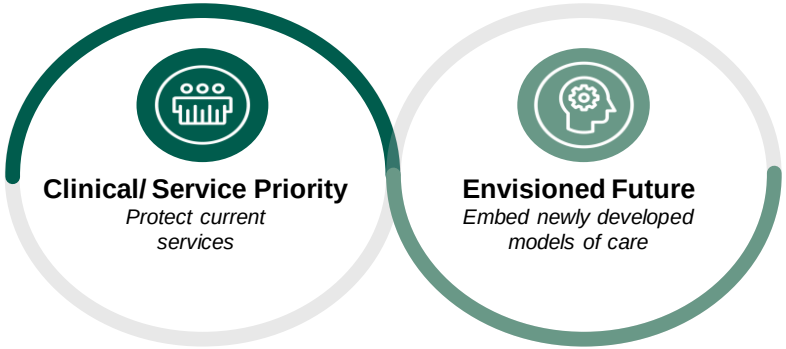
Restoring health and social care services in a COVID environment

March 2021

1. Overview

The COVID-19 pandemic has led to unprecedented interruption to normal healthcare activity, with both community and acute settings affected. Not only have existing services been significantly impacted, but new services have had to be rapidly developed and deployed.

Since the onset of the pandemic, patients and services have been clinically prioritised. Time critical care services, along with many routine services, have been protected meaning that people who needed them had, and currently have, access to these services.



Since the very first case of COVID-19 was detected in late February 2020, we have now recorded **220,273** confirmed cases and **4,319** deaths of people with COVID-19 in Ireland (as of 1st March 2021).

- The highest number of daily confirmed cases was **8,248** on 8th January 2021; and
- The highest number of COVID-19 confirmed cases in ICU was **219** at 18:30 on 24th January 2021.

In July 2020, a three phased plan was developed outlining the proposed restoration of services, based on the Strategic Framework for the delivery of services in a COVID-19 environment. Though progress has been made in delivering a safe return to services, the restoration of services was significantly impacted by the second and third surges of COVID-19.

Twelve months on, as the health system recovers from the compound effect of three waves of the COVID pandemic and with a change in landscape associated with the vaccination roll-out, there is an urgent need to plan to restore business continuity.

1. Overview (cont'd)

This document sets out the plans for our safe return to health services that were suspended or reduced as a result of COVID-19.

The HSE board and senior management appreciates the huge efforts of our teams in keeping so many health and social care services operating over the past year.

This document provides an overview of the services to be resumed, the target for their safe return, and some detail on the conditions and challenges that will have to be met. Every phase has been informed by clinical guidance and putting patient and staff safety first.

We will return to services in three phases:

Phase 1: March – June 2021
Phase 2: July – September 2021
Phase 3: October – December 2021

2. Using Health Data Analytics and Modelling to support Business Continuity Planning

The HSE Integrated National Operations Hub has a health data analytics and modelling workstream in place to inform and support its response to COVID-19. In addition to ongoing analysis of health service epidemiology associated with COVID-19, this workstream includes three key modelling assets:

- A Testing-Tracing Simulation Model;
- An Integrated Service Model; and
- A COVID-19 Health Service Demand and Capacity Model.

The Health Service Demand and Capacity Model and the Integrated Service Model will be developed by the HSE National Health Intelligence Unit in conjunction with acute and community operations to support business continuity planning in 2021.

2. Using Health Data Analytics and Modelling to support Business Continuity Planning (cont'd)

Integrated Service Model

The Integrated Service Model is being reviewed and developed in conjunction with acute and community operations to enable the testing and projection of non-COVID-19 demand on services, and understand how best to respond to this in the context of projected COVID-19 activity so as to enable a safe return to health services.

COVID-19 Health Service Demand and Capacity Model

This model will be used to project short and medium term outlooks of demand on acute and community services at different levels of COVID-19 disease activity.

The HSE National Health Intelligence Unit will liaise with IEMAG to mobilise its modelling of vaccination impact on COVID-19 disease activity to reflect these for HSE planning.

The most recent COVID-19 Health Service Demand and Capacity Model details high level **short term** projected demand, as follows:

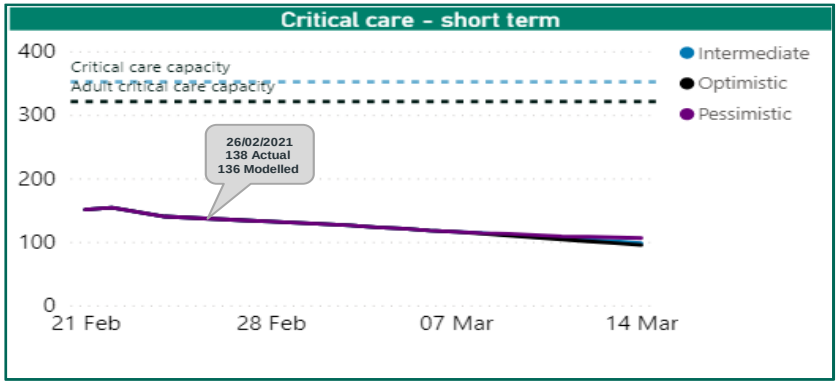
- Critical Care: 120 – 140 beds in the week beginning March 1st (across all scenarios); and
- General Acute Care: 530 – 600 beds in the week beginning March 1st (across all scenarios).

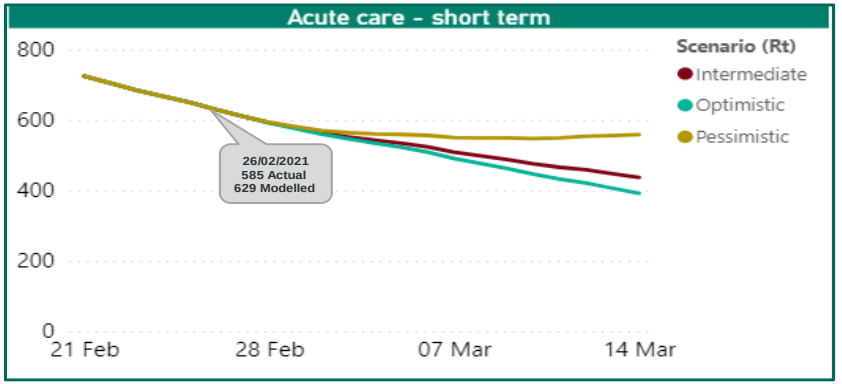
The **medium term** projected demand is more challenging given the flux and instability in COVID-19 activity.

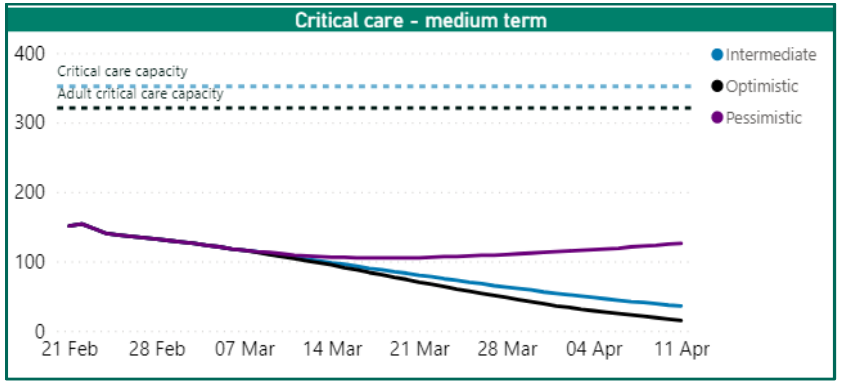
The potential outlook is as outlined below:

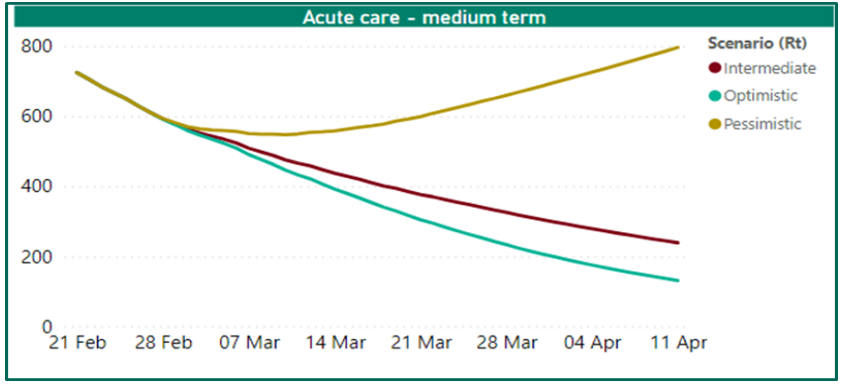
- Critical Care: In the week commencing April 5th, the projected demand for COVID-19 critical care will be less than 50 beds if R remains below 1.0. A pessimistic scenario, R of 1.2 will lead to projected demand in the range of 100 – 150 beds.
- General Acute Care: In the week commencing April 5th, the projected demand for COVID-19 acute care will be in range of 100 – 270 beds if R remains between 0.7 – 0.9. An R of 1.2 will lead to significant increase in projected demand in the range of 700 - 850 beds.

Short and Medium Term Modelled Scenarios









3. Approach

The HSE understands that people want and need health services to resume as quickly as possible. As we emerge from one of the most challenging years the health service has ever had to navigate, it is essential that a safe and consistent approach to the reopening of services is taken.

We must acknowledge the landscape is changing. In contrast to the restoration plans developed in July 2020, the national vaccine roll-out provides a new context and environment. As at the 27th of February 2021, **435,895** doses of COVID-19 vaccines have been administered in Ireland in total.

Over the past year we have adjusted our models of care to ensure the safe delivery of care to our patients; the use of telemedicine has grown exponentially, community based admission avoidance models have been operationalised and private capacity has been utilised. During the second and third COVID-19 surges, more services remained open, demonstrating how we have adapted as a health service.

Nonetheless, our hospitals, community services, intensive care units (ICUs) and general health system is under significant pressure with resultant challenges including continued COVID-19 outbreaks, staff absences related to COVID-19 and the necessity to facilitate fatigued staff with annual leave.

This document outlines an agreed approach and plan for the prioritisation and restoration of services. Our approach is informed by data modelling, undertaken by the HSE Integrated National Operations Hub, and is in continued alignment with guidance provided by NPHET.

4. Challenges

This plan presents an overview of services to be resumed, the target time period for their safe return, and some detail on the conditions and significant challenges that will have to be met.

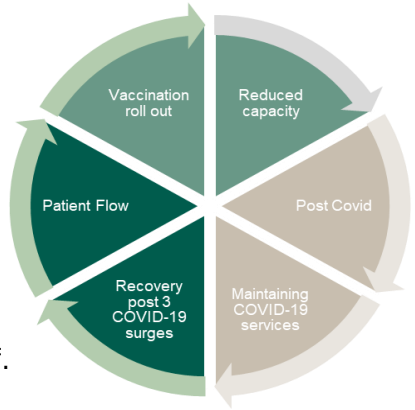
The most critical challenge to restoring health and social care services in a COVID-19 environment is adequate staffing. With the onset of the 3rd surge of COVID-19, staffing levels fell considerably across health services' sites as staff became confirmed cases, were a close contact of a confirmed case or because they were self-isolating.

With regard to business continuity it is expected that while absenteeism will decrease overall in line with the reducing number of cases and the impact of vaccination; annual leave will be carried over into Q2, Q3 and Q4 which will impact on staffing, albeit this could be mitigated by the additional WTE's being recruited.

Acknowledging the impact of Covid-19 on the work environment, there is an acceptance of a likely increase in demand for a range of supports i.e. on-going psychological supports for staff. In response we have developed a psychosocial framework, to provide the supports required. In this context, attrition of existing staff may be a significant risk to a given speciality or to the organisation, or both. This will require careful management with consideration being given to redeployment, retraining, or career breaks for example.

Given the likelihood that Covid will be with us for the remainder of 2021, a Q1 review of the NSP and the associate targets will be completed to determine the feasibility of full achievement of targets.

Additional challenges are outlined in the adjacent exhibit and in detail in the table overleaf.



4. Challenges (cont'd)

Challenge	Description
Reduced Capacity	• Reduced capacity in the healthcare system will remain, due to social distancing and infection prevention and control requirements in relation to space and PPE.
	• Hospitals and LTRF have been severely impacted by COVID-19 outbreaks; since Nov 2020 there have been 117 Hospital outbreaks and 342 in LTRFs.
	• Reduced capacity results in delayed transfers of care, the growth of waiting lists and generally impacts patient flow across the system.
Post Covid	• An emerging challenge for Acute and Community Services is the longer term impact of COVID-19 on patients, some of whom are experiencing severe post COVID-19 syndrome. Furthermore, the challenge of increased morbidity.
	• The true implication of 'Post COVID-19 Syndrome' on future service provision is currently unknown, data is in its infancy.
Maintaining COVID-19 services	• COVID-19 services will need to be maintained for the foreseeable future, as will the associated costs and resource requirements.
Recovery post 3 COVID-19 Surges	• Across each wave of the pandemic, COVID-19 continues to challenge the overall capacity and capability of the health service.
	• Trends in ED and elective attendances are informed by CCO / NPHET guidance and also lockdowns.
Patient Flow	• The ability of acute hospitals to deliver inpatient services is heavily dependent on patient flow from the acute setting into the community.
	• COVID-19 outbreaks in LTRF has significantly impacted Egress across the system.
	• The hospitals will be very dependent in the short term (2021) on the private hospitals supporting the Access to Care Plan which is paused at present because of Safety Net 2 agreements.
Vaccination roll out	• Additional demands on staff due to the volume of staff required to successfully implement a large scale Vaccination Programme.
	• Short turn around time for the roll out of the vaccination programme; redeployment could impact the restoration of non-COVID services.

5. Our Future Health Services

Over the past year, we have witnessed an urgent acceleration of change in our care model, including the rapid implementation of the Sláintecare vision.

Investment has been targeted at embedding newly developed models of care guided by the principles and priorities of Sláintecare, including a Community First approach to the delivery of care. Services including but not limited to the following have been developed and delivered to date.

Measures to reduce acute hospital admissions

Across the health service we have worked collaboratively to embed newly developed models of care to reduce acute hospital admissions. A number of the key initiatives include but are not limited to the following:

- increasing home support services;
- launching alternative community based models of care;
- additional CIT teams;
- front door ED teams,
- New models of care for the Older Persons cohort;
- NAS attendance avoidance initiatives; and
- introducing a large number of telemedicine models.

Enhanced integration of care pathways
Nine Enhanced Community Care Networks (ECCNs) have been established with another 48 due to come on stream in 2021. 10 ICPOP teams aligned to ECCNs are in place, with 7 ICPOP acute service supports established at the ED front door.

Enhancing Older Persons services
Enhanced community services have been put in place to enable admission avoidance models of care. Enhanced home support hours have also commenced across all CHOs with an additional 5 million hours to be provided in 2021. Three additional Community Intervention Teams (CIT) have launched, with an addition two teams coming on stream this month. Seven additional Dementia Advisors are now in place across the CHOs.

Digitally-enabled healthcare delivery
Seventy-two digital enhancement projects are to be completed under the HSEs eHealth team in 2021. Community Services have accelerated the innovations implemented as part of the COVID-19 response, including telemedicine, online therapies, remote monitoring and patient scheduling.

Enhancing and supporting General Practice
Timely access to diagnostic services in the community is now available. GP's have direct access to services such as X-Rays, CT, DEXA and MRIs. To date this year, over **5,400** investigations have been completed.

6. Criteria for a Safe Return to Services

All services will have to meet a set of criteria in order to return safely

Criteria for a safe return to services			
	**Communication** Public information campaign to increase public confidence in the delivery of healthcare services in a COVID environment, the type and timing of service reintroduction and encouraging uptake of important screening and treatment services		**Scheduling changes** Required adaptations to schedules to reflect the necessary time requirements in between patients, to accommodate infection, prevention and control measures and allow for coordination of appointments, including diagnostics to minimise footfall in health settings.
	**COVID and non-COVID pathways** Development of pathways at a national level to ensure a standardised approach to effectively stream patients in COVID environments across all care settings (e.g. ED to specific wards in acute hospitals).		**Continuity plans for COVID surge** Plans to define how to either exit from services or wind them down if surge capacity is required.
	**IPC requirements** Guidance on the requirements for PPE for specific healthcare services in a COVID environment and the additional clearing requirements of physical spaces and equipment.		**Utilising digital technology support** Ongoing leveraging of digital health (phone, video technology applications), to support the delivery of healthcare services (e.g clinical consultations) in both the community and acute hospital setting.
	**COVID testing and screening** Public Health National guidance on pre-admission screening / risk assessment activities for healthcare services in a COVID environment.		**Activity forecasts** Model out the forecast activity levels for each reintroduced service. This needs to factor in service delivery constraints and overheads required to operate in the environment. Performance reporting will be required to track activity, against re-baselined KPIs for these services.
	**Staff and patient flow measures** National guidance on measures to allow for required safe distancing, such as (1) modified treatment workflows that decrease the number of staff in contact with patients; (2) removal of congregated areas (e.g.discharge lounge); (3) 'just in time' appointments.		**Staff redeployment** The redeployment of staff from COVID-related activities to facilitate the reintroduction of the prioritised healthcare services in a COVID environment.

7. Schedule for a Safe Return to Health Services

As outlined previously, the challenges of a COVID-19 environment mean that there are limits on the level of activity that can be provided, given the current capacity in the health system. In its response to the current surge of the pandemic, the HSE has continued to follow the guidance of public health in relation to the safe delivery of health services.

Urgent, time critical care services, along with many routine services, were and continue to be protected. From May to October, there had been significant increased service provision as a result of the gradual return of staff to core duties from COVID-19 specific services. However there was a plateau in the consistent upward trend in November caused in part by the second wave of the pandemic and the current third wave from mid to late December has again impacted service delivery. Cancer services were maintained for urgent referrals, time-critical surgery and treatment commencements as far as possible within constrained capacity and resources.

Notwithstanding the reduction in numbers of COVID-19 cases, all services will be required to protect COVID pathways of care through the phased prioritised restoration of services and a continued focus on hospital avoidance through the ongoing development of enhanced community services.

The rollout of the vaccination programme will be a priority for services over the coming weeks and will rely on the current available workforce as new teams are onboarded.

With the reduction of routine scheduled care activity in public hospitals and across community services from the end of December 2019, there has been an increase in the numbers of people waiting for scheduled therapy services, in patient, day case and outpatient procedures.

Over the coming weeks, subject to improvement in COVID-19 disease indicators, we will seek to increase scheduled clinical services in a prioritised and incremental manner based on clinically determined need.

7. Schedule for a Safe Return to Health Services (cont'd)

Decisions in relation to the type and volume of activity will be made at site level based on local case numbers, available capacity and guidance from national clinical leads. Ongoing vigilance with regard to infection prevention and control measures will be essential given the vulnerability of healthcare settings to COVID-19 transmission. The need to parallel COVID and non-COVID pathways will also impact on the pace of service restoration.

Following an analysis of **need**, **capacity** and **patient safety,** and taking into consideration scenario models as presented, we have outlined overleaf our schedule for our return to services across Community Services, Acute Operations, Cancer Services and Screening Services.

Target or expected activity levels against the previous norms is shown on a scale representing **0% to 100%.** We are basing our timings and assumptions on an 'intermediate' model as outlined earlier in this document. If COVID-19 indicators alter and we move toward a more optimistic or pessimistic scenario our timelines for restoration will be adjusted accordingly.

The schedule will be regularly monitored and updated as appropriate, dependent on public health guidance and healthcare capacity.

Our hospital and community healthcare teams are in touch with service users and continue to be available to support them in relation to patient information and the return to services at a local or personal level.

The remarkable work carried out by healthcare teams across the country and the support, co-operation and understanding of patients, service users and families during previous phases of the COVID-19 response is very much appreciated by all in the health service.

2021 Safe Return Schedule (1/5)

	Phase 1: March – June 2021	Phase 2: July – September 2021	Phase 3: October – December 2021
	Expected Activity	Expected Activity	Expected Activity
Children	***Activity increasing:*** • School immunisation programme (subject to release of School Teams from Covid Vaccination Programme) • Pre-school inspections • School Support Services ***Activity increasing:*** • Child developmental programme • Child Immunisation Catch Up programme	***Activity increasing:*** • Breastfeeding clinics • Parenting programmes • Early Intervention services ***Activity increasing:*** • School immunisation programme • Pre-school inspections • School Support Services • Child developmental programme • Child Immunisation Catch Up programme	***Activity increasing:*** • Breastfeeding clinics • Parenting programmes • Early Intervention services • School immunisation programme • Pre-school inspections • School Support Services • Child developmental programme • Child Immunisation Catch Up programme
Disability	***Activity increasing:*** • Assessment of need • Home support services • Short stay residential • Emergency / residential respite • Select day services • Disability networks	***Activity increasing:*** • Assessment of need • Home support services • Short stay residential • Emergency / residential respite • Select day services • Disability networks	***Activity increasing:*** • Assessment of need • Home support services • Short stay residential • Emergency / residential respite • Select day services • Disability networks
Older Persons	***Activity increasing:*** • Enhanced specialist teams • Select day services • Helplines • Home support services • Short stay residential • Emergency / residential respite	***Activity increasing:*** • Enhanced specialist teams • Select day services • Helplines • Home support services • Short stay residential • Emergency / residential respite	***Activity increasing:*** • Enhanced specialist teams • Select day services • Helplines • Home support services • Short stay residential • Emergency / residential respite

2021 Safe Return Schedule (2/5)

	Phase 1: March – June 2021	Phase 2: July – September 2021	Phase 3: October – December 2021
	Expected Activity	Expected Activity	Expected Activity
Mental Health	***Activity increasing:*** • Peer groups and mental health promotion • Short stay residential • Emergency / residential respite • Forensic services • Select day services and out-patient clinics • CAMHS and other mental health teams	***Activity increasing:*** • Community Rehabilitation Teams • Mental Health Intellectual Disability Teams • Home Based Treatment Teams (Nursing Service) • CAMHS Eating Disorders and Self-Harm Programme • Short stay residential • Emergency / residential respite • Forensic services • Select day services and out-patient clinics • CAMHS and other mental health teams	***Activity increasing:*** • Short stay residential • Emergency / residential respite • Forensic services • Select day services and out-patient clinics • CAMHS and other mental health teams • Peer groups and mental health promotion • Community Rehabilitation Teams • Mental Health Intellectual Disability Teams • Home Based Treatment Teams (Nursing Service) • CAMHS Eating Disorders and Self-Harm Programme
Screening	***Activity increasing:*** The following four programmes will be ongoing at reduced capacity • BreastCheck • CervicalCheck • BowelScreen • Diabetic Retina Screen	***Activity increasing:*** 90% screening capacity for the following four programmes: • BreastCheck • CervicalCheck • BowelScreen • Diabetic Retina Screen	***Activity increasing:*** Reach 100% screening capacity for the following four programmes: • BreastCheck • CervicalCheck • BowelScreen • Diabetic Retina Screen

**Please note that this plan is on the provision of no further major interruption to service, for example additional COVID-19 surges*

2021 Safe Return Schedule (3/5)

	Phase 1: March – June 2021	Phase 2: July – September 2021	Phase 3: October – December 2021
	Expected Activity	Expected Activity	Expected Activity
Primary Care / Health & Wellbeing	***Activity increasing:*** 	***Activity increasing:*** 	***Activity increasing:*** 
	• Therapeutic services (i.e. SLT, Podiatry etc.) • Public Health Nursing Services • Smoking Cessation Programmes • Living Well Chronic Disease Self-Management Support Programme • Alcohol Awareness Resources • Healthy Ireland Plan • Addiction Support • Homeless Services • Services for Residents in Direct Provision Centres • Civil Registration Services	• Sexual Health Services • Tobacco Free Campus • Healthy Food Programme for Staff • SláinteCare Integrated Funded Projects • Therapeutic services (i.e. SLT, Podiatry etc.) • Public Health Nursing Services • Smoking Cessation Programmes • Living Well Chronic Disease Self-Management Support Programme • Alcohol Awareness Resources • Healthy Ireland Plan • Addiction Support • Homeless Services • Services for Residents in Direct Provision Centres • Civil Registration Services	• Physical Activity and Education Programme • Healthy Food Made Easy • Sexual health Services • Therapeutic services (i.e. SLT, Podiatry etc.) • Public Health Nursing Services • Smoking Cessation Programmes • Living Well Chronic Disease Self-Management Support Programme • Alcohol Awareness Resources • Healthy Ireland Plan • Addiction Support • Homeless Services • Services for Residents in Direct Provision Centres • Civil Registration Services • Sexual Health Services • Tobacco Free Campus • Healthy Food Programme for Staff • SláinteCare Integrated Funded Projects

**Primary Care Services were the most impacted by the requirement to set up Covid Specific Services.*

2021 Safe Return Schedule (4/5)

	Phase 1: March – June 2021	Phase 2: July – September 2021	Phase 3: October – December 2021
	Expected Activity	Expected Activity	Expected Activity
Cancer	***Activity increasing:*** 	***Activity increasing:*** 	***Activity increasing:*** 
	Cancer services will define and commence addressing Covid-related backlogs and deferrals. • Apply resources for additional clinics, hours, sessions, diagnostics sourcing, service efficiency measures • Address non-urgent backlogs for SBD clinics • Roll out updated GP Breast Referral guideline nationally • Address backlogs for RAPC clinics and Diagnostic TRUS & TP biopsy lists • Address diagnostic CT/MRI slots to progress with pre-biopsy/clinic imaging • Repatriate cancer surgery to cancer centre hospitals • Address backlogs and deferrals for Surgical oncology • Address backlogs and deferrals for SACT and radiation oncology services • Continue support for community cancer networks.	**Cancer services will continue to address outstanding Covid-caused backlogs and deferrals through the second half of 2021.** • Continue to address non-urgent backlogs for SBD clinics • Continue to address backlogs for RAPC clinics • Continue to address diagnostic backlogs • Continue to address backlogs and deferrals for Surgical oncology • Continue to address backlogs and deferrals for SACT services • Continue roll-out of National Cancer Information System (NCIS) • Address SABR roll-out to enhance capacity of radiation oncology services • Continue support for community cancer network. • Increase support for survivorship and psycho-oncology • Develop service planning for 2022 to address any projected gaps in service resilience.	**Assuming no significant disruption due to planned delivery, public health restrictions removed or eased, and no adverse winter months impact on acute hospitals, cancer services should be restored by end 2021.** • Achieve operation to 90%+ capacity across cancer services • Planning for 2022 to incorporate resilience and robustness of cancer services capacity.

2021 Safe Return Schedule (5/5)

	Phase 1: March – June 2021	Phase 2: July – September 2021	Phase 3: October – December 2021
	Expected Activity	Expected Activity	Expected Activity
Hospitals: Elective Outpatient	***Activity increasing:*** • Outpatient clinics that had been curtailed in surge resumed • Clinical guidance on safe distancing continues to inform the volume of activity that can be undertaken safely. • Up to 30% all consultations will continue to take place over phone or video calls. • People will be contacted by their own hospital team in relation to their appointments and care plan.	***Activity increasing:*** • Outpatient clinics will be fully resumed to 2021 NSP levels (up to 90% of 2020 planned activity). • Up to 30% all consultations will take place over phone or video calls. • Focus on delivering additional activity in the public system and in Private Hospitals supported by funding through NSP 2021. • It is unlikely that any lost activity will be recovered within core activity during this phase.	***Activity increasing:*** • Hospitals will continue to see patients in person or via telehealth, and work to increase throughput where possible. • Up to 30% all consultations will take place over phone or video calls. • Recovery of lost activity will require optimization of private capacity and full implementation of initiatives in the access to care plan including additional public activity and Advanced Clinical Prioritisation (ACP).
Hospitals: Elective Day Case and Inpatient	***Activity increasing:*** **Almost all of our acute services are in the process of being reinstated across specialties and sites, at reduced overall levels of activity. Time dependent surgery will be prioritised – with workload required to be re-patriated from Private Hospitals.** Any services or part of service still on hold are being reintroduced on a phased basis or based on clinical risk assessment. Access to non-time dependent services will continue to be adversely impacted. Access to such services will be phased in gradually. Theatre and procedure room activity will be re-introduced in line with clinical guidance towards NSP 2021 target activity levels. This target is lower than 2020 planned levels. Scope procedures are now operating at reduced activity levels with a focus on urgent workload. Access to non-urgent Scopes will be limited. Access to care plan initiatives initiated in areas such as FIT testing, capsule endoscopy and nurse triage,	***Activity increasing:*** **Services will continue across specialties and sites, at reduced overall levels of activity, working to increase throughput** Focus on full resumption of elective activity and OPD activity aligned with NSP 2021 target levels. It is unlikely that any lost activity will be recovered within core activity during this phase. Focus on delivering additional activity in the public system and in Private Hospitals supported by funding through NSP 2021. Resume Endoscopy at 2021 monthly target levels, recovery of lost activity will require optimization of private capacity and use of alternative pathways such as FIT testing, nurse triage and capsule endoscopy.	***Activity increasing:*** **Winter months may see a surge in activity due to cold and flu or other respiratory conditions, and bring associated pressure on planned activity.** Assumption is that 2021 target level activities will be fully resumed. This is conditional on their being no further major surges and full implementation of the vaccination programme. Flu was not a major factor in 2020 however it will have to be considered as a potential risk for 2021 and this will impact on elective activity.