

# **National Public Health Emergency Team**

## **Joint Department of Health and HSE Update**

### **Primary Care Staffing & Service Delivery in a Covid Environment: Community Therapies**

**17 December 2020**

Action required

- For noting
- For discussion
- For decision

## Executive Summary

The Covid pandemic has had a significant impact on the ongoing delivery of services in the primary care sector, and this is particularly evident in respect of community therapies, with fewer services being delivered in 2020 than in 2019.

The response to the pandemic in the primary care sector has not only required the introduction of protective measures that have made service delivery more challenging but has also required staff to be redeployed from their core roles to aid in the response to Covid. This has created an additional challenge in terms of maximising the provision of non-Covid care.

As we enter the new year, the focus will be on continuing to deliver Covid and non-Covid care side by side, safely; on maximising the volume of non-Covid care and catch up where possible in an uncertain environment; and on embedding reform in the delivery of services. This will be supported by the significant investment in the health services in 2021. However, the reality is that the success of these efforts is inextricably linked to the levels of transmission of Covid in the community and the successful implementation of the vaccination programme.

It should be noted that although the paper refers to Covid and non-Covid care, this is simply a construct for convenience and clarity – the reality is that all care is being delivered in a Covid environment.

This paper highlights:

- the strategic response to service challenges posed by Covid through the Community Capacity Working Group and the HSE paper *“A safe return to health services – restoring services in a Covid Environment”*;
- operational initiatives and innovations that potentially can be embedded in the health system over the longer term in support of Sláintecare;
- the importance of IPC measures and the need to develop an integrated approach to IPC across the acute and primary/community sectors;
- the significant level of redeployment among primary and community staff to support the Covid response and the importance of establishing a dedicated Covid swabbing and tracing workforce to allow a wider resumption of services;
- the fall in non-Covid service delivery compared to 2019 and its impact on waiting lists, while also revealing evidence of a consistent and upward trend in service delivery over the April-October period;
- how Covid has exacerbated historical deficits within the primary care sector, including levels of health and social care professionals, and how long-term strategic reform is required.

## **1. Introduction - Primary Care and Covid**

HSE Primary Care is operationally responsible for a wide range of services, including services provided by GPs, public health nurses, community-based therapists (psychology, OT, physio and speech and language therapy), social inclusion services for disadvantaged groups, palliative care, national oral health and audiology.

There can be no doubt that Covid has led to unprecedented interruption to normal healthcare activity across the entire community setting from the GP practice to long term residential facilities, from day care to dental services and from infrastructural development to home visits.

With a specific focus on community therapist services, this paper sets out the impact of Covid on primary care services, how services have responded and, building on the response, plans for strategic reform and investment.

## **2. Strategic Response to Service Delivery in a Covid Context**

The challenge facing primary care is two-fold:

- **Business Capacity** - the need for infection prevention and control measures and social distancing has impacted on the capacity of the system to deliver services, particularly in terms of limiting the scope for group work.
- **Staffing Capacity** - service delivery is being impacted by staffing limitations, both in terms of staff absence and redeployment to the Covid response.

Taken together, these twin challenges have resulted in reduced core services across a range of disciplines, including OT, SLT, physiotherapy, psychology and other therapy services.

Responding to the Covid pandemic in March 2020, the HSE developed Business Continuity Plans as a framework for its organisational response. The result was a prioritisation of service delivery with services identified into four levels ranging from “must do/critical” to “lower priority/desirable”. This response framework has meant that essential services for the most vulnerable were maintained, albeit sometimes at a reduced level of service. This prioritisation approach has also guided the resumption of therapy and other services in the period since April.

A paper submitted to NPHE on May 8<sup>th</sup> 2020 outlined the challenges and service response in the community sector, and this was followed by the establishment of a Community Capacity Working Group which encompassed primary care, social care, mental health and social inclusion leads from both the Department of Health and HSE as well as relevant clinical expertise. This strategic working group provided oversight of the:

- Delivery of services (non-COVID-19 and in response to COVID-19) in the community;
- Opportunities and challenges emanating from the response to COVID-19; and
- Development of a high-level plan for the phased resumption of services and associated capacity requirements and dependencies for the community.

As part of the ongoing response to Covid in more recent months, the Department and the HSE have continued to work closely together to resume the delivery of non-Covid Services to address ongoing clinical demands. In doing so, the focus is on optimising patient care while minimising risks to the public, to healthcare staff and to the wider healthcare system and at the same time being ready to respond to Covid-19 on an ongoing basis, all in the context of “*A safe return to health services – restoring services in a Covid Environment*” and in accordance with public health guidance.

### **3. Service Initiatives and Innovation**

It is recognised that the Covid-19 pandemic has “supercharged” the pace of innovation in the health sector, and this is as true for primary care in Ireland as for other areas of healthcare.

Innovations include the enhanced use of technology systems (both administrative CRM and eHealth/ePrescribing initiatives) as well as an expansion in telehealth platforms such as Attend Anywhere and other virtual healthcare tools. While there is variation in practice with regard to new models of working across each CHO, due to local implementation and availability of ICT options, such developments have helped to boost capacity in the sector by helping to triage, support and treat patients remotely during the pandemic, thus easing the pressures caused by the limitations around in-person consultations.

The response to Covid has also prompted greater multi-disciplinary working in the sector, with an emphasis on coordinating and integrating care combined with a strong commitment to access and continuity of care, especially for more at-risk populations. This is illustrated particularly through the development of SafetyNet Covid Hub or response teams to support nursing homes and other residential facilities.

It is also important to highlight the development of alternative community support services, such as the ALONE model and the Local Authority Support Framework which involves the HSE at local fora, as well as the utilisation of voluntary supports.

There is potential for at least some of these new ways of working to help reshape how primary and community services are delivered into the future. It is crucial that the thrust of many, if not all, of the service innovations has been on finding ways to care for people at home or in their local community, which is the core vision underpinning Sláintecare.

### **4. Infection Prevention and Control**

COVID-19 has resulted in a very significant increased requirement for infection prevention and control (IPC) capacity across the health system since the beginning of 2020. COVID-19 has necessitated new ways of working and revised IPC responses in order to deliver health and social care services in different ways to protect patients, service users and staff.

Significant additional funding is being provided to enhance the health service’s IPC responses in an integrated way across acute and community services. HSE funding of nearly €3.9m was approved in 2020 with full year costs of nearly €7.5m being made available in 2021. An additional €7m will be provided to the HSE in 2021. The Budget 2021 investment will further build on 2019 and 2020 investments and increase integrated IPC capacity across services and provision of specialist education and training. These measures will ensure that a consistent, multi-disciplinary core IPC specialist team is in place across each Community Health Organisation.

This investment will not only deliver further increased integrated capacity but will also enable an expansion in the work of National Antimicrobial Resistance and Infection Control Team and support education and training, including the roll out of a link nurse practitioner programme.

## **5. Redeployment of Primary and Community Staff to Covid Response Services**

A particular obstacle to ensuring continued delivery of therapy and other non-Covid primary care services has been the redeployment of staff across disciplines to help support testing and tracing services, as well as other elements of the Covid response. This was undoubtedly necessary in the short term, although reliance on redeployed staff over a longer time frame has increased pressure on the sector and limited the scope for non-Covid care.

The graphic below gives a high-level overview of community staffing numbers supporting the response to Covid between April and November.



There are currently 815 community staff WTEs redeployed to COVID-19 services, which is a reduction of 2,740 WTEs on the April peak, and a fall of 783 compared to September. This positive trend reflects the good progress being made with the recruitment of dedicated contact tracers and swabbers.

- 85% (530 out of 624) of contact tracers are already in place
- 47% (440 out of 933) of swabbers are already in place

Recruitment is ongoing and will have a positive impact on core service provision, although the impact will be gradual, given the need to onboard and train new staff to ensure high quality clinical governance and patient safety continues in the Covid-specific services. A further redeployment census was requested from the CHOs at the end of November which will provide a current view of redeployed staff and the planned profile for release of staff back to their original locations as a result of the projected onboarding of new staff.

Although this issue is now certainly being tackled, the U-shaped curve of redeployment over the April-September period has impacted on service delivery and challenged the resilience of the primary care workforce as a whole.

The scale of the redeployment should not be underestimated, with the Irish Association of Speech and Language Therapists (IASLT), the recognised professional body for the profession, indicating that 47% of public sector speech and language therapists (SLTs) who had responded to a survey in May had experienced some form of redeployment to support Covid-19, although this number has now reduced considerably.

Services such as Complex Contact Tracing, Community Assessment Hubs and LTRF will continue to require a level of redeployed community staff. It is the intention that where these staff remain in COVID-19 services, their substantive posts will be backfilled.

The lessons and impact of large-scale redeployment of staff from core roles will be one of the key considerations when determining the best way forward for the development and rollout of a vaccination programme. It is acknowledged that a mass immunisation programme may potentially require to draw on staffing resources from other areas, including primary care, there will be an ongoing focus on mitigating any adverse impact on non-Covid primary services as far as possible.

## **6. Current Redeployment data (as of end November 2020)**

As noted above, 815 community staff are currently redeployed to COVID-19 services, a 77% reduction from the 3,555 in April this year and 51% reduction on September figures.

Of these

- 411 are redeployed to swabbing / testing (179 of whom are HSCPs and 120 of whom are nurses)
- 54 are redeployed to Complex Contract Tracing working directly with public health departments.
- 84 are redeployed to the operation of Community Hubs and supporting Long Term Residential Facilities (LTRF)
- 44 are redeployed to provide necessary psychosocial supports (often over and above existing role commitments)

The key priority for the Community Healthcare Organisations (CHOs) is the return of the remaining redeployed swabbing and testing staff to their substantive posts as soon as possible.

In terms of core therapist disciplines, as of 28 November, the following applied

- 42 OTs were redeployed, which included 3 to contact tracing and 30 to community testing services.
- 100 SLTs were providing COVID-19 support, with 1 working in contact tracing and 96 in community testing,
- 34 Physios were redeployed, including 2 to contact tracing and 21 to community testing role.
- 56 psychologist grade staff were also redeployed, with 1 performing contact tracing and 10 to community testing roles. Importantly, 43 of the psychologists were redeployed to COVID-19 related psychosocial support services.

The current aim is that primary care staff currently redeployed to support swabbing to return to their core duties between 1st December 2020 and 28th February 2021. The HSE is continuing to monitor the position with regard to redeployment and planned profile for release of staff back to their core duties.

## **7. Community Therapist Service Delivery in 2020**

Despite the response at both a strategic and operational level, the impact of Covid and the twin business and staffing capacity challenges identified above have undoubtedly affected service delivery in 2020. All national NSP 2020 targets for therapy services are currently being missed and are categorised as red in reporting on performance metrics and this is reflected at the local level across CHOs. However, these tables show that there is no guarantee in a “normal” year such as 2019 that

all targets would be met or waiting lists addressed, but the scale of the variance from target in 2020 can be considered evidence of a unique Covid effect – as with other areas of the health service, existing capacity challenges have been exacerbated by Covid. The tables below contrast performance in October 2019 with October 2020.

October 2019 Primary Care Services - KPI Comparison												
Therapy Service	Expected activity / target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
SLT access within 52 weeks	100%	92.1%	-7.9%	98.9%	95.6%	99.9%	87.7%	99.5%	92.3%	80.2%	92.6%	94.6%
Physiotherapy access within 52 weeks	95%	91.4%	-3.8%	92%	81.9%	91.4%	96.6%	95.2%	99.2%	87.3%	96.2%	88.1%
Occupational Therapy access within 52 weeks	85%	72%	-15.3%	66.3%	71.6%	97.5%	69.3%	65.3%	77.0%	65.5%	75.7%	77.4%
Psychology treatment within 52 weeks	81%	70.5%	-12.9%	89%	53.7%	71.7%	59.2%	75.6%	96.5%	54%	97.9%	68.9%

October 2020 Primary Care Services - KPI Comparison												
Therapy Service	Expected activity / target	National YTD	% Var YTD	CHO 1	CHO 2	CHO 3	CHO 4	CHO 5	CHO 6	CHO 7	CHO 8	CHO 9
SLT access within 52 weeks	100%	80.1%	-19.9%	83.3%	92.7%	87.8%	97.9%	90.7%	86.3%	60.4%	80.6%	70.7%
Physiotherapy access within 52 weeks	94%	79.6%	-15.3%	90.9%	63.7%	72.1%	95%	76.2%	82.1%	78.6%	79.8%	83.8%
Occupational Therapy access within 52 weeks	95%	59.6%	-37.2%	59.1%	55.8%	93.7%	57.1%	54.2%	59.6%	56.4%	63.5%	59.2%
Psychology treatment within 52 weeks	81%	49.7%	-38.7%	71.2%	45.6%	47.9%	46.4%	58.5%	92.2%	34.4%	93.3%	33.2%

The impact on service delivery is made clear in the numbers of clients seen, rather than percentages; the data show a significant reduction in the number of therapy clients seen in 2020 compared to 2019 across the four therapies. Using October 2020 data (which is the latest available)

- **SLT** - total number of patients seen is 44.8% below the target for the year to date with 131,216 patients seen compared to a target of 237,657
- **Physio** - the total number of patients seen is 31.4% below the target for the year to date with 337,642 patients seen compared to a target of 492,086
- **OT** - the total number of patients seen is 22.3% below the target for the year to date with 253,476 patients seen compared to a target of 326,264
- **Psychology** - the total number of patients seen is 19.7% below the target for the year to date with 33,384 patients seen compared to a target of 41,578

The total number of clients seen across all primary care therapies (including those listed above) is 924,005 down by around two-fifths on the 1.3 million seen at SPLY. Inevitably, this means that the number of individuals waiting for treatment or assessment is also rising as detailed below.

Similar trends are being witnessed in other sectors such as Mental Health, Services for Older Persons and Disabilities Services.

### **Waiting Lists - Overall**

The number of individuals waiting for assessment or treatment is rising across the “core” primary care therapy disciplines:

- **Assessment:**
  - 48,487 waiting for **Physiotherapy** assessment – up **6,362** (25.5%) on SPLY.
  - 37,060 waiting for **OT** assessment – up **3,295** (13.9%) on SPLY.
  - 21,169 waiting for **SLT** assessment – up **5,726** (37.8%) on SPLY.

- Treatment:
  - 11,198 waiting for **SLT** treatment – up **2,574** (36.6%) on SPLY.
  - 10,446 waiting for **Psychology** treatment – up **1,283** (18.2%) on SPLY.

**Waiting Lists – Long Waiters**

The number of individuals waiting over a year or more is also rising

- Assessment:
  - 9,966 waiting over a year for **Physiotherapy** assessment – up **6,341** on SPLY.
  - 14,963 waiting over a year for **OT** assessment – up **5,520** on SPLY.
  - 4,217 waiting over a year for **SLT** assessment – up **2,957** on SPLY.
- Treatment:
  - 4,537 waiting over a year for **SLT** treatment – up **3,485** on SPLY.
  - 5,256 waiting over a year for **Psychology** treatment – up **2,556** on SPLY.

However, it is important to fully acknowledge that the number of “long waiters” has been increasing year on year prior to February 2020 and the impact of Covid both for assessment and treatment.

As the table below shows, the number of clients waiting over one year for physiotherapy assessment more than doubled between February 2019 and 2020. There was also significant year on year increases across 2018-2020 for OT and SLT assessment, most notably an increase of 762 or 90% in long-term waiters for SLT assessment between February 2019 and February 2020. The large increase in the number waiting for psychology and SLT treatment between February 2019 and 2020 is also noteworthy – a jump of 1,517 (73%) and 948 (121%) respectively.

**Numbers Waiting Over 12 Months for Assessment and Treatment**

<b>Service</b>	<b>February 2018</b>	<b>February 2019</b>	<b>February 2020</b>
<i>Assessment</i>			
Physiotherapy	N/A	1,728	3,617
Occupational Therapy	6,953	7,986	10,643
SLT	568	851	1,613
<i>Treatment</i>			
Psychology	2,048	2,070	3,587
SLT	546	782	1,730

**8. Trends in Service Delivery**

Although activity vs target and year-on-year waiting list comparisons show clear challenges, it is important to note that activity has increased month by month over the April-October period for four therapies as shown in the table below.

<b>Service</b>	<b>Patients seen April - October</b>	<b>Patients Seen in April</b>	<b>Patients Seen in October</b>	<b>% Increase October vs April</b>
Physiotherapy	187,974	20,252	35,539	75%
Occupational Therapy	151,190	16,248	26,828	65%
Speech and Language	69,622	5,686	16,238	185%
Psychology Services	20,004	2,173	3,698	70%

Similarly, there has been an upturn in the number of referrals being made to these therapy services

<b>Service</b>	<b>Patients Referred April - October</b>	<b>Patients Referred in April</b>	<b>Patients Referred in October</b>	<b>% Increase October vs April</b>
Physiotherapy	77,865	5,540	13,158	138%
Occupational Therapy	44,302	4,494	6,855	53%
Speech and Language	16,508	1,505	3,308	120%
Psychology Services	5,253	501	958	91%

Both of these tables indicate a continuing positive trend in the resumption of non-Covid services, with the return of HSCPs to their clinical roles, as well as innovative approaches to service delivery.

In addition, the number of new referrals seen by Community Intervention Teams has increased significantly during the period between April and October, rising by 29,418 which represents an increase in activity of 154%. This service is critical in supporting enhanced assessment and diagnostics for Hospital Avoidance and Early Discharge in the community.

### **9. Existing Challenges in Primary Care**

There is no doubt that Covid has impacted on service delivery across the primary care sector.

It is widely acknowledged that the primary care sector in Ireland is underdeveloped. At the same time, there has been an increase both in demand for services and in the complexity of cases presenting to primary care, while the delivery of Multi-Disciplinary Team assessment/treatment can be challenging, with the unavailability of one professional having a knock-on effect for others.

Beyond this, the recruitment and retention of staff in certain areas or localities may not be straightforward, while the profile of the HSCP and community nursing workforce means that maternity leave and the provision of cover for such leave can create additional pressures.

However, as noted above, Covid has exacerbated and highlighted historical deficits and service challenges in primary care; as with other areas of the health service, the need to develop capacity is a key learning of the pandemic.

### **10. GP Services**

General practice has continued to operate during the public health emergency and GPs are still seeing patients in person where necessary and providing advice via telephone where appropriate. Data suggest that at the peak of the pandemic, patient contacts with GPs fell by up to 70%, although this trend has been reversed more recently, with figures for October suggesting an attendance rate of approximately 10% below the same period in 2019.

There have been 1.59 million claims through PCRS for Covid-related activity for the period March to early December. This activity is in addition to the regular activity undertaken by GPs and clearly shows why so many GPs have been speaking publicly about the pressures that they continue to face in their surgeries. As with HSE provided services, our GPs are under pressure and there is a limit to the resilience of their practices. Maintaining levels of service in hours and out of hours continues to be challenging.

### **11. Strategic Reform of Primary Care**

In response to the Covid-19 pandemic and the requirement to transform how community services are delivered, Budget 2021 has provided €175m in new development money plus a further €30m in Sláintecare funding to implement a model of Enhanced Community Care (ECC). This level of investment in primary care development and reform is unprecedented. It will support

- The rollout of Community Healthcare Networks to support a community first and Home First approach to care based on the needs of local populations;
- Specialist Community teams to serve older person and those with chronic disease;
- Nationwide expansion of nurse-led Community Intervention Teams; and
- Structured pathway for GPs to directly access diagnostic tests for their patients, supporting delivery of 136,000 additional tests

The ECC approach will be based around 96 Community Healthcare Networks operating in conjunction with 32 chronic disease management and community specialist teams for older people and chronic disease management. These initiatives will be supported by expanded front of house acute hospital community intervention teams (CITs) and expansion of the dementia advisor networks as well as a structured pathway for GPs to directly access diagnostic tests for their patients.

These measures will see over 2,000 staff recruited to our primary and community sector, with a particular focus on nursing and community therapists such as physios, OTs and SLTs.

CHNs and community specialist teams for older people and chronic disease will work in an integrated way with the NAS and acute services to deliver end to end care, keeping people out of hospital, enabling a 'home first' approach, and ensuring people are discharged from hospital without delay.

The increased investment in primary care is absolutely vital and should be transformative in delivering service benefits over time, as recruitment progresses and as networks and teams become fully operationalised. This will of course take time to embed, and it is also important to recognise that in the first months of the year, the continued need for public health restrictions will continue to limit footfall and face-to-face engagement with clients.

The Department and the HSE, supported by its ECC Steering Group, will continue to work collaboratively with a strong focus on realising the impact of investment and ensuring clear implementation plans are in place so that the ECC programme - and other initiatives across the primary and community sector - are implemented and embedded in the system in the months ahead.

### **12. Conclusion**

Covid has had and continues to have a significant impact on the delivery of more routine HSE primary care services and has exacerbated the challenges associated with historical underdevelopment of the sector in Ireland.

The consequences of disrupted health services have arguably fallen most heavily on those who are vulnerable because they are older, are living with chronic conditions or a disability or are living with mental health challenges. The focus on transmission containment strategies and acute care capacity over recent months was natural and necessary, but the importance of continuous and routine care for people with underlying health conditions must not be neglected. A strong primary care system can not only ease the burden on our hospitals but can mitigate the indirect health effects of Covid. The protection and development of primary health care services is necessary not only to manage the known challenges of an ageing population and the growing prevalence of chronic conditions, but also to boost the resilience of our health system in the face of the unknown risk of any future health emergency.

**ENDS**