Title: Update on Non Covid Care

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Date: 29 March 2021

Action required:
☒ For noting
☐ For discussion
☐ For decision

Approved for future publication: YES
1. **Summary**

The emergence of COVID-19 worldwide and in Ireland continues to have a significant impact on the ongoing delivery of health and social care. The level of Covid-19 has been shown over the past year to be a key determinant of the level of healthcare that can be delivered and of the associated risk to patients, service users and healthcare workers. The widespread level of the virus in January and February 2021 resulted in significant impact on the delivery of non-Covid care including the deferment of all but essential time-critical elective care in our hospitals and pausing/reduction of some community services in order to meet the highest priority needs in residential, community and home delivered services.

As of 8pm on 22 March, there were 342 Covid-19 patients receiving care in an acute hospital. These are patients who require management on the Covid pathway as they are in the infectious stage of their disease process. Of these, 175 patients were in hospitals in Dublin, reflecting the higher case numbers currently being seen in the greater Dublin area. There were a further 164 suspected cases of Covid-19 across the hospital system, again with the majority of patients receiving care in the Dublin hospitals. While this is a significant decrease compared to the number of patients in hospital at the peak (2,020 on 18 January), the number of patients in hospital has remained between 370 and 330 for the last 14 days.

At the same time, hospital acquired Covid cases, which had declined from a peak of 494 in the week ending 17 January to 36 in the week ending 7 March, have now increased progressively for the last two weeks and were reported at 75 in the week ending 21 March. The slow reduction in patients requiring care, combined with an uptick in hospital-acquired infections, is of concern.

In the week ending 20 March, there were 12 new outbreaks reported in long-term residential care facilities (including nursing homes and residential institutions). This brings the total number of outbreaks in these settings to 532 during the third wave of the pandemic (from 22 November to 20 March).

The health system is faced with the challenge of resuming non-Covid care while simultaneously continuing to provide care for a cohort of patients with Covid-19. The volume of patients on waiting lists has increased significantly, both since the beginning of the third wave and since the outset of the pandemic generally, presenting a significant challenge to hospitals which are now operating with reduced capacity as result of infection prevention and control measures.

Similarly, primary and social care services are coming under increasing pressure as they try to provide services in an environment with reduced capacity, high numbers of patients on waiting lists and the continued need for infection prevention and control measures, particularly in some geographic locations with higher levels of community transmission and outbreaks.

In essence, the system is currently extremely fragile. Any future increases in Covid-19 cases in the community would lead to another intensely difficult period for our services, which have not yet recovered from the third wave and are paralleling the rollout of a substantial national vaccination programme. Staff are exhausted and in need of some respite from challenges of working in a Covid environment for an extended period of time. Any additional curtailment of the delivery of scheduled care would further exacerbate the already high waiting lists for non-Covid care.

The HSE’s “Safe Return to Health Services Plan” outlines a three phased plan for the proposed restoration of services across Community Services, Acute Operations, Cancer Services and Screening Services. The document is clear that, due to the challenges of a Covid-19 environment, there are limits on the level of activity that can be provided. All services will be required to protect Covid pathways of care, and it is expected that this will impact on the pace of service restoration.

Additional information in relation to the current status of the health system is set out below for the consideration of the NPHET.

2. **Presentations in General Practice and Covid Assessment Hubs**
GPs continue to be busy, although the pressures have reduced considerably since January, falling from 105,000 GP Covid referrals in the week ending 10th of January to around 43,000 in the first week of February. The most recent data available shows that referrals were down to around 33,000 for the week ending 9th March but did then register an uptick to 37,491 for week ending 16th March. Anecdotally, the GP Community Tracker is registering a further increase in testing referrals in the week ending 22 March. Community Assessment Hubs continue to operate at nine sites around the country, with 139 referrals to the week ending 14 March.

3. Impact on Non-Covid Care

Primary Care Therapy Services

As referenced in previous papers to NPHET, there was a significant reduction in the number of clients seen by community therapies during 2020, down from 1.27m in 2019 to 930,000. That shortfall is carrying through to increased waiting lists across the sector, with the numbers of those waiting over a year to access services increasing across therapies (including SLT, OT, physio and psychology). Data for January suggest a continuation of this trend, with NSP targets for access times and activity levels being missed across therapies.

HSE community therapists are continuing to deliver as many services as possible to those that need them, utilising telehealth and virtual consultations where possible. Continuing recruitment and employment of dedicated staff for testing, tracing and the vaccination programme should reduce the need for redeployment, while the protection offered by vaccination will reduce absenteeism rates and the likelihood of COVID outbreaks in residential settings. However, these services remain under pressure and are likely to underperform against targets again this year.

Scheduled and Unscheduled Acute Hospital Care

Emergency Departments have continued to operate and provide a streamed ED service to enhance safety throughout the pandemic. It is welcome that rising ED attendances indicate patients are attending hospital when they need to, and continued attendance at EDs is vital. At the same time, increasing presentations will contribute to put pressure on acute hospital capacity.

As part of the response to these challenges, the Winter Plan and Budget 2021 together will add 1,146 general acute beds to the hospital system over the number available on 1 Jan 2020. To date 810 of these beds have been provided. In addition, 73 sub-acute beds have been provided under the Winter Plan. As of 23 March, there were 402 general acute beds available.

Notwithstanding the increase in beds, the HSE is currently recommending that only critical time dependent elective procedures are undertaken at this time due to the on-going and significant increased demand for bed capacity related to Covid-19. Patient safety remains at the centre of all hospital activity and elective care scheduling.

Private hospitals

The HSE has advised that as of 12th March 2021, all 18 private hospitals which had signed up to the Safety Net agreement have either been given notice to cease, or to reduce the capacity they need to provide to the HSE under the arrangement in light of the current case numbers per 100,000 and hospital Covid related occupancy. Due to significant regional and local variation in Covid-19 incidence and transmissibility, particularly in the Dublin area, a small number of hospitals in these areas are being asked to provide a reduced level of capacity under the agreement rather than a full cessation.

Impact on hospital routine waiting lists

The deferral of non-urgent scheduled care during the third wave of the pandemic has had a significant impact on the number of patients waiting for a procedure. At the end of February, there were almost 81,000 patients waiting for an inpatient/day case procedure, compared to 72,000 at the end of
December, an increase of approximately 12%. The number of patients waiting for an outpatient procedure has increased by 3%, to 628,895 and the number of patients waiting for a GI scope has increased by 13% to 36,820.

However, this impact is on top of the increase in patients on waiting lists which has been seen since the outset of the Covid-19 pandemic: when comparing figures from the end of February 2020 to the end of February 2021, the number of patients on IP/DC waiting lists increased by 21%, the number of patients on outpatient waiting lists increased by 12% and the number of patients waiting for GI scopes increased by 62%.

These figures, taken alongside the reduction in capacity that is necessarily being seen across hospitals as a result of infection prevention and control measures, are stark and underline the impact of Covid-19 on the provision of more routine non-Covid services.

Additional details in relation to the impact of Covid-19 on specific services in acute hospitals, including cancer, mental health and transplant services, are set out in Appendix 1.

4. Social care services

The pandemic has had, and continues to have, a substantial and challenging impact on the ability of older people and those with a disability or mental health difficulties to live their lives as normal. Reduced opportunities for socialisation, restrictions on movement and visiting both at home and in residential care, and decreased access to respite day services and community-based clinics are having consequences for physical and mental health as well as their wider quality of life.

The reduction in outbreaks in residential care from the peak of Wave 3 is welcome. However, the ongoing protective and infection, prevention and control measures continue to impact on access to services including intermediate and long-term care, homecare, respite, therapies and therapeutic supports for community provided services to adults and children. Homecare has been repurposed, access prioritisation criteria utilised as required, and some service users have temporarily ceased their service to reduce their contacts. There are continuing challenges to the safe reopening and scaling up of respite and day care, as well as clinic-based services. It has not been feasible to open up older person day care, and disability and mental health day care is operating at reduced levels.

Pressure on the ability to deliver social care services impacts on the continuum of care pathways leading to inappropriate utilisation of acute care services.

Conclusion

Ireland has made great progress in flattening the curve of Covid-19 infections in the third wave of the pandemic. However, the most recent surge in infections has had a significant impact on the delivery of health and social care across all services, as well as on the morale and wellbeing of staff. It is likely that, even though the number of patients with Covid-19 in hospital is reducing, the environment in our hospitals will continue to be challenging for some time to come. It is essential that we protect the healthcare system as much as possible, to ensure that patients who require care can receive it in the coming months.

ENDS
Appendix 1: Impact of Covid-19 on the Delivery of Non-Covid Care

Mental Health

Covid cases have now stabilised in mental health residential settings, with 15 cases reported across 7 settings for the week ending 19 March (compared to 14 in the week ending 12 March). No new deaths were reported.

The HSE’s high support residential placements have continued, although Covid outbreaks and IPC adaptations have resulted in some reduced capacity. Community mental health services have also continued, with digital health models adopted where possible for service user and staff safety.

Traffic to 7-day telehealth services has increased during the pandemic. During the first Covid-19 wave, fewer mental health referrals were received, with a resurgence when restrictions eased. Generally, a decrease in activity levels was seen across services during 2020, compared to 2019, although there is evidence of increased acuity in presentations.

Actions are underway to enhance service capacity, including through the recruitment of 153 new mental health staff in 2021. The HSE responded rapidly to the Covid-19 pandemic by reconfiguring existing services and putting additional services and supports in place. The Department and HSE continue to plan for any surge in demand as it arises.

Cancer Services

Despite the impact of the large increase in COVID-19 cases in the third wave, cancer services continued. With the number of Covid patients in hospitals reducing, and the vaccination of hospital personnel, numbers receiving cancer diagnoses and treatment is likely to continue to recover from the recent fall. However, in order for this to proceed, it is essential that Covid levels in the community continue to reduce to allow for the full resumption of services.

Cancer diagnostics

For rapid access clinics, overall GP e-referrals are at 112% of 2020 activity for weeks 2-10 this year. Breast referrals are high (122%), with lower figures for lung (64%) and prostate (56%). Patients are being triaged in advance of their appointments, including through utilising virtual/telephone clinics where appropriate. The continued availability of endoscopy and biopsy services are a vital element in supporting diagnostic clinics. Endoscopy capacity has been substantially reduced as a result of Covid-19 and the temporary transfer of staff to Covid response.

Overall, the number of patients seen in Symptomatic Breast Disease Clinics and Rapid Access Clinics in 2020 amounted to 88% of the 2019 figure (98% for urgent breast, 79% for non-urgent breast, 92% for lung, 80% for prostate). Considering the huge impact that Covid had on attendances in March/April 2020, this represents a significant recovery.

Surgical Oncology

Continuation of required cancer surgeries was challenging with the increasing pressures on ICU and HDU capacity in the third wave. As previously, urgent surgery is being prioritised and there is an emphasis on maintaining safe patient pathways for this. Private hospitals have been key to ensuring that time-sensitive surgery continues.

Surgery numbers to end December are at 76% of the 2019 levels. This does not include surgeries undertaken in private hospitals, so the overall figure is higher. It is estimated that the public hospital surgery numbers would have fallen to around 65% of the 2019 rate in January 2021, but that it is recovering again now with the repatriation of much surgery to the public setting. Significant challenges remain, however, in some cancer centres related to surgical access being limited due to the persistent number of Covid cases in these hospitals (wards and ICU).
Radiation Oncology

Radiation oncology services are continuing. Radiation oncology services in the public hospitals are currently operating at >90% of 2019 activity levels.

Demand is linked to the level of surgeries and therefore, any reduction in the level of cancer surgery will result in falling demand for radiation oncology. Radiation oncology units are accommodated in buildings that are largely separate from other hospital services, which may reassure patients who are nervous about presenting to hospitals in the current climate.

Medical Oncology

Services continue in all 26 hospitals and guidance has issued to clinicians regarding the provision of Systemic Anti-Cancer Therapy (SACT). This includes details on treating cancer patients with COVID-19, or with potential COVID-19. The number of patients receiving chemotherapy up end 2020 is at approximately 88% overall.

Staffing

Despite the welcome roll-out of vaccination of hospital personnel, unavailability of staff remains is a concern across all disciplines in cancer services. Absences will continue to arise (i) as vaccinated staff who are close contacts of Covid still have to isolate and (ii) due to the accrued annual leave built up by many over the past year.

Transplant Services

All necessary action is currently being undertaken to ensure that organ transplant and donation services continue in so far as practically possible. While services have resumed, due to the risk Covid-19 presents to transplant patients, reduced service levels are expected to the end of the year. For comparison there were a total of 110 donors, with 274 transplants in 2019. In 2020, there were 91 donors, with 190 transplants carried out. To end February 2021, there were 10 donors, with 24 transplants carried out in total.

The living kidney donor programme at Beaumont Hospital was paused in February 2021 and it is planned to re-activate the programme in early April. Assessments for admission to transplant waiting lists will also be impacted due to reduced bed capacity.

Gynaecology Services

Inpatient, day case and outpatient gynaecology services have been impacted by the broader HSE decision to cease non-time dependent care. Gynaecology services will resume as part of the phased approach set out in the HSE’s “A Safe Return to Health Services”. However, given that the pause will have exacerbated the gynaecology waiting lists, it will be important to ensure that there is a coordinated approach between the phased resumption of services and the broader considerations around the Scheduled Care Transformation Programme.

National Ambulance Service

The National Ambulance Service (NAS) continues to be an integral component of the response to Covid-19 in 2021, while demand led service delivery requirements remain high. The NAS has provided ongoing patient critical activities throughout the pandemic, including the operation of the National Emergency Operations Centre, 112/999 Emergency Ambulance responses, the Critical Care Retrieval Service and Intermediate Care Service. While the NAS has reported fewer staff absences resulting from Covid-19 isolation requirements in recent weeks, it is maintaining the flexibility to activate elements of its surge plan, including utilising Defence Force ambulances, as needed.
Paediatric Services

The relatively mild presentation of Covid-19 in children has meant that the impacts on paediatric acute services have been more limited than in other areas of the health system. However, there has been a significant increase in relation to cases of mental health where children are presenting with anxiety issues due to Covid-19. CHI mental health services have seen a 3-4-fold increase in inpatient admissions from April 2019 to end of January.

The effects of Covid-19 on throughput, particularly in theatres, is challenging in light of social distancing and PPE requirements. As with adult services, the waiting list backlog built up over Covid presents another challenge, and staffing of non-Covid services is impacted by Covid related issues. Absenteeism figures are higher due to a combination of long term Covid, cocooning staff and pregnancy guidelines. This has disproportionately impacted on staffing in key areas such as theatres. There was also an increase in presentations with Kawasaki disease in children’s acute services.