

Title: Impact of Covid on the Health Service

Author: Department of Health and HSE

Organisation: Department of Health and HSE

Date: 18th October 2021

Action required:

- For noting
- For discussion
- For decision

Approved for future publication: **YES**

1. Introduction

Given the increase across key indicators of COVID-19 nationally and the acceleration in the growth rate of the epidemic in recent days, it is timely to provide an update in relation to the current situation across the health sector more broadly.

The health system is faced with the challenge of providing 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 pandemic, 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.

2. COVID Case Numbers

On 14th October, the Health Protection Surveillance Centre had been notified of 1,627 confirmed cases of COVID-19.

i. Covid Case Numbers in Hospital

As of 8pm on 14th October, there were 408 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. There were a further 136 suspected cases of Covid-19 across the hospital system.

For comparison, there were 350 Covid-19 patients receiving care in an acute hospital on 5th October, so the upward trend is evident.

ii. Covid Case Numbers in ICU

As of 14th October, there were 70 adult patients with COVID in ICU (out of a total of 271 occupied adult ICU/HDU beds). There were 7 new COVID confirmed patients admitted to ICU in the previous 24 hours. For comparison, there were 65 adult patients with COVID in ICU on 5th October.

The response to this gradual decrease in available ICU capacity has seen

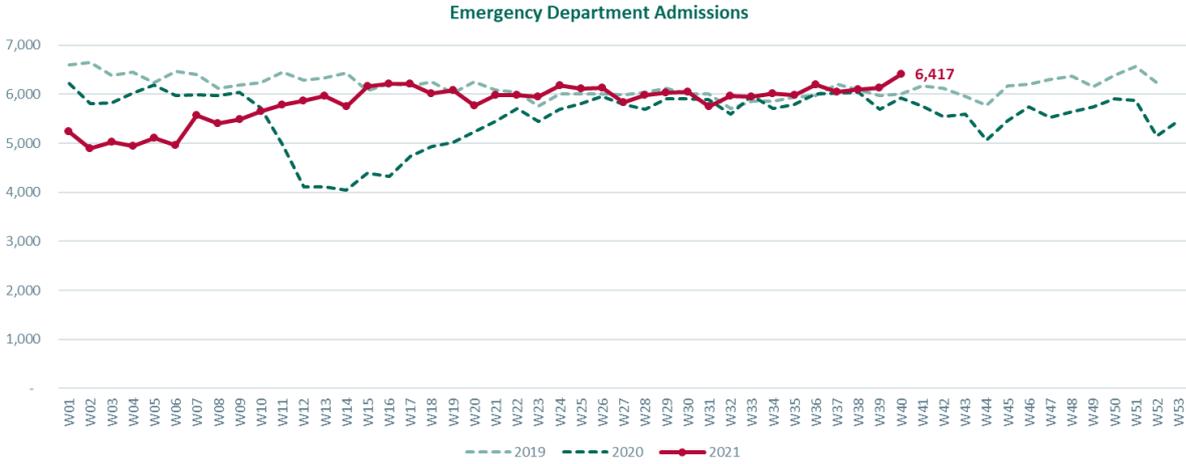
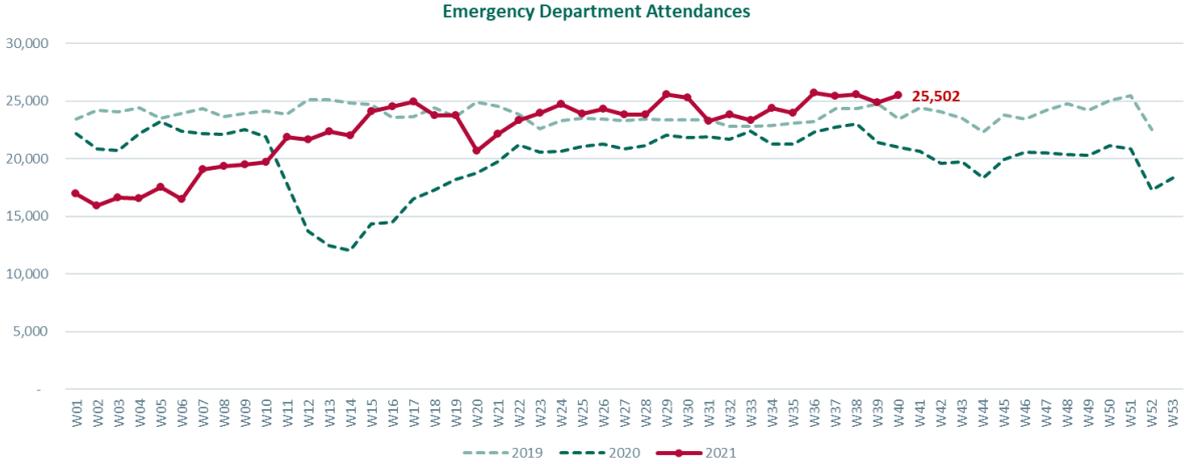
- the HSE Acute Operations Critical Care Major Surge Working Group convene as required;
- the Mobile Intensive Care Ambulance Service (MICAS) transport critically ill patients from hospital ICUs at full capacity or beyond full capacity to hospital ICUs with some available capacity;
- activation of ICU Surge Capacity Plans at hospital level; and
- working to expand ICU capacity in line with available resources.

3. Impact on Scheduled and Unscheduled Acute Hospital Care

Emergency Departments have continued to operate and provide a streamed ED service to enhance safety throughout the pandemic. As the charts below show, both ED attendances and admissions in 2021 are up compared to the previous two years.

Although this is welcome at one level as it indicates patients are attending hospital when they need to, increasing presentations are contributing to increased pressure on acute hospital capacity. This is

illustrated by the fact that there were 318 patients waiting on trolleys on the 13th October, an 83.8% increase on the 173 in 2020.



ii. Routine Hospital Waiting Lists

The deferral of non-urgent scheduled care during the pandemic has had a significant impact on the number of patients waiting for a procedure.

The latest data show there were 653,524 patients waiting for a first hospital outpatient consultation with a further 74,869 patients waiting for an appointment for their inpatient or day case treatment, and 32,001 patients waiting to receive an appointment for a GI Endoscopy.

The table below shows how waiting lists across all three categories have risen significantly over the course of the pandemic.

	End Dec 2019	End Dec 2020	End September 2021	End 2019 v 2021 YTD
OPD	553,434	606,230	653,524	+18%
IPDC	66,563	72,475	74,869	+12%
GI scopes	22,244	32,539	32,001	+44%

4. Private Hospitals

The HSE and all 18 private hospitals signed up to a Safety Net agreement until the end of January 2022 which would give the HSE access to the private hospitals’ capacity in the event of certain levels of Covid-19 infections prevailing in the community or certain levels of Covid-19 related occupancy in the public hospitals.

The agreement was invoked in the first quarter of this year. However the hospitals were issued with notices to cease or reduce the capacity they needed to provide due to the decrease of the level of community infection and Covid-19 related hospital occupancy in March. Due to significant regional and local variation in Covid-19 incidence and transmissibility a small number of hospitals were asked to provide a reduced level of capacity under the agreement rather than a full cessation.

Subsequently a variation of the agreement was put in place in response to the ransomware cyber-attack to allow the access to private hospital capacity.

5. General Practice

General Practice continued to operate throughout the pandemic and took on a very significant workload involving triage of patients, routine patient care and support of vaccination rollouts.

This was made possible by the development of new clinical models and consultation strategies, including greater use of telemedicine. Despite these innovations, there have clearly been challenges around continuity of care and delayed presentation as a result of COVID. Moreover, the pandemic has highlighted pre-existing challenges around capacity in terms of GP recruitment and retention, while the pressures of the past 18 months mean that GPs and their staff may be at risk of burnout.

The Government is aware of the issues facing general practice, including the limited access to GP services in certain areas. The response has included increasing investment by approximately 40% (€210 million) between 2019 and 2023 under the terms of the 2019 GMS GP Agreement on Service Development and Contractual Reform as well as the introduction of specific COVID supports. The Department and HSE will continue to work with GPs and their representatives as Sláintecare reforms are implemented and the capacity of the primary care sector is developed.

6. Primary Care Therapy Services

The disruption caused by the cyberattack continues to mean that care should be taken when interpreting data on primary care services. Nonetheless, it is clear that the number of clients seen by community therapies continues to be significantly below pre-COVID levels and this is exacerbating waiting lists across the sector. The total number waiting for assessment or treatment across the four main primary care therapies is now 126,722, with the numbers waiting over a year to access services approximately 43,000.

At the same time, HSE community therapists are continuing to deliver as many services as possible to those that need them, utilising telehealth and virtual consultations where possible. The performance of the sector very much needs to be viewed in the context of reduction in capacity due to the need for infection prevention and control, the need to maintain Covid-19 services, the impact of the vaccination programme and staffing challenges (including extensive redeployment at the peak of the pandemic) and development of appropriate responses to those who remain in need of services having contracted Covid in the last 18 months i.e. Long Covid Care.

7. 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 disability or mental health difficulties or those who are socially excluded 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 individuals' wider quality of life.

The successful rollout of the vaccination programme in residential care is having a positive impact and is a key protective measure. However, the continued risk of transmission and outbreaks, particularly in nursing homes settings remains. From June 27th to October 9th, 86 nursing home outbreaks have been recorded with 1,383 linked cases, 61 hospitalisations and 66 deaths. In the same period there has also been 13 outbreaks in Community/Long-stay Units with 69 linked cases, 16 hospitalisations and 5 deaths.

The number of outbreaks in these settings combined was highest in week 40, with 14 outbreaks in this week. This compares with peaks of 72 outbreaks in a single week in the first wave and 57 outbreaks in a single week in the third wave. Although concern and risk remain and there is a need to closely monitor the situation, these figures do suggest that the impact of COVID currently being experienced is reduced compared to previous waves. It remains important that the range of public health protective measures continues to be in place and targeted at nursing homes and other relevant residential centres.

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.

8. Investment in the Health Service

The health system is being supported at this exceptionally challenging time through significantly increased funding, with over €1bn extra being provided in Budget 2022 bringing total investment to a record €21 billion. This builds on the almost €2bn in additional monies provided in Budget 2021.

Of particular note is the €52m provided in 2021 to enable the target of 321 ICU beds to be reached (alongside investment in education and retrieval). It is also important to emphasise that the Critical Care Strategic Plan has been approved by Government, and this will allow ICU capacity to be expanded to 446 adult beds in the longer term. Importantly, a further €10.45m was allocated in the recent Budget to recruit the staff required to open another 19 ICU beds which will bring the national total to 340 by early 2023.

There will also be significant enhancements delivered in 2022 in other key capacity areas including the national acute strategies, hospital beds, community health networks, home care packages, community beds and rehabilitation beds. These measures build on the strategic expansion begun in 2021 and are supplemented by an additional €250m to support the ongoing work to reduce acute hospital and community waiting lists.

Such heightened levels of investment have been essential to enable the direct response to COVID, but they go beyond that to allow an expansion of capacity in the health system more generally in accordance with the vision of Sláintecare.

9. Conclusion

COVID-19 has presented unprecedented challenges to health and social care delivery since early 2020, requiring innovations in the organisation and delivery of services. A significant volume of work has been done throughout the pandemic to ensure that acute and community services could continue to provide care to those who need it most.

While this has been extremely challenging at times, Irish hospitals have coped with the pressures presented by the pandemic and continued to provide critical time-sensitive care alongside caring for patients seriously ill as a result of Covid-19. Similarly, community services have been prioritised and delivered to those most in need.

Nonetheless, the reality is that the health service remains in a precarious position, and any increase in activity arising from Covid-19 presents a challenge. It is therefore crucial that we continue to protect the capacity of the system through implementation of appropriate public health measures, including of course continued emphasis on the vaccination programme and individual measures such as handwashing and wearing face coverings as appropriate.

Staff across the health system have met the challenge of Covid and delivered services to the best of their ability under extreme pressure. This has been key to coping with Covid. The ongoing ask of staff remains very significant as we face into winter with the likely impact of flu and an already visible impact of RSV in children's hospitals. There are a range of HR measures in place to support staff and we do need to recognise the burn out effect of the relentless pressure on services.

ENDS