Title: Impact of Covid on the Health Service

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Organisation: Department of Health and HSE

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

Approved for future publication: YES
1. Executive Summary

Given the deteriorating epidemiological situation nationally and the current pressures being faced across the health system, a further update on health system preparedness for Covid-19 is submitted for NPHET’s consideration.

Sustained pressure is being seen across the health system, with continuing high case numbers suggesting that this pressure will continue for some time to come. This is a significant challenge to the continued delivery of healthcare, with a number of hospitals already curtailing the delivery of scheduled care in order to cope with rising numbers of Covid patients.

- Critical care units are currently running at close to full capacity on an ongoing basis, with some hospitals already using surge capacity. The Critical Care Major Surge Working Group is meeting regularly to manage the situation.
- Approximately 300 patients are currently receiving advanced respiratory support in a ward setting, with these patients having higher acuity and dependency than usual ward patients.
- The scope to redeploy staff to support critical care is reduced when compared to earlier waves of the pandemic, particularly in the context of the need to care for high numbers of seriously ill patients on wards. Staff are more fatigued now than at any stage in the pandemic to date, with limited capacity to take on additional responsibilities.
- Emergency Department attendances and admittances have increased compared to the previous two years. While this is welcome in that it indicates that patients are attending hospital when they need to, increasing presentations are contributing to increased pressure on hospital capacity.
- The number of patients on waiting lists has risen significantly over the course of the pandemic, with additional impact to come from the further cancellation of elective procedures currently being seen.
- The number of open outbreaks in hospitals has risen from 27 in the week ending 19 September to 55 in the week ending 14 November. Cases of hospital-acquired Covid-19 and new laboratory confirmed cases in hospital staff are also continuing to increase.
- The safety net arrangement with the private hospitals is still in operation and is being used currently. The HSE has advised that in the last week, 1417 bed days in the private sector have been used and this is rising. The year to date bed day usage is 60,000.
- Primary care waiting lists are rising across the sector, with the total number of patients waiting for assessment or treatment across the four main primary care therapies (SLT, OT, physio and psychology) now reaching 131,595.
- While the rollout of the vaccination programme in residential care settings is having a positive impact, the continued risk of transmission and outbreaks remains, particularly in nursing homes, where currently nearly 10% are in outbreak.
- The current rate of community transmission is having a very significant impact on the levels of Covid related absence amongst staff with the resulting challenges in maintaining levels of service.

Taken together, the above illustrates a system under increasing strain, with continuing high levels of community transmission likely to result in continuing pressure for some time to come. Continued strong efforts to reduce transmission will be required in order to protect our health system capacity in so far as possible.
1. COVID Case Numbers
On 23rd November, the Health Protection Surveillance Centre had been notified of 3,666 confirmed cases of COVID-19.

i. Covid Case Numbers in Hospital and ICU
As of 8pm on 23rd November, there were 594 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 145 suspected cases of Covid-19 across the hospital system.

At the same time, there were 130 adult patients with COVID in ICU (out of a total of 281 occupied adult ICU/HDU beds). There were 10 new COVID confirmed patients admitted to ICU in the previous 24 hours. For comparison, there were 83 adult patients with COVID in ICU on 9th November, so the upward trend is evident.

2. Impact on the Acute Hospital System
The situation across the acute hospital system is deteriorating. In response, the HSE CEO issued a direction on 18 November to Hospital Group and CHO CEOs, Hospital CEOs and General Managers and Clinical Directors, setting out a number of immediate actions to be taken in response to the current pressures. These include:

- A 14-day period of prioritisation of unscheduled COVID care and urgent time-sensitive work, particularly in Model 4 hospitals, following which the situation will be reviewed;
- Maximisation of the SafetyNet contract to support the transfer of urgent and scheduled care patients, including maximum use of ICU beds; and
- The need for each hospital to outline the number of additional surge intensive care beds which can be created within the next 7 to 10 days, which may necessitate curtailing all other activity to facilitate redeployment of staff to critical care areas.

The current situation in a range of service areas is set out below.

i. Critical Care
There has been sustained pressure on critical care units since September, with the need to continue delivering non-Covid care alongside Covid pressures presenting a significant challenge to staff. Surge capacity is again in use. While the number of beds open and staffed has remained below baseline, there have been extremely limited numbers of beds available within the system for some time now. As set out above, hospitals are now required to outline the surge capacity available to them, to allow for a national assessment of total surge capacity. However, there is a limit to the level of safe surge potential in ICU which has previously been 350 beds. This number is being reviewed at present.

There are also approx. 300 patients on non-invasive ventilation in wards. Available staffing is the rate-limiting step.

The significant levels of disease currently being seen in the community, combined with ongoing high levels of socialisation suggest that the pressure on hospitals generally, and critical care units in particular, will continue. The HSE is continuing to actively manage the situation and to provide support to hospitals and critical care units. A continued reduction in the levels of disease in the community remains the only answer to reducing demand, increasing the numbers of staff available to attend work and alleviating pressure on critical care units.
The HSE has advised that the scope to redeploy staff to support critical care units is much reduced when compared to earlier waves of the pandemic. Emergency Departments remain open and operating at full capacity and most clinics are continuing to run, thus requiring staff to remain in their posts.

At the same time, a significant number of patients are continuing to receive advanced respiratory support in a ward setting – estimated at close to 300 as of 22 November. These patients are of a higher acuity and dependency than the usual ward patients and represent surge activity at a ward level. This also further reduces the number of staff available to assist with critical care, as these patients require intensive management.

The HSE has advised that a digital iNEWS monitoring system is being rolled out across many sites that are providing this advanced respiratory care, to support staff in caring for these patients and to reduce the administrative burden. While this will be a source of support, the pressure that providing such care in a ward setting places on staff cannot be overstated.

The Critical Care Major Surge Working Group is continuing to meet, to oversee/coordinate the national critical care response and actively manage and support hospitals on an ongoing basis, including through engagement with the Mobile Intensive Care Ambulance Service (MICAS) as required. This service has supported critical care units in delivering care within existing resources as safely as possible throughout the pandemic.

ii. Emergency Departments

Emergency Departments have continued to operate and provide a streamed ED service to enhance safety throughout the pandemic. The Winter Preparedness Plan 21/22 was published on 15th November and commits to maintaining such streaming. The Plan notes that due to the risk that vaccinated staff can get infected and can infect others in some circumstances, a general move to a common stream for unscheduled care may not be possible until well into 2022. 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 the 7-day average numbers of patients waiting on trolleys on the 22nd November was 214, a 67.2% increase on the 128 patients (7-day average) recorded on the same date in 2020.
iii. 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 644,458 patients waiting for a first hospital outpatient consultation with a further 74,662 patients waiting for an appointment for their inpatient or day case treatment, and 30,893 patients waiting to receive an appointment for a GI Endoscopy at the end of October.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>End Dec 2019</th>
<th>End Dec 2020</th>
<th>End October 2021</th>
<th>End 2019 v 2021 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPD</td>
<td>553,434</td>
<td>606,230</td>
<td>644,458</td>
<td>+16%</td>
</tr>
<tr>
<td>IPDC</td>
<td>66,563</td>
<td>72,475</td>
<td>74,662</td>
<td>+12%</td>
</tr>
<tr>
<td>GI scopes</td>
<td>22,244</td>
<td>32,539</td>
<td>30,893</td>
<td>+39%</td>
</tr>
</tbody>
</table>

Due to the recent surge in Covid-19 cases the HSE has had to cancel a significant number of elective procedures and concentrate on urgent or time critical ones. The HSE is currently engaging with the Private Hospitals to procure additional capacity.

iv. Cancer Services

Cancer services continue to operate in line with guidance issued by the HSE’s National Cancer Control Programme, incorporating appropriate physical distancing and infection control measures. Cancer services are being maintained, with a particular focus on urgent and time-sensitive cases. Covid-19 funding (€12m in 2021) is being used to support hospitals in addressing backlogs, extending clinic times, providing additional clinics, increasing diagnostic capacity and providing locum/temporary support.

**Diagnostic Rapid Access Clinics**

From January–October this year, GP e-referrals to Rapid Access Clinics (breast, lung and prostate) were at 127% of 2019 activity. Attendances at Rapid Access Clinics from January–September 2021 (37,556) were at 99% of 2019 levels (37,998). (Note: the lower percentage for attendances arises mainly because, under the new GP e-referral form for breast cancer, approximately 15% of referrals are for mammogram only).
Cancer treatment services

With regard to public cancer treatment, latest available figures indicate that from January–August this year:

- the number of patients receiving medical oncology treatment stands at 95% of the comparable 2019 figure;
- radiation oncology was at 85% of the 2019 figure; and
- surgical oncology was at 80% of the 2019 figure.

Treatment of some public patients (surgical and medical oncology) in private hospitals is not accounted for in the above figures. The radiation oncology figure reduced because of the ransomware attack rather than Covid - to May 2021 all patients coming forward were treated and services are now working to catch up.

The NCCP continues to work closely with all involved in hospital cancer services in the effort to ensure that the needs of cancer patients are met.

As has been the case throughout the pandemic, patients are encouraged to contact their GP if they are concerned about a symptom of possible cancer. Similarly, patients are advised to continue to attend for any appointments for cancer treatments and that the necessary infection prevention and control precautions are in place.

v. Covid-19 Outbreaks in Acute Hospitals

The number of open Covid-19 outbreaks in acute hospitals has been rising steadily, from 27 in the week ending 19 September, to 55 in the week ending 14 November. At the same time, there has been an increase in the numbers of hospital acquired Covid cases, from 24 in the week ending 19 September to 89 in the week ending 19 November, and in the numbers of lab confirmed cases in hospital staff rising from 88 in the week ending 19 September to 436 in the week ending 14 November. This is an increasing burden of disease on both patients and staff, and is a cause for concern, particularly given the impact Covid cases in staff have on available staffing levels.

3. National Ambulance Service (NAS)

The NAS continues to provide significant support to the HSE’s response to the Covid-19 pandemic, and in particular to the national testing and vaccination programmes, against a backdrop of an overall increase in both hospital activity and emergency calls in 2021.

While the NAS has commissioned a demand and capacity analysis to inform longer term planning, it advises that the level of demand now exceeds the levels experienced in 2019, i.e. pre pandemic. Performance indicators on response times continue to deteriorate, particularly for lower acuity calls (e.g. the % of life threatening but non-cardiac calls responded to within 19mins was at 39% in September against a target of 70%).

Delays in completing handover of patients at hospital EDs are also seriously impacting on NAS capacity and ability to respond to patients in the community, as the equivalent of 5% of ambulance capacity is lost every day to delays at EDs exceeding 20 minutes.

The NAS is engaging with trade unions to examine work practice changes with a view to improving performance without compromising patient safety, and is reallocating staff from Covid-19 duties to emergency response where possible. It is advising callers to consider other options such as GPs,
Minor Injury Units, pharmacists or self-care if the complaint is not life threatening or clinically serious.

4. Private Hospitals
The HSE and all 18 private hospitals signed up to a Safety Net agreement (Safety Net 2) 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.

A variation of the agreement (Safety Net 3) was put in place in response to the ransomware cyber-attack to allow access to private hospital capacity. Safety Net 3 is still in operation. The HSE has advised that in the last week, 1,417 bed days in the private sector have been used and this is rising. The year to date bed day usage is 60,000.

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 GP capacity, while the pressures of the past 18 months mean that GPs and their staff may be at risk of burnout.

6. Primary Care Therapy Services
It remains the case that the number of clients seen by community therapies continues to be significantly below pre-COVID levels, and this is reflected in rising waiting lists across the sector. The total number waiting for assessment or treatment across four main primary care therapies (SLT, OT, physio and psychology) is now 131,595, an increase of 4,873 compared to the figures provided to NPHET in the last update on October 18th. The figures for those waiting over one year to access services remain at approximately 43,000.1

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.

Indeed, it now seems likely that investment in an additional 2,000 staff for Community Health Networks will serve only to return services to pre-Covid levels in 2022 rather than expand and develop the sector as initially intended. This starkly illustrates the burden that Covid is placing on primary care services and the health system more broadly.

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1 Please note that figures should be caveated given ongoing disruption to data reporting in the wake of the cyberattack.
7. **Social Care Services**
As set out in the paper submitted to NPHET on 18 October 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.

The successful rollout of the vaccination programme, (including booster vaccines for relevant cohorts in long term residential care over the age of 65), in residential care is having a positive impact and is a key protective measure. Roll out of booster vaccines to those under 65 in disability residential and medical compromised in the community is to commence shortly. However, the continued risk of transmission and outbreaks, particularly in nursing homes settings remains. From 27th June to 13th November, 124 nursing home outbreaks have been recorded with 1,890 linked cases, 104 hospitalisations and 130 deaths. In the same period there has also been 33 outbreaks in Community/Long-stay Units with 207 linked cases, 55 hospitalisations and 10 deaths. In the last week (up to 13th November) there were 8 new nursing home outbreaks notified.

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. In Disability services there were 12 COVID-19 outbreaks over the last week (Week 45), with a total of 33 cases, compared to week 40 when there was 2. The largest single outbreak in week 45 involved 20 cases. Figures issued for cases among health care workers, that covered the preceding four weeks, suggest that the ratio of staff to residents who have been infected in this period was two to one. Additionally, a death with Covid-19 in a disability residential care centre was notified to public health in the week ending 14 November.

Notwithstanding the rollout of the booster vaccination programme, concern and risk remain, especially where community transmission is high, and there is a need to closely monitor the situation. 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. In this regard, the HSE has advised that all supports have remained in place in terms of outbreak avoidance, outbreak supports, IPC guidance and PPE provision. Additionally, the TAP Scheme for private nursing homes remains in operation and the dedicated Community Response Teams are continuing to support all providers. The implementation of further agreed measures, including the requirement for visitors to nursing homes to demonstrate proof of immunity through vaccination or prior infection (from 15th November) and a serial testing sweep of all nursing homes in the coming weeks are important next steps in the response.

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, particularly given the increased levels of Covid related leave.

8. **Conclusion**
As set out in the paper submitted to NPHET on 18 October, COVID-19 has presented unprecedented challenges to health and social care delivery since early 2020. 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.

The situation being faced by our health system continues to be very challenging. While hospitals and community healthcare providers will take every action available to continue to provide as much care as possible, it is essential that we attempt to minimise transmission in so far as possible, to mitigate the impact of the fourth wave on the health system, through ongoing implementation of public health measures.

ENDS