

Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohoifigeach Cliniciúil Ospidéal Dr. Steevens, D08 W2A8 R: clinicaldesign@hse.ie

Clinical Design & Innovation; Office of the Chief Clinical Officer Dr Steevens' Hospital, D08 W2A8 E: <u>clinicaldesign@hse.ie</u>

22nd September 2021

Deputy Carol Nolan, TD Dáil Éireann Leinster House Kildare Street Dublin 2

RE: PQ 42460/21 and PQ 42461/21

To ask the Minister for Health if he will expand cardiac rehabilitation services to be widely accessible; and if he will make a statement on the matter.

To ask the Minister for Health if he will ensure adequate national capacity to deliver cardiac rehabilitation to all patients for whom it is recommended, ensuring staffing and resources are protected; and if he will make a statement on the matter.

Dear Deputy Nolan,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Heart Programme on your question and have been informed that the following outlines the position.

Recognising the need to develop and deliver integrated, shared care between hospitals and the community, in 2020 significant investment was made through the Winter Initiative and Enhanced Community Care Programme to establish Chronic Disease Specialist Hubs in the community. These teams will place a significant focus on prevention and self-management support services in the community. As part of this approach, a ring-fenced community-based Cardiac Rehabilitation (CR) Team will be recruited in each of the chronic disease hubs. The CR Team will be part of a Specialist multidisciplinary Cardiology Team in the hub. The ECCP has funded 18 of these community care Cardiac Rehab teams in Phase 1 and an additional 12 are being funded as part of phase 2.

The HSE's National Heart Programme (NHP) established by the HSE early in 2020 encompasses the full continuum of cardiovascular care, with an emphasis on supporting service reform and the implementation of integrated care within the community as well as ensuring acute care cardiology is supported and kept to an international standard. The Clinical Advisory Group of the NHP has recently established a subgroup to examine priorities in prevention including CR. Membership of the subgroup is multidisciplinary, with the IHF, IACR, CROI and NIPC all represented. This group has agreed to prioritise a Model of Care (MoC) to set out the standards to be followed in CR. This MoC for CR services is currently in development. This MoC will support increased and more equitable access to CR.



The NHP acknowledges the strong evidence base for CR and has consistently advocated for additional resources in this area. The NHP continues to advocate for resources to support equitable and timely access to CR for all eligible patients living in Ireland.

I trust this information is of assistance to you but should you have any further queries please do not hesitate to contact me.

Yours sincerely,

Patricia Gilsenan O'Neill

General Manager, Business Management Office

