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2nd May, 2024.

Mr. Thomas Gould, T.D., Dáil Éireann, Dublin 2

PQ ref 18483/24

"To ask the Minister for Health when the Westfield integrated care centre in Ballincollig, Cork will be fully operational."

Dear Deputy Gould,

The Health Service Executive has been requested to reply to you in the context of the above Parlimentary Questions, which you submitted to the Minister for Health for response.

Sláintecare, Ireland's ten-year plan for delivering a health and social care service that meets population need, has provided the impetus for developing and implementing an Enhanced Community and Primary Care service that is person-centred, holistic, proactive and preventive in its approach and delivered within the community. To implement this, Enhanced Community Care (ECC) Commuty Services are have been restructured to deliver services through Community Healthcare Networks (CHN's), each network focusing on the delivery of services to approx. 50,000 population.

In the Cork Kerry Community Healthcare area there are 14 CHN's, 11 in Co. Cork and 3 in Co. Kerry.

In addition to supporting the ECC services through the provision of additional staff for Primary Care, the Sláintecare framework is also supporting the delivery of Specialist Integrated Programmes through a Hub model. There will be two specific type of Integrated hubs - the Integrated Care Programme for Older People (ICPOP), which is a specialist integrated Multidisciplinary Team for older people, and the Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD). The Integrated Care Programme for the Prevention and Management of Chronic Disease (ICPCD) focuses on improving the standard of care for four major chronic diseases that affect over one million people in Ireland:

- Cardiovascular disease the initial focus of the Chronic Disease hubs in Cork is specific to heart failure
- Type 2 diabetes
- Chronic Obstructive Pulmonary Disease (COPD) and adult asthma

Integrated Care for chronic disease is defined as healthcare provided at the lowest appropriate level of complexity, with responsive, connected services built around patient need, to support and empower individuals to optimise their health, actively address and minimise their risk factors for chronic disease and to live well with chronic disease. These Hubs are now providing an 'end-to-end' model for the prevention and management of chronic disease. These services are delivered in an integrated way with GPs, Primary Care and Acute Care Multidisciplinary teams and aims to improve the healthcare experience and health outcomes for individuals living with chronic disease in Ireland. The Hubs provide a continuum of health promotion, disease prevention, diagnosis, treatment, disease management and rehabilitation services that are coordinated across different healthcare providers and healthcare



settings. The aim is to shift from an over-reliance on acute sector services to the provision of personcentred care provided as close GPs who refer their patients into the specialist ambulatory care hub for chronic disease will work closely with the specialist team in managing care for their patients. The Integrated Care Consultants work across the acute hospitals and the specialist ambulatory care hubs and are supporting the continuity of care across the community and acute settings. Self-management support services e.g. cardiac rehab, pulmonary rehab, diabetes prevention, specialist diagnostics such as spirometry, weight management, and diabetes Self-Management education are being provided in the hubs.

I would like to confirm that the Westfield centre is operational for service users accessing the Integrated Care Programme for Chronic Disease (ICPCD) and the Integrated Care Programme for Older Persons Services (ICPOP). The present recruitment moratorium has impacted on progressing full operations. However, I can confirm that services as listed above are now being provided to individuals in the Westfield Hub. In addition, services aligned to both ICPCD and ICPOP from the acute service have also commenced transitioning to Westfield and work remains ongoing with respect to scoping additional diagnostic supports for the Hub. I am delighted to inform you that feedback from individuals utilising these services in Westfield has been extremely positive.

If I can be of any further assistance, please do not hesitate to contact me.

Yours sincerely,

Priscilla Lynch Head of Service - Primary Care, Cork Kerry Community Healthcare