



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

19th July, 2024

Deputy Pádraig Mac Lochlainn, TD Dáil Éireann Leinster House Kildare Street Dublin 2

PQ 27867/24

To ask the Minister for Health the reason the new amyloidosis model of care, submitted in August 2020 and approved in October 2022, has not been implemented or acted on to date; the reason a request for funding for phase 1, as well as funding for phase 2 of the model of care, has not been allocated by the HSE; and if he will make a statement on the matter

Dear Deputy Mac Lochlainn,

The Health Service Executive has been requested to reply directly to you in relation to the above representation, which you submitted to the HSE for response. I have consulted with the National Clinical Director for Integrated Care and the National Clinical Advisor and Group Lead for Acute Operations (NCAGL AO) on your question and have been informed that the following outlines the position.

The Amyloidosis Model of Care was approved in 2022. This new model of care was developed using a five-phase process change map.

When a model of care is approved it is then progressed to implementation operationally. There has been progress with the approval of pharmacological treatments included in this model of care, where relevant, through the HSE's medicines management approvals process.

There were a number of areas identified in the model of care that required funding in order to progress to implementation. The Office of the National Clinical Advisor and Group Lead, Acute Operations (NCAGL AO) sought funding to support phased implementation of this model through the HSE's national service planning process with the Department of Health in 2023. Unfortunately, this new service development submission did not secure funding.

You will be aware that there are changes at the HSE corporate centre and also nationally with the establishment of the six Health Regions and the appointment of the six Regional Executive Officers (REOs). Given these changes, the National Clinical Advisor and Group Lead for Acute Operations (NCAGL AO) plans to now review the key areas (gates) that can be implemented nationally in the absence of funding, with the appropriate stakeholders.

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

Anne Horgan General Manager

