



Oifig an Stiúrthóra Cúnta Náisiúnta  
Clár Cúraim Pobail Feabhsaithe &  
Conarthaí Príomhchúraim  
Feidhmeannacht na Seirbhíse Sláinte

Urlár 2, Páirc Ghnó Bhóthar na Modhfheirme,  
Bóthar na Modhfheirme, Corcaigh, T12 HT02

Office of the Assistant National Director  
Enhanced Community Care Programme &  
Primary Care Contracts  
Health Service Executive

Floor 2, Model Business Park,  
Model Farm Road, Cork, T12 HT02

[www.hse.ie](http://www.hse.ie)

T: 021-4928512

E: [primarycare.strategy@hse.ie](mailto:primarycare.strategy@hse.ie)

**Deputy Roisin Shortall,  
Dáil Eireann,  
Leinster House,  
Dublin 2.**

**9<sup>th</sup> July, 2024**

**PQ 20971/24 - To ask the Minister for Health how many of the planned WTE clinical podiatry specialists and WTE senior podiatrists post for HSE acute hospital diabetes services have physically taken up posts; how many of each grade are currently going through the HSE recruitment process; where these posts are based; how many of these planned posts remain unfilled; and if he will make a statement on the matter.**

Dear Deputy Shortall,

I refer to your parliamentary question, which was passed to the HSE for response.

In line with Sláintecare, the Enhanced Community Care Programme's (ECC) objective is to deliver increased levels of health care with service delivery reoriented towards general practice, primary care and community-based services. The focus is on implementing an end-to-end care pathway that will care for people at home and over time prevent referrals and admissions to acute hospitals where it is safe and appropriate to do so, and enable a "home first" approach.

The ECC Programme (a multiyear investment programme) with an indicative allocation of 3,500 WTE and €240m for the establishment of 96 CHNs, 30 Community Specialist Teams for Older people, 30 Community Specialist Teams for Chronic Disease, national coverage for Community Intervention Teams and the development of a volunteer-type model in collaboration with Alone. To date, significant progress has been made, with the establishment of:

- All 96 Community Healthcare Networks
- 27 Community Specialist Teams for Older People
- 26 Community Specialist Teams for Chronic Disease
- All 21 CITs
- Significantly improved access to diagnostic services.

Alongside this broader implementation, almost 2,810 staff have been on-boarded or are at an advanced stage of recruitment under ECC.

### **Community Specialist Teams (Hubs)**

The work that has been undertaken by the Integrated Care Programmes for Older People and Chronic Disease over recent years, has shown that improved outcomes can be achieved particularly for older people who are frail, and those with chronic disease, through a model of care that allows the specialist multidisciplinary team engage and interact with services at CHN level, in their diagnosis and on-going care.

With the support of the DoH and Sláintecare, these models are now being implemented at scale, by the HSE, with the establishment and full rollout of 30 Community Specialist Teams for Older People and 30 Community Specialist Teams for Chronic Disease to support CHNs and GPs to respond to the specialist needs of these cohorts of the population, bridging and linking the care pathways between acute and community services with a view to improving access to and egress from acute hospital services



These Community Specialist Teams will service a population on average of 150,000 equating on average to 3 CHNs. Ideally, the teams will be co-located together in 'hubs' located in or adjacent to Primary Care Centres reflecting a shift in focus away from the acute hospital towards general practice, and a primary care and community-based service model.

In response to your query regarding the Recruitment of Acute Podiatry/ Chiropody posts and for Community Specialist Hubs, please see table 1 below with a breakdown of data:

**Table 1 Acute posts:**

Grade	Target WTE	Locations	Onboarded	Various Stages of Recruitment	Remaining to be Filled
<b>Chiropodist, Clinical Specialist</b>	3	Sligo University Hospital Midland Regional Hospital Portlaoise Connolly Hospital	3	0	0
<b>Chiropodist/ Podiatrist, Senior</b>	3	0.5WTE to each: Letterkenny University Hospital Mayo University Hospital Portiuncula University Hospital Tipperary University Hospital Midland Regional Hospital Tullamore Our Lady of Lourdes Hospital	0	0	3

I trust this is of assistance.

**Yours sincerely,**

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**Geraldine Crowley,  
Assistant National Director,  
Enhanced Community Care Programme &  
Primary Care Contract**