



# A Safe Return to Health Services

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Restoring health and social care services  
in a COVID environment

July 2020

## 1. Overview

Since the advent of COVID-19, the HSE has planned, prepared, reorganised and refocused almost all health services in response to this threat to our population. We have created entirely new COVID-19 services, while protecting a very broad range of urgent care and treatment services for our patients and the public.

Urgent, time critical care services, along with many routine services, were protected, meaning that people who needed them had and currently have access to these services. The HSE board and senior management appreciates the huge efforts of our teams in keeping so many health and social care services operating over recent months.

Some services that were either not essential, demand was reduced, or were not safe or possible to be delivered, were curtailed in response to COVID-19 and following guidance from NPHET. At this stage, almost all of our community and acute services have resumed to some degree. This document sets out the plans for our safe return to those health services that were suspended or reduced as a result of COVID-19.

### **We will return to services in three phases:**

#### **Phase 1: July–August 2020**

#### **Phase 2: September–November 2020**

#### **Phase 3: December 2020–February 2021**

This plan for our return to services is based on the Strategic Framework for the delivery of services in a COVID environment, published in June and available here. The next section of this document will explain the approach being taken, and why limits will apply to how much activity some health services can hope to deliver in a COVID environment.

## 2. Approach

We understand that people want and need health services to resume as quickly as possible. However, it won't be possible to restore services in exactly the same way as they operated previously, because of the unpredictable nature of COVID-19 and the need to continue to protect people from infection risk.

We are implementing strict infection prevention and control (IPC) measures across our services. As services resume, we have had to make changes to ensure social distancing is possible within our waiting, treatment, care and residential spaces. This has reduced capacity in our health services, meaning in some facilities that we can see fewer people at a time, or sessions take longer to complete.

We need to deliver services in a different way to make sure we keep everybody, patients and staff, as safe as possible as we do this. Where possible, services are working to connect with people using telehealth, providing consultations on phone or on video calls. This is challenging and is going to take some time and we will need the patience and support of our staff, our patients, their families and the public, as the health services that were paused or restricted now resume.

It is important that a safe, consistent approach is taken across the HSE in how we return over the coming weeks and months to provide health services with the lowest possible risk.

Finally, the risks of further local or national surges in COVID-19 are real and have to be taken into account in our plans. Changes in COVID levels will impact on our return to some services.

### 3. Challenges

This plan is an overview of services to be resumed, the target times for their safe return, and some detail on the conditions and challenges that will have to be met. Timelines have been developed and consolidated to guide the reintroduction of services in a phased manner. Every step and phase has been informed by clinical guidance and putting patient and staff safety first.

Our health and social care services have a significant set of challenges in the delivery of care in a COVID-19 environment. Some of the key challenges are outlined in the table.

- **Reduced capacity** in the healthcare system due to social distancing and infection prevention and control requirements. This will impact all aspects of healthcare and staff, resulting in some services never surpassing 50% pre-COVID activity.
- **Staffing levels** are a significant challenge in a COVID-19 environment due to the effects of redeployment, requirement to self-isolate etc.
- **Patient flow** – the ability of acute hospitals to deliver inpatient services is heavily dependent on patient flow from the acute setting into the community.
- **Maintaining COVID-19 services** for the foreseeable future, associated costs and surge planning.
- **Potential winter surge** due to the increased transmission of COVID-19 and other respiratory illnesses.
- **Staff training and education** to enable redeployment of staff and implementation of infection prevention and control guidelines.
- **Ongoing capacity** constraints in the Irish healthcare system specifically in relation to access to hospital beds and short stay / intermediate care beds.

## 4. Our Future Health Service

Part of the HSE's response to these challenges is an urgent acceleration of change in our care model, to address our current health needs and protect the future viability of health services. This means rapidly progressing the implementation of the Sláintecare vision. The delivery of care in a COVID-19 environment requires ongoing reconfiguration of how services are delivered. This provides opportunities such as:

- **Enhanced integration of care pathways**, i.e. the enhancement of community services that shift care away from acute settings, delivering the right care in the right place and at the right time. The response to the COVID-19 pandemic has accelerated us on this journey and we must now continue to adapt and re-design our patient pathways to support this future model of care.
- **Enhancing and supporting General Practice** is an essential component in achieving the necessary shift in delivery of care from acute to community settings. The supports which have been identified include timely access to diagnostic services in the community and the provision of Medical Assessment Units (MAUs) and Surgical Assessment Units (SAUs).
- **Enhancing Older Persons services**, including Chronic Disease Management. Enhanced community services (such as home support hours, specialist Older Persons multidisciplinary teams, Community Intervention Teams and Frailty Intervention Teams) have a crucial role to play both in optimising health to avoid hospital admission and in facilitating timely discharge from hospital.
- **Digitally-enabled healthcare delivery**, retaining and maintaining some of the innovations which were implemented as part of the COVID-19 response, will be a key enabler of timely service provision as we deliver services in a constrained COVID-19 environment while working to meet the existing demand in the system.
- **Measures to reduce acute hospital admissions** (such as increasing senior decision making in Emergency Departments) will be critical to maintain capacity in acute hospital settings, enabling hospitals to provide essential scheduled and unscheduled care.

## 5. Criteria for a Safe Return to Services

All services will have to meet a set of criteria in order to return safely:

	<p><b>Communication</b> Public information campaign to increase public confidence in the delivery of healthcare services in a COVID environment, the type and timing of service reintroduction and encouraging uptake of important screening and treatment services</p>		<p><b>Scheduling changes</b> Required adaptations to schedules to reflect the necessary time requirements in between patients, to accommodate infection, prevention and control measures and allow for coordination of appointments, including diagnostics to minimise footfall in health settings.</p>
	<p><b>COVID and non-COVID pathways</b> Development of pathways at a national level to ensure a standardised approach to effectively stream patients in COVID environments across all care settings (e.g. ED to specific wards in acute hospitals).</p>		<p><b>Continuity plans for COVID surge</b> Plans to define how to either exit from services or wind them down if surge capacity is required.</p>
	<p><b>IPC requirements</b> Guidance on the requirements for PPE for specific healthcare services in a COVID environment and the additional clearing requirements of physical spaces and equipment.</p>		<p><b>Utilising digital technology support</b> Ongoing leveraging of digital health (phone, video technology applications), to support the delivery of healthcare services (e.g clinical consultations) in both the community and acute hospital setting.</p>
	<p><b>COVID testing and screening</b> Public Health National guidance on pre-admission screening / risk assessment activities for healthcare services in a COVID environment.</p>		<p><b>Activity forecasts</b> Model out the forecast activity levels for each reintroduced service. This needs to factor in service delivery constraints and overheads required to operate in the environment. Performance reporting will be required to track activity, against re-baselined KPIs for these services.</p>
	<p><b>Staff and patient flow measures</b> National guidance on measures to allow for required safe distancing, such as (1) modified treatment workflows that decrease the number of staff in contact with patients; (2) removal of congregated areas (e.g. discharge lounge); (3) 'just in time' appointments.</p>		<p><b>Staff redeployment</b> The redeployment of staff from COVID-related activities to facilitate the reintroduction of the prioritised healthcare services in a COVID environment.</p>

## 6. Schedule for a Safe Return to Health Services

As outlined previously, the challenges of a COVID environment mean limits on the level of activity we can provide with the current capacity in the health system. The HSE is seeking to make the most of the resources we have and optimise productivity through alternative work practices. This includes the widespread adoption of telemedicine and the use of alternative settings, including private hospitals, community facilities and alternative outpatient settings.

The HSE is currently in discussions with private hospitals, the Department of Health and the Department of Public Expenditure and Reform with a view to developing a surge agreement, and also a framework for accessing capacity to meet urgent and elective care requirements.

The following schedule for our return to services is based on a detailed analysis of need, capacity and patient safety considerations. Target or expected activity levels against the previous norms is shown on a scale representing 0% to 100%.

The main assumption underpinning this schedule is the level of illness and health service pressure caused by COVID-19. If this increases in later surges, the timelines in this document will change. The schedule will be regularly monitored and updated as appropriate, dependent on public health guidance and healthcare capacity.

In relation to patient information about return to services at a local or personal level, our hospital and community healthcare teams are in touch with service users and continue to be available to support them.

The remarkable work carried out by healthcare teams across the country and the support, co-operation and understanding of patients, service users and families during the recent first phase of the COVID-19 response is very much appreciated by all in the health service.

# 2020–2021 Safe Return Schedule (1/5)

Service

## Phase 1: July–August 2020

## Phase 2: September–November 2020

## Phase 3: December 2020–February 2021

	<i>Expected Activity</i>	<i>Expected Activity</i>	<i>Expected Activity</i>
<b>Children</b>	<p><b>Re-opening:</b> </p> <ul style="list-style-type: none"> <li>• Child developmental programme</li> <li>• Child Immunisation Catch Up Programme</li> </ul>	<p><b>Re-opening:</b> </p> <ul style="list-style-type: none"> <li>• Breastfeeding clinics</li> <li>• Parenting programmes</li> <li>• Pre-School inspections</li> <li>• School Support services</li> <li>• Early Intervention services</li> <li>• School immunisation programme</li> </ul> <p><b>Activity increasing:</b></p> <ul style="list-style-type: none"> <li>• Child developmental programme</li> <li>• Child Immunisation Catch Up Programme</li> </ul>	<p><b>Activity increasing:</b> </p> <ul style="list-style-type: none"> <li>• Child developmental programme</li> <li>• Child Immunisation Catch Up Programme</li> <li>• Breastfeeding clinics</li> <li>• Parenting programmes</li> <li>• Pre-School inspections</li> <li>• School Support services</li> <li>• Early Intervention services</li> <li>• School immunisation programme</li> </ul>
<b>Disability</b>	<p><b>Re-opening:</b> </p> <ul style="list-style-type: none"> <li>• Home support services</li> <li>• Short stay residential</li> <li>• Emergency / residential respite</li> <li>• Select day services</li> <li>• Disability networks</li> </ul>	<p><b>Activity increasing:</b> </p> <ul style="list-style-type: none"> <li>• Home support services</li> <li>• Short stay residential</li> <li>• Emergency / residential respite</li> <li>• Select day services</li> <li>• Disability networks</li> </ul>	<p><b>Activity increasing:</b> </p> <ul style="list-style-type: none"> <li>• Home support services</li> <li>• Short stay residential</li> <li>• Emergency / residential respite</li> <li>• Select day services</li> <li>• Disability networks</li> </ul>
<b>Older Persons</b>	<p><b>Re-opening:</b> </p> <ul style="list-style-type: none"> <li>• Enhanced specialist teams</li> <li>• Home support services</li> <li>• Short stay residential</li> <li>• Emergency / residential respite</li> <li>• Select day services</li> <li>• Helplines</li> </ul>	<p><b>Activity increasing:</b> </p> <ul style="list-style-type: none"> <li>• Enhanced specialist teams</li> <li>• Home support services</li> <li>• Short stay residential</li> <li>• Emergency / residential respite</li> <li>• Day services</li> <li>• Helplines</li> </ul>	<p><b>Activity increasing:</b> </p> <ul style="list-style-type: none"> <li>• Enhanced specialist teams</li> <li>• Home support services</li> <li>• Short stay residential</li> <li>• Emergency / residential respite</li> <li>• Day services</li> <li>• Helplines</li> </ul>

## 2020–2021 Safe Return Schedule (2/5)

Service

### Phase 1: July–August 2020

### Phase 2: September–November 2020

### Phase 3: December 2020–February 2021

	Expected Activity	Expected Activity	Expected Activity
<b>Mental Health</b>	<p><b>Re-opening:</b> </p> <ul style="list-style-type: none"> <li>• Home support services</li> <li>• Short stay residential</li> <li>• Emergency / residential respite</li> <li>• Forensic services</li> <li>• Select day services and out-patient clinics</li> <li>• CAMHS and other mental health teams</li> </ul>	<p><b>Re-opening:</b> </p> <ul style="list-style-type: none"> <li>• Peer groups and mental health promotion</li> <li>• Community Rehabilitation Teams</li> <li>• Mental Health Intellectual Disability Teams</li> <li>• Home Based Treatment Teams (Nursing Service)</li> <li>• CAMHS Eating Disorders and Self-Harm Programme</li> </ul> <p><b>Activity increasing:</b></p> <ul style="list-style-type: none"> <li>• Home support services</li> <li>• Short stay residential</li> <li>• Emergency / residential respite</li> <li>• Forensic services</li> <li>• Day services and out-patient clinics</li> <li>• CAMHS and other mental health teams</li> </ul>	<p><b>Activity increasing:</b> </p> <ul style="list-style-type: none"> <li>• Home support services</li> <li>• Short stay residential</li> <li>• Emergency / residential respite</li> <li>• Forensic services</li> <li>• Day services and out-patient clinics</li> <li>• CAMHS and other mental health teams</li> <li>• Peer groups and mental health promotion</li> <li>• Community Rehabilitation Teams</li> <li>• Mental Health Intellectual Disability Teams</li> <li>• Home Based Treatment Teams (Nursing Service)</li> <li>• CAMHS Eating Disorders and Self-Harm Programme</li> </ul>
<b>Screening</b>	<p><b>Re-opening:</b> </p> <ul style="list-style-type: none"> <li>• CervicalCheck</li> <li>• Diabetic RetinaScreen</li> </ul>	<p><b>Re-opening:</b> </p> <ul style="list-style-type: none"> <li>• BreastCheck</li> <li>• BowelScreen</li> </ul> <p><b>Activity increasing:</b></p> <ul style="list-style-type: none"> <li>• CervicalCheck</li> <li>• Diabetic RetinaScreen</li> </ul>	<p><b>Activity increasing:</b> </p> <ul style="list-style-type: none"> <li>• CervicalCheck</li> <li>• Diabetic RetinaScreen</li> <li>• BreastCheck</li> <li>• BowelScreen</li> </ul>

## 2020–2021 Safe Return Schedule (3/5)

Service

### Phase 1: July–August 2020

### Phase 2: September–November 2020

### Phase 3: December 2020–February 2021

*Expected Activity*

*Expected Activity*

*Expected Activity*

#### Primary Care / Health & Wellbeing

##### **Re-opening:**



- Influenza programme
- Smoking cessation programmes
- Living Well Chronic Disease Self-management Support Programme
- Alcohol awareness resources
- Healthy Ireland Plan
- Addiction support
- Homeless services
- Services for residents in direct provision centres
- Civil registration service

##### **Re-opening:**



- Sexual health services
- Therapeutic services (i.e. Speech and language therapy, Podiatry etc)
- Tobacco Free Campus
- Healthy Food programme for staff
- SlainteCare Integrated Funded Projects
- Public health nursing services
- Audiology

##### **Activity increasing:**

- Influenza programme
- Smoking cessation programmes
- Living Well Chronic Disease Self-management Support Programme
- Alcohol awareness resources
- Healthy Ireland Plan
- Addiction support
- Homeless services
- Services for residents in direct provision centres
- Civil registration service

##### **Re-opening:**



- Physical activity and education programme
- Healthy Food Made Easy
- Sexual Health services

##### **Activity increasing:**

- Influenza programme
- Smoking cessation programmes
- Living Well Chronic Disease Self-management Support Programme
- Alcohol awareness resources
- Healthy Ireland Plan
- Addiction support
- Homeless services
- Services for residents in direct provision centres
- Civil registration service
- Sexual health services
- Therapeutic services (i.e. Speech and language therapy, Podiatry etc.)
- Tobacco Free Campus
- Healthy Food programme for staff
- SlainteCare Integrated Funded Projects
- Public health nursing services
- Audiology

## 2020–2021 Safe Return Schedule (4/5)

Service

### Phase 1: July–August 2020

### Phase 2: September–November 2020

### Phase 3: December 2020–February 2021

*Expected Activity*

*Expected Activity*

*Expected Activity*

#### Cancer

##### Re-opening:



- GP referrals and access to diagnostics
- Rapid Access Clinics
- Surgical Oncology
- Medical Oncology / Haematology
- Radiation Oncology
- Survivorship and Psycho-oncology

##### Activity increasing:



- GP referrals and access to diagnostics
- Rapid Access Clinics
- Surgical Oncology
- Medical Oncology / Haematology
- Radiation Oncology
- Survivorship and Psycho-oncology

##### Activity increasing:



- GP referrals and access to diagnostics
- Rapid Access Clinics
- Surgical Oncology
- Medical Oncology / Haematology
- Radiation Oncology
- Survivorship and Psycho-oncology

#### Hospitals: Elective Day Case and Inpatient



**Almost all of our acute services are now reinstated across specialties and sites, at reduced overall levels of activity.**

Any services or part of service still on hold or being reintroduced on a phased basis is based on clinical risk assessment.

Theatre and procedure room activity may remain reduced by up to 30% depending on the type of procedures being undertaken and extra safety requirements, PPE and infection control requirements, requirement for patient testing and isolation prior to procedures.

Scope procedures are now operating at 50% normal activity.



**Services will continue across specialties and sites, at reduced overall levels of activity, working to increase throughput.**

Scope procedures with mitigations in terms of testing and PPE may increase to 75% activity.

Theatre and procedure room activity may remain reduced by up to 30% depending on the type of procedures being undertaken and extra safety requirements, PPE and infection control requirements, requirement for patient testing and isolation prior to procedures.

Any services or part of service being reintroduced on a phased basis is based on clinical risk assessment.



**Winter months may see a surge in activity due to cold and flu or other respiratory conditions, and bring associated pressure on planned activity.**

Any services still being reintroduced on a phased basis will be based on clinical guidance and risk assessment.

Theatre and procedure room activity may remain reduced by up to 30% depending on the type of procedures being undertaken and extra safety requirements, PPE and infection control requirements, requirement for patient testing and isolation prior to procedures.

## 2020–2021 Safe Return Schedule (5/5)

Service

### Phase 1: July–August 2020

### Phase 2: September–November 2020

### Phase 3: December 2020–February 2021

*Expected Activity*

*Expected Activity*

*Expected Activity*

#### Hospitals: Elective Outpatient



- Outpatient clinics that had been curtailed began to return from May 5 in hospitals nationwide.
- Outpatient clinics expect to operate at approximately 50-60% of normal capacity in this phase.
- Clinical guidance on safe distancing is informing the volume of activity that can be undertaken safely.
- 50% all consultations will take place over phone or video calls.
- People will be contacted by their own hospital team in relation to their appointments and care plan.



- Outpatient clinics expect to reach approximately 70% of normal capacity in this phase.
- Clinical guidance on safe distancing is informing the volume of activity that can be undertaken safely.
- 50% all consultations will take place over phone or video calls.
- People will be contacted by their own hospital team in relation to their appointments and care plan.



- Hospitals will continue to see patients in person or via telehealth, and work to increase throughput where possible.
- Outpatient clinics expect to operate at least 70% of normal capacity in this phase.
- Clinical guidance on safe distancing is informing the volume of activity that can be undertaken safely.
- 50% all consultations will take place over phone or video calls.
- People will be contacted by their own hospital team in relation to their appointments and care plan.