Continuity of care for non-COVID patients
Consultative Forum with Postgraduate Training Bodies

Please complete this questionnaire and return to survey@mcirl.ie by Wednesday 10th June. The feedback provided will be collated with other submissions to form a discussion document for a Consultative forum. The output of this forum will be submitted to the Department of Health for their information and to inform their work programme. All information given in this consultation will only be used for the purpose to which you agreed to it being collected.

While the data may be identifiable, you have several rights under data protection legislation, including the right to access the data you have provided; the right to rectification the data you provide; the right to be erased from the dataset; the right to restrict or object to the processing of the data you have provided and to obtain and reuse your personal data (data portability). If you would like further information on your rights as a data subject, please contact our Data Protection Officer at dp@mcirl.ie. You also have the right to object to the processing of your personal data. You can contact the research team at survey@mcirl.ie if you wish to exercise any of your rights as listed above do any of the above and we would be happy to assist you. All analysis of the dataset is conducted in-house.

Participation in this consultation is entirely voluntary. Furthermore, if you do agree to complete the questionnaire now but change your mind after submitting your thoughts, you can contact the Medical Council (survey@mcirl.ie) and have your responses deleted from the dataset. If you have any further questions regarding this or other data held by the Medical Council, please contact dp@mcirl.ie.

Please note that all submissions may be subject to Freedom of Information requests.

Please keep submissions to two pages.

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What do you see as the greatest challenges facing medical practitioners in restoring normal pathways for patients to specialist care?

The greatest challenges facing medical practitioners in restoring normal pathways for patients lie in the immense capacity deficits across our health system both in terms of the number of hospital consultants and the number of hospital beds required which urgently need to be addressed.

Due to neglect by successive Governments over many years:

- Ireland has one of the lowest number of public hospital beds per population and our hospitals operate on average at 97% occupancy.
- 5000 additional beds will be required to meet future demand.
- Ireland has one of the lowest number of consultant specialists in the EU,
- Currently there over five hundred consultant posts that are vacant or filled on a temporary basis, while an additional 1,600 consultants are immediately required to provide a consultant delivered healthcare service.

Due to the cancellation of all non-urgent care across the system:

- 570,000 people are still waiting for an outpatient appointment and 230,000 people on a waiting list for an inpatient/day-case procedure/GI Endoscopy;
- Cancer screening programmes have been put on hold;
- GP access to diagnostics and referral pathways for all patients, both public and private, have been closed down.

The HSE now faces significant challenges as it seeks to reopen services for elective, outpatients and other programmes, while at the same time guarding sufficient spare capacity for current needs and a future surge and reconfiguring the physical space and hygiene practices in our hospital facilities to maintain infection control.

What do you see as the key steps to be implemented for medical practitioners to restore normal pathways for patients to specialist care?

The key steps to be implemented to restore normal pathways for patients to specialist care include:

- An urgent assessment is needed of current and additional capacity, including manpower, requirements with social distancing and infection control measures in place;
- Increase immediate capacity through temporary builds;
- Invest in additional public acute bed capacity including investment in stand-alone public hospitals for elective care;
- Immediate investment to recruit and retain doctors to work in our health services, including targeted measures to address our unprecedented number of Consultant vacancies. The Minister and many of our politicians recognise that the two-tier consultant pay issue is a major barrier to recruitment;

- Appropriately resource diagnostic, radiology and laboratory departments to allow timely access to investigations and the results of same for both hospital doctors and GPs in the community;
- Establish clear referral pathways for patients into secondary care; it is clear that there
- Invest in ICT systems especially in communication systems between primary and secondary care

What services do you see as a priority for restoration, as the immediate pressures on the health service due to COVID-19 begin to ease?

The HSE is due to publish its clinical roadmap for reopening non-Covid 19 services. The IMO is of the view that services should be restored in tandem across all settings with priority given to patients based on clinical need and those who have had their care interrupted.

Never has it been more important that appropriate referral pathways through AMUs and ASUs be created so that GPs and hospital consultants can prioritize those with most urgent need for services.

In order to help alleviate pressures on the hospital system, GPs should have direct and timely access to diagnostics;

Covid 19 has put constraints on our already under-resourced cancer screening programmes. Planning is required but these important screening services should recommence as soon as is practical

What are the greatest challenges facing the continuity of patient care as the immediate threat of a COVID-19 surge passes?

Continuity of care is a key tenet of GP care. The greatest challenges facing continuity of care in General Practice are:

1. Reassuring patients with chronic conditions who have been "cocooning" or who may still be anxious about returning to their GP that it is safe to do so and that they have minimal exposure to risk. These patients must be alerted to the fact that in delaying visits to their GP or participation in chronic disease programmes, conditions may deteriorate, potentially leading to hospitalisation or risk of poorer outcomes in the event of a 2nd surge.

2. Since March, telemedicine has been adopted in its broadest form across General Practice including widespread telephone consultations and an upsurge in consultations by teleconference. While telemedicine has it's uses, where the GP has an existing relationship with the patient, teleconsultations should not be considered normal practice. In addition, commercial entities offering teleservices may seem convenient to patients, however their use may interrupt continuity of care and lead to gaps in patient records.
3. For convenience, amendments were made to Medicinal Products (Prescription and Control of Supply) Regulations extending the validity of certain prescription medicines from six months to nine months which again may create the illusion that this is safe practice. Many conditions can deteriorate significantly over time and prescriptions are issued by a medical practitioner for a limited time to allow for review. In addition prescribed medicines may cause adverse reactions, interact with other pharmaceutical products or doses may need to be adjusted depending on the individual. All of these are issues which are addressed during the review. The use of this amendment to the regulations should not be prolonged.

Other comments or feedback

IMO doctors are becoming increasingly concerned about patient safety and the pressures mounting on Emergency Departments as both GPs and ED consultants alike are unable to access diagnostics and specialist care.