

1. Ms Tracey Conroy, Assistant Secretary
2. Secretary General
3. Runaí Aire

24/7 PPCI Services at University Hospital Waterford

1. University Hospital Waterford (UHW) provides consultant medical cover 24/7 for all cardiac patients. The UHW Cardiology Department is staffed by 3 consultant cardiologists, 1 cardiac physiologist, 1 radiographer, 2 nursing staff and 1 administrator.
2. The hospital's Cath Laboratory operates Monday to Friday, 8.30am – 5.30pm, with regular extension to 8pm as needs dictate – the additional service hours are provided through overtime/time off in lieu arrangements. Outside of these hours the National Ambulance Service brings patients requiring PPCI to Cork University Hospital or to Dublin.

Weekend

Evidence Base for Quality Assured Safe Care

3. As for any complex acute hospital service, a key criterion for deciding whether a 24 hour PPCI service should be provided is whether there is a sufficient volume of appropriate patient activity to ensure the safe provision of the service. Without sufficient volume of patients, staff will not be in a position to maintain their skills, and in those circumstances, it will not be possible to ensure a safe service in line with international best practice. The National Cardiovascular Policy (2010-2019) set out a number of criteria for PPCI. Such principles and criteria for PPCI include the following:

- One centre per 500,000 to 1 million population;
- High volume
- Ability to deliver PPCI in 120 mins of first medical contact (FMC);
- Travel time from FMC to PPCI centre to be within 90 mins;
- Minimum 5 – 6 interventional cardiologists per unit;
- 24/7 multi-skilled team.

120min

90min

NB Number of procedures

4. Based on requirements specified by the American College of Cardiology/American Heart Association, the National Cardiovascular Policy (2010-2019) advises that physicians performing primary PCI should complete 75 or more total PCI cases per year. Since the publication of the policy document, the ACC/AHA has revised the requirements to 50 PCIs, at least 11 of which should be PPCI. Substantiated data in relation to PCI/PPCI activity at UHW is not available at present. This information gap will be addressed.

75 cases + 11 → 50 / 11

5. Information from the 2011 census indicates that the population of Waterford is 113,795, well below the minimum threshold of 500,000 highlighted earlier. While of course the UHW catchment goes beyond the county boundary and serves parts of Wexford, South Kilkenny and South Tipperary, the 2011 census data set out in the table below, shows that the entire population of the South East would not have a sufficient population to sustain a 24 hour PPCI service.

Data - Waterford gap

Population from 2011 census

Carlow	54,612
Kilkenny	95,419
South Tipperary	88,432
Waterford	113,795
Wexford	145,320
Total	497,578

Only every
airport to 80%.

6. While some parts of the South East fall outside a 90 minute travel time to a 24/7 PPCI centre (incl Waterford City and Wexford Town), the Irish Coast Guard, which has night flying capability, has a base in Waterford and can be tasked to out of hours STEMIs. It should also be noted that the Acute Coronary Syndrome (ACS) programme is currently implementing an optimal reperfusion service strategy, involving PPCI for 80% of patients nationally and thrombolysis for the remaining 20%.

INFORMATION REDACTED

INFORMATION REDACTED



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Office of National Clinical Advisor and Group
Lead for Acute Hospitals
Dr Steevens' Hospital
D08 W2A8

E: ncagl.acutehospitals@hse.ie

Comhairleoir Cliniciúil Naisiúnta agus Grúpa Ceannais
Rannóg na nOspidéal Géarmhíochaine
D08 W2A8

By Email Only

DATE: 27th April 2016

TO: Ms. Tracey Conroy, Assistant Secretary, DOH

Cc: Prof. Kieran Daly, Clinical Lead, Acute Coronary Syndrome
Ms. Joan Regan, Acute Hospitals Policy 3
Ms. Fionnuala Duffy, Head of Unit, Acute Hospital Policy Unit 2, DoH

FROM: Dr Colm Henry, National Clinical Advisor & Group Lead Acute Hospitals

RE: PPCI services

Dear Tracey,

I am forwarding you a copy of an email from Prof. Kieran Daly, Clinical Lead for the Acute Coronary Syndrome (ACS) programme, expressing his concern at the misinterpretation of data from their 2014 report. I would be grateful if you could ensure this misinterpretation is corrected.

I am sure you will agree that this underlines the need for a national review of PPCI centres, informed by accurate and verifiable data. The National Clinical Programme for ACS hopes to proceed with the national review as soon as practicable. We will keep you informed of progress.

Yours sincerely,

Dr. Colm Henry
National Clinical Advisor and Group Lead – Acute Hospitals

ACS - misinterpretation of data

ncagl acutehospitals

to:

Tracey conroy, Joan_Regan@health.gov.ie, Fionnuala Duffy

28/04/2016 12:04

Sent by:

Sharon Dwyer <sharon.dwyer@hse.ie>

Cc:

"Daly, Professor. Kieran, GUH", ncagl acutehospitals

Hide Details

From: ncagl acutehospitals <ncagl.acutehospitals@hse.ie>

To: Tracey conroy <Tracey_conroy@health.gov.ie>, "Joan_Regan@health.gov.ie" <Joan_Regan@health.gov.ie>, Fionnuala Duffy <fionnuala_duffy@health.gov.ie>

Cc: "Daly, Professor. Kieran, GUH" <kieran.daly@hse.ie>, ncagl acutehospitals <ncagl.acutehospitals@hse.ie>

Sent by: Sharon Dwyer <sharon.dwyer@hse.ie>

1 Attachment



20160427 Letter to Tracey Conroy DOH re ACS data.pdf

Dear all,

Please see attached letter from Dr. Henry and email below from Prof. Kieran Daly, Clinical Lead for the National Clinical Programme for Acute Coronary Syndrome, for your information and attention.

Best regards,

Sharon

Sharon Dwyer

Bainisteoir Ginearálta / Oifig an Comhairleoir Cliniciúil Naisiúnta agus Ceannaire Grúpa.

Rannóg na n-Ospidéal Géarmhíochaine.

Seomra G01 | Ospidéal Dr. Steevens | Baile Átha Cliath 8 | D08 W2A8

✉: sharon.dwyer@hse.ie | ☎: 01-635-XXXXXX

General Manager | Office of the National Clinical Advisor and Group Lead | Acute Hospital Division |
Room G01 | Dr Steevens' Hospital | Dublin 8 | D08 W2A8

From: Daly, Professor. Kieran, GUH [<mailto:kieran.daly@hse.ie>]

Sent: 26 April 2016 15:38

To: ncagl acutehospitals

Cc: 'Brendan Cavanagh (ACS Programme Manager)'

Subject: ACS

Colm

I am writing in relation to an RTE radio interview last week when a Waterford independent TD claimed that the cardiology unit in that city was doing similar volume of work to MMUH cardiology. This is erroneous and a misinterpretation of the ACS 2014 report where it was clearly pointed out that the figures for MMUH activity were an underestimate because of incomplete data collection.

Currently MMUH and SJH provide 24/7 cover for the larger Dublin area and broader catchment and deserve huge credit for the volume of cases dealt with. Both units average approx 300 STEMI cases per year which is at least twice the activity of Waterford. Similar comparisons apply to other cardiology activity.

While the ACS programme is about to carry out a national review of cardiology activity, I would appreciate if the D of H / Minister were made aware of this misinformation and credit MMUH with work being carried out

Regards

Kieran

When we go through tough time, little things like talking about our problems, getting regular exercise, drinking less alcohol and being involved in activities we enjoy can make a big difference to how we feel. Find the little things that work for you at yourmentalhealth.ie

"Tá an tathairt seo sa ríomhphost seo (ceanglaíocht san áireamh) faoi rún. Bainneann sé leis an té ar seofaigh chugé. amháin agus tá sé ar intinn go bhfaighfidh siad an amháin e agus gur b'ádh siad an amháin a dhéanfaidh breathnú air. Más rud é nach ti

Má fuair tú an ríomhphost seo trí dhearmad, bheadh muid buíochas dá gcuireas in iúl don Deasc Seirbhíse ECT ar an guthán ag [+353-1-63627757](tel:+353-1-63627757) nó ar an ríomhphost chug service.desk@hse.ie agus ansin glan an ríomhphost seo de' dhóras."

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Fw: ACS - misinterpretation of data
Joan Regan to: Tracey Conroy
Cc: Paul Brosnan

28/04/2016 12:45

Tracey

You will have seen Prof Daly's email to Colm Henry (copied below) in relation to misinterpretation of the ACS report.

I spoke with Prof Daly re the proposed programme review of national PPCI/PPI services and he made the following points;

Joan

Joan Regan
Acute Hospitals Policy 3
Dept of Health
Dublin 2

Tel: 00 353 1 [REDACTED]
Fax: 00 353 1 [REDACTED]

----- Forwarded by Joan Regan/SLAINTE on 28/04/2016 12:35 -----

From: ncagl acutehospitals <ncagl.acutehospitals@hse.ie>
To: Tracey conroy <Tracey_conroy@health.gov.ie>, "Joan_Regan@health.gov.ie" <Joan_Regan@health.gov.ie>, Fionnuala Duffy <fionnuala_duffy@health.gov.ie>
Cc: "Daly, Professor. Kieran, GUH" <kieran.daly@hse.ie>, ncagl acutehospitals <ncagl.acutehospitals@hse.ie>
Date: 28/04/2016 12:04
Subject: ACS - misinterpretation of data
Sent by: Sharon Dwyer <sharon.dwyer@hse.ie>

Dear all,

Please see attached letter from Dr. Henry and email below from Prof. Kieran Daly, Clinical Lead for the National Clinical Programme for Acute Coronary Syndrome, for your information and attention.

Best regards,

Sharon

Sharon Dwyer

Bainisteoir Ginearálta / Oifig an Comhairleoir Cliniciúil Naisiúnta agus Ceannaire Grúpa,

Rannóg na n-Ospidéal Géarmhíochaine,

Seomra G01 | Ospidéal Dr. Steevens | Baile Átha Cliath 8 | D08 W2A8

8: sharon.dwyer@hse.ie | (: [REDACTED] / [REDACTED]

General Manager | Office of the National Clinical Advisor and Group Lead | Acute Hospital Division |

Room G01 | Dr Steevens' Hospital | Dublin 8 | D08 W2A8

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Cc: 'Brendan Cavanagh (ACS Programme Manager)'

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Kieran

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.....

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Má fuair tú an ríomhphost seo trí dhearmad, bheadh muid buíoch dá gcuirfeá in iúl don Deasc Seirbhísí ECT ar an nguthán ag [redacted] nó ar an ríomhphost chuig service.desk@hse.ie agus ansin glan an ríomhphost seo ded' chóras."

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If this email has been received by you in error we would be grateful if you could immediately notify the ICT Service Desk by telephone at [redacted] or by email to service.desk@hse.ie and thereafter delete this e-mail from your system"

.....

[attachment "20160427 Letter to Tracey Conroy DOH re ACS data.pdf" deleted by Joan Regan/SLAINTE]

Jim

Minister has asked me to forward this email to you, for advice and draft response.

Thanks,

Dave

To: david_o_connor@health.gov.ie <david_o0xL12Czconnor@health.gov.ie>
From: John Halligan
Sent by: Emer O'Neill
Date: 05/18/2016 10:57AM
Cc: stephanie_anderson@health.gov.ie
Subject: Fw: University Hospital Waterford - Cardiac Service

Dear David,

As you will know during the recent negotiations regarding the programme for government it was agreed that within a six week time frame an independent clinical review (Internationally sourced) of the needs of the region would be conducted, following on from this and upon receipt of a favourable recommendation both capital and revenue funding would immediately be released to facilitate the provision of the second Cath Lab in University Hospital Waterford which would then proceed immediately to the planning and design stage. It was further agreed that in the interim funding would be released to allow for the recruitment of staff to facilitate the extension of current lab hours.

We are now almost two weeks into that six week time frame & I would be very much obliged if you could please confirm the following:

- What steps have been made to source an independent review from the NHS?
- Which section of the NHS will conduct the review?
- Do you have an estimate of when this review will take place, has UHW been contacted in relation to same?
- Could you please forward on to me the terms of the review - it should be noted that this had been requested at the time of the negotiations from the then Minister for Health Leo Varadkar & we have as of yet not received same?
- Is there a particular contact within the HSE who will be organising the review, if so could you please forward on to me the relevant contact information.

Deputy Halligan is very anxious to receive a progress report as soon as possible as he is coming under immense pressure to ensure the service is delivered.

I urgently await hearing from you.

Kind Regards

Emer O'Neill BA (Law) IPAV QFA
Parliamentary Assistant
John Halligan T.D. (Ind) Waterford

Oak Villa Military Road Waterford
[REDACTED]



Waterford Cath Lab
Joan Regan to: Tracey Conroy
Cc: Paul Brosnan, Emma Bradley

20/05/2016 17:00

Tracey

I have tweaked the memo on lines suggested - when Tony comes back to us we can make further changes as required. Also attached is a draft letter to Minister Halligan - again that will need to be tweaked.



200516 PfG Wtfd review memo.docx



200516 ltr to Min Halligan.docx

Joan

Joan Regan
Acute Hospitals Policy 3
Dept of Health
Dublin 2

Tel: 00-353-1-
Fax: 00-353-1-

1. Ms Tracey Conroy, Assistant Secretary
2. Secretary General
3. Runaí Aire

Provision of 2nd Catheterisation Laboratory at University Hospital Waterford

National Review of PPI/PPCI services

1. Following their review of Dublin PPI/PPCI services last year, we recently asked the Acute Coronary Syndrome (ACS) Programme to review the current arrangements for the provision of PPI/PPCI services nationally and to make recommendations regarding the future configuration of such services, including the number and location of centres required to serve the population needs. The review will be informed by a comprehensive analysis of HIPE activity, as well as outcome and cost data, and take account of:
 - the 2015 review of PPCI services in Dublin
 - time to access, including ambulance response times
 - existing and potential North South co-operation
 - resources required to sustain existing centres, both in terms of staffing and equipment
 - international best practice
 - trends in interventional cardiology.

It is intended that the review will be completed in 3 months and any future re-designation of PPCI Centres will be informed by this comprehensive review.

Programme for Government

2. The Programme for Government commits to

“the development of a second Cath Lab in University Hospital Waterford subject to a favourable recommendation from an independent clinical review of the needs of the region to be carried out within 6 weeks. Then, it will proceed immediately to design and planning stage followed by construction, and will be completed and ready for operation without undue delay. In the interim, the hospital will be asked to review the resourcing necessary to extend the existing lab hours with a view to providing a more extensive service. It is understood that the extension and funding of these hours is subject to receipt of a recommendation to proceed with the investment in a second lab. On receipt of this recommendation, partial revenue funds will be liberated immediately to allow for the recruitment of staff to facilitate the extension of lab hours.”

3. Given this commitment, and in particular the timeframe provided to complete the review, it will necessary to bring forward the Waterford element of the ongoing ACS national PPI/PPCI review, as it would not be possible to complete the national review within the 6 week window provided. However, it will be important to ensure that the results of the Waterford review feed in, as appropriate, to the national review.

4. The requirement for an *independent clinical review* is noted. The National Clinical Programmes are independent; they are underwritten by agreement between the colleges and the HSE and, as such, transcend the interests of individual hospitals or clinicians. The independence of the ACS Programme was a critical factor in the decision last year to reconfigure Dublin PPI/PPCI services. That decision was taken in the context of the agreed model of care, the design of which was informed by international models of care, and developed with the backing of a Clinical Advisory Group informed by methodological public health analysis.

Information Redacted

7. We will need to get agreement on the membership of the Group, the terms of reference and the process as a matter of urgency. However it must be acknowledged that the timeframe provided is extremely challenging particularly given the fact that substantiated data in relation to PCI/PPCI activity at UHW is not readily available. The ACS programme recently published their 2014 report; however UHW activity was excluded from that publication as the activity was not captured electronically on the HIPE Heartbeat Portal. UHW forwarded data that had been captured on a different system but this data was not analysable. This information gap will have to be addressed to facilitate the Group in their deliberations.

Submitted for approval to proceed on the lines proposed. Some background information on UHW PPI/PPCI is at Appendix 1.

Joan Regan
Acute Hospitals Policy 3
20th May 2016

Background

1. The University Hospital Waterford (UHW) cath lab operates Monday to Friday, 8.30am – 5.30pm, with extension to 8pm as needs dictate – the additional service hours are provided through overtime/time off in lieu arrangements. Outside of these hours the National Ambulance Service brings patients requiring PPCI to Cork University Hospital or to Dublin.
2. The provision of a 2nd lab and a 24/7 PPCI service at UHW has been the subject of much discourse since the publication of the Hospital Groups Report in 2013. That report indicated that the hospital should continue to provide invasive cardiology services for the South East population, and that working in collaboration with the Cork cardiology service, current services should be extended with new joint appointments of cardiologists. The HSE press release at the time mentioned plans to provide 24/7 cardiology services as resources become available.

Information Redacted

May, 2016

John Halligan TD
Minister of State for Training and Skills
Dept of Education & Skills
Dublin 1.

Re: Programme for Government

Dear John

I would like to take the opportunity to update you on the proposed clinical review of the needs of Waterford in relation to the development of a second Cath Lab at University Hospital Waterford.

As you may be aware, the Acute Coronary Syndrome (ACS) Programme was recently asked to review the current arrangements for the provision of PPI/PPCI services nationally, and to make recommendations regarding the future configuration of such services, including the number and location of centres required to serve the population needs. It is intended that this review will be completed in 3 months.

Given the commitment in the Programme for Government to undertake a review of Waterford needs within 6 weeks, it will necessary to bring forward the Waterford element of the ongoing ACS national PPI/PPCI review, as it would not be possible to complete the national review within the 6 week window provided. However, it will be important to ensure that the results of the Waterford review feed in, as appropriate, to the national review.

[REDACTED]
[REDACTED]
[REDACTED]
report back to me in 6 weeks. I recognise that a 6 week timeframe to complete this comprehensive review will represent a very significant challenge, but I can assure you that the need to report in a timely fashion has been stressed to the [REDACTED]

I will, of course, keep you updated on any developments.

Yours sincerely,

Simon Harris TD
Minister for Health

Waterford (2nd Cath Lab) PfG Review

Information Redacted

46

From: John Halligan/Members/Oireachtas
To: Stephanie_Anderson@health.gov.ie,
Date: 23/05/2016 13:45
Subject: Re: Fw: University Hospital Waterford - Cardiac Service
Sent by: Emer O'Neill


Dear Stephanie,

This is really quite urgent. we are now coming up on three weeks - half way into the six week time frame contained in the programme for government.

We also require confirmation that the recent recruitment ban announced will not affect the recruitment necessary to facilitate the second cath lab.

Kind Regards

Emer O'Neill BA(Law) IPAV QFA
Parliamentary Assistant
John Halligan T.D. (Ind) Waterford

Oak Villa Military Road Waterford


From: Stephanie_Anderson@health.gov.ie
To: John Halligan <John.Halligan@Oireachtas.ie>
Date: 18/05/2016 20:18
Subject: Re: Fw: University Hospital Waterford - Cardiac Service

Dear Emer,

Many thanks for your email.



I am currently seeking an update on this for you and I will bring your email to Minister Harris's attention.

Best wishes.

Kind regards,

Stephanie

Stephanie Anderson
Parliamentary Liaison to Minister for Health Simon Harris TD

Phone: 01-
Mobile: 
Email: stephanie_anderson@health.gov.ie

-----Emer O'Neill <Emer.ONeill@Oireachtas.ie> wrote: -----
To: david_o'connor@health.gov.ie <david_o0xL12Czconnor@health.gov.ie>
From: John Halligan
Sent by: Emer O'Neill
Date: 05/18/2016 10:57AM
Cc: stephanie_anderson@health.gov.ie

Subject: Fw: University Hospital Waterford - Cardiac Service

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- Deputy Halligan is very anxious to receive a progress report as soon as possible as he is coming under immense pressure to ensure the service is delivered.

I urgently await hearing from you.

Kind Regards

Emer O'Neill BA(Law) IPAV QFA
Parliamentary Assistant
John Halligan T.D. (Ind) Waterford

Oak Villa Military Road Waterford


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Hi Stephanie,

Thank you for your mail, I will pass the contact details to Deputy Halligan

Kind Regards

Aoife Marks
Assistant
John Halligan T.D. (Ind) Waterford

Constituency Office
Oak Villa Military Road Waterford
[REDACTED]

From: Stephanie_Anderson@health.gov.ie
To: john.halligan@oireachtas.ie,
Date: 12/05/2016 19:02
Subject: Missed call

Dear Deputy,

Apologies that Simon missed your call earlier when you phoned his constituency office.

If you want to contact him directly, his mobile is [REDACTED]

Best wishes,

Stephanie

Stephanie Anderson
Political Assistant & Parliamentary Liaison to Minister for Health Simon Harris TD

Phone: 01 [REDACTED]
Mobile: [REDACTED]
Email:

stephanie_anderson@health.gov.ie*****

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