

# Impact of COVID-19 pandemic on Rheumatology Services in Ireland

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## Introduction

In March 2020, there were 18,179 people on waiting lists to see a consultant rheumatologist nationally with waiting times of up to two years. The NCPR performed a survey to assess the impact the COVID-19 pandemic on HSE Rheumatology Services in Ireland using a questionnaire designed using Qualtrics and distributed to a lead rheumatologist from each HSE hospital Rheumatology department.

## Results

The survey was completed by 13/15 sites in June 2020. Thank you to Connolly Hospital, CUH, MMUH, MRH, OLH Navan, SIVUH, SUH, SJH, SVUH, TUH, UHK, UHL and WRH for their responses.

92% of departments had lost staff to COVID-19 services with 48 whole time equivalents (WTEs) remaining re-allocated (72% of NCHDs and Nursing staff) mid June.

Did you lose rheumatology staff due to re-allocation to ward and other services since the onset of COVID pandemic service restrictions?	12 Yes (92 of %) 1 No (8%)
<b>Total WTE of OPD staff who remain re-allocated and have not returned to rheumatology service.</b>	
Consultants	3.5
NCHDs	18
Nurses	16.5
Physiotherapists	7
Occupational Therapists	3
<b>Total</b>	<b>48</b>

Nine (69%) departments had continued to see reduced numbers of new patients (87% physical, 13% telephone) with appointments an average of 16 weeks (range 2-72) behind schedule.

Twelve (92%) departments had continued to see review patients (82% telephone, 17% physical, 1% video) with appointments an average of 8 weeks behind schedule (range 0-24).

All sites reported continued reduced access to at least one support service (phlebotomy 69%, radiology 85%, infusions 31%).

An estimated average of 41% of usual outpatient activity could be provided by physical attendance in existing facilities by current staffing, resulting in an expected additional shortfall of over 42,000 patient appointments per annum. All respondents identified a lack of adequate outpatient space for performing physical and virtual clinics.

Did you continue to provide new patient services since COVID-19 pandemic began?	9 Yes (69%) 4 No (31%)
Is there currently a backlog in new patient attendances at present?	13 Yes (100%)
Average estimate of how many weeks behind schedule new patient attendances are?	16 Weeks (Range 2-72)
Did you continue to provide review patient services since COVID-19 pandemic began?	12 Yes (92%) 1 No (8%)
Is there currently a backlog in review patient attendances at present?	9 Yes (69%) 4 No (31%)
Average estimate of how many weeks behind schedule review patient attendances are?	8 Weeks (Range 0-24)
<b>Estimated breakdown of how new patients are currently seen</b>	
Telephone	13%
Video	0%
Physical Attendance	87%
<b>Estimated breakdown of how review patients are currently seen</b>	
Telephone	82%
Video	1%
Physical Attendance	17%
Under the current social distancing restrictions, estimate % of usual OPD attendances at your rheumatology clinic which can now be accommodated in the same clinic time?	
Lack of OPD clinic space incl. seating in waiting areas	41%
What is the main barrier to providing an adequate rheumatology service for the next 12 months?	
Lack of OPD clinic space incl. seating in waiting areas	100%
Average estimate of how many rooms could be made available for virtual clinics at each site?	
	2.7 Range (0-6)

## Summary and Conclusion

Rheumatology departments face into a “perfect storm” of pre-existing national waiting lists of over 2 years, continued year on year increased rheumatology referral rates, a pent up demand for management of chronic RMDs in primary care, reduced clinical capacity due to increased activity in general internal medicine by rheumatologists, insufficient clinical capacity due to a need for 90% more consultant rheumatologists as per NDTP report and reduced clinical capacity due to limited outpatient infrastructure & social distancing.

The NCPR recommends urgent Implementation of NDTP recommendations and the NCPR Model of Care.