An Roinn Sláinte
Department of Health

SláinteCare.

Right Care. Right Place. Right Time.

Joint Oireachtas Committee on Health 14th October 2020

Introductions

- Laura Magahy
- Dean Sullivan
- Ciara Mellett
- Caroline Pigott
- Gráinne Healy

- Thank you

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Background

- Originated from an All-Party Parliamentary Committee on the Future of Healthcare
- **10-year** healthcare reform plan that places the needs of people at the centre of policy
- Programme for Government reaffirms commitment to Sláintecare

Key Principles

- **Delivering the Right Care, in the Right Place, at the Right Time given by the Right Team**
- Promote **health and wellbeing**, and **prevent** illness
- Bring the majority of care into the **community**
- Create an **integrated** system of care, with healthcare professionals working closely together
- Create a system where care is provided on the **basis of need**, not ability to pay
- Move our system from long waiting times to a **timely** service
- Drive **accountability and performance** in the health service
- Deliver a health service that has the **capacity and ability** to plan for, and manage, **changing needs**

Improving the patient experience is a fundamental Sláintecare goal and underpins all of our actions

Through:

- Population based approach to planning services
- Clear pathways between GPs, community and social care services, and hospitals within geographical regions
- Empowerment of front-line staff, devolved responsibility and decision-making
- One budget per region

Sláintecare, working together, across the system

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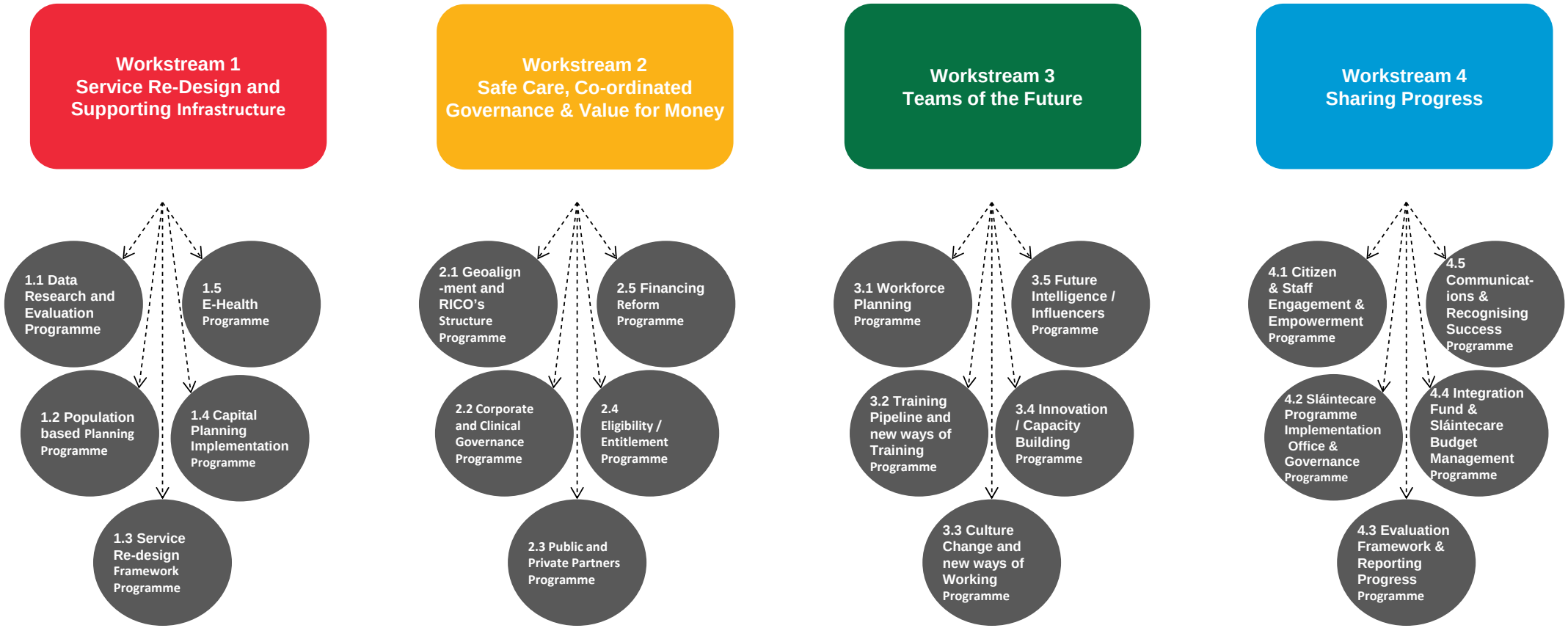
The Implementation Approach – Year Two

- To ensure all parts of the system are following the strategy
- To work collaboratively with stakeholders
- To report on progress

- Learn from COVID lessons

Implementation Workstreams



Implementing the Capacity-Access Programme

Programme target to achieve Oireachtas Sláintecare waiting time objectives of:

- Inpatient procedure – wait < 12 weeks
- Outpatient appointment – wait < 10 weeks
- Diagnostics test – wait < 10 days; and
- Maximum waiting time in EDs of four hours
- Community waiting times – wait < 10 weeks.

Increased human and infrastructural capacity, after reforms, in line with the Health Service Capacity Review (2018) recommendations encompassing:

- By 2031 an increase of: 2,590 acute beds
- 3,840 primary care workers
- 13,000 residential care beds
- 19,460 home care packages
- 12.5m home help hours

Key Projects for 2020-2021

Healthy Living:

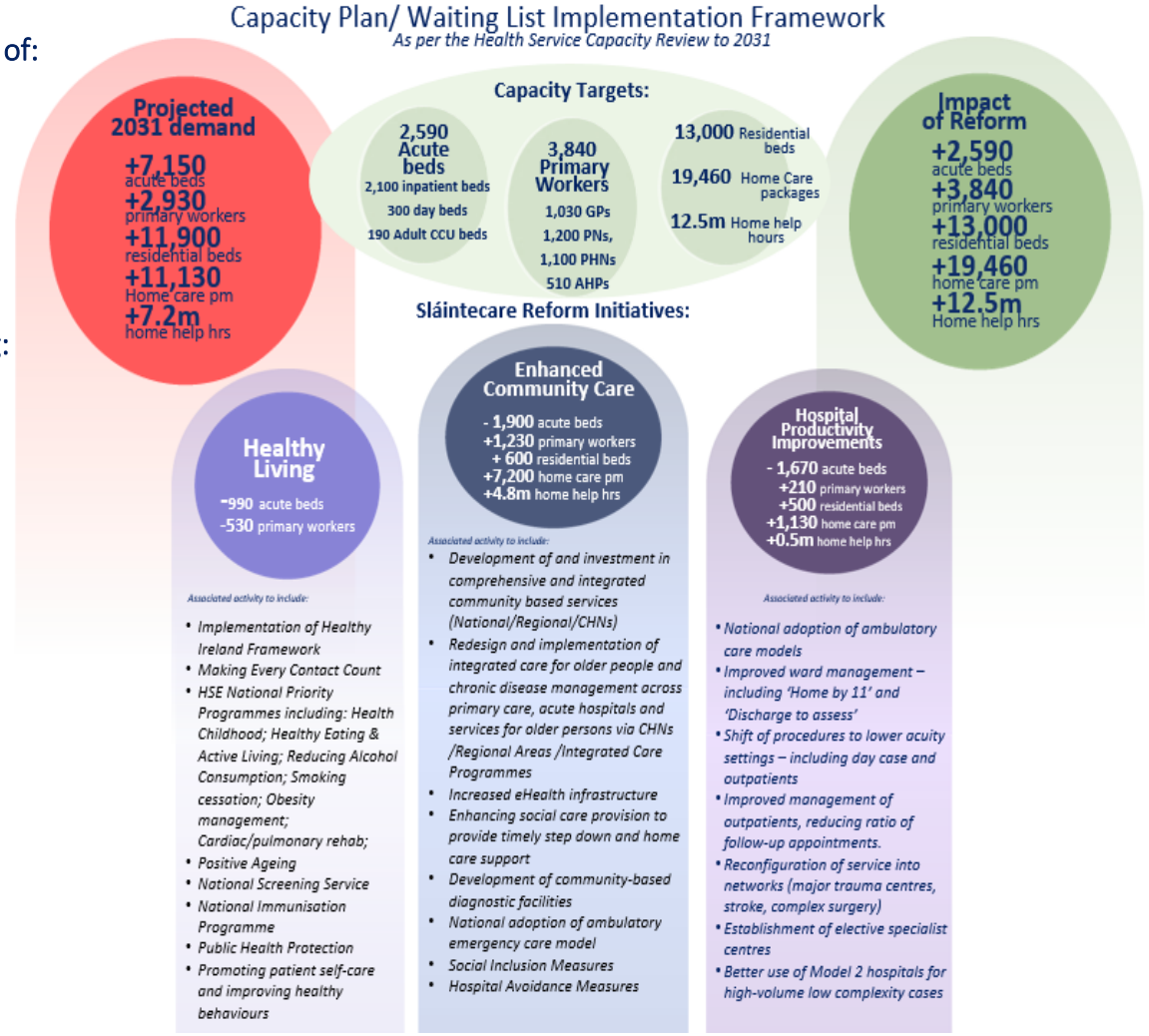
1. Implement prevention strategies (Healthy Ireland)
2. Scale patient empowerment integration fund programmes
3. Implement Housing Options for our Ageing Population

Enhanced Community Care:

4. Recruit frontline community staff
5. Implement alternative paths for unscheduled care & diagnostics
6. Procure Shared Care Record

Hospital Productivity Improvements

7. Optimise usage of existing hospital beds
8. Decide locations of elective hospitals and procure design teams



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Progress To Date – Healthy Living Pillar

Healthy Living

- Focus on Prevention, Citizen Engagement and Empowerment
- Healthy Ireland: A Framework for Improved Health and Wellbeing, 2013-2025

- **Key Policies under the Healthy Ireland Umbrella**
- National Obesity Policy and Action Plan
- National Physical Activity Plan
- National Sexual Health Strategy

Key Healthy Ireland Initiatives and Programmes

- Healthy Ireland Fund (supports for local projects, Sport Ireland initiatives, the Active School Flag, HI At Your Library and much, much more)

- Healthy Ireland Survey
- Healthy Ireland Outcomes Framework
- Health Behaviours in School-Aged Children Study

- Sugar-sweetened Drinks Tax
- Nutritional Guidelines (e.g. School Meals; published 2017, children aged 1-4; published 2020)

- Healthy Cities and Counties,
- Healthy Ireland Charter and Network
- Warmth and Wellbeing
- Making Every Contact Count
- Area-based health and wellbeing initiatives in disadvantaged areas

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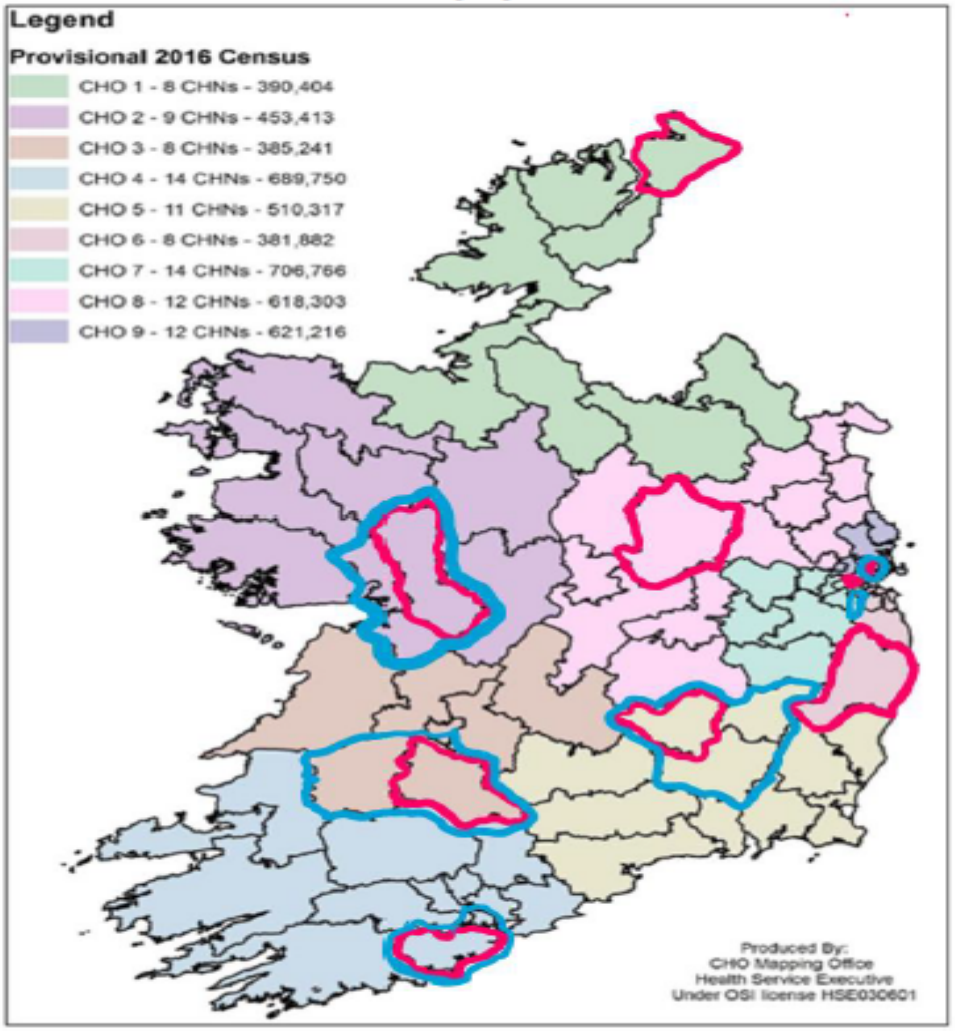
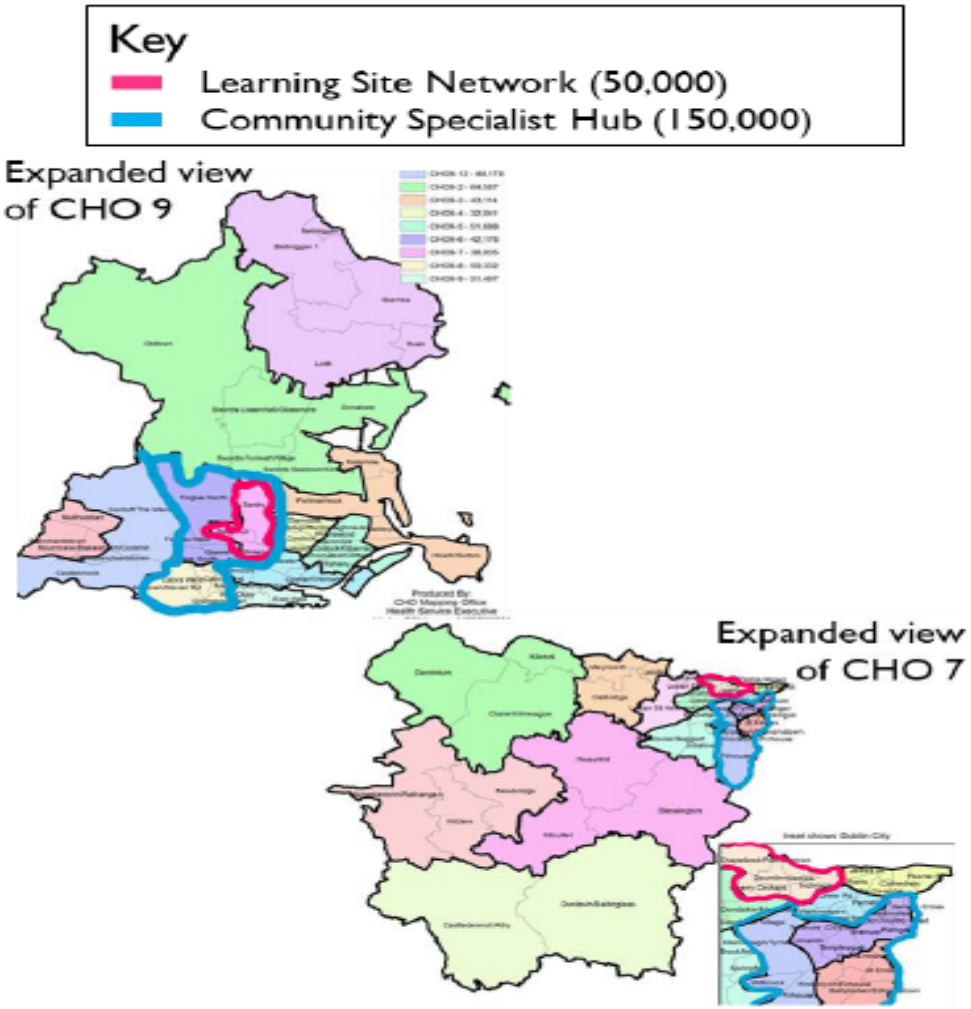
Progress To Date – Enhanced Community Care Pillar

Care in the Community

- Community Healthcare Networks 50,000 populations x 96
- Chronic Disease and Older Persons Specialist Hubs
- Integrated Care – GPs – Community Care - Hospitals
- Healthcarepathways

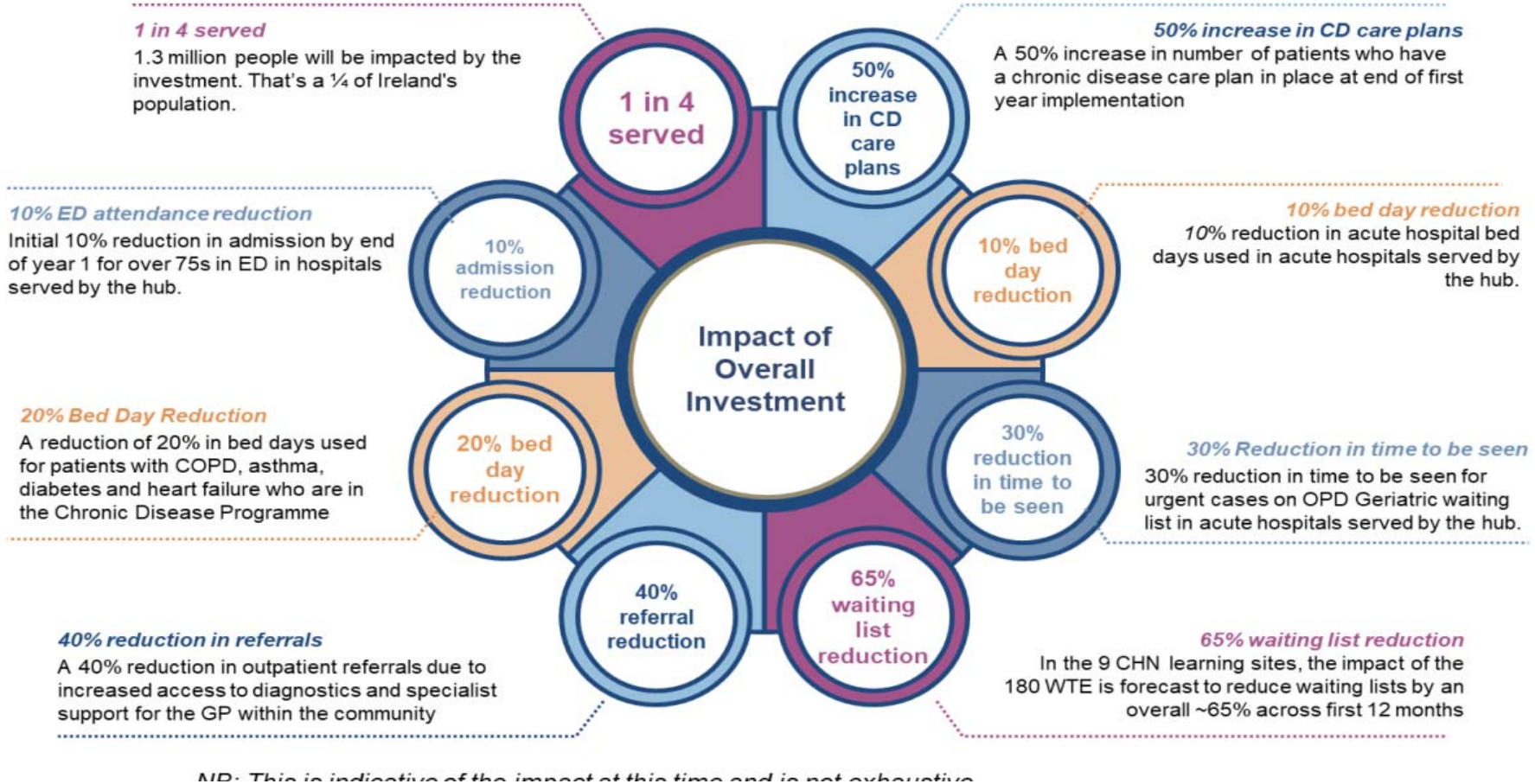
Investment Approach – CHN Learning Sites and Community Hubs





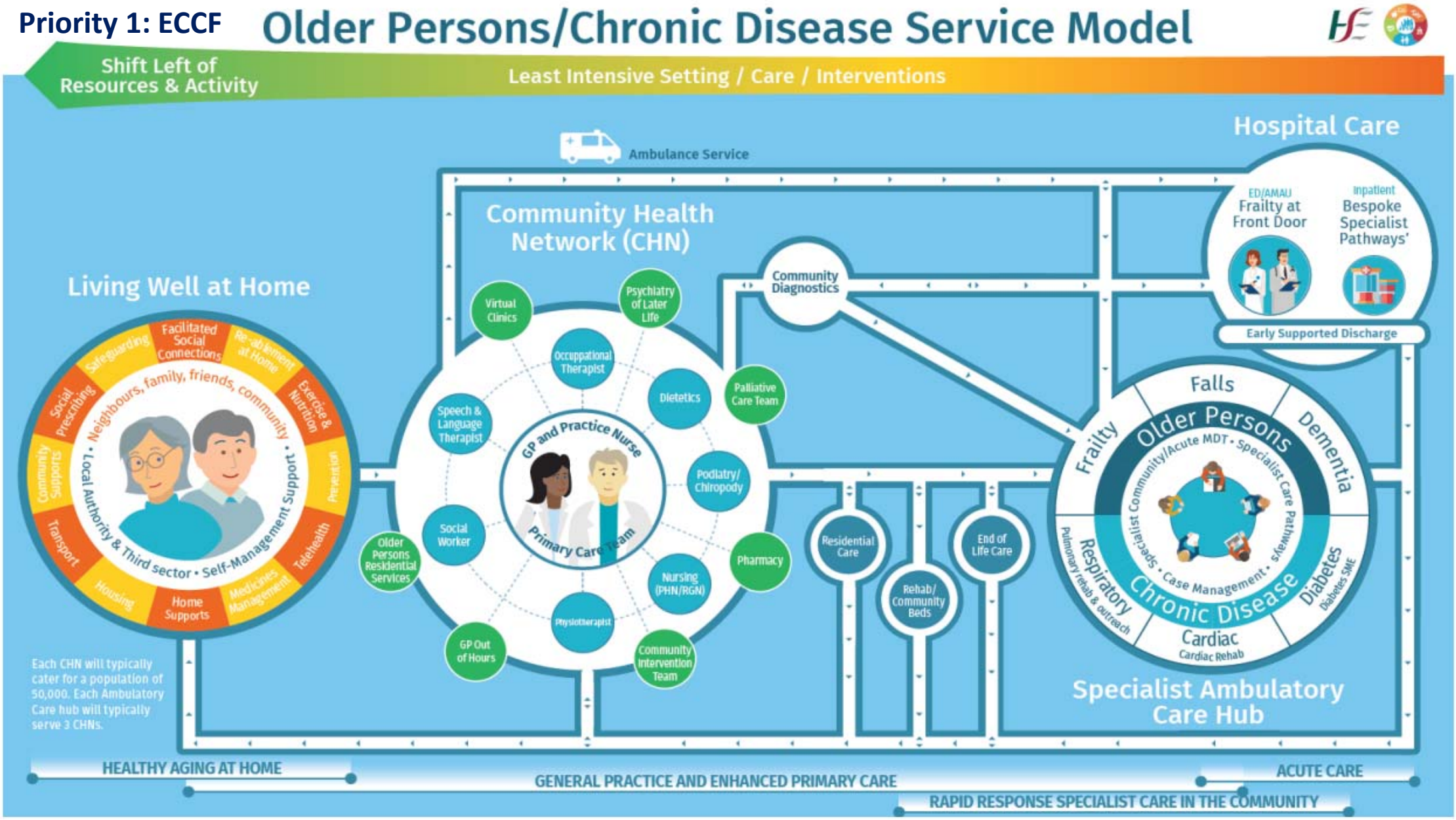
Enhanced Community Care

Impact of Investment – Overall



NB: This is indicative of the impact at this time and is not exhaustive

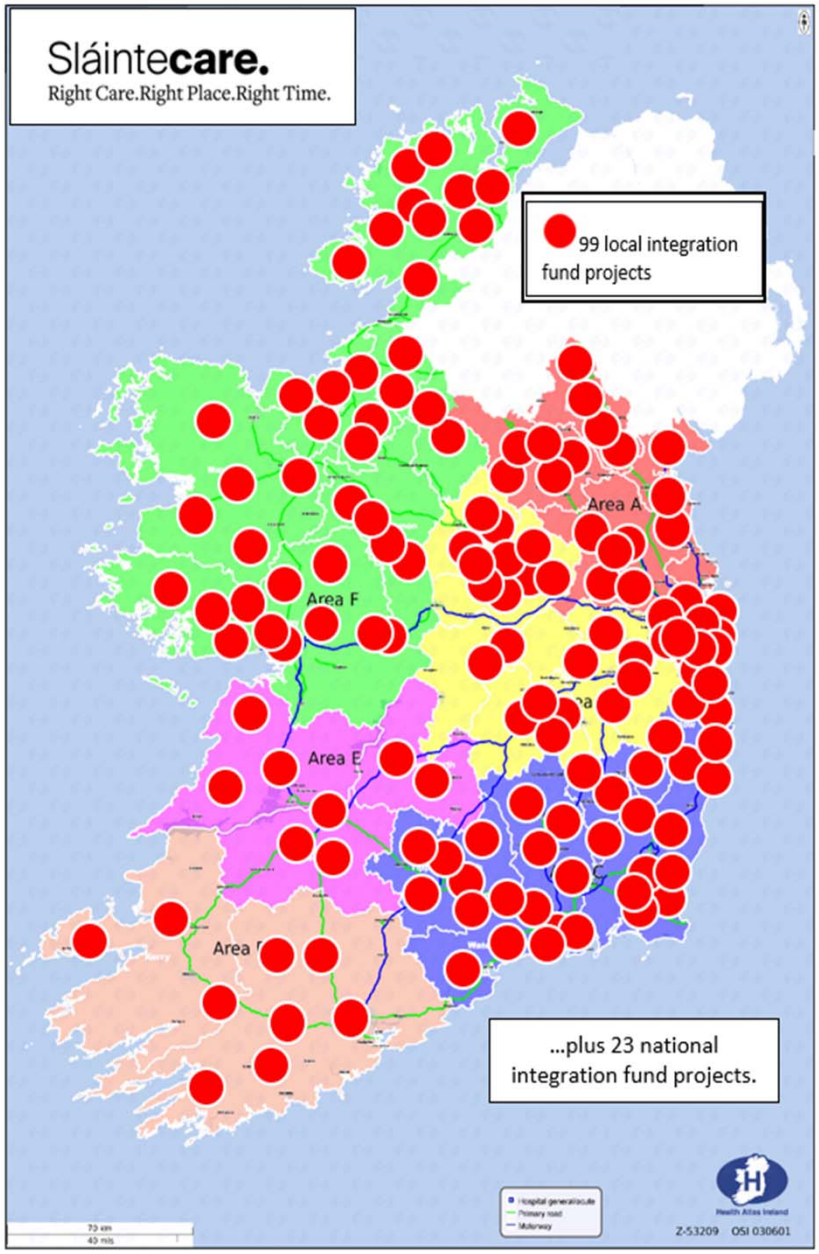
Priority 1: ECCF



Improving patient experience

Integration Fund
477 applicants
122 successful projects

- ❑ Promote the engagement and empowerment of citizens in the care of their own health
- ❑ Scale and share examples of best practice and processes for chronic disease management and care of older people
- ❑ Encourage innovations in the shift of care to the community or provide hospital avoidance measures
- ❑ A Learning network has developed around these projects
- ❑ Evaluation process around the projects focussed on outcomes



• Integration Fund Projects – Supporting Innovation

Accelerating Integrated Care for Older Persons	Donegal Heart Failure Integrated Care Service
Advanced Nurse Practitioner in Tissue Viability	End to end implementation of the Model of Integrated Care for Type 2 diabetes within 2 CHOs
ANP for development of male LUTs and benign urology	End to End Respiratory Model at 2 Sites
Cardiology Advance Nurse Practitioner Heart Failure	Expansion of the Model of Diabetes Integrated Care throughout Sligo-Leitrim-West Cavan
CIT Dublin North City and County Community Oncology Service	Frailty Programme
Community Based Integrated Respiratory Service	Heart Failure Improving Patient Outcomes and Health Service Efficiency by Comprehensive and Innovative Integration of Care Across the Continuum of Healthcare Settings
COPD Integrated Care Project	Heart Failure Service Integrated Care Project
COPD Outreach Service	Heart Failure Virtual Consultation Service with clinical nurse specialist support in the community
Develop a Respiratory Integrated Care Programme for COPD in CHO/DNCC Beaumont Hospital (Level 4)	Implementation of Integrated Eye Care
Development of a Respiratory Team for Co Monaghan	Improving Access to Healthcare : Spread and Scale-up of a HSE Health Passport for individuals with an Intellectual Disability in acute hospital and primary care settings
Development of Community based Integrated Diagnostic and Care Initiative Cardiology	Inclusion Health Specialist Outreach Team
Development of Respiratory Services for Chronic Obstructive Pulmonary Disease (COPD) patients in Co. Wexford	Initiate Specialist Medical Retina services and intravitreal injections in Community Ophthalmics Service, Co Donegal

Integrated Ambulatory Care Heart Failure Project	Sligo Heart Failure Integrated Care Service
Integrated Care for Older People Model for falls prevention and management	Smart triage of kidney and lung transplant patients
Integrated care for patients presenting with leg ulcers in Dublin South, Kildare and West Wicklow	Smoke Free Start
Integrated Community Chest pain clinic TUH	StrokeLINK Innovating Stroke Support
Integrated Pulmonary Outreach in South Tipperary	The LAMP Project - Social Prescribing Integration in the Acute Care Sector
Integrated Respiratory Rapid Response Team	Towards Selfcare in Headache
Keeping people with severe epilepsy independent	Trauma Assessment Clinic
Mullingar Frailty Intervention Team (MFIT)	Urgent Ambulatory Care and Virtual Ward for the Older Person
North Dublin Integrated Community STI Service	Urology Pathway- Proof of Concept Project
Pain management education programme	Waterford Thrive with Diabetes Project
Selective Laser Trabeculoplasty for Community Ophthalmic Service Donegal	Sligo Heart Failure Integrated Care Service

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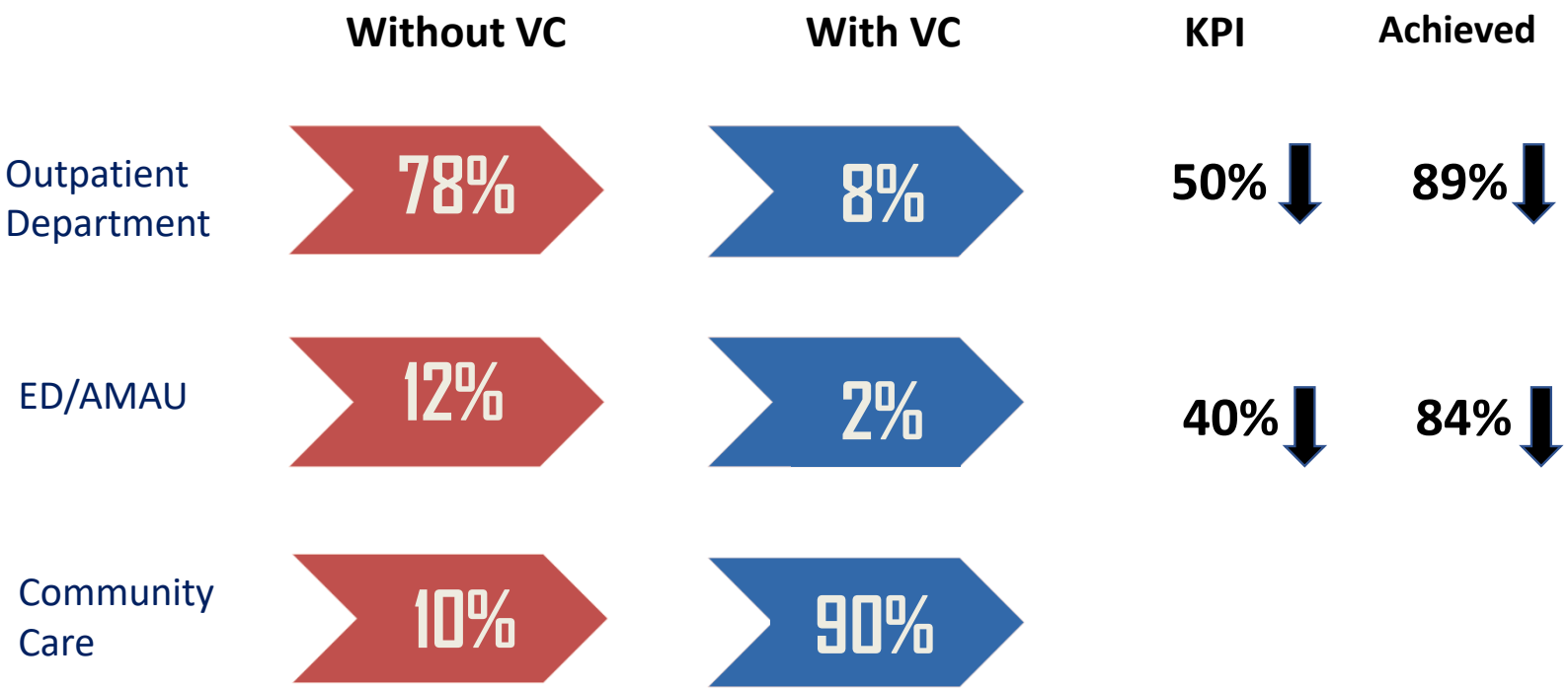
Progress To Date – Hospital Productivity Improvements Pillar

Optimising our use of Hospitals

- Streamlining ways of working
- National Ambulance Service Hear and Treat, and Pathways
- Virtual Clinics
- Trauma Centres
- Hospital avoidance measures

Sláintecare Integration Fund Project
Heart Failure Virtual Clinic

Impact of the VC on patient referral pathway



ELECTIVE HOSPITALS PROGRESS

- The National Development Plan (February 2018) stated that, “New dedicated ambulatory elective only hospital facilities will be introduced in Dublin, Galway and Cork. These facilities will provide high volume, low complexity procedures on a day and outpatient basis, together with a range of ambulatory diagnostic services.”

- The Elective Hospitals Oversight Group is preparing the business case for these facilities, chaired by Professor Frank Keane.

STATUS OF IMPLEMENTATION – 2020 to date

- Funding for 25% of the country for community services
- eHealth priorities agreed and capital funded
- Business case for Elective Hospitals well underway (plus Tallaght X pilot)
- New ways of working tested and scaled through Integration Funds (integrated care, telemedicine, virtual clinics, alternative pathways, social prescribing)
- Innovative care redesign waiting list initiatives (MSK, heart failure, children's disability AON, orthopaedic, neurology)
- Programme for Government reaffirms commitment to Sláintecare

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Learnings from COVID

STRENGTHS

COVID-19 provided a massive shock to the health and social care system, which meant that many positive changes happened at speed, resulting in **strengths** in:

- new ways of e-working and changes in clinical work
- a higher awareness among the public of the need to stay well
- expertise in joined up public health messaging
- an engaged public who respond to information on signposted services
- some enhanced physical capacity

WEAKNESSES

However, COVID-19 has demonstrated **weaknesses** within the healthcare system, in particular with regard to:

- real-time information and data
- a lack of agreed care pathways between GPs, community and voluntary sector, pre-hospital, and hospital care
- a lack of joined up public health oversight of public and private health and social care settings
- availability of modern acute and community care infrastructure

OPPORTUNITIES

There are clear opportunities arising from the COVID-19 response now, as there is a(n):

- wider determinants of health working under a whole of government response
- renewed trust in the public health system with increased levels of solidarity & community involvement
- experience of introducing one tier care
- recognition of the importance of investing in health

THREATS

However, external threats are emerging as a result of the pandemic including:

- difficult economic situation
- shocked population (mental health and resilience)
- poorer population, with increasing health needs
- tired healthcare workforce
- uncertainty about how long virus will last

Learning from COVID – eHealth

- Major embracing and adapting of new technologies
- Video consultations
- IHI deployment
- “Attend Anywhere”
- Healthlink

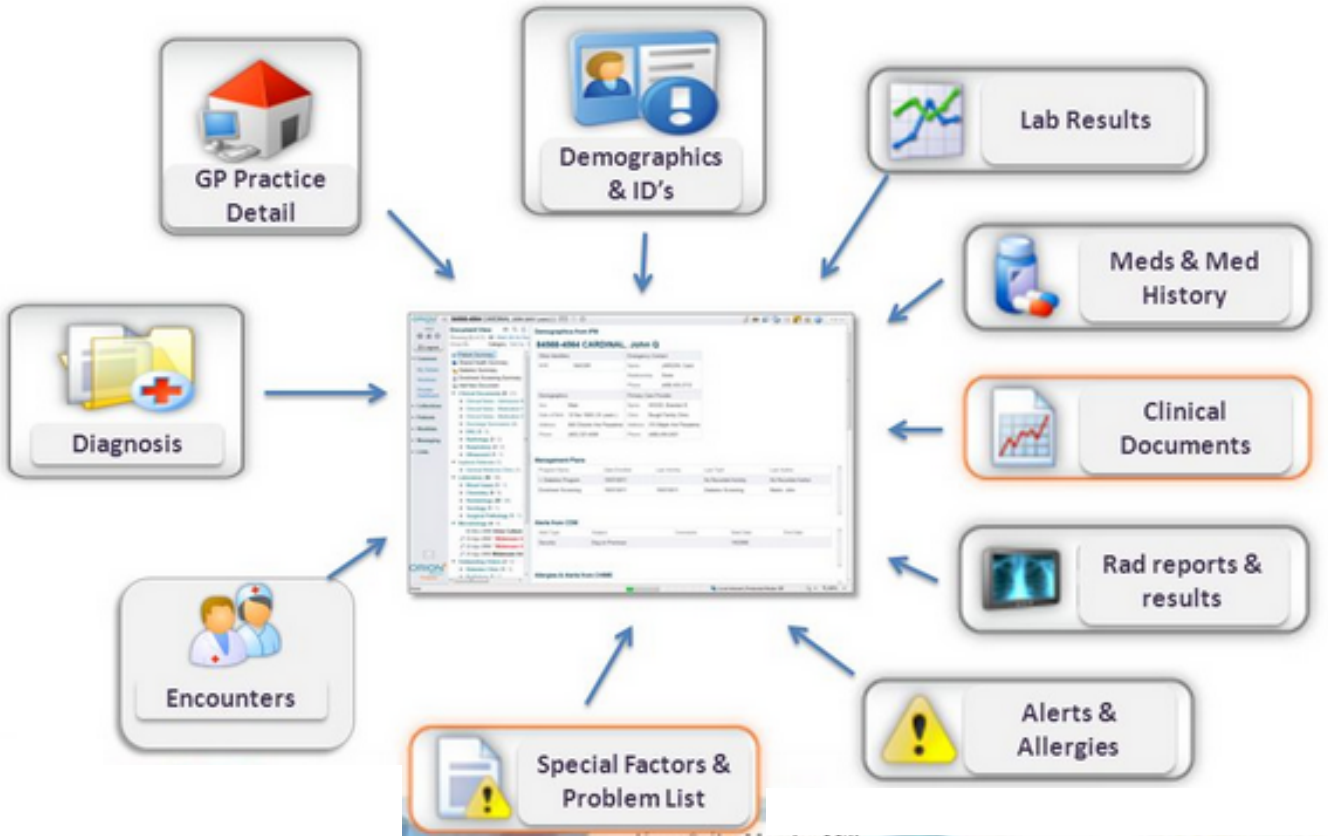
eHealth Transformation Solutions -2021+

IHI Rollout
National Waiting List Management System
Health Pathways
ePharmacy / ePrescribing
Residential Care Management System and Home Support System
Video Conferencing / Remote Consultation
Electronic Discharge System
Health Performance and Visualisation Platform
Integrated Information Services Supporting Recovery
Shared Care Record
Community Hub Management System
Clinical Notes

Individual Health Identifier

- 5 million numbers allocated
- Your own Digital Key
- Primary Legislation in place
- Roll out underway:
  - "Digital Babies" - Maternal and Newborn Infants in place since 2019
  - COVID patients
  - GP Chronic Disease Register

Shared Care Record



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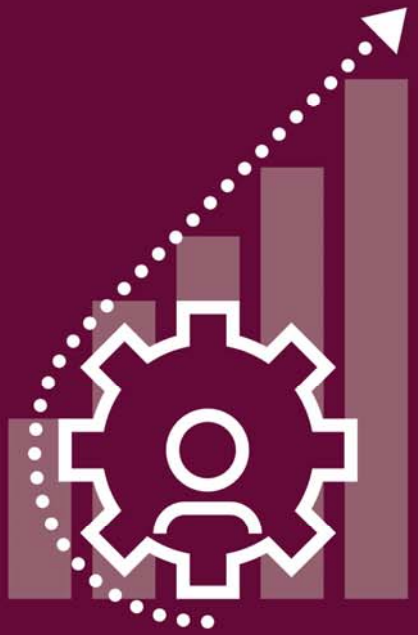

Priorities for 2020-23

Sláintecare 2020-23

- **Priority 1:**
  Keep people well at home or near home, out of hospital, living independent lives
  Through:
  1. *End to end health pathways*
  2. *Enhanced Community Fund and Care Redesign*
  3. *Scaling successful Integration Fund services*
  4. *Implementing related projects*

- **Priority 2:**
  Help achieve waiting list targets, through implementing the Capacity/Access Programme
  Including
  1. Devising a multiannual waiting list plan
  2. Commissioning ambulatory-elective centres

- **Priority 3:**
  Devise a Citizen Care Masterplan towards universal eligibility and multi-annual funding
  Using a population-based planning, segmentation, needs and gap analysis approach, by Region, supported by five frameworks:
  1. Clinical governance
  2. Workforce planning
  3. Capital planning
  4. Eligibility/entitlement
  5. Funding

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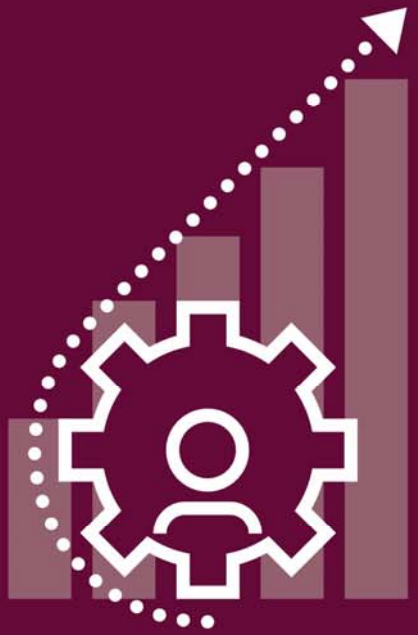

Sláintecare – Budget 2021

Implementation Risks and Issues

- Co-ordination of Effort
- Recruitment at scale
- Ongoing COVID impact on non-COVID services

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Thank you

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