North East Integrated Eye Care Services (NERIECS) Opening Statement
Oireachtas Joint Health Committee

13/07/2022

Cathaoirleach and Members of the Committee,

Thank you for the opportunity to update and share with you the work of the Integrated Eye Care team in the North East Region.

As you are all no doubt acutely aware, the delivery of eye care services in Ireland has been challenging for many years and now stands as the longest waiting list in the country with 44,083 (March, 2022), patients awaiting Ophthalmology outpatient appointments.

Within the North East (NERIECS) network, there are in excess of 18,850 patients awaiting first outpatient appointments, with 6000 of these patients on the Mater waiting list and a further 6-10,000 on community waiting lists. The demographic demand for eye care is set to increase exponentially in the coming years, with double the number of patients requiring eye care in the next 30 years. This situation has been further compounded following the global pandemic, with a latent demand for services now starting to manifest in the waiting lists in the 6-12 month wait list.

Of concern to the ophthalmology Clinical community is the support for Patients to access care for routine cataract care in other jurisdictions, while other ophthalmic patients wait an unacceptable time, outside of clinically acceptable intervals and are being harmed with resultant irreversible sight loss for conditions such as Glaucoma and Age Related Macular Degeneration.

The vision for better eye care in Ireland has been clearly articulated in the Primary eye care review and The HSE National Model of Eye Care. Slainté Care advocates for the development of a more integrated health service, centred on a comprehensive community-based care model and provides the framework within which our health services will develop over the coming decade.

While these documents outline the 'what,' they do not support the 'how' and the 'when'.
This has been the work that the NERIECS has been road mapping, sense making and implementing for the last 12 months.

We have extensively collaborated with all stakeholders to understand how to fully integrate and deliver eye care locally, to quality standards with optimal outcomes for patients. We have also worked to understand how current hospital centric services need to be redesigned and integrated with community and primary care, how to support this with information and data and how current funding models and mechanisms need to change.

The current service provision model is unsustainable and will require transformational change to deliver the paradigm shift in care delivery models required

To achieve this ambition incremental change will not deliver, we accept we must transform our eye care delivery across the region.

We are committed that the pace and scale of this transformation must deliver sustainable change.

The North East region comprises North Dublin, Meath, Louth, Cavan, Monaghan, Westmeath and Longford with a combined estimated population of 1.2 million to care for. Demographic modelling shows a significant projected increase in the over 65 year old population in this area. Eye care is delivered by six Healthcare Organisations in the region, Ireland East Hospital Groups (via the Mater), RCSI Hospital Group, Children's Health Ireland (CHI Temple Street), CHO 1, CHO 8 and CHO 9. These are six distinct legal entities delivering care, which is anchored in the Mater and at Temple Street where the clinical governance is provided from. These areas are soon to be restructured into Regional Health Authorities and we await that with interest. The challenge was how best we delivered care for all patients in this region to reduce and eliminate our waitlist, which at the beginning of COVID sat at 9000 for the Mater Hospital and at approximately 15000 for the entire region. There was also approximately 2500 patients waiting for cataract surgery at this time.

Through collaboration between CHO 9 and the Mater hospital a hub and spoke model for service integration was tested and has to date delivered substantive improvements to waiting lists, (85% reduction in adult long waits (Ashgrove House) and 98% in paediatric amblyopia (Lazy eye) Grange Gorman in spite of the pandemic.

The model of eye care we are now implementing across the NERIECS region holds to a hub and spoke concept of a three level integration based on;

- Geography,
- Care level required (primary, secondary or tertiary) and
- Specific care pathway needed focusing on the largest volume care pathways such as cataract glaucoma, paediatric amblyopia and age related macular degeneration.

In the absence of a formal legislative framework, we accepted that governance and coordination of six organisations, while maintaining clear clinical and corporate governance in this structure, would be challenging. We set out to innovate to solve for this problem in the interest of our staff and patients through the adoption of Lean principles and management system for process improvement and implementation of our strategy. This is novel to the Irish healthcare system and we are happy to lead from the front to test the reality of delivering system level speciality integration.

The methodology provides a mechanism to eliminate waste in system and deliver managed, co-ordinated structural change, while keeping what is of value to our patients and staff to the fore.

In June 2021, 12 months ago, the eye care teams in the region enabled and empowered over 100 staff and our patients, to participate in system level, enterprise value stream analysis (eVSA). This week long event empowered staff to clearly understand the current state and reality of eye care delivery in this region, collectively agree on a vision and road map to improve and redesign eye care in the next 5 years. It also afforded them a sound methodology to deliver this.

The gap as to how we would deliver on accountability, clinical governance and ownership for the transformation was proposed through the design concept of a Virtual Accountable Care Organisation (vACO)
This is a structure that has been deployed in healthcare in the US and more recently in the UK and will be the first deployment of this structure in Ireland.

The vACO provides a mechanism to coordinate the function of the six Healthcare Organisations. It is responsible for devising and deploying the strategy to improve Eye Care and the vACO coordinating group comprises stakeholders from all the sub specialities working in Eye Care in the region such as medics, nurses, optometrists, orthoptists, GPs, finance officers etc. There is also broader representation across the six Healthcare Organisations.

That value stream analysis also looked specifically at the four high volume care pathways cataract, glaucoma, paediatric amblyopia and age related macular generation as developing best practice pathways (including shift to community based care) and templates for rationalisation of standardised referral, enhance triage and more accurate demographic data capture.

Crucially the vACO allows us to put targeted design teams in place to support all its activity.

- Community Team and
- Information Technology Team,
- Training, education research and innovation Team
- Finance team.

All participants in these groups are taking this on as part of their other normal roles in the HSE, giving extra to this project that they believe in. These staff and teams are the bedrock of this coordinated effort. We have held 11 planning events over the 12 month period since that initial value stream analysis and we have now created the infrastructure and processes where we can deploy integrated care across the region.

We still need to finalise the financial pathways, but discussions have been positive with the Chief Finance Officer in the HSE and they are interested in this model that we are developing. The CFO has given us a clear set of rules that need to be respected as we seek to deploy this. Our goal would be a core regional account for funds that can be deployed to the area of need to best serve the patients and improve efficiency based on the principle of our Purpose Pyramid (to reduce the burden of blindness and vision impairment and improve quality of life).

The Information Technology Team are looking specifically about how we introduce an integrated electronic patient record (along with harmonised Patient Administration Systems), so we can reduce the need for patients to travel between the different sites. With an expert opinion given more efficiently with patients just needing to travel to clinics and/or diagnostic hubs close to their home. This feeds directly to the principles of Slainte Care and will be advanced with regional health authorities centralised scheduling with a clear clinical governance line.

We have achieved a significant amount through the goodwill and willingness of all those working in Eye Care across the region in all different disciplines to work together to tackle the problem in Eye Care delivery.

To date the transformation has already delivered significant outcomes:

- ✓ Decrease in both adult and paediatric waiting lists across the region- (71% reduction in adult patients waiting >12months delivered March 2021-2022).
- ✓ Decrease in surgical waiting list of 21% (2021-2022) for >12 months
- ✓ Standardised regional referral for both cataract and Glaucoma
- ✓ Right first time referral improved from 20% to 95%
- ✓ Improved patient and staff satisfaction with cataract pathway experience
- ✓ Conversion rate to surgery for patients referred for cataract now 95% improved form 75% optimising a return to time to care for Consultant surgeons.

We are patient focused and our purpose pyramid sets the reduction of vision impairment and blindness and access to support services as the core driving goal of this group. The improved access to care, reduction of wait lists and transformation efforts are all to support this goal. We have identified our funding gap for the next three years and we are confident that if supported we have the

mechanism, the structures and most importantly the buy in of all involved in Eye Care delivery to eliminate our wait lists in the North East in three years. This is a very bold ambition as we look to

- Reduce the wait list for Outpatients from approximately 14000 to zero and
- Reduce the wait list for Cataract surgery, from (current level) 3000 to zero.

This is greatly aided by the recent approval of funding for staffing a new Eye Cataract Theatre at the Mater Hospital, which the projections have shown us will eliminate our surgical wait list in three years (based on the current levels) and we should be able to support cataract waitlist in other parts of the country from that date.

The issues we still need to tackle are

- Finalising the funding stream and pathway but that is very close
- Integrating the information technology systems, so that we can create a web of interconnectivity between the six Healthcare Organisations, this will give us visibility on patients' records across the system thus reducing their need to travel.

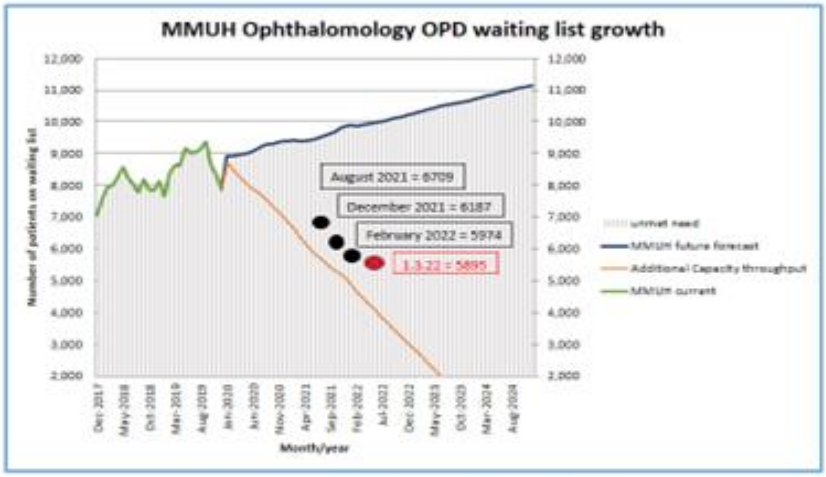
We also feel strongly that the vACO provides a model for eye care delivery in another parts of the country that may not have that coordinated effort in place just yet. The vACO will also provide a model for the improved community care delivery of other medical specialties such as an ENT, Dermatology, Neurology etc.
I encourage you to read our submitted slide presentation and in particular look at our strategy deployment tool (the X-matrix) which has all our aims and metrics summarised there.

Our ask today of the Health Committee is to:-
Support the deployment of the Virtual Accountable Care Organisation as a governance structure to manage care across different organisations in our Health Service and
Support the initial funding gap for staffing, equipment and transformation costs (which is €3.9 million for 2023, €2.97 million for 2024 and €2.72 million for 2025 with just index linked cost required after that).

In return, under the principle of accessibility through innovation, we will provide the delivery of accessible, integrated, equitable and optimal eye care across our entire community while eliminating resource waste within our system. We commit to return to you with all the data you require in 12 months to demonstrate our progress.

I am happy to take any questions and queries.

David Keegan on Behalf of the NERIECS Team



Previous straight line forecast with throughput of an additional 200 new cases per month from Ashgrove House (400 seen total in Ashgrove House and assumed 50:50 split new to return). This forecast sees a similar decline by 2023.

MMUH adjusted future forecast
OPD Waiting List with Ashgrove House facility

Patient Benefits

- ↓ Waiting times
- ↑ Safety of care
- ↑ Patient experience
- ↑ Faster diagnostic results

Staff Benefits

- ↑ Pathway standardisation
- ↑ Process simplicity
- ↑ Teamwork and job satisfaction
- ↑ Getting it right first time

Hospital /CHO Benefits

- ↑ Equipment utilisation
- ↑ Activity and productivity
- ↑ Return on investment
- ↓ Cost