



National Clinical Programme Team Networking Day

Chief Clinical Officer HSE
29th November 2023



HE The case for reform



Increasing size of population with more diversity and emergence of new marginalised groups.



People living longer, sometimes in poor health.



Higher **expectation on both quality of service** and service delivery



Digital and technology advancements

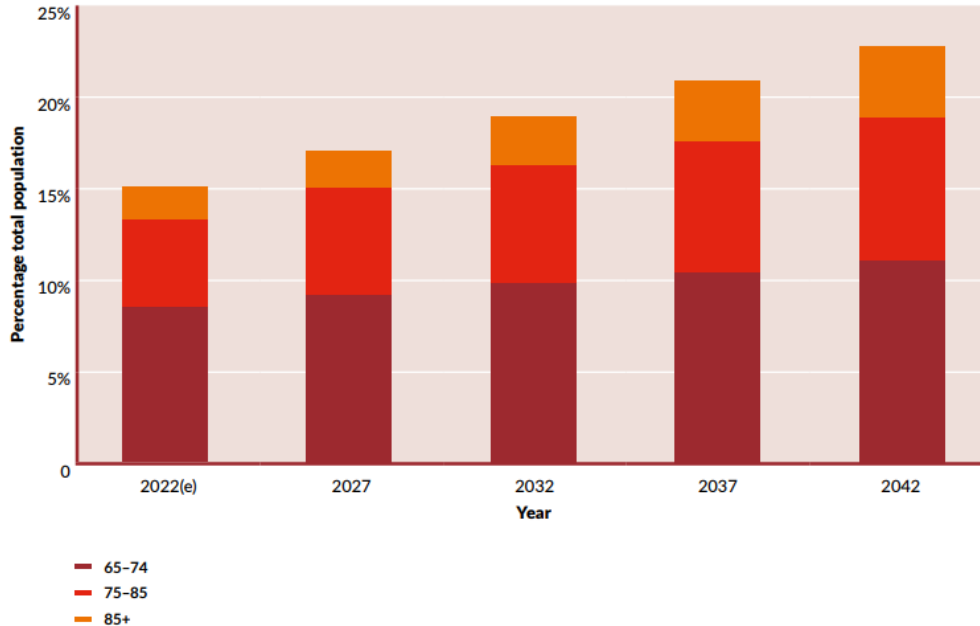
The Case for Reform

Clinical Reform has continued to be developed and implemented in the wake of the pandemic:

- Geographic Reconfiguration
- Care Pathways
- Enhanced Community Care
- Genetics & Genomics
- Digital Health
- Patient enablement and empowerment
- Workforce reform

HE Trends predicted to continue

Figure 1.4
Older Age Groups: Population 2022 and Projected Population 2027–2042



Source: Central Statistics Office.

Note:

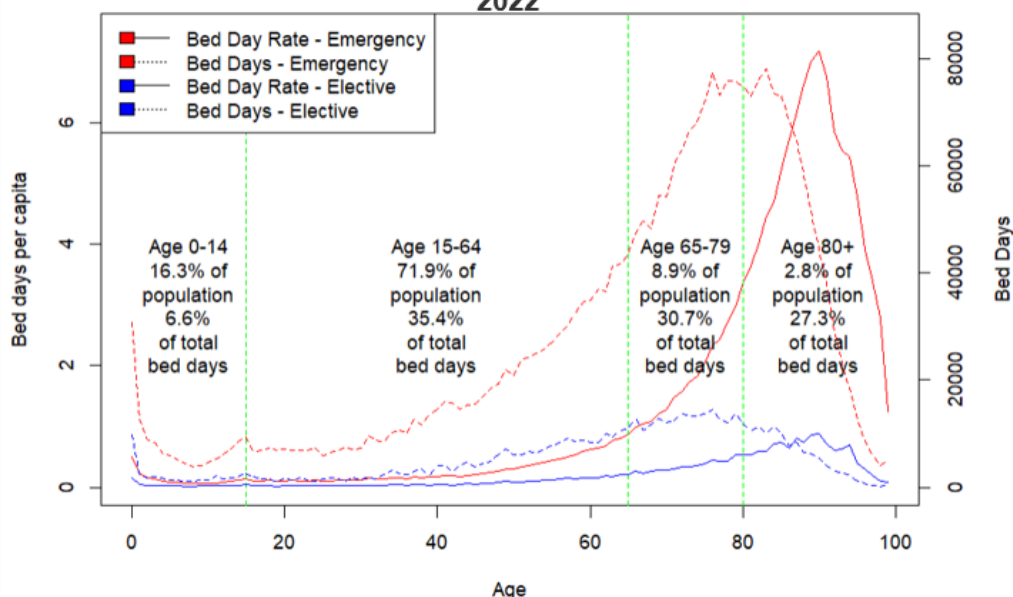
(i) See notes under Table 1.4.

- The number of people over the age of 65 years is projected to almost double to over 1.3 million by 2042.
- The greatest proportional increase will be in the 85+ age group.
- There will be an absolute and relative increase in the number of older adults presenting for healthcare
- Delivery systems must align organisationally and clinically to meet the needs of older adults in order to deliver optimal value to the patients and the system.
- ***“Older age is becoming increasingly geographically concentrated in England, and services to prevent disease, treat disease and provide infrastructure need to plan on that basis. This should be seen as a national problem and resources should be directed towards areas of greatest need, which include peripheral, rural and coastal regions of the country.”*** CMO Annual Report, U.K., 2023



The need for change: Age as a driver for change

Age-specific Inpatient Bed Day Rate per capita and Bed Days (excl. Maternity and Newborn) by Admission Type, 2022



Older Person Intensive Case Management (OPICM)

- Proactive identification, assessment and care planning
- Service and Care coordination
- Integrated, early supported discharge

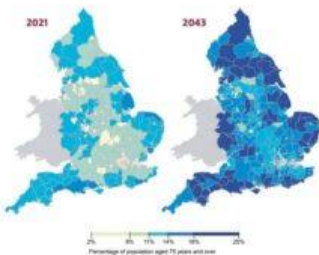
Source: HIPE (2022 discharges)

- 55% of the bed days in public acute hospitals are used by those are 65 years and above.
- Demand per capita for healthcare increases sharply with increasing age.
- As our population ages we need to plan for the impact on future demand by service area.
- **Because demand per capita increases steeply in older age group, small increases in the numbers of older people lead to large increases in demand for care.**



Health in and Ageing Society: Chief Medical Officer's Annual Report, 2023, U.K.

Chief Medical Officer's
Annual Report 2023
Health in an Ageing Society



“Medical specialisation, specialised NHS provision, NICE guidelines, and medical research are all optimised for single diseases but that is not the lived reality for the great majority of older adults who often transfer very rapidly from having no significant disease states, to several simultaneously. The increasing specialisation of the medical profession runs counter to optimising treatment for this group of largely older citizens and patients. We must address this seriously as a profession.”



Healthcare demand and delivery in Ireland

Urgent and Emergency Care Demand

Compared to 2022:

+0.3% | ED attendances

+4.9% | ED attendances patients ≥75 years

+3.8% | ED admissions

+4.2% | ED admissions patients ≥75 years

Compared to 2019:

+7.7% | ED attendances

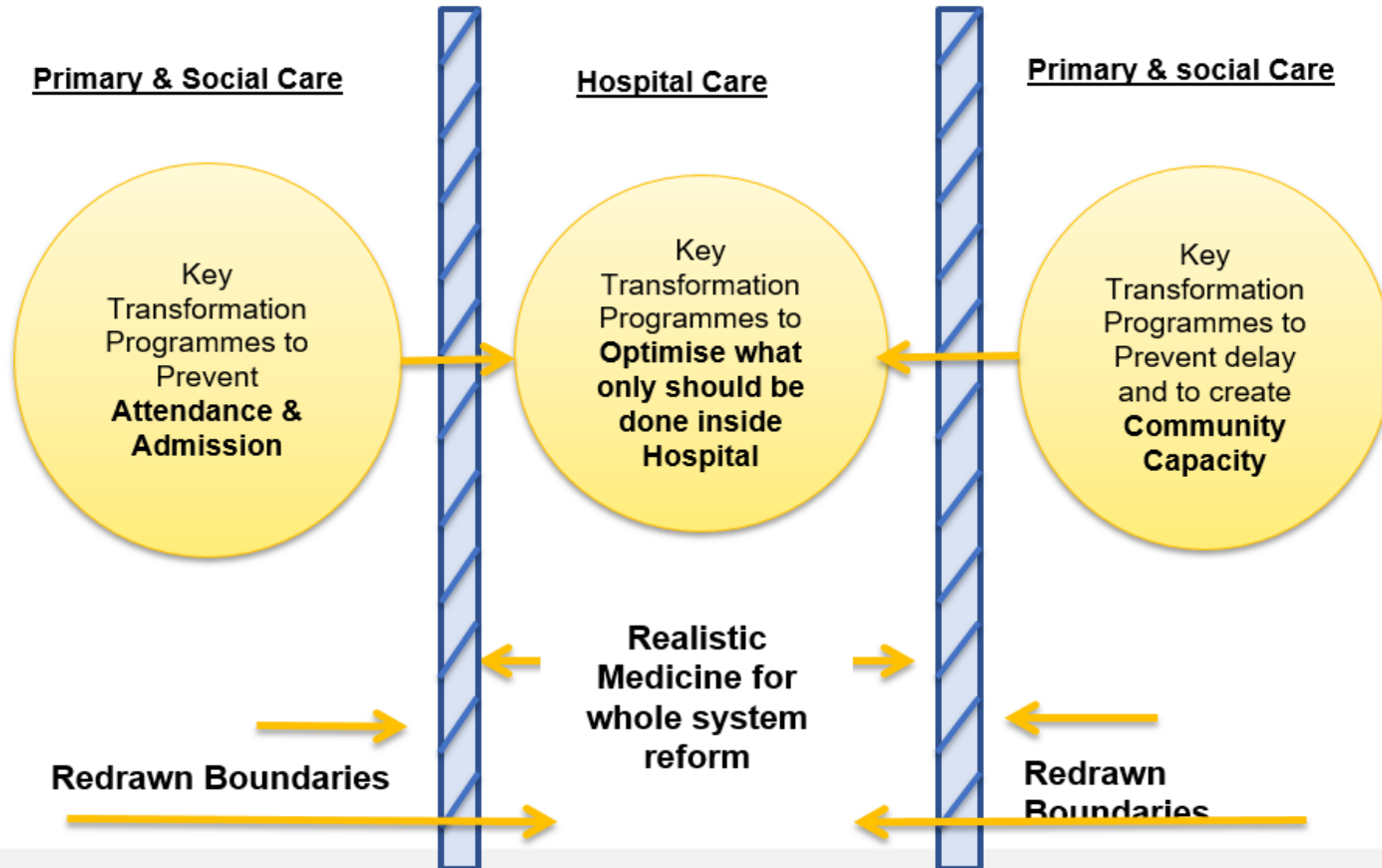
+21.7% | ED attendances patients ≥75 years

+7.9% | ED admissions

+16.4% | ED admissions patients ≥75 years



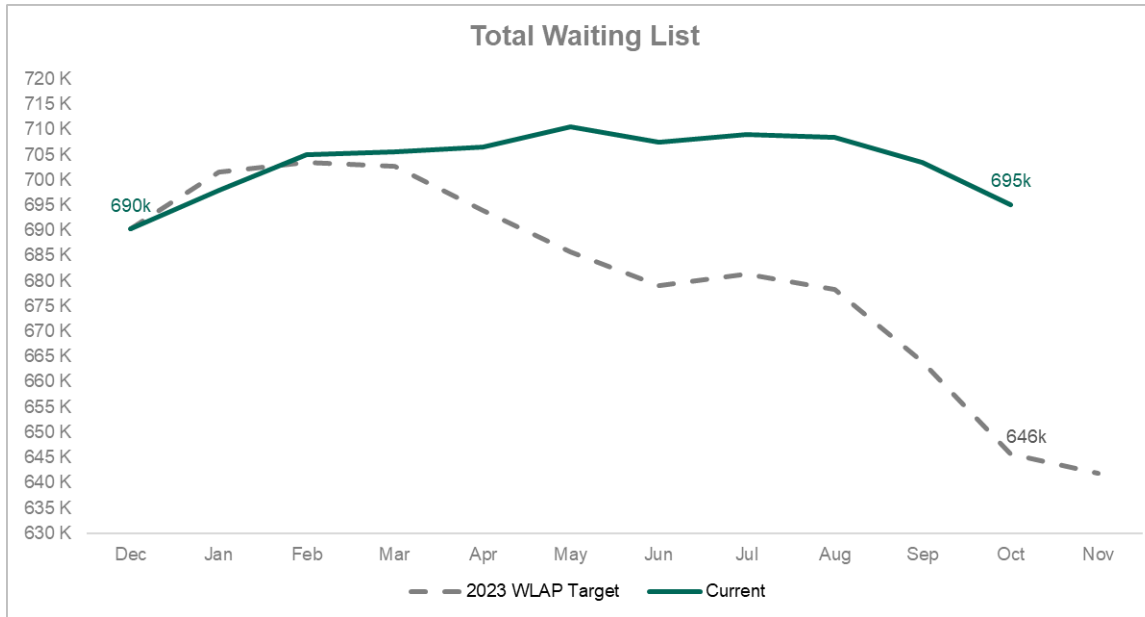
Healthcare Transformation: the 'shift left'.





Current Waiting List Position – Total Number of Patients Waiting

- As at the end of October, the total number of patients removed from the OPD, IPDC and GI Scope waiting list was **c.3.2% (c.44k)** higher than target.
- As at the end of October, **c.11.1% (142k)** more patients removed from the waiting list YTD than in the same period last year.

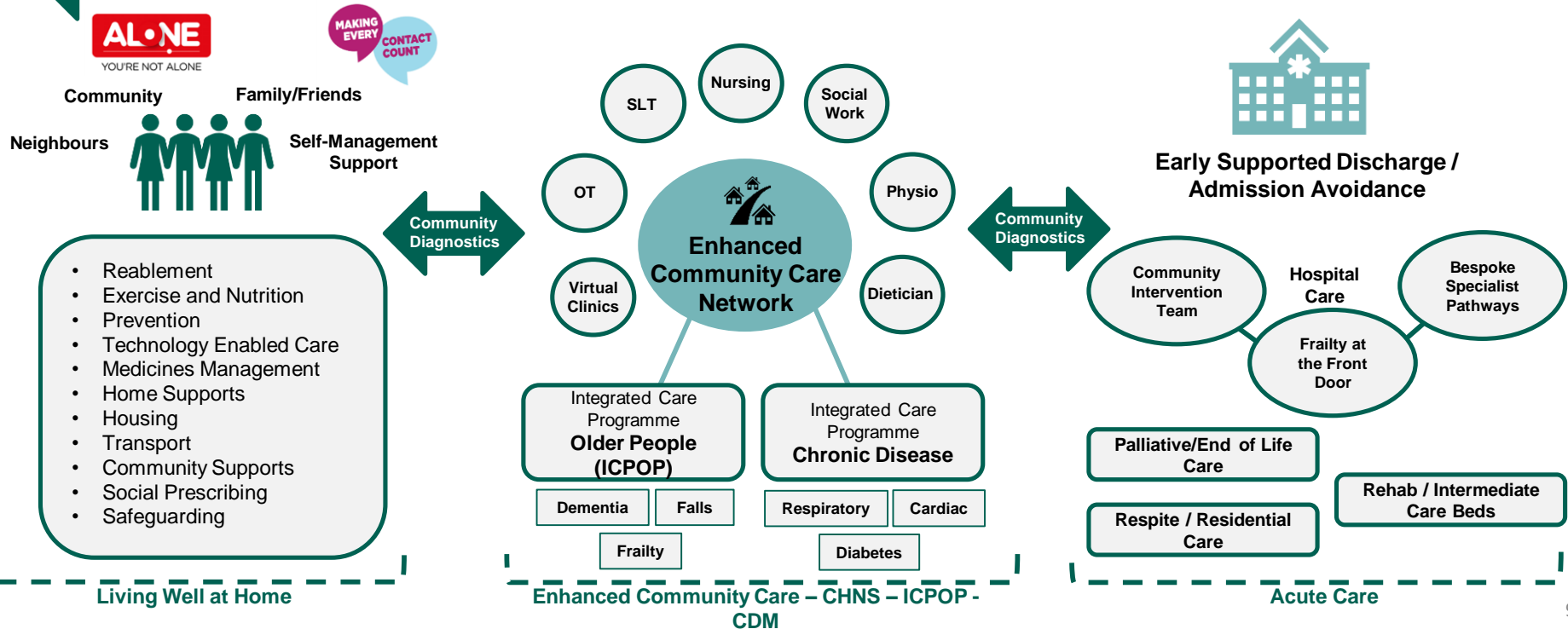


- The total number of patients increased by **c.0.7% (5k)** between Dec 2022 and Oct 2023 to c.695k patients
- Against the 2023 WLAP, the total waiting list position is **c.7.7% (49k)** behind target, as a result of additions being **c.7.0% (94k)** higher than projected. Additions YTD are **c.11.5% (147k)** higher than the same period in 2022 and **c.1.9% (227k)** higher than the same period in 2019.



'Shift left' - Enhanced Community Care Programme (ECC)

Shifting Care to the Left





Agreed template for healthcare reform in Ireland

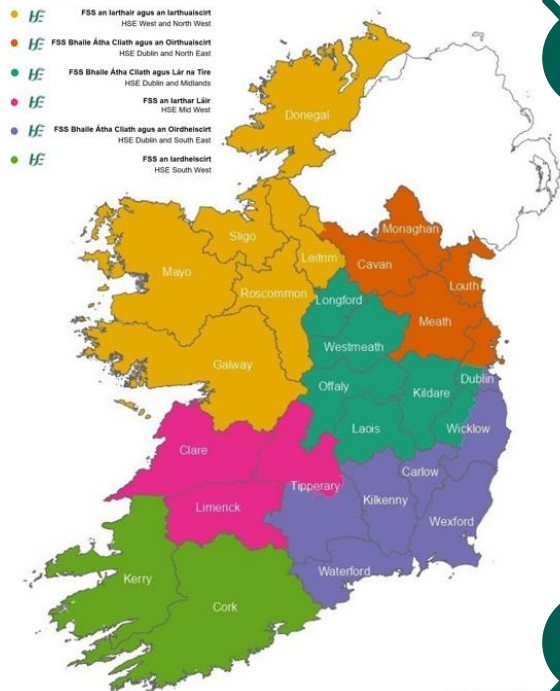
- Universal single-tier health and social care system
- Access based on need
- **Regionalisation**
- Illness prevention
- Free at points of delivery
- **'Shift left'**
- Adapted workforce
- **Improve access and waiting times**





HSE Health Regions

We will still be a single HSE organisation with 6 health regions. Services will be integrated across hospitals and community in these health regions.



Six geographical boundaries agreed within the HSE - Health Regions not separate statutory bodies

Optimise the impact of Public Health on service planning and strategic reform

Maximise opportunities for **recruitment, retention and workforce resilience within each area**

Care available closer to patients' home when they need them – right care, right place, right time.

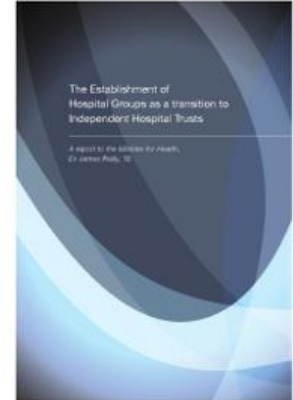
Enhanced community care to decompress hospitals

Focus on integrated end-to-end care for older people and chronic disease



Hospital Groups 2013 to RHAs 2024

- 7 hospital groups – 6 RHAs
- Separate governance and management structures
- HGs linked to academic centres – RHAs focus on healthcare integration
- Profile of Model II, III, IV and maternity hospitals
- Challenges
 - Model III viability
 - Model IV activity across multiple areas
 - Lack of IT integration
 - Workforce reform



HE The reform journey

Where we are



Standardising of care through clinical leadership



Sláintecare as a template for future care



Patient expectations and empowerment



Rapid expansion and embedding new models of care in community

Clinical Reform



National healthcare strategies and programmes



Community programmes development



Precision medicine



Public Health Reform



Moulding and leading a workforce; supporting reform

Path Ahead



Regionalisation



Increased digital enablement



Patient involvement and participation



Defining correct capacity for healthcare needs

HE National Clinical Programmes

Primary reference point for healthcare design corresponding to the direction of travel we want to take:

- New models / pathways of care based on **population need**
- Community-based models of care **care expansion**
- **Acute and Unscheduled Care** Development
- Integrated **end to end models of care**
- Precision medicine through **genetics & genomics**

They are involved in the development of key national policy strategies such as:

- National Dementia Strategy
- National Cancer Strategy
- National Stroke Strategy
- National Trauma Strategy

National Clinical programmes **define how we deliver healthcare in Ireland and implement national reform**

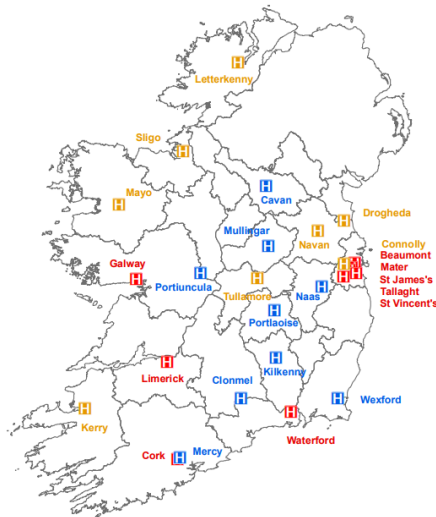







National Trauma System

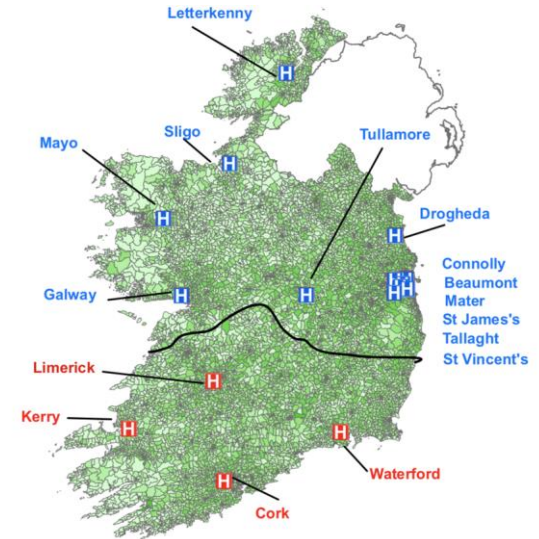
The future trauma system will facilitate an even distribution of trauma services, ensuring that the entire population has access to the necessary services

Current Trauma Service provision



-  Model 3 Hospital with 24/7 ED and emergency General Surgery service
-  Model 3 Hospital with 24/7 ED, emergency Trauma Orthopaedic and General Surgery services
-  Model 4 Hospital

Future Trauma System in Ireland



Population split 2016 census figures	Central MTC	South MTC	Avg Transfer time: TU to Central MTC	Avg Transfer time: TU to South MTC
Population split	3,268,077	1,493,788	50 mins	60 mins



Modernised care pathways: Benefits for patients and healthcare

Benefits for Patients



Patients are able to access services locally to their GP or community team with clear referral and care pathways in place.



Patients are seen in a timely manner aligned to the Sláintecare targets.



Patient experience is improved with a streamlined model of care that reduces the number of appointments which the patient needs to attend.



Telehealth options and digital innovation are utilised where appropriate and treatment is delivered as locally as possible.



Patients receive an appropriate integrated care plan or discharge plan.

Benefits for Healthcare Professionals



Provides opportunity for career progression with investment in advanced nursing and specialist health and social care professional roles (>145 nursing roles funded to date)



Avenues for GPs and community teams to be appropriately supported by specialist teams.



Staff are empowered in their roles as they can address patients' needs efficiently with improved access to diagnostics and reduction of unnecessary appointments.

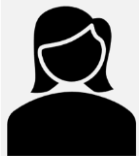


Operate at the top of their licence and deliver the care most appropriate to their role.



Clinical Care Pathways

Proposed ophthalmology clinical pathway



May has deteriorating eyesight which affects her daily living

Proposed Care Pathway

1 Triage for appointment based on need by the Integrated eye care in the **community**

- 2
- Attends acute centre for cataract removal only
 - Post Op care provided in the community

Current Referral Pathway

1 OPD Screening

2 Day Case Scheduled

3 Surgery 1

4 Post Op Review 1

5 Surgery 2

6 Post Op Review 2



Average: **21 months** from referral to 1st surgical intervention with **6 visits** to the acute centre



2 visits to the acute setting due to early intervention, efficiencies and increased availability for elective care



Digital Health

The fast-tracking of healthcare digitisation targets is a positive outcome of the pandemic, continued support of the digital agenda will not only increase efficiencies but improve patient outcomes

Virtual Clinics

Digital tools, used by the health service have been accelerated as a result of the pandemic.

Services such as Virtual Clinics bring **significant benefits to both the health service and patient:**

For example:

- Reduce the need for patient to visit a hospital or health facility
- Reduce AvLoS
- Prevent readmission
- Reduce outpatient clinic reviews
- Save the patient time, stress and the expense of travelling to an appointment
- Aids physical distancing
- Minimises the risk of infection
- Improve communication with primary care





Care at home – Virtual Ward – key Aspects

What are the key aspects of an Acute Virtual Ward providing acute care at home?

Acute in-patient Virtual wards which support patients who would otherwise be in a hospital bed, to be remotely monitored and receive treatment in their own homes



Patients at Home

- Admitted in-patients receiving care in their own home or care home
- With a requirement for acute, or pre/post treatment care



Acute care model

- Consultants, nurses, HSCPs providing acute care
- Partnering in the community as required (CIT's, PHN's, GP's, HSCP's)



Enabling technology

- To remotely monitor and interface with patients, and trigger escalations
- Packages of software, wearables and at-home medical devices



The fundamental unit of healthcare delivery and reform remains the team



Go raibh maith agaibh

