Dearadh agus Nuálaíocht Chliniciúil; Oifig an Príohoifigeach Cliniciúil
Ospidéal Dr. Steevens, D08 W2A8
R: clinicaldesign@hse.ie

Clinical Design & Innovation; Office of the Chief Clinical Officer
Dr Steevens' Hospital, D08 W2A8
E: clinicaldesign@hse.ie

21st November, 2024

Deputy Colm Brophy, TD
Dáil Éireann
Leinster House
Kildare Street
Dublin 2

PQ 45921/24

To ask the Minister for Health the estimated full year cost of implementing the National Clinical Programme for Ophthalmology.

Dear Deputy Brophy,

The Health Service Executive has been requested to reply directly to you in relation to the above parliamentary question, which you submitted to the Minister for Health for response. I have consulted with the National Clinical Programme (NCP) for Ophthalmology on your question and have been informed that the following outlines the position.

The aim of the National Clinical Programme for Ophthalmology is to reduce and ultimately eliminate avoidable sight loss. The 2017 model of care developed by the National Clinical Programme for Ophthalmology[1] is aimed at improving the quality of the service and expanding access to that service. The model describes the preferred delivery of ophthalmic care focusing on a reconfiguration of services, particularly chronic care, from the acute hospitals to the primary care centres.

The National Clinical Programme (NCP) for Ophthalmology has determined that in line with Government policies such as Slaintecare, a large proportion of the service/ eye care should be provided in the community. Prevention of sight loss requires collaboration from all of the professionals involved in eye care: doctors, nurses, health and social care professionals and technicians, with each working within their skill set in a multidisciplinary team underpinned by appropriate governance. This Model of Eye Care document outlines these roles and is the blueprint for how re-alignment of eye care services from the acute hospitals to the community can occur.

The model of care addresses the delivery of ophthalmology services in Ireland and the integration between the three arms of eye care, namely care provided in the acute setting, care provided in the primary care setting and care delivered at the first point of contact for patients. It proposes how these three arms of the service should function and interact with each other, and it describes how the current services operate nationally. It outlines how the delivery of eye care should evolve and advance, with reference to best international practice, and it provides a vision for the future of eye care and describes how that vision can be implemented.

The key recommendations of the 2017 Model of Eye Care are:

1. Development of multidisciplinary primary eye care teams, enabling most patients to be seen in their own locality, and with all team members working in the same location. This model of eye care will require investment in community clinics, both in staff numbers and in equipment, and better integration between community and hospital care.
2. Investment in information technology, including standardised equipment and electronic patient records, to enable a hub-and-spoke regional delivery of care and an integrated system.
3. Expansion of theatre access and establishment of stand-alone high-volume consultant-led cataract theatres with a full complement of support staff in order to facilitate a timelier response from the surgical centres, thereby keeping waiting times to a minimum.
4. Establishment of clear and concise clinical referral pathways in order to minimise unnecessary referrals. This will include a focus on effectiveness and efficiency of eye care services delivery.

The implementation of the recommendations of this Model of Eye Care since its publication involved engagement across several HSE Divisions, as appropriate, in order to ensure that diagnosis, treatment and management are integrated across the service, underpinned by an electronic patient record (EPR).

Aspects of the programme such as the multidisciplinary teams (MDTs) have been progressed through the HSE Primary Care Division, while other aspects such as expanded theatre access progressed through the HSE Acute Division.

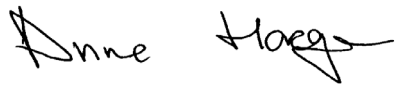
The HSE is now organised into 6 health regions. Each health region provides health and social care services for the people in that area. Regional Executive Officers (REOs) of Health Regions are accountable and responsible for the operational service delivery in their respective regions.

Integration of acute and primary care services is essential in order to allow for rebalancing of access and delivery of eye care services from acute hospitals to primary care. The aim is to provide high-quality, consistent, efficient and effective care. The development of a regionalised model has been determined as the best means of achieving this aim. Health regions will prioritise and plan services that meet the regional population's needs, with the new health region structures supporting and strengthening integrated healthcare implementation and care delivery

The reconfigured service for ophthalmology care continues to be implemented nationally and this roll-out will continue under the leadership of the REOs of the Health Regions, supported by the National Clinical Programme for Ophthalmology.

I trust this information is of assistance to you, but should you have any further queries please do not hesitate to contact me.

Yours sincerely



Anne Horgan
General Manager

References
https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/model-of-eye-care.pdf