

## CONFERENCE ABSTRACT

# Re-configuring the Model of Eye Care in Ireland - integrating community and hospital care

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Siobhan Kelly<sup>1,2</sup>, William Power<sup>1,2</sup>

1: National Clinical programme for Ophthalmology, Ireland;

2: Irish College of Ophthalmologists, Ireland

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**Introduction:** Ireland continues to experience significant population growth with the greatest increases in the over 65 years age group. Increasing patient numbers and the growing incidence of chronic diseases are placing an enormous strain on the current model of eye care delivery. Even with the current population, waiting lists for ophthalmology outpatient appointments and inpatient procedures are among the longest and most numerous in the health service. The diagnosis and treatment of many chronic eye conditions is currently delivered in acute hospitals, whereas much of these interventions could be delivered in the primary care setting in a decentralised model.

**Description of policy context and objective:** The National Clinical Programme (NCP) for Ophthalmology has determined that in line with Government policies such as Future Health, the majority of services should be provided within the primary care setting. As such, 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.

**Targeted population:** The NCP takes a whole population approach with particular emphasis on the paediatric and geriatric population

**Highlights:** The key recommendations of the Model of Eye Care are:

1. Development of multidisciplinary primary eye care teams with all team members working in the same location. This 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 health 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.

**Conclusions:** The NCP has developed a Model of Eye Care based on the key recommendations and is working towards its implementation which will require engagement across the HSE Divisions as appropriate in order to ensure that diagnosis, treatment and management are integrated across the service, underpinned by an electronic health record which will allow ease of audit and collection of data. This will in turn allow standardisation of quality of care and assessment of effectiveness of the Programme. Aspects of the programme such as the MDTs will be progressed through the Primary Care Division, while other aspects such as expanded theatre access will be progressed through the Acute Division. Close cooperation and regular sharing of information will be necessary across both the Primary Care and Acute Divisions. A close relationship will identify any gaps in service and allow development of business cases for proposals to fill those gaps as well as informing ongoing service planning and delivery.

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**Keywords:** eye care; ophthalmology; multi-disciplinary teams

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