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**CONFERENCE ABSTRACT****Whole health system change in Ireland: Analysis of the challenges of  
implementation**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017Áine Carroll<sup>1</sup>, Barry White<sup>2</sup>, Valerie Twomey<sup>3</sup>

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Across the world, healthcare service delivery seeks to control costs and improve quality of services for all by increasing access to preventive services, wellness programmes and continuous medical care (Berwick et al, 2008). The adoption of the National Clinical Programmes (NCPs) in Ireland in 2009 coincided with a profoundly challenging period for the Irish economy and consequently for publicly-funded health services. These programmes are focused on implementing clinical and operational models of care that have access, quality and value at their core. In 2012, there was a clear recognition among senior health leaders that the desired outcome of nationalising best practice and achieving whole system change had not been achieved through the NCPs and a series of world café events were then planned to assess the challenges that had been experienced by the programmes in order to inform the next phase. The current study addresses the next step in service redesign and through a qualitative analysis that obtained a rich, in-depth understanding of the development and implementation of services in Ireland. Three key questions were explored through an inductive approach to analysis of themes that emerged from conversations with key stakeholders. Having a clear vision, a prescribed methodology and clinician buy and involvement in the design of new models of care is not sufficient to ensure implementation. A whole system approach to the design and implementation of new models of care must be supported by essential enablers such as policy, financial and HR models and knowledge management systems. The second phase of the programmes will seek to overcome these barriers and work with operations and policy makers to improve outcomes for patients by implementing person centered evidence based models of care.

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**Keywords:** service delivery; whole system change; world café; qualitative analysis; service redesign; clinician experience

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