

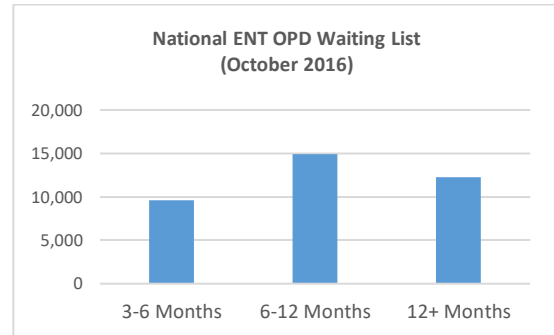
Proposal for the Development of ENT Services

Royal Victoria Eye and Ear Hospital

EXECUTIVE SUMMARY

The Royal Victoria Eye and Ear Hospital (RVEEH) is a world class specialist hospital in ophthalmology and otolaryngology (ENT) care, and is the largest public provider of ophthalmology and ENT services. As Ireland's only specialist eye, ear, nose and throat hospital, the Royal Victoria Eye and Ear Hospital has been providing care for patients since 1897 and is a centre of excellence for both routine and complex conditions.

Children and people aged over 65 are the most reliant on otolaryngology services and will drive future requirements for services. Currently approximately 40% of most ENT surgeons' workload is paediatrics. Demand for current services outstrips supply with over 12,000 patients waiting over 12 months for on OPD appointment nationally. Waiting lists are expected to grow further as the overall population is forecast to grow by over 5% between now and 2021.



Age Cohort	2016	2021	% Increase
0-14 Years	1,052,000	1,090,000	+3.6%
Over 65 Years	625,000	733,000	+17%

Source: CSO

The delivery of an optimal public ENT service is constrained by several factors:

- The staffing and capacity of the service is under resourced relative to current and forecast demand.
- The system lacks a robust integrated care service (pre-and post-operative) closer to home.
- There is no dedicated scheduled theatre structure for simple ENT procedures e.g. a dedicated tonsillectomy and adenoidectomy theatre.
- The model of care needs to be restructured to ensure care is delivered at the most appropriate resource level.

The Royal Victoria Eye and Ear Hospital will play a central role in addressing these factors and is advocating three core pillars to ensure effective delivery:

- Separation of Scheduled Care for routine procedures.
- Development of a high throughput capability¹ initially focused on tonsillectomy/adenoidectomy.
- Establishment of an integrated GP, Audiology and ENT service.

The development of high throughput capability, if resourced, has the capability to eliminate the waiting list for tonsillectomy/adenoidectomy in just over 2 years. The new high throughput capability will focus on routine day case procedures as outlined in the Model of Care for Elective Surgery 2011. We propose a new model of engagement with other public hospitals, with the RVEEH becoming a high volume scheduled care fulcrum, that provides access for non-RVEEH consultants, a linked booking system and the provision of diagnosis and follow up care to happen in the originating hospital.

The restructuring of the model of care will require improved integration with primary care, with more initial diagnosis to be carried out by GPs and follow up care delivered closer to home. These initiatives will require close cooperation with our colleagues in the relevant bodies (CHOs, IoO, ICGP), skills improvement in primary care / hospital nurses and aligned IT capability but will provide a medium-term solution to the public waiting list. We recommend a pilot should be developed and run for 12 months before wider roll-out is undertaken.

¹ Model of Care for Elective Surgery 2011

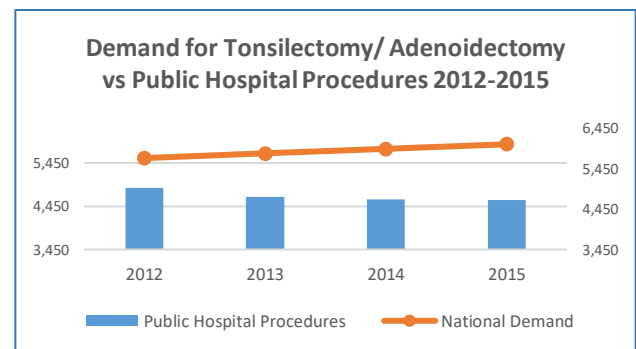
INTRODUCTION & CONTEXT

The Irish Health Service faces major financial challenges, over the coming decade, with pay restoration likely to consume a significant proportion of any additional funding in the next few years. Concurrently, there is a requirement for a transformational change of the healthcare delivery system, in order that we can continue to improve the quality of our care and deliver that care with greater efficiency. Recommendations for greater provision of integrated primary and secondary care along with the separation of scheduled from unscheduled care, in our hospitals, are among the suggestions that have worked in other developed countries.

ENT (otolaryngology) surgery is a highly specialised area, with paediatric ENT surgery accounting for up to 40%² of most ENT surgeons' workload in Ireland. It is a specialty marked by high volumes of referrals and, currently, by long waiting lists. This is partly due to lower than recommended staffing levels particularly at consultant level. (Recommended consultant levels are one per 80,000 with appropriate support services and current levels are one per 120,000). Demand far exceeds capacity. In addition to a deficit of ENT surgeons at national level, there is also a deficit at tertiary subspecialty level, particularly in paediatric ENT surgery.

Waiting times for specialist ENT opinion are running at over 36 months. At present, the Royal Victoria Eye and Ear Hospital is the only public hospital in south Dublin issuing ENT outpatient appointments for children. All other public hospitals, which see and treat children with ENT conditions in the Leinster region have stopped issuing GPs with OPD appointments for ENT paediatric referrals.

Surgical waiting list for tonsillectomy with adenoidectomy is over 1,700 and growing. The waiting list would be significantly higher without the delivery of ENT surgery by some private hospitals/ private providers.



Sources: HIPE – Activity in Public Hospitals in Ireland. European Age Standardised Rate

The Royal Victoria Eye and Ear Hospital (RVEEH), as a specialist hospital, provides a high-quality service for patients with a range of ENT conditions. This proposal for service development aims to provide a new strategic direction to the ENT service at the hospital with specific cognisance being paid to the following factors:

- The hospital operates without a defined catchment area³.
- The hospital is well structured to carry out a high volume of procedures on complex and routine patients.
- The hospital provides secondary, tertiary and quaternary services for patients with ENT conditions.
- The hospital has a large paediatric service with a significant proportion of paediatric ENT from Our Lady's Hospital for Sick Children, Crumlin and Tallaght Hospital delivered in the RVEEH.

² Otolaryngology Services Review 2011

³ Access to care being a key driver of referring decisions.

CURRENT SERVICE AND THE CASE FOR CHANGE

The Royal Victoria Eye and Ear Hospital is one of approximately 30 major international stand-alone specialist hospitals in both Ophthalmology (eye) and ENT (ear, nose and throat) health care and is recognised both within Ireland and globally, as a leader in clinical service delivery, teaching and research.

Elective, non-elective and day case surgery is performed at the hospital. The hospital has 6 Consultant Otolaryngologists, 40 inpatient beds and 30 day case beds. In addition, it has 5 operating theatres with 0.5 closed (2 ENT sessions per week are not staffed) and an emergency department operating Monday to Friday during normal working hours.

It's centre of excellence for otolaryngology patients is derived through the expertise generated by treating a very high volume of routine patients combined with the hospital's subspecialty ability to treat some of the rarest and most complex conditions. The hospital's combination of both elements of specialism provides exemplary care across rare and routine conditions.

Paediatric Elective Surgery

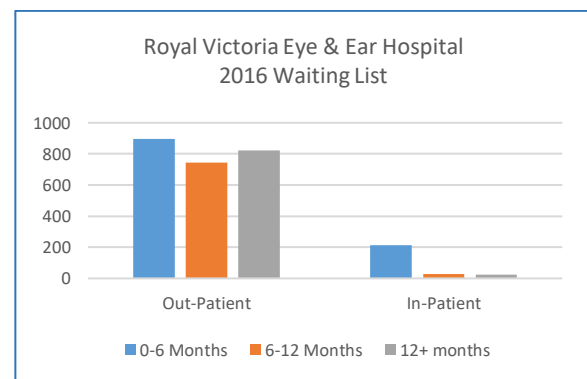
The hospital provides a significant paediatric service, with a large number of patients transferred from Crumlin and Tallaght Hospitals. Primary care (GPs) in general only refer children who have significant problems. Most ENT surgeries are in otherwise healthy children, who are admitted for routine elective surgery e.g. grommets, adenoidectomy and tonsillectomy. A high proportion of these cases are listed for day case surgery and the vast majority of other procedures require just one night in hospital (i.e. 23-hour admission).

Subspecialist ENT

The hospital is a tertiary referral centre for patients requiring subspecialist otolaryngology includes routine ENT surgery in patients with immunological or other systemic diseases, congenital ear surgery, rhinology, sinonasal disease, other airway problems, management of severe congenital and developmental conditions of the head and neck.

Drivers for Change

Access to ENT care is a major issue for the Irish Health System. Public waiting times for specialist ENT opinion are running at over 36 months. At present, the Royal Victoria Eye and Ear Hospital is the only public hospital issuing ENT outpatient appointments for children. All other public hospitals, which see and treat children with ENT conditions in the Leinster region have stopped issuing GPs with OPD appointments for ENT paediatric referrals. See graph for the combined waiting list for consultants at the hospital.



Source: Royal Victoria Eye and Ear Hospital – Internal Data

This proposal leverages the inherent structural advantages of the RVEEH and proposes a new model of care, in conjunction with key stakeholders, to address the major issues in public ENT care, specifically:

- Long waiting times for out-patient appointments.
- Long waiting times for elective surgery.
- Frequent cancellation or postponement of elective surgery due to prioritisation of time critical emergency surgery.

An updated model of care, based on the hospital becoming the major scheduled care centre for the east of Ireland represents a strong option for the hospital. It will require the support of the Ireland East Hospital Group (IEHG), the development of integrated service delivery with primary care and have an appropriate funding model in place for delivery. It should be based on the following 5 core principles:

Principle 1	Principle 2	Principle 3	Principle 4	Principle 5
Appropriate Access to High Quality Surgery	Appropriate pre-operative care closer to Home	Separating of Elective and Emergency Surgery	Day Case as the Norm	Safe Care in the Right Place at the Right Time.
Appropriate access to high quality safe elective surgery. There should not be unwarranted variation in referrals.	Delivered through improved links with primary and community care. Robust surgical pathways and protocols in place. Shorter pathways streamline process.	Improved outcomes and efficiencies. Better use of theatre capacity and facilities. Allows surgeons to separate their commitments.	Will deliver improved outcomes and efficiency. Strong links to both pre-operative and post-operative parts of the pathway.	Performing normal operations at the highest possible standards and complex operations as safely as possible. Improved links with primary and community care

The proposed ENT Strategy for the RVEEH focus on three core elements:

- I. Separation of scheduled care for routine procedures
- II. Development of a high throughput capability for routine procedures at the hospital.
- III. Establishment of an integrated GP, audiology and ENT service.

For the RVEEH to retain its position as the as a stand-alone centre of excellence while addressing the growing requirement for routine procedures it is recommended that, as part of the strategy roll-out, the hospital:

- Creates of a centre of excellence development plan that focuses on complex care, training, research and audit.
- Seek to lead nationally in the development of specialist services e.g. endoscopic ear surgery.
- Develops an NTPF pilot that utilises the existing capacity at the hospital.

SERVICE GAPS

The Royal Victoria Eye and Ear Hospital is a major provider of ENT (paediatric and adult) services in Ireland. The hospital provides a high-quality service with a probable lower levels of re-admissions. It has the structure, skills and expertise to deliver additional throughput and can provide that additional service in a highly cost-effective manner.

In addition, there is a large volume of ENT care that is currently delivered in the Royal Victoria Eye and Ear Hospital that is suitable for transfer to the primary care setting. The transfer requires the development of a discrete set of ENT surgical skills in primary care, along with an appropriate funding model and IT support.

The significant gaps in the ENT service are:

- Under capacity relative to current and forecast demand.
- A robust integrated care service delivery (including pre-and post-operative) closer to home.
- Dedicated high throughput theatre.
- Model of care built around the care pathway i.e. simple diagnosis, simple procedure and/ or follow up care delivered in primary care.
- Skills development in primary care and hospital nurses.
- Waiting list regularly outsourced to private sector with limited benefit to public system.

PROPOSED STRATEGY

This ENT Strategy seeks to build on the dual strength of the hospital in raising the bar for routine procedures and delivering high quality outcomes for patients with rare and complex conditions. Specifically, it advocates:

- I. Separation of Scheduled Care for routine procedures.
- II. Development of a high throughput capability in routine procedures.
- III. Establishment of an integrated GP, Audiology and ENT service.

Separation of Scheduled Care for Routine Procedures

The proposal is to develop and enhance the RVEEH as the major ENT scheduled care centre for routine procedures, for the East of Ireland. Utilising the unique strengths and structure of the hospital as a scheduled care facility, leveraging the existing joint consultant appointments with some of the major adult and paediatric hospitals and aligning with a strategic trend towards separating scheduled from unscheduled care.

There are many benefits to the separation of elective and acute surgery in a specialist hospital:

- The concentration of experts in a particular clinical field in one hospital, enhances its centre of excellence status, with significant flow-on benefits for research and teaching.
- It is more cost effective, with increased efficiency and lower complications rates⁴.
- It can also help facilitate changes to the surgical and hospital culture to support new streamlined models of care⁵.
- It prevents costly duplication of services and resources on multiple sites.

High-volume, non-complex elective cases are particularly suited to geographic separation of the two streams of work (scheduled and unscheduled).⁶

As part of this strategy, the report recommends that complex Head and Neck Cancer treatment should be transferred to a designated cancer hospital.

The separation of care for routine procedures should enable the Royal Victoria Eye and Ear Hospital to build on its centre of excellence status for complex care, training and research. The development of a separate plan is required that leverages this centre of excellence status to deliver an enhanced research and academic capability for the hospital in conjunction with its academic partners. Expansion of the otoscopic surgery programme and the development of endoscopic middle ear reconstructive surgery are just two of the services that should be developed as reinforcement of the RVEEH's Centre of Excellence status.

High Throughput Capability

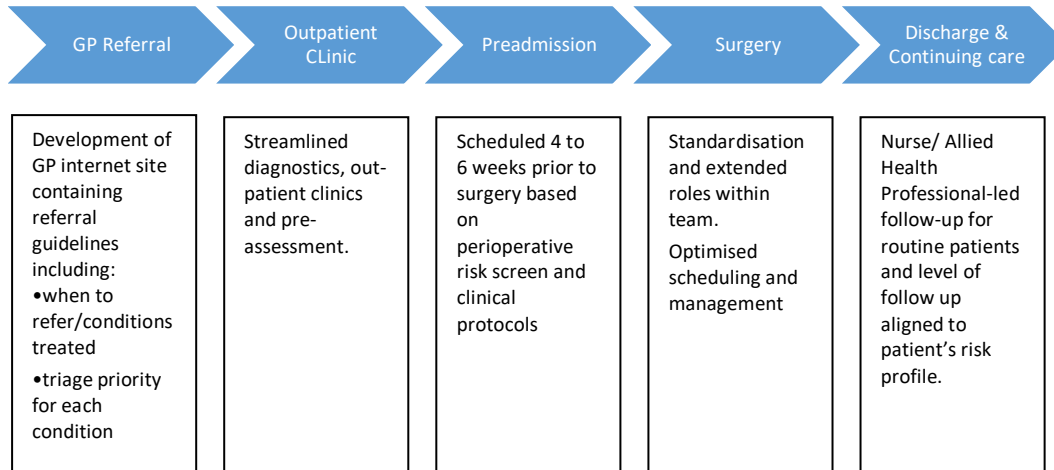
It is proposed that the hospital, aligned with the Separation of Scheduled Care, develops a dedicated high throughput capability for routine procedures⁷ that initially focuses on tonsillectomy and adenoidectomy. Accompanying the structural change will be an updated model of care throughout the patient pathway. ENT care pathways will need to be restructured to deliver care at the lowest level of resource with an agreed quality.

⁴ Report on the Outcomes Achieved by Specialist Hospitals, May 2014

⁵ Royal College of Surgeons of England 2007

⁶ The Case for the Separation of Elective and Emergency Surgery, Royal Australian College of Surgeons, May 2011

⁷ Model of Care for Elective Surgery, 2011



The development of a high throughput capability at the Royal Victoria Eye and Ear Hospital would provide the Irish Health System with the most efficient way of addressing the current and future demands for routine procedures. As a dedicated specialist hospital, focused on scheduled care delivery the hospital can:

- i. Provide dedicated capacity for elective surgery.
- ii. Deliver routine scheduled care in the most cost-effective way possible.
- iii. Provide, economies of scale, systemic benefit from increased volumes.
- iv. Enhance the wider delivery of ENT services by enabling other hospital's public consultants to have ring fenced theatre time for routine patients.

In the UK, it has been shown that there are lower readmission rates for specialist hospitals providing routine services, thereby demonstrating their value beyond the treatment of the rarest and most complex cases, and their contribution to helping the health service meet its outcome requirements.

It is proposed that a pilot be put in place that utilises the available capacity for routine procedures in ENT. A proposal should be developed for the NTPF to fund tonsillectomies at the hospital on Friday afternoons and Saturday morning from October 2017 to January 2018. This initiative would remove approx. 225 patients from the waiting list and if delivered successfully could attract further NTPF funding or enable private surgery to develop at the facility in a beneficial way for all constituents.

Establishment of an integrated GP, Audiology and ENT service

ENT care needs to be remodelled to provide an integrated service across hospital, primary and community care settings. Referral and intake processes need to change to ensure the right service provider sees the relevant patient at the right time. The key issues to be addressed include:

- A high degree of variation in referrals to the hospital.
- Specialists are receiving inappropriate referrals from GPs that could possibly be dealt with in primary care.
- Audiologists are receiving inappropriate referrals.

There is an identified need for improved collaboration between GPs, Audiologists and ENT specialists.

- Building capacity through greater guidance for GPs on when to refer, and improving audiogram reports sent to GPs.
- Improving the interface between GPs and treatment services through a locally coordinated approach that focuses on health professional education and collaboration.
- Building the capability in primary care to deliver more care locally.

The enhancement of the referral and intake processes in conjunction with improved health professional education will improve patient flow, reduce errors and reduce waste in the system. The development of a primary care pilot programme on Dublin's Southside, would be a good first step in changing the model of care and will require support for the relevant organisations (Ireland East Hospital Group, Institute of Otolaryngology, Irish College of General Practitioners and the relevant Community Healthcare Organisation).

BENEFITS

The proposed new Otolaryngology Strategy offers several opportunities for Patient and Systemic Benefits in the delivery of care to patients at the hospital, including:

- Improved access to care.
- Reduced waiting lists.
- An integrated ENT service allows greater standardisation from diagnosis to discharge and drives up quality and is more cost-effective.
- Enables greater efficiency as planned care is uninterrupted by emergency care patients.
- Reduced re-admissions for routine procedures.
- Reduction in the use of the Emergency Department as a safety valve for primary care referrals

Benefits of Separation of Elective and Emergency Surgery

The greatest benefits to the patient are the reduction in hospital-initiated cancellations and improved timeliness of care. Cancellation of surgery creates great hardship for patients, who plan their working and family lives around proposed operation dates. Most such cancellations occur with less than 24 hours' notice⁸.

	Patients	Surgeons
Enhance patient outcomes	✓	✓
More rapid assessment and better management of the acute surgical patient	✓	✓
More timely care	✓	✓
More efficient throughput of patients	✓	✓
Reduced waiting lists.	✓	✓
Reduced costs due to reduced AVLOS, complication rates and call backs	✓	✓
Improved surgical training	✓	✓

Source: Royal Australian College of Surgeons⁹

REQUIREMENTS

Several requirements need to be worked through for the overall strategy to be viable. They include:

Separation of Scheduled Care

- Support of other hospitals and their consultants.
- IT support that allows scheduling theatre time for other hospitals patients.
- Data flow that allows follow up care to be delivered remotely to the RVEEH.

High Throughput Capability

- Analysis of the capacity of the RVEEH to deliver (theatre time, staff numbers and capability, consultant buy-in, efficiency changes).
- Funding to support additional volumes and changes at the RVEEH.
- Support from the IEHG.

Establishment of an integrated GP, audiology and ENT service

- Educational framework to improve skillsets in primary care.
- IT support that enables education and appropriate referrals.
- Support of the ICGP and IoO.
- Funding of care in the primary care setting.

⁸ Nasr et al 2004

⁹ *The case for the separation of elective and emergency surgery, RACS 2011*