THE ROYAL VICTORIA
EYE AND EAR
HOSPITAL DUBLIN

SEEING THE FUTURE

STRATEGIC PLAN 2021-26

Contents

I Executive Summary

In July 2020, the Royal Victoria Eye and Ear Hospital (RVEEH) commenced a Strategic Planning Process to refresh the strategic direction of the organisation. That process reviewed progress made under the 2015 Ophthalmology Strategy and developed a new Strategic Plan for the institution.

The review showed that significant progress was made across the major priorities identified in the 2015 Ophthalmology Strategy in particular:

— **Cataract Unit:** The opening of a privately funded dedicated Cataract Unit that eliminated the RVEEH cataract waiting list by the end of 2019.

— **Community Care Units:** The establishment of Community Care Units, identified in the Strategic Plan and subsequently in the National Clinical Programme for Ophthalmology, is well underway with clinical teams for two units taking up their posts before the end of 2020.

— **EMR:** The delivery of an Electronic Medical Record that enables the seamless linking of community units to the hospital.

Building on the strong platform of delivering against the 2015 strategy the hospital identified a range of issues that must be addressed in the coming years. These issues are covered in depth in this document. The hospital has identified three issues that need to be managed as a matter of priority:

— **Surgical Demand:** A forecasted 28% increase in demand for surgery by 2025, that mirrors the growth and aging of the population.

— **OPD and ED Capacity:** The out-patient (OPD) has a significant infrastructural capacity deficit that provides little privacy for patients. While the emergency department is outdated and not well structured to manage patients during Covid-19.

— **Covid-19 Impact:** Covid-19 is changing the way care is delivered in the hospital and is having a negative impact on waiting lists.

The hospitals response to these prioritised issues is captured below:

— **Cataract Waiting List**

- The RVEEH will eliminate its cataract waiting list, which built up again during the Covid-19 pandemic, by the end of 2021.
- The hospital will work with the NTPF to maximise the capacity of the Cataract Unit so as to significantly reduce the wider public waiting list.

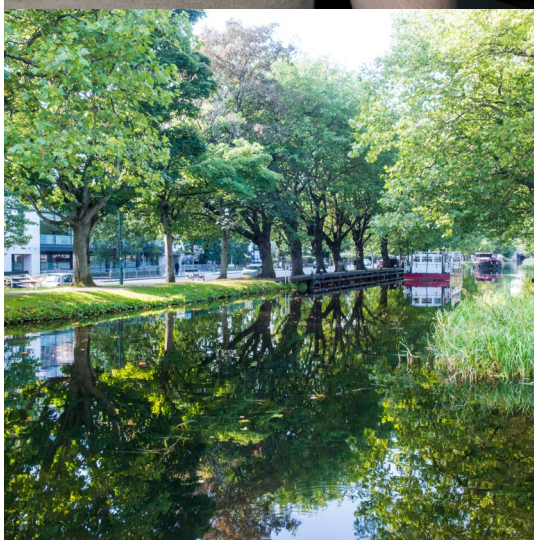
— **Community Care Units:** The delivery of the community care units will reduce the pressure on the out-patient department in the second half of 2021. The hospital is committed to:

- *Clinical Teams*: Supporting the community units' clinical teams through a high level of coordinated care under the clinical governance of the RVEEH.
- *MediSight*: Delivering the necessary interconnectivity between hospital and community through a fully implemented Electronic Health Record[1] (EHR) at the two identified community units by the first half of 2021.

— **Covid-19 Upgrade Works**

- *ED*: Upgrade the existing emergency department in the first half of 2021 in order to more appropriately manage patients while we are living with Covid-19.
- *New Entrance*: Build a new entrance to the hospital, by 2022, that improves access, segregates the emergency and out-patient streams and supports an unidirectional flow of patients through the building.

— **Capacity Development:** Build 4 new theatres and accompanying out-patient capacity to enable the hospital to manage the increased surgical demand over the planning period and will be accompanied by consultant, theatre and appropriate nursing staff.



[1] Electronic Health Record is the systematic collection of patients stored health information in digital format.

THE IMPORTANCE OF ADELAIDE ROAD

The question of whether the RVEEH can deliver a high quality of patient care from its existing location over the period of the Strategy Plan was addressed in the 2015 Strategic Plan. The Adelaide Road site provides an ideal location to meet the coming challenges for ophthalmology and otolaryngology patient care. The site is well situated, only 2 minutes walk from a Luas stop, ample in size to accommodate new building development and can provide excellent value for money through a phased upgrade of the facilities. Utilising the Adelaide Road site will ensure that patients are well provided for over the next 25 years and that the Exchequer will get a better financial return if the hospital continues to operate from its current location. Underpinning the commitment to remain on the current site are:

— *Standalone Hospitals:* The standalone status of eye care institutions is established internationally as the model of care, with Moorfields Eye Hospital in London and the Massachusetts Eye and Ear Infirmary in Boston as examples. This model avoids competing for shared resources and cancellations due to A&E overcrowding that accompany eye care delivery in general hospitals. This in turn delivers greater service efficiency.

— *Development Potential:* The Adelaide Road site extends to 2.72 acres which is more than an adequate square footage area to deliver its future services. While the main building is listed there is significant space, particularly on the rear of the site, to accommodate the required services. The hospital has engaged architects who have developed a phased programme for upgrading the site.

— *Hub and Spoke Model:* Ireland's demographics means that demand for the RVEEH services will continue to increase for the foreseeable future. The opening of the Community Units means that a portion of routine patient visits will now be seen in the community. The community units will reduce the pressure on the hospital's out-patient department; however surgery cannot be outsourced and demand for surgery will continue to increase significantly.

— *Value for Money*: The upgrading of the existing facility, carried out in a phased manner over the period of this Strategy would carry lower risk, more certainty and can be provided at a much lower cost to the Exchequer and deliver an RVEEH fit for purpose for the next 25 years.

The fact that the RVEEH successfully implemented most of the 2015 Strategy demonstrates the hospital's track record on delivery and underscores our belief that the new strategy will be delivered.

1 INTRODUCTION

HISTORICAL CONTEXT

The Royal Victoria Eye and Ear Hospital (RVEEH) is Ireland's national hospital for Eye and Ear, Nose and Throat disorders. It is Ireland's only dedicated ophthalmic and ENT surgical hospital and treats over 100,000 patients per year. The hospital ranked 1st in the National Patient Experience Survey[2] and is one of only two public hospitals in Ireland to be accredited by Joint Commission International (the international accreditation body on standards of care in healthcare organisations).

RVEEH was established by amalgamating the National Eye Hospital (founded in 1814 by Isaac Ryall) and St. Mark's Ophthalmic Hospital for Diseases of the Eye and Ear (founded in 1844 by William Wilde, father of Oscar Wilde). Originally intended to be the Dublin Eye and Ear Hospital, Queen Victoria changed "Dublin" to "Royal Victoria" when she signed the Bill establishing the Hospital in 1897. The Hospital continues to be a Statutory Body under the 1897 Act of the Westminster Parliament. The campaign to create the hospital was spearheaded by ophthalmologist Henry Swanzy who, upon the passing of the 1897 Act, then set about fundraising from the private citizens of Dublin the monies to buy a site and to build the very substantial building on Adelaide Road.

[2] National Patient Experience Survey Report, November 2019

THE RVEEH IS A CENTRE OF EXCELLENCE FOR OPHTHALMOLOGY AND OTOLARYNGOLOGY

TODAY

Today, the RVEEH is a Centre of Excellence for ophthalmology and otolaryngology, with a subspecialty expertise to treat some of the most complex cases. The hospital provides academic and clinical training to undergraduate and post-graduate students from the Royal College of Surgeons, Trinity College Dublin and University College Dublin. Research in both ophthalmology and otolaryngology is undertaken in partnership with the academic institutions.

The hospital is well positioned to address the significant out-patient and elective surgery waiting list issues in the health system. A key strength of the hospital is the ability to provide high volume scheduled care which is not impacted by the ongoing commitment to provide unscheduled care in both ophthalmology and otolaryngology.

The RVEEH has developed a reputation for prudent financial management and self-help. The new Cataract Unit was funded, not by the taxpayer, but by the RVEEH Teaching and Development Foundation. While the Hospital has demonstrated its strong track record of financial management and operates at, or around, breakeven every year, it has kept within its HSE allocation for each of the last ten years.

COVID-19 ENVIRONMENT

At the time of printing of this document, a global pandemic remains at large. The RVEEH and the broader health services face a significant set of new and additional challenges in the delivery of care in a COVID-19 environment. Those key challenges are outlined below and are referenced throughout the document:

The Royal Victoria
Eye and Ear Hospital today

— **Reduced capacity:** Due to social distancing and infection prevention and control requirements, the RVEEH will face a capacity problem for the duration of the pandemic. This will impact all aspects of healthcare and staff, resulting in reduced capacity across all areas of the hospital, most acutely in the OPD setting.

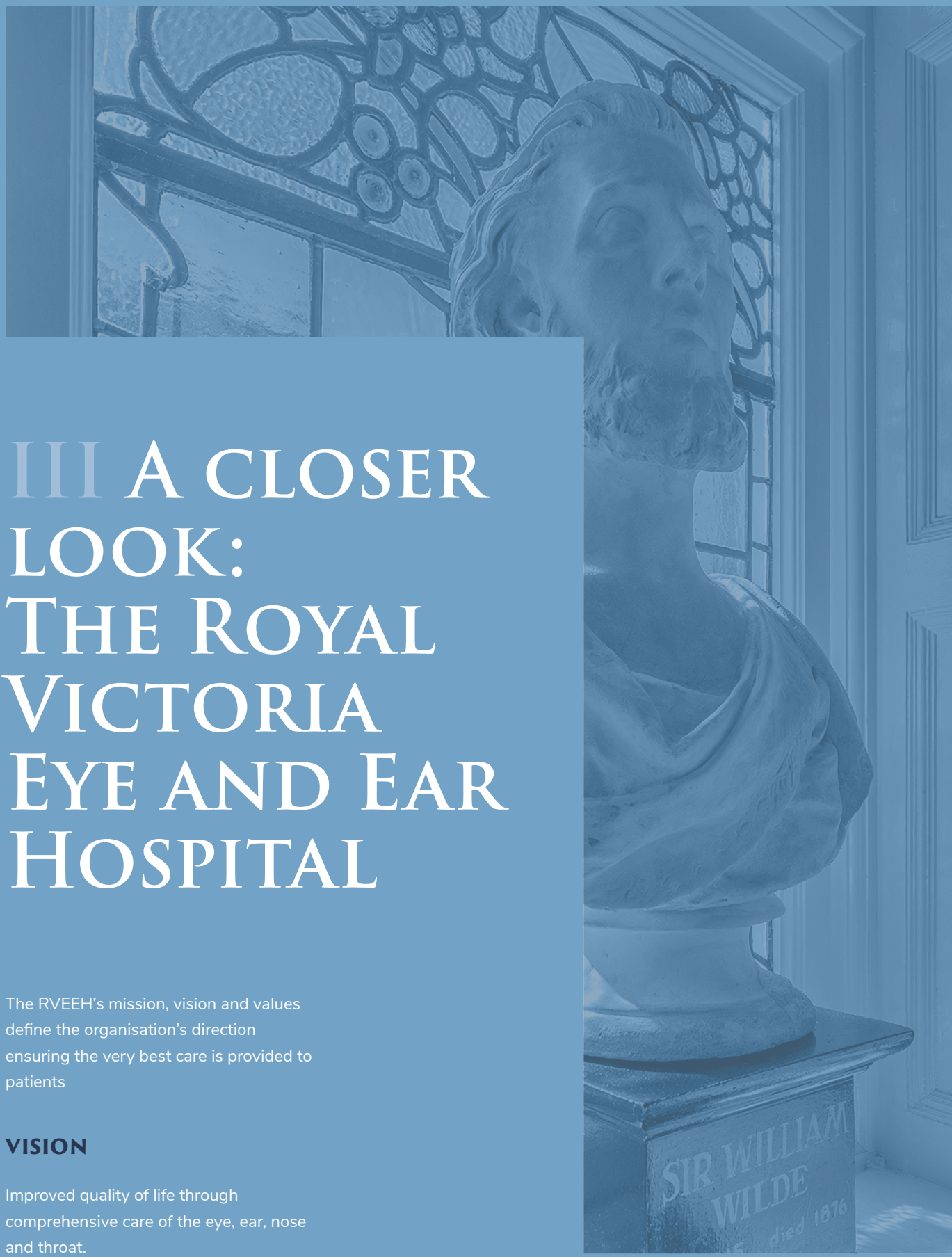
— **Staffing:** Staffing levels create a significant challenge due to the effects of redeployment, requirement to self-isolate and cocooning.

— **Patient flow:** Significant restrictions on the flow of patients through the hospital and a reworking of the way we care for patients is creating challenges for service delivery.

— **Living with Covid-19:** The challenge of maintaining COVID-19 services for the foreseeable future, associated costs and surge planning.

— **Winter surge:** The potential winter surge due to the increased transmission of COVID-19 and other respiratory illnesses.

— **Capacity:** The hospital has captured the capacity impact of Covid-19 in the service demand section contained in this document. This is a common theme across the Irish healthcare system.



III A closer look: The Royal Victoria Eye and Ear Hospital

The RVEEH's mission, vision and values define the organisation's direction ensuring the very best care is provided to patients

VISION

Improved quality of life through comprehensive care of the eye, ear, nose and throat.

MISSION

To maintain the hospital as a national Centre of Excellence for the treatment of adults and children with ophthalmic or otolaryngological diseases, through providing a first class, caring, efficient and cost-effective service, while fostering and recognising the contribution of staff and developing and promoting the hospital's reputation in research and as a teaching hospital.

VALUES

- **Quality health care:** To provide a quality, safe, effective patient centred service.
- **Integrity and leadership:** To promote integrity, effective leadership and teamwork within the organisation to continuously improve the standards of care delivered.
- **Responsiveness:** Understanding and meeting the needs of the patients.
- **Achieving together:** Collaborating for improvement through ongoing consultation, partnerships and teamwork.

SPECIALIST HOSPITAL

The RVEEH is a standalone specialist hospital. Many of the top-ranked eye and ENT hospitals in the UK, USA and Australia are stand-alone hospitals, which add greater value to the health system as specialist hospitals as distinct from general hospital complexes.

The Federation of Specialist Hospitals in the UK has produced several reports outlining the importance and value of specialist hospitals to the wider health system. Specifically, they reference the role specialist hospitals play:

In delivering high quality outcomes for patients with rare and complex conditions

In raising the bar for routine treatments, with high volume throughput capability for common conditions[3].

In fostering a culture of research and innovation[4]

The RVEEH Strategy 2021/2026 is based on the Hospital continuing to operate as a specialist hospital, connected into the wider health system.

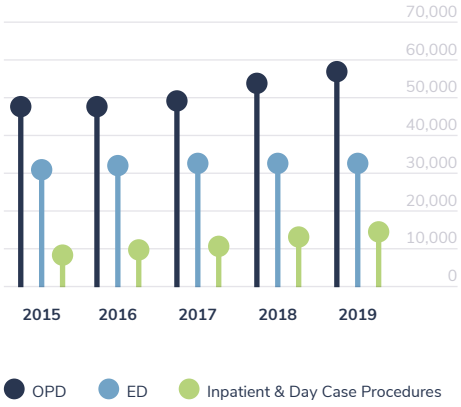
[3] A Report on the Outcomes Achieved by Specialist Hospitals, May 2014
[4] Understanding the Performance and Potential of Specialist Hospitals, November 2018

Activity Profile

TOTAL HOSPITAL ACTIVITY

Total activity at the hospital has increased by 17% between 2015 -2019. This was driven by a 19% increase in overall out-patient department (OPD) activity and a 47% increase in procedures. Emergency department attendances over the period were generally flat.

Total Activity RVEEH 2015-2019



Total Activity RVEEH

	2015	2016	2017	2018	2019
OPD	50,561	50,755	52,522	57,376	59,968
ED	34,189	35,230	36,151	36,077	35,965
Inpatient & Day Case Procedures	12,065	13,027	14,104	16,409	17,728
Total Activity RVEEH	96,815	99,012	102,777	109,862	113,661

Figure 6: Total Activity RVEEH 2015-2019

RVEEH Ophthalmology OPD Activity 2015-2019

OPD Activity Ophthalmology

	2015	2016	2017	2018	2019
New	9,479	8,599	8,427	9,231	8,567
Review	32,354	34,034	36,565	40,075	43,148
OPD Ophthalmology Total	41,833	42,633	44,992	49,306	51,715

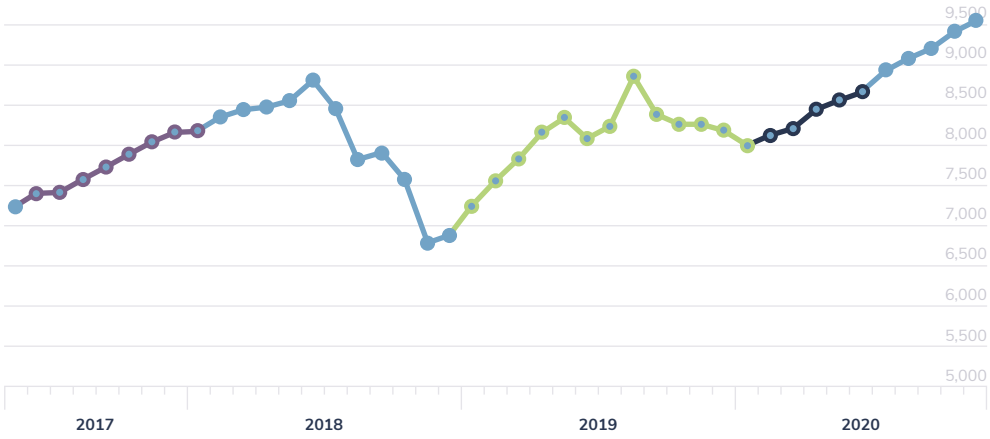
Figure 7: Ophthalmology OPD Activity 2015-2019

OPHTHALMOLOGY OPD

In ophthalmology, almost 78,000 patients were seen across the OPD and emergency department in 2019. OPD activity was up by 24% over the 5-year period, driven by a 33% increase in return attendances. Emergency department activity remained flat. Despite the increase in activity, the waiting list for new ophthalmology patients in OPD rose to 9,500 in November 2020, with a further 12,000 review patients waiting over 9 months past their review date.

While the Covid-19 lockdown has exacerbated the problem in 2020, the hospital had previously identified in Autumn 2019 that there was a 20% capacity deficit in the OPD service that needed to be addressed.

RVEEH Ophthalmology OPD New Patient Waiting List May 2017 - November 2020



Ophthalmology OPD WL

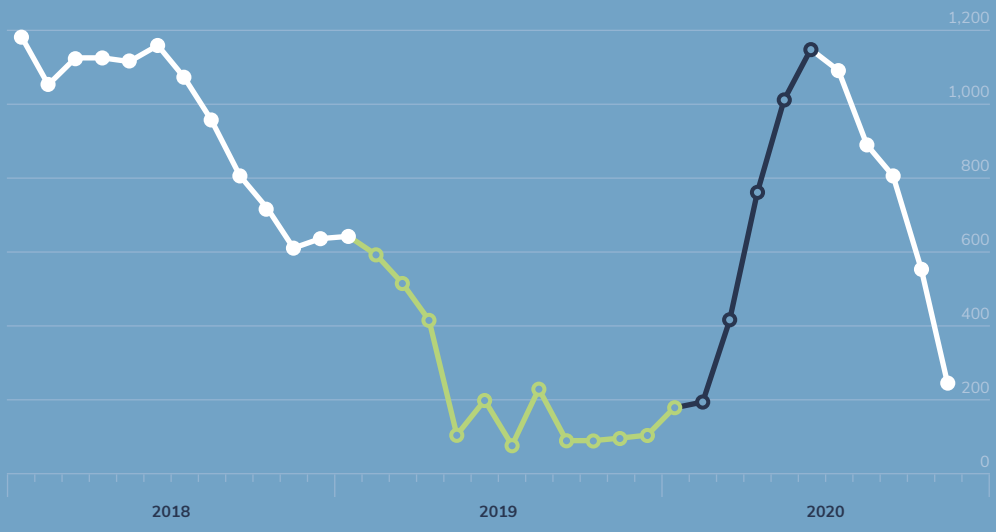
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2017					7,224	7,392	7,408	7,568	7,725	7,885	8,032	8,165
2018	8,178	8,347	8,454	8,477	8,563	8,812	8,451	7,819	7,896	7,567	6,779	6,872
2019	7,227	7,548	7,827	8,152	8,337	8,076	8,228	8,551	8,383	8,251	8,251	8,178
2020	7,984	8,108	8,201	8,449	8,560	8,658	8,940	9,077	9,203	9,427	9,550	

Figure 8: Ophthalmology OPD New Patient Waiting List May 2017- November 2020

CATARACT WAITING LIST

The opening of the Cataract Unit in July 2017 facilitated the effective elimination of the hospital's cataract waiting list by the end of 2019, with patient's waiting more than three months doing so by choice or other prioritised clinical care. In addition, the hospital was able to treat over 750 patients from the Mater Misericordiae University Hospital's cataract waiting list in 2019.

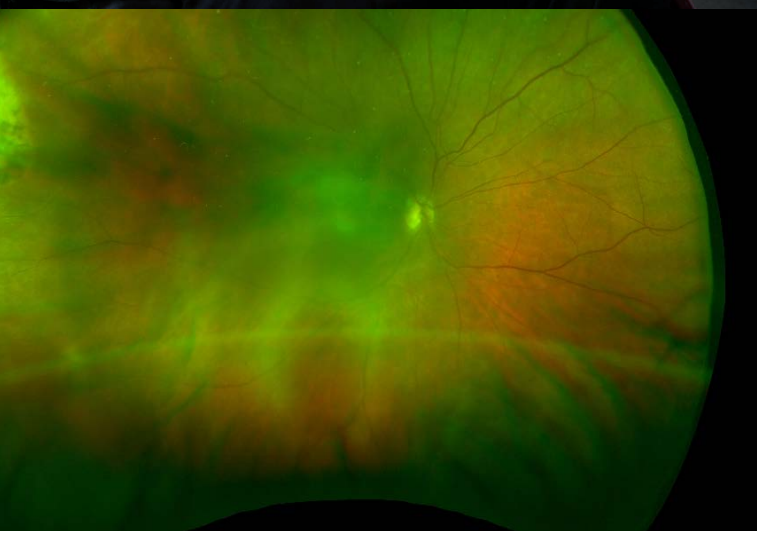
Cataract Waiting List > 3 Months
Jan 2018 - November 2020



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018	1,181	1,054	1,124	1,124	1,116	1,158	1,072	959	804	718	610	637
2019	643	593	513	414	107	199	77	228	90	89	95	107
2020	178	196	418	760	1,008	1,145	1,091	890	804	556	248	

Figure 9: RVEEH Cataract Over 3 Months Waiting List Jan 2018-November 2020

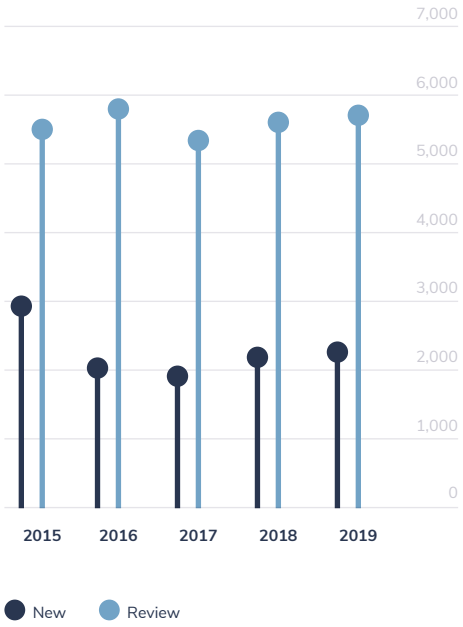
The Covid-19 lockdown has significantly impacted the waiting list with over 1,400 patients on the list by June 2020. Approximately 1,150 are waiting over 3 months, up from 170 in January.



ENT OPD

In ENT almost 18,000 patients were seen across the OPD and emergency department in 2019. OPD and emergency department activity was relatively flat over the 5-year period.

ENT OPD Activity 2015-2019



OPD Activity ENT

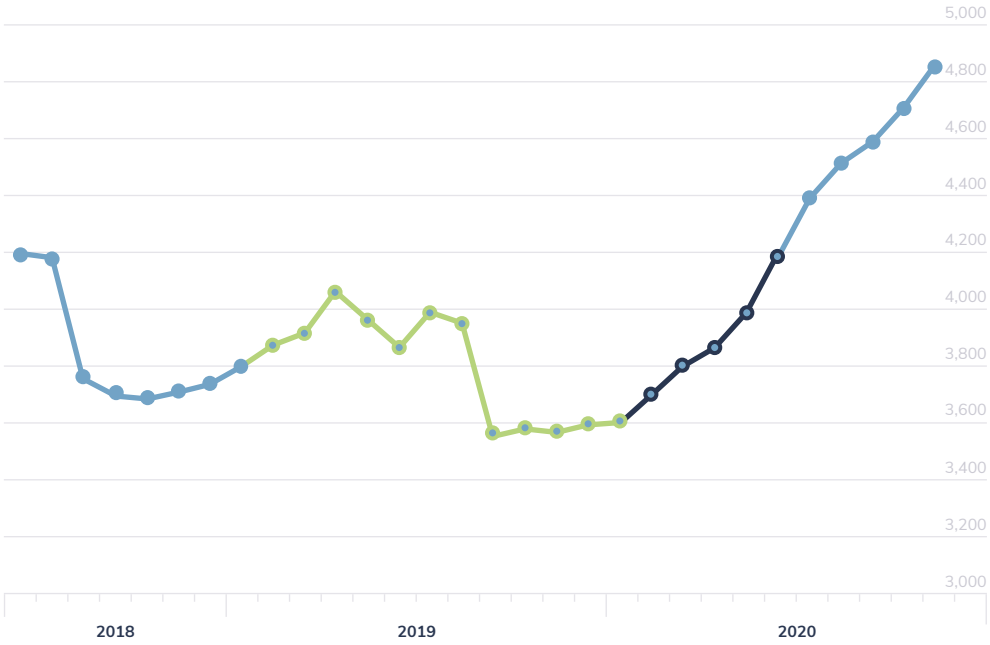
	2015	2016	2017	2018	2019
New	3,066	2,168	2,048	2,317	2,391
Review	5,662	5,954	5,482	5,753	5,862
Total	8,728	8,122	7,530	8,070	8,253

Figure 10: ENT OPD Activity 2015-2019

ENT WAITING LIST

By November 2020, 4,844 patients were waiting on the new patient OPD ENT waiting list. This was up from 3,600 in January 2020. In addition, there are almost 5,000 long waiting review patients.

ENT OPD Waiting List
June 2018 - November 2020



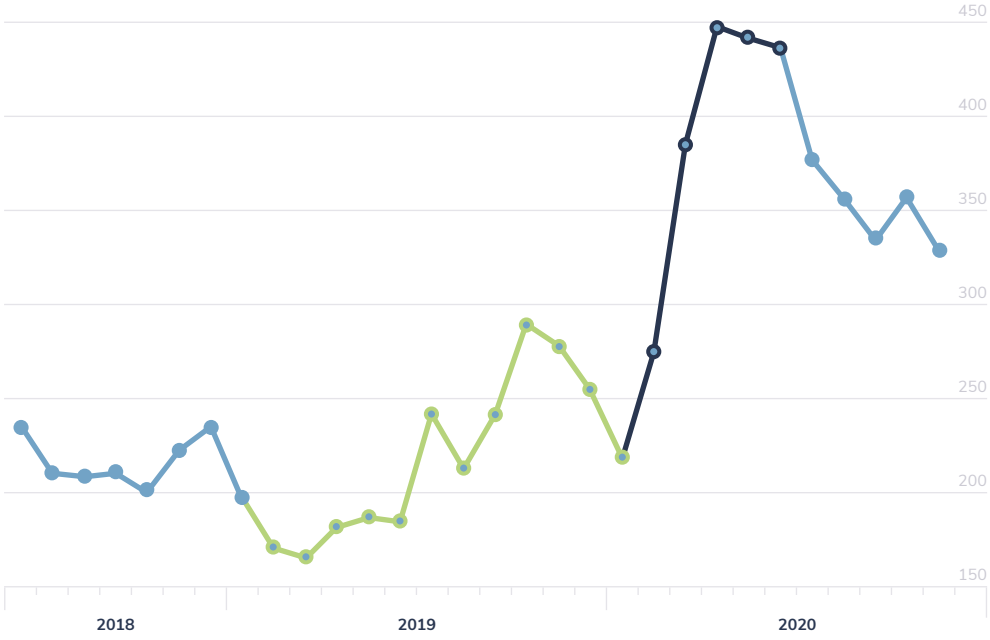
ENT OPD WL

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018						4,190	4,174	3,762	3,707	3,688	3,710	3,737
2019	3,799	3,871	3,912	4,051	3,926	3,865	3,981	3,944	3,561	3,572	3,569	3,591
2020	3,600	3,700	3,798	3,862	3,982	4,180	4,390	4,509	4,584	4,702	4,844	

Figure 11: ENT OPD Waiting List June 2018-November 2020

By November 2020 there were 329 patients on the RVEEH ENT surgical waiting list. This was up from 218 in January 2020. 180 patients are waiting over 3 months up from 118 in January.

ENT Surgical Waiting List
June 2018 - November 2020



ENT Procedure WL

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2018						235	210	209	211	202	223	235
2019	197	171	166	182	187	185	214	213	241	289	277	254
2020	218	274	283	447	442	436	377	356	336	357	329	

Figure 12: ENT Surgical Waiting List June 2018-November 2020

ACADEMIC

The RVEEH has seven basic specialist trainees, five higher specialist trainees and several fellowship training positions. The RVEEH is Ireland's largest ophthalmology training centre for postgraduate medical trainees. It is the only centre in Ireland that provides comprehensive training across all subspecialty areas of ophthalmology and ophthalmic surgery.

The national teaching programme for the Irish College of Ophthalmologists is delivered from the RVEEH using the Education and Conference Centre that is equipped with multi-site videoconferencing facilities.

A strong programme in basic science and clinical research involving long established collaborations exists with many third level institutions in Ireland and in Europe. Grant awards from the Health Research Board, European Commission, the RVEEH Research Foundation and Industry have helped RVEEH to develop into an academic research Centre of Excellence.

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

University College Dublin
An Coláiste Ollscoile, Baile Átha Cliath

RCSI UNIVERSITY OF MEDICINE AND HEALTH SCIENCES

RESEARCH

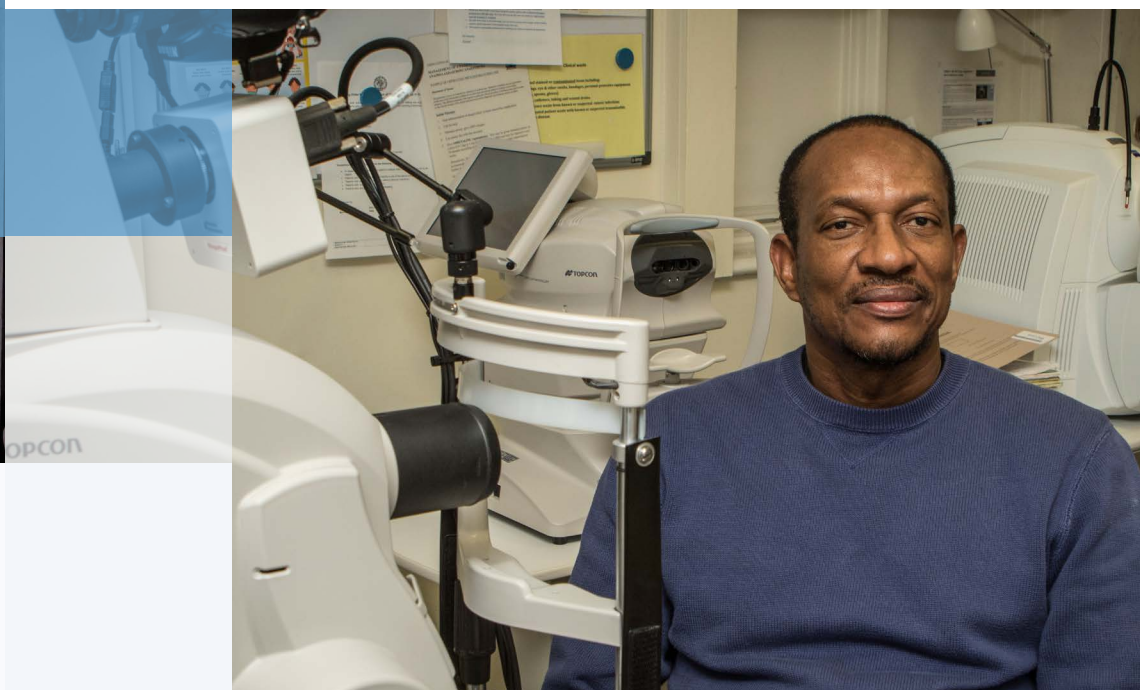
The RVEEH Research Foundation was founded in 1972, as an independent institution and registered charity. It works closely with the hospital to foster primary research, both clinical and laboratory based and is essential to attract high quality medical professionals and to promote the international medical reputation of the hospital.

Ophthalmology research at the Royal Victoria Eye and Ear Hospital benefits from strong collaborations with other research groups at the Royal College of Surgeons in Ireland, Dublin City University and Trinity College Dublin. There is an emphasis on clinical and translational research, where patient-focused laboratory investigations aim to improve patient care through the development of new treatments.

The Inherited Retinal Disease service at the RVEEH is a strategically important quaternary service for the hospital.

The genetic research team have identified almost 3,000 inherited retinal disease patients, and when identified, suitable patients are invited to be part of the Target 5000 project, a project that provides a genetic and clinical diagnosis for people with Inherited Retinal Degeneration (IRD).

The hospital is the primary site for the Target 5,000 project which is supported by Fighting Blindness. The initiative is also developing a national registry for IRD and enables access to clinical trials and approved therapies for Irish patients. Target 5,000 emerged from a longstanding collaboration with the Research Foundation and the Ocular Genetics Department of Trinity College Dublin and started in the 1980s. The Mater Misericordiae University Hospital and the Royal Victoria Hospital Belfast are also project sites that aim to provide genetic testing for 5,000 Irish people who have an inherited retinal condition.



IV 2020 Strategy Development

In July 2020, the hospital commenced a Strategic Planning Process to update the Strategic Plan of the organisation. The process identified several strategic issues that the hospital faces over the next 5 years, specifically:

- Increasing demand for services from our growing and aging population.
- An infrastructural deficit at the site that encompasses both a capacity deficit and an aging infrastructure.
- The challenge of providing high volume quality, innovative care in a Covid-19 environment.
- The delivery and rollout of National Plans for Ophthalmology[5] and Otolaryngology[6].
- Increasing requirement for high throughput scheduled care, as supported through the National Development Plan 2018-2027[7] for elective hospitals.
- Enhancing and developing the role of the RVEEH as a Centre of Excellence in Ophthalmology and Otolaryngology.
- Developing a workforce that can meet the needs of patients in an evolving environment.
- Slaintecare implementation, particularly the realignment of the Ireland East Hospital Group primarily into Regional Health Areas A and C.

5 National Clinical Programme for Ophthalmology (Model of Eye Care), May 2017
6 Otolaryngology Head and Neck Surgery, A Model of Care for Ireland, February 2019.
7 The National Development Plan 2018-2027 includes the development of scheduled care hospitals in Cork, Dublin and Galway.

The Strategic Plan outlines the demand on RVEEH services that will continue every year for the foreseeable future. While there have been broad discussions about the development of a new elective hospital, the RVEEH believes that the needs of patients will best be served by the upgrading of the Adelaide Road site, as outlined in this paper. This will alleviate the demand for RVEEH services that already exceed capacity, carry lower risk both to patient care and financial cost and will deliver capacity to deliver the required patient care over the next 25 years.

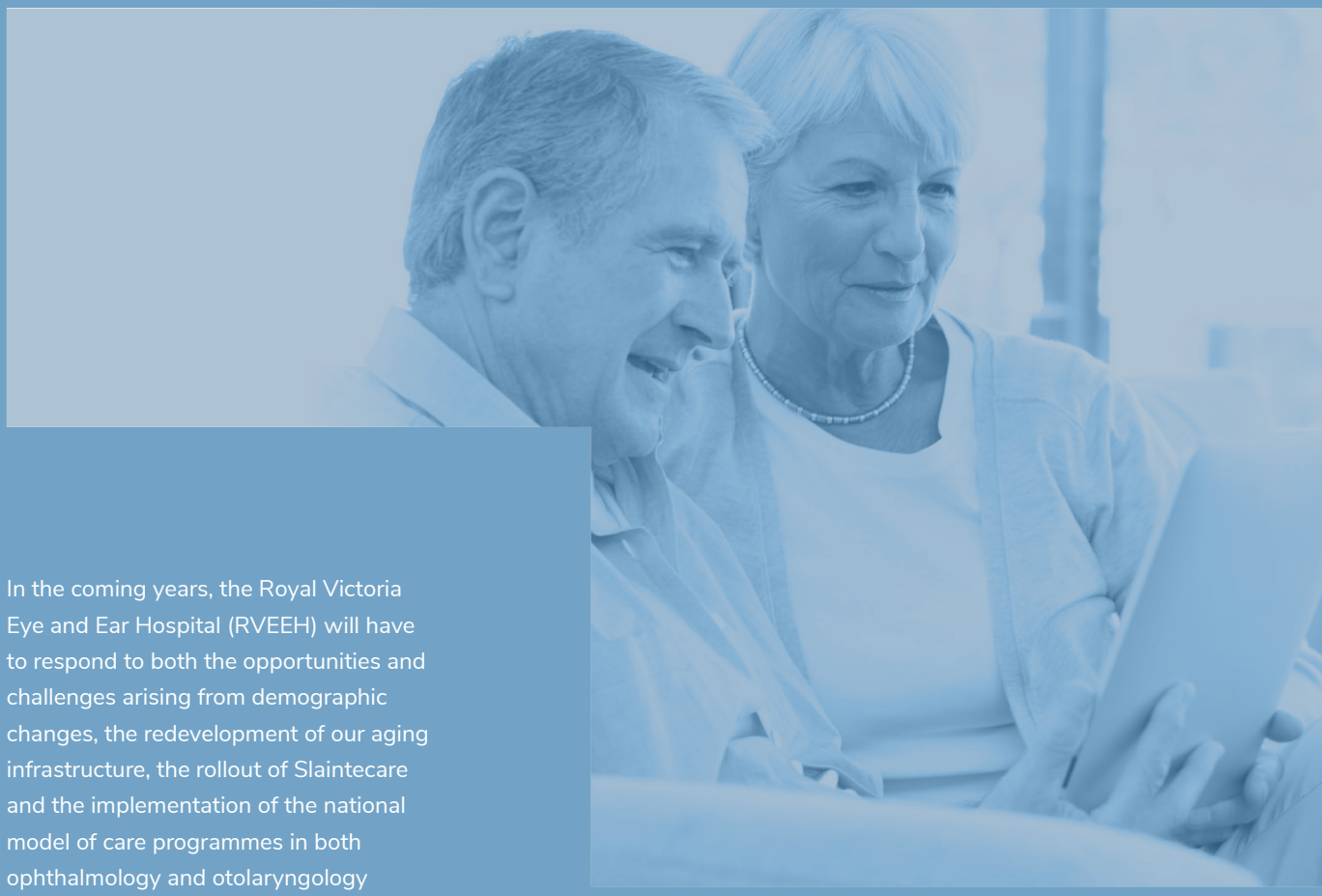
Finally, the hospital continues to use Joint Commission International (JCI) as the external benchmark for the quality of care provided.

The RVEEH was successfully reviewed by JCI in November 2020 and is one of only two public hospitals to achieve this accreditation. Quality is a major objective for the organisation and one that encompasses accreditation, patient experience, service improvement and the translation of research into definable patient outcomes.

As the healthcare service in Ireland stands at the crossroads of multiple challenges, the purpose of this strategy document is to position the RVEEH to meet the challenges in the eye and ENT care of our population in a quality manner and to maintain the hospital's position as a leading international institution in these fields.

RVEEH: Mock-up design of new entrance

V
Environmental Context



In the coming years, the Royal Victoria Eye and Ear Hospital (RVEEH) will have to respond to both the opportunities and challenges arising from demographic changes, the redevelopment of our aging infrastructure, the rollout of Slaintecare and the implementation of the national model of care programmes in both ophthalmology and otolaryngology

DEMOGRAPHICS

Projected Population Over 65 by Age Group to 2030

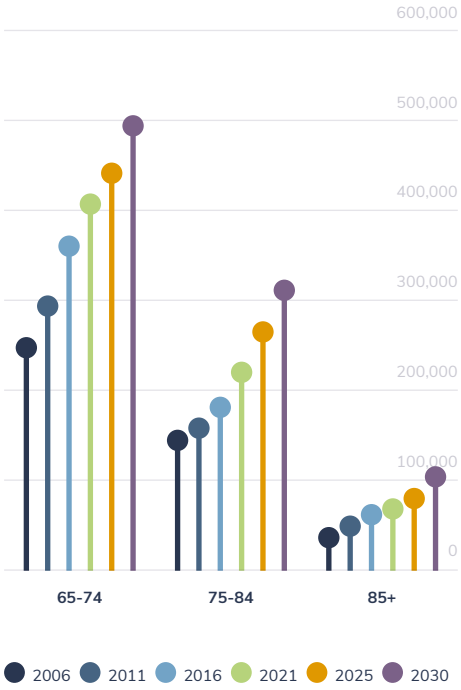


Figure 2: Projected Population over 65.
Source: Central Statistics Office

The Irish population is aging, and this will rapidly increase the demand for eye and ear healthcare services over the next decade. Between 2021 and 2030, the Central Statistics Office is forecasting that the over 65 population will grow by approximately 30%.

Disease Prevalence

	Aged 50-64	Aged 65-74	Aged 75+
Age-related Macular Defeneration	5.0%	7.8%	13.2%
Glaucoma	1.0%	2.0%	7.0%
Cataract	10.0%	30.6%	58.9%

Figure 3: Prevalence of Selected Conditions.
Source: Eye Services review Group (HSE) report

Based on prevalent data for a range of disease areas, we can expect an increase in demand for the hospital's services to equate to that percentage growth in the 65+ population.

SLAINTECARE

Slaintecare is a ten-year plan for reforming the Irish health system in a move towards universal healthcare. The Slaintecare plan was published in May 2017 and a significant step was taken in July 2019 with the announcement of the creation of 6 Regional Health Areas to replace the current system of Hospital Groups and Community Healthcare Organisations. The RVEEH is fully supportive of the Slaintecare programme.

Following the General Election in February 2020 and the establishment of a new government in June 2020, the new Minister for Health expressed strong support for Slaintecare as the delivery model for health services in this country.

> "The Sláintecare plan remains the main route to the reform of the healthcare system and the move towards universal healthcare has to be accelerated in response to the Covid-19 crisis."
>
> Stephen Donnelly,
> Minister for Health,
> June 2020

Map of six new Regional Health Areas

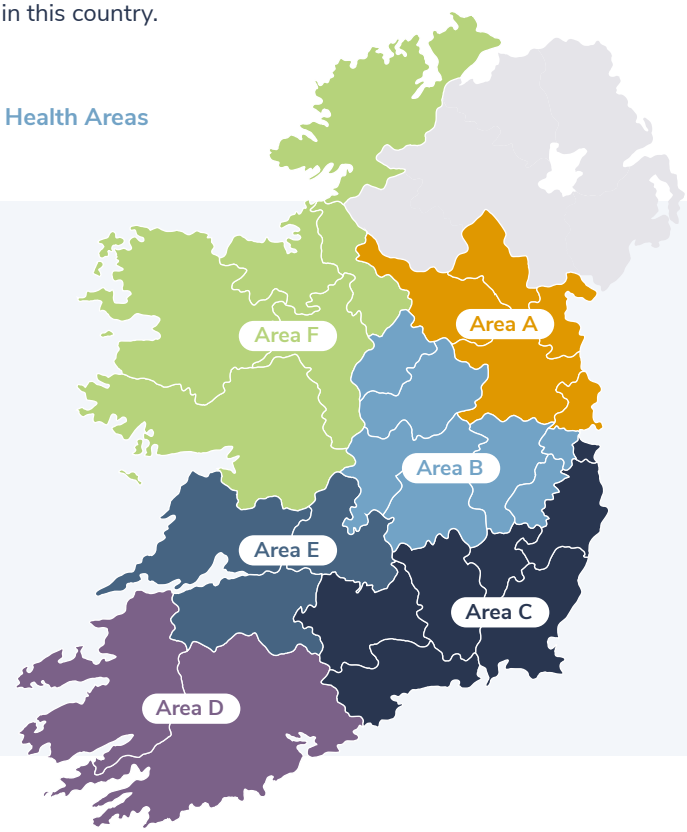


Figure 4: Map of the new Regional Health Areas. Source: Department of Health

NATIONAL CLINICAL PROGRAMME FOR OPHTHALMOLOGY

The National Clinical Programme for Ophthalmology (Model of Eye Care) was published in May 2017. Its key recommendations are listed below and the RVEEH response follows later in the document:

- 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.
- 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.
- Expansion of theatre access and establishment of stand-alone, high-volume consultant-led cataract theatres with a full complement of support staff to facilitate a timelier response from the surgical centres, thereby keeping waiting times to a minimum.
- 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.

OTOLARYNGOLOGY HEAD AND NECK SURGERY: A MODEL OF CARE FOR IRELAND

The Otolaryngology Model of Care for Ireland was launched in February 2019. The report provides a framework to improve the quality of care received by patients. It sets out 10 prioritisation areas for implementation and the RVEEH response follows later in the document

1. Each Hospital Group is to nominate an existing administrator to determine symptomatology of referred patients who are on long-term out-patient waiting lists.
2. Where appropriate staffing currently exists, direct referral systems for vestibular assessment, speech/ swallow and respiratory/ENT clinics are to be immediately established.
3. A workforce and capacity analysis to be conducted in each Hospital Group to determine requirements for establishing a direct referral system.
4. An Otolaryngology Head and Neck Surgeon (ORL-HNS) consultant is to be nominated as quality control officer in each Hospital Group to initiate day surgery in Model 2 hospitals.
5. Each Hospital Group should determine theatre capacity required to manage current Inpatient /day case waiting list.

6. Each Hospital Group is to establish the number of beds required to manage current Inpatient /day case waiting list.

7. Each Hospital Group is to audit equipment and staffing requirements necessary to provide efficient out-patient services in satellite clinics.

8. Each Hospital Group is to appoint a consultant as educational lead to roll out the GP Education Programme.

9. The out-patient Services Performance Improvement Programme is to develop symptom-specific e-referral templates for ORL-HNS.

10. Each Hospital Group is to nominate nurses in advance roles to manage/ triage unscheduled admissions.

HEALTH ECONOMICS: THE COST OF SIGHT LOSS IN IRELAND

Economic impact

The last detailed report on the economic cost of sight loss in Ireland was carried out in 2010. The Cost of Sight Loss Report[8] indicates that the real financial cost is comprised of two components: health care system (direct) costs of vision loss estimated at €116.75 million, and other (indirect) costs, including production losses, informal care and deadweight welfare losses (DWL), estimated at €269.34 million.

DWL losses cause distorting effects to the economy from raising income tax and other tax revenues to fund government expenditure on eye care, blind welfare payments and covering lost taxation due to unemployment:

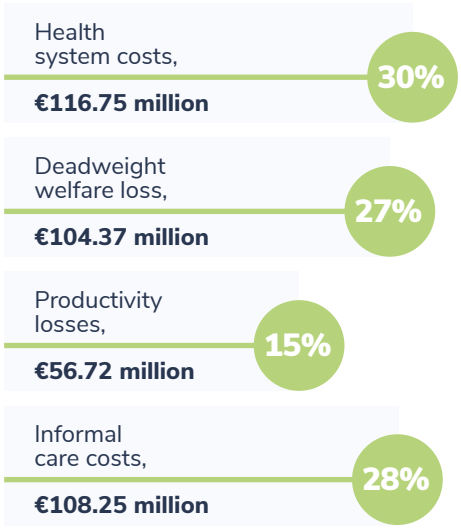


Figure 5: Financial Cost of Vision Impairment and Blindness in Ireland 2010

Emotional impact

Vision impairment and blindness impose a substantial amount of suffering, and prevent healthy, independent living and aging. Compared to people who are not vision impaired, people with vision loss experience:

— A reduced quality of life.

— Greater difficulty with daily living and social dependence.

— Higher rates of clinical depression.

[8] The Cost of Sight Loss: The Economic Impact of Vision Impairment and Blindness in the Republic of Ireland, June 2011v

— A higher risk of early death.

— An increased risk of falls and related hip fractures.

— Premature admission to nursing homes.

The World Health Organisation developed the Disability Adjusted Life Year (DALY) to measure overall disease burden, where one DALY represents the loss of the equivalent of one full year of health. In 2010, Irish residents were deprived of the equivalent of 18,537 years of healthy life due to disability and premature death associated with vision impairment and blindness.

LIVING WITH COVID-19

Our expectation is that we will be caring for patients in a Covid-19 environment for the initial phase of the strategic plan delivery. During the first half of 2020, Covid-19 had a major effect on the services at the hospital. The hospital complied with HSE guidance to cancel all but emergency and urgent cases at the hospital.

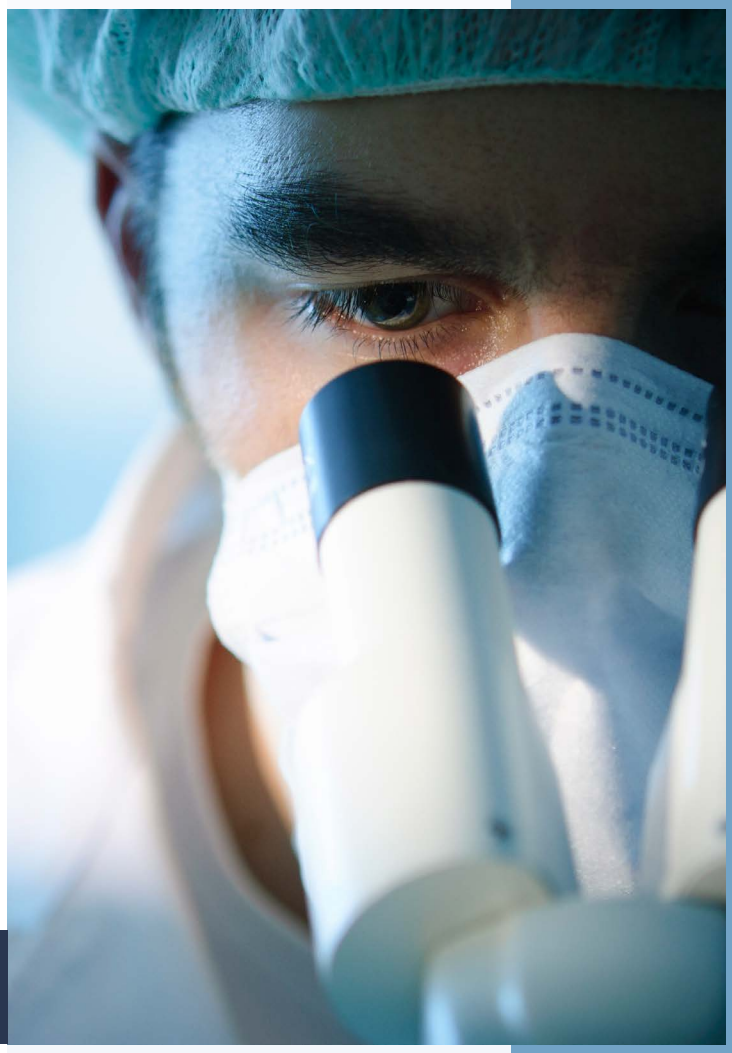
Significant structural work has been undertaken in the operating theatres, the out-patient department and the emergency department to make it safe for both patients and staff. This work will facilitate improved patient care that will endure post the pandemic.

The hospital will continue to implement strict infection prevention and control (IPC) measures, social distancing measures and staff protection measures while Covid-19 is still prevalent.

BREXIT

The recent exit of the UK from the European Union will create a number of challenges for the Irish Health system. The issues around supply chain, GDPR and regulatory alignment will probably manifest in the early stages post Brexit. However, the less immediate challenges relating to the historical general alignment between Ireland and the UK on medical practice, education and training, professional examinations, specialist societies, continuous professional development, research, standards and regulation, may be more profound and create larger challenges for the hospital.

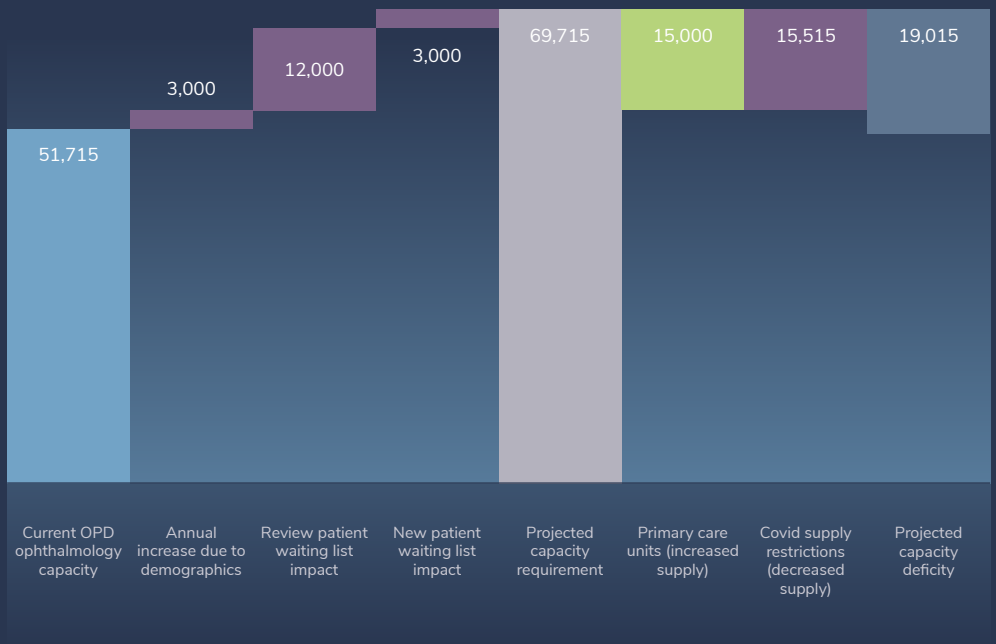
VI Key Strategic Issues



SERVICE DEMAND

The most pressing issue for service demand is in ophthalmology OPD capacity. In 2019, the ophthalmology OPD delivered just under 52,000 visits. Despite the number of visits increasing by approx. 2,000 between 2018 and 2019 the number of people on the waiting list was just over 20,000, of which 12,000 were review patients over 9 months past their review date and approx. 8,700 were new patients awaiting their first appointment

Figure 13: Ophthalmology OPD Capacity Deficit



There are several current and future factors that contribute to the capacity deficit at the hospital. They are:

— **Demographic Growth:** Our growing and aging population is forecast to increase the numbers requiring OPD services by 3,000 per annum.

— **Waiting List:** The average conversion rate of new patients to review patients is approximately 30%. Review patients generally continue to attend the hospital in the medium term.

— **Covid-19:** It is expected, at best, that the current OPD can function at 70% capacity due to Covid-19. This removes over 15,000 patient visits from our capacity.

— **Primary Care Units:** The new community based primary care units will be up and functioning early in 2021. The two units are expected to take between 12,000-15,000 attendances, that would otherwise attend the hospital. The main priority for these clinics is paediatrics, however, so it may be the end of 2021 before the units begin to have an impact on the adult waiting list.

The net position is that by 2021 the hospital will have an OPD capacity deficit of approximately 19,000 patient visits or approximately 35% of current capacity. Assuming a medium-term resolution to Covid-19, there will exist an OPD capacity deficit of 20,000 patient visits by 2031.

FORECAST SURGICAL DEMAND

Total surgical demand forecast, at the RVEEH, is based off the central population growth projections,[9] modelled in the Projected Demand for Healthcare in Ireland Paper, to 2030 plus current unmet demand. This delivers an increased demand for surgical procedures of 28% by 2025, over 2019 levels. And an increase of 45% by 2030, again over 2019 levels.

Forecast Surgical Demand RVEEH to 2030

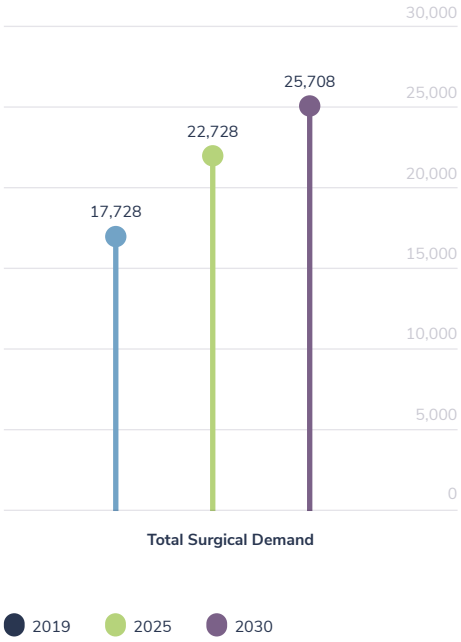


Figure 14: Forecast Surgical Demand at RVEEH to 2030.

INFRASTRUCTURE DEFICIT

In 2019, the RVEEH completed a full review of the facilities at the hospital. The review confirmed that the existing facilities needed upgrading for the delivery of both the quality of care for patients and the quantum of care required by our growing and aging population. The core drivers of the requirement for a new site plan for OPD and Surgery include:

- *Capacity*: The Ophthalmology OPD has a capacity deficit of approximately 19,000 patient visits. It remains important to eliminate the OPD waiting list and cater for future demand.
- *Accessibility*: The access to the hospital for the elderly and people with mobility issues is poor.
- *Theatre and OPD Standards*: The current theatre suite will need to be upgraded or replaced in the next 3-5 years, while the OPD is cramped (for patients and staff) and affords little privacy.

There has been no investment by the state in the physical facilities of the RVEEH in the last 20 years (*the Cataract Unit was a privately funded initiative by the hospital*).

The RVEEH engaged Reddy Architects to review the potential of the site for upgrading with a view to providing the requisite services to patients at the Adelaide Road site over the next 25 years.

[9] Projected Demand for Healthcare in Ireland 2015-2030, Research Series October 2017: Maev-Ann Wren, Conor Keegan, Brendan Walsh, Adele Bergin, James Eighan, Aoife Brick, Sheelah Connolly, Dorothy Watson, Joanne Banks

SLAINTECARE

As outlined earlier in the document the formation of Regional Health Areas is of significance for the hospital. The RVEEH is fully supportive of the Slaintecare programme and the hospitals inclusion in Regional Health Area C most closely align to the natural catchment area of the hospital. In addition, St Vincent's University Hospital (SVUH) is in Area C, the hospital that the RVEEH has the most shared links (radiology and pathology services at the RVEEH are both supported by SVUH, while there are shared consultant posts in ophthalmology, otolaryngology, anaesthesiology, radiology and pathology) also supports this alignment.

Academic links between academic partners and hospitals, hospital groups and Community Healthcare Organisations will remain the same.

IMPLEMENTING NATIONAL PROGRAMMES

National Clinical Programme for Ophthalmology (Model of Eye Care)

Significant steps have been taken to progress the establishment of multidisciplinary primary care teams, with the recruitment of 2 teams in Community Healthcare Organisation 6[10] and 1 team in Community Healthcare Organisation 7[11]. All 3 teams will be in place during the first quarter 2021. All 3 consultant medical ophthalmologists will have sessional commitments at the RVEEH.

The RVEEH has taken the lead in several key programmes in the Model of Eye Care. The hospital has delivered a high-throughput cataract unit that has eliminated the RVEEH cataract waiting list and has the potential for further expansion within its current set-up. The RVEEH has also taken the lead, supported by the HSE, in the delivery of an Electronic Health Record (MediSight) for ophthalmology. The Electronic Health Record is central to the future functioning of the primary care eye teams.

Central to the improvement of the waiting times for ophthalmology is the full implementation of the multidisciplinary primary eye care teams. This will enable many patients to be seen in their own locality and is an important element in managing the waiting lists and future demands on the hospital's services.

[10] CHO 6 – Wicklow, Dun Laoghaire and Dublin south east.
[11] CHO 7 – Dublin south, Kildare and west Wicklow.

Otolaryngology Head and Neck Surgery, A Model of Care for Ireland

The 2019 report recognises the RVEEH as a Model 2S Hospital, an elective hospital capable of performing complex procedures, with no competition for emergency beds and a specialist core of trained staff and surgical skills. It refers to the RVEEH as good value for investment in surgical equipment and specifically mentions the RVEEH as an ideal location for the delivery of scheduled care and suggests that unscheduled care is more appropriately managed in Model 4 hospitals. The shape of the delivery of those services will be impacted by the decisions of the hospital to operate as a stand-alone unit or as part of a hospital group/regional health area.

CENTRE OF EXCELLENCE

A number of international studies[12,13,14] and reviews have shown that Centres of Excellence which provide high concentrations of expertise centred on particular medical areas and delivered in a comprehensive, interdisciplinary fashion bring many advantages for healthcare providers and the populations they serve.

As a specialist hospital in a unique location, the RVEEH provides a Centre of Excellence in ophthalmology and otolaryngology. The UK Federation of Specialist Hospitals[15] report calls on the health service to recognise and support two core elements that specialist hospitals bring to the healthcare system:

I. The role of specialist hospitals in delivering high quality outcomes for patients with rare and complex conditions.

II. Raising the bar for routine procedures.

Research in the UK has identified that the development of a sustainable Centre of Excellence (CoE) has several component parts:

— Education and training are one of the most important functions of a Centre of Excellence.

— Centres of Excellence cannot be dependent on a single clinician.

— Research needs to be embedded as a core component of the centre.

— CoEs need to attract appropriate funding sources in order to provide all of their services sustainably and successfully.

[12] Rodak S. Is Center of Excellence investment the silver bullet healthcare has been looking for? Becker's Hospital Review

[13] Rogers MT. Hospital Centers of Excellence: a good way to attract patients is to create niche programs that deliver high-quality care.

[14] Kelly P, Chinta R, Privitera G. Do Centers of Excellence reduce health care costs? evidence from the US Veterans Health Administration Centers for Epilepsy. Glob Bus Organ Excell. 2015

[15] Federation of Specialist Hospitals: A Report on the Outcomes Achieved by Specialist Hospitals

— Collaboration between Centres of Excellence and patient organisations plays a crucial role in informing and supporting patients.

US studies[16] have also indicated the role of physician leadership and the unique properties that facilitate the recruitment and retention of talent.

Eye & ENT Care

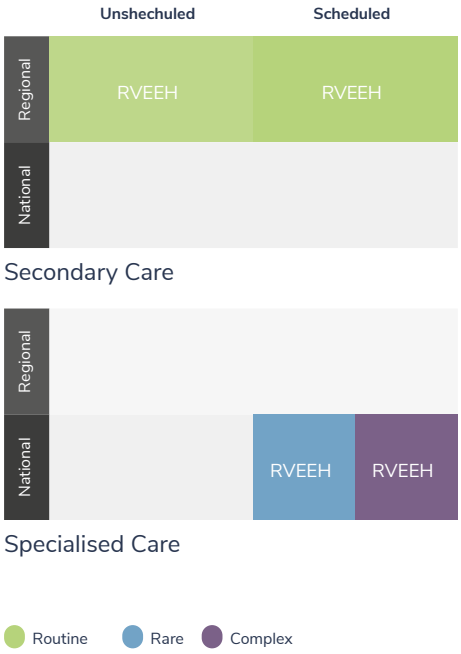


Figure 15: Type of Care provided by the RVEEH

BUILD A WORKFORCE FOR THE FUTURE

The RVEEH has long understood and valued the contribution its people make to serve the health needs of patients and in delivering exceptional and consistent care. Its workforce is the organisation's most valued asset and is vital to the delivery of the highest quality clinical services and education. The RVEEH is now operating in a rapidly changing environment, where the demands on healthcare institutions is changing and increasing and the challenge of Brexit on recruitment remains uncertain. For the RVEEH to achieve its strategic objectives, it must leverage the capability of its people and build a workforce for the future.

[16] Centers of Excellence in healthcare institutions: what they are and how to assemble them. BMC Health Serv Res. 2017

VII Strategic Priorities

In response to the strategic challenges facing the hospital the RVEEH has developed 9 Strategic Priorities that capture the hospitals direction over the next 5 years, in addition to immediate actions identified to address these priorities.

RVEEH Strategic Priorities

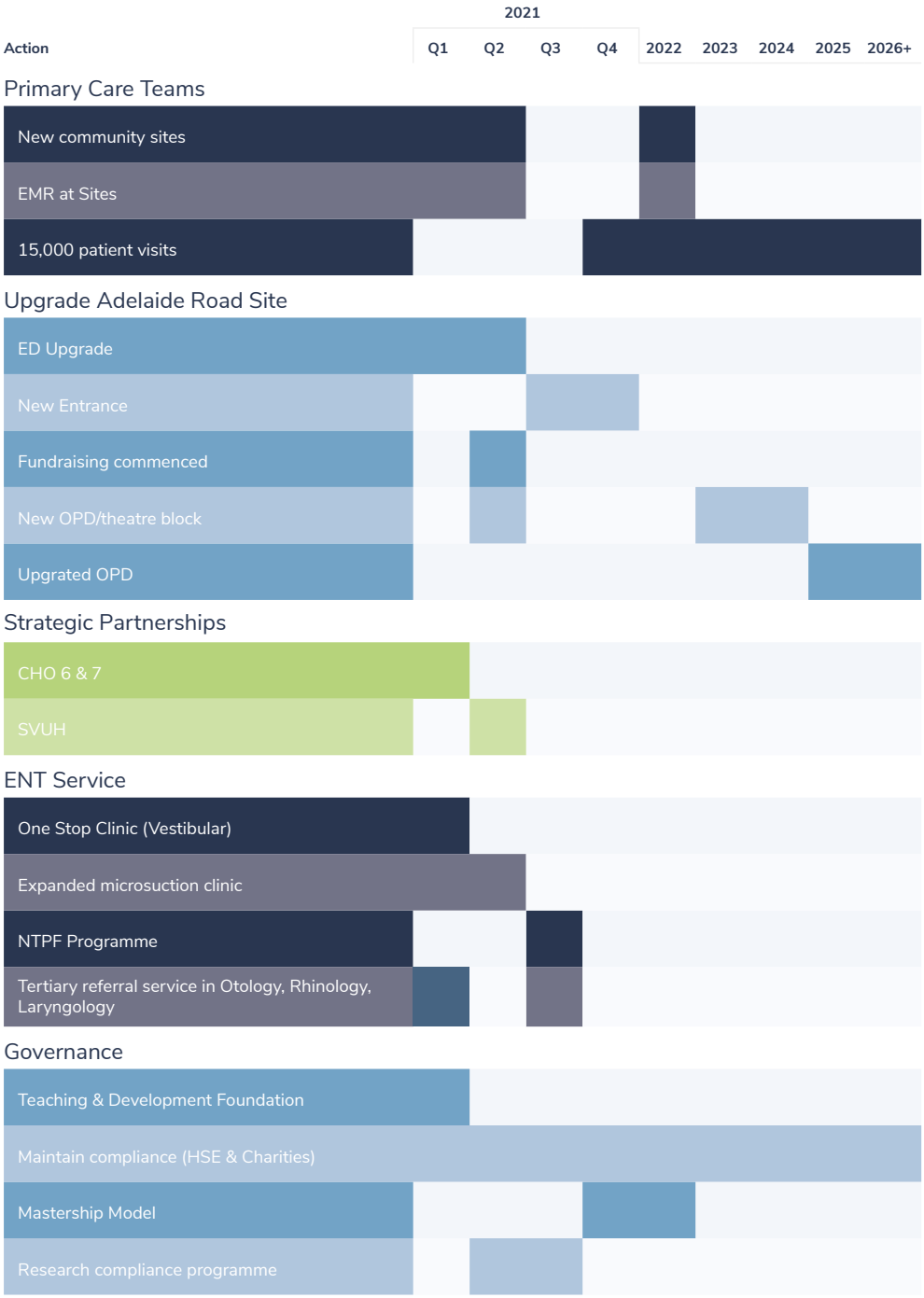
Strategic Priority	Key Actions	Strategic Issues Adressed
Model of Eye Care: Primary Care Teams	• Open two community care sites in conjuction with CHO 6 & 7, by the first quarter of 2021. • Ensure the Electronic Medical Record (MediSight) available at community sites at opening. • Seek to have 3rd community care site up and running in 2022 in the Midlands.	**OPD & ED Service Demand** Slaintecare Implementing National Programmes
Upgrade the Adelaide Road Site	• Complete the phased plan (Q1, 2021) for site upgrade, including the building of 4 new theatres and expanded out-patient facilities. • Commence fundraising programme to support site upgrade by quarter 1, 2021	**OPD & ED Service Demand** **Surgical Services Demand** Infraestructural Deficit
Scheduled Care Model	• Eliminate the hospitals cataract waiting list by the end of 2021. • Streamline the patient flow model to enable more patients to be processed before their visit to the hospital. • Reduce attendance at OPD clinics by 10% by the implementation of the new triage system and the introduction of telehealth. • Expand theatre capacity to meet the growing demand for surgical ophtalmology and Covid-19 requirements.	**OPD & ED Service Demand** **Surgical Services Demand**
Strategic Partnerships	• Deliver coordinated and functioning relationships with CHO 6 and 7 to ensure the rollout of the community care units. • Develop the strategic relationships with St Vincent's University Hospital to encompass service delivery, research governance, research and teaching in Q2 2021.	Slaintecare Implementing National Programmes
ENT Service Development	• Align ENT service delivery to the Otolaryngology Model of Care. • Expand surgical capacity to meet increasing service demand and waiting lists, with specific requirements for a high-volume routine procedure capacity. • Undertake the following initiatives to address long waiters for the service: • 'One stop multidisciplinary clinic' in vestibular, laryngology and Rhinology, • Expansion of the nurse-led microsuction clinic • Develop the tertiary referral service in Otology, Rhinology and Laryngology. • Re-locate and reconfigure the audiology service to include the expansion of the direct referral pathway and establish a vestibular assessment unit. • Work with the NTPF to develop ENT specific programmes in areas such as balance.	Slaintecare Implementing National Programmes

** Bold indicates priority implementation*

Strategic Priority	Key Actions	Strategic Issues Adressed
Centre of Excellence	• Develop a programme to build a sustainable Centre of Excellence at the RVEEH. • Develop a Strategic Plan for Research at the hospital. • Retain Joint Commission International (JCI) accreditation for the planning period. • In conjunction with the Research Foundation make the RVEEH the recognised national centre for Inherited Retinal Conditions.	Centre of Excellence
Attract, Retain and Develop Great People	• *Build leadership and management capability*: improve our ability to plan for the future through the attraction and retention of a skilled workforce. • *Focus on delivering an engaged and enabled workforce:* Identify and respond to the training and education needs of our workforce. • *Focus on talent attraction and talent development*: Identify and retain key skills for the future ensuring a sustainable, flexible and diverse workforce to deliver health services focused on patients and people. • Develop a robust workforce plan to support delivery of the RVEEH Strategy by constantly re-evaluating the skills and size of the workforce as service provision changes.	Workforce of the future
Covid-19	• Deliver a tele-health model for managing patient care in a virtual environment testing for patients. • Eliminate the use of physical charts in ophthalmology by 2021 through the implementation of MediSight and Docman (document management system).	**Covid-19 Impact**

** Bold indicates priority implementation*

Figure 16: Strategic Priorities and Key Actions


2021
Action
Q1
Q2
Q3
Q4
2022
2023
2024
2025
2026+
Primary Care Teams
New community sites
EMR at Sites
15,000 patient visits
Upgrade Adelaide Road Site
ED Upgrade
New Entrance
Fundraising commenced
New OPD/theatre block
Upgrated OPD
Strategic Partnerships
CHO 6 & 7
SVUH
ENT Service
One Stop Clinic (Vestibular)
Expanded microsuction clinic
NTPF Programme
Tertiary referral service in Otology, Rhinology, Laryngology
Governance
Teaching & Development Foundation
Maintain compliance (HSE & Charities)
Mastership Model
Research compliance programme

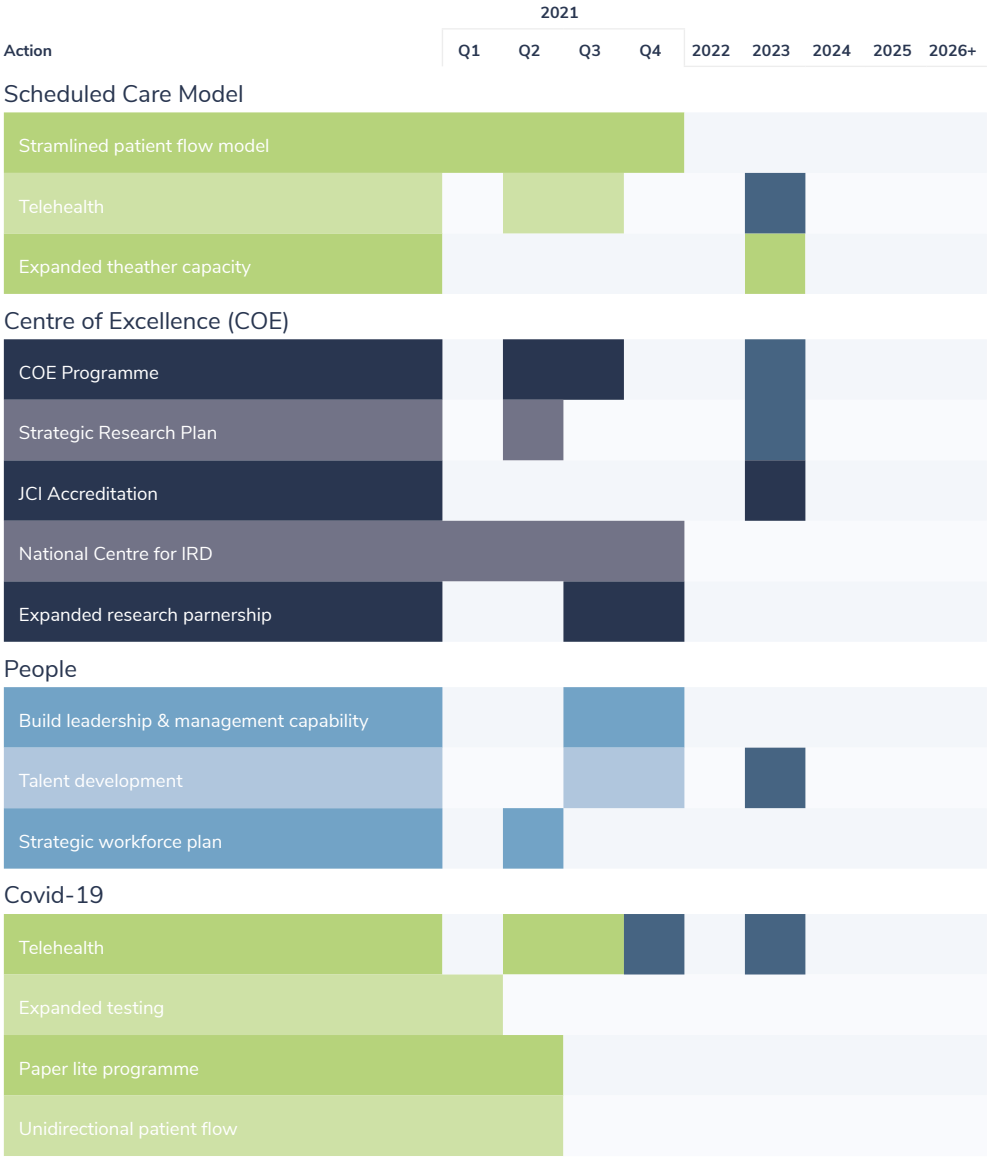


Figure 16: Strategic Plan Delivery Timeline

RVEEH: Mock-up design of new entrance

ADELAIDE ROAD SITE: ACTIONS REQUIRED

A fundamental question to be answered is whether RVEEH can deliver a high quality of patient care from its existing location on Adelaide Road over the period of the Strategy Plan and beyond for another 25 years.

This question was addressed in the 2015 Strategic Plan. The Hospital felt that its long-term future remained at Adelaide Road and Council invested in building a dedicated Cataract Theatre to address cataract waiting lists. This had a very successful outcome.

The Hospital continues to believe that its patients are best served and that the Exchequer will get a better financial return if the RVEEH continues to operate from the Adelaide Road location, than other alternatives.

Despite this, the RVEEH has successfully provided high quality patient care to 110,000 patient visits per annum at an extremely low annual operating cost, is regularly at the top of Patient Satisfaction Surveys and is one of only two public hospitals which subjects itself to external examination to obtain JCI Accreditation.

When the RVEEH was originally built it accommodated 100 beds. Today no more than 6/7 beds will be occupied each night. The RVEEH is no longer a residential Hospital, for which the existing building would be totally unsuitable.

It is a high-volume day care elective surgery hospital alongside being the National Centre of Excellence for complex eye conditions.

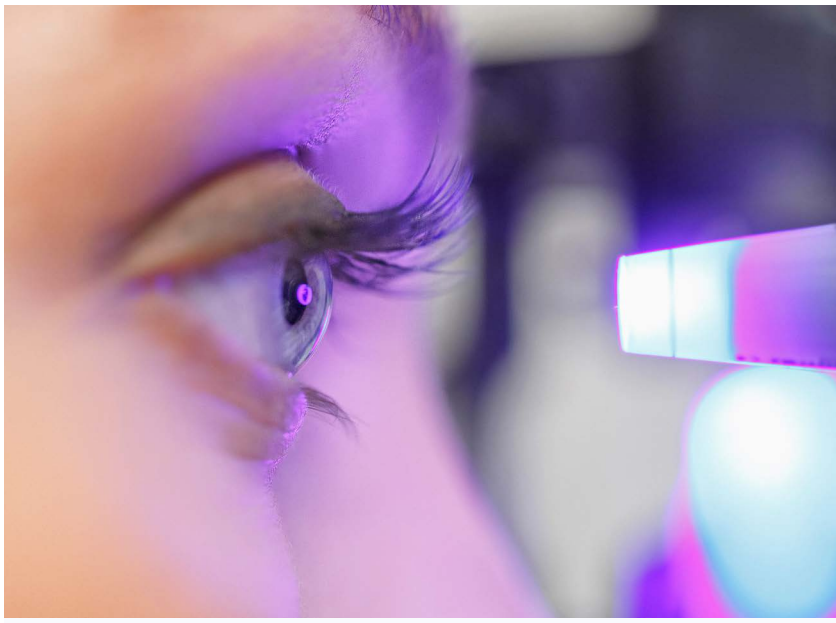
The original residential building has been reconfigured over the years to accommodate the high volume of day care cases. It is by no means satisfactory, with overcrowded waiting rooms and clinic rooms leading to a lack of patient privacy. There has been no public funding in the RVEEH for 20 years.

As is set out elsewhere in this Strategy document, Ireland's changing demographics mean that demand for the RVEEH services will continue to increase every year for the foreseeable future. This, however, will be offset to a degree by the opening of Community Care Clinics. This means that a portion of routine patient visits which currently come to the Hospital will now be seen in a community setting. The Electronic Patient Record system, which the Hospital developed over the period of the 2015 Strategy now allows for seamless connection between Community Clinics and the Hospital.

While routine work being done at Community Clinics will ease the pressure on the Hospital, surgery cannot be outsourced and demand for surgery will continue to increase. The quality of the care delivered and ease of access to the location (via public and private transport options) also support the continuation of services at the Adelaide Road location.

The Hospital has a need over the period considered in this Strategic Plan to upgrade its existing theatres and build new theatres and clinic rooms. This will be done on a phased basis utilising surplus space at the back of the Hospital. Plans have been drawn up for this.

The Hospital is aware that there has been discussion at a policy level about building a new elective hospital which might involve RVEEH moving to another location. The RVEEH does not believe this approach would solve the Hospital's current issues or is necessary to meet the long term needs it serves. As far as RVEEH is concerned, upgrading the existing facility done over the period of this Strategy would carry low risk, more certainty and at a much lower cost to the Exchequer and deliver an RVEEH fit for purpose for the next 25 years.



QUALITY IMPROVEMENT

The RVEEH is committed to continually improving the quality of care that the hospital provides. The annual Quality and Safety Programme outlines how that improvement will take place on an annual basis. The Quality and Safety Executive led by the Clinical Director is responsible for the delivery of the programme. Oversight of the development of the annual quality and safety programme and its delivery is provided by a sub-committee of Council, which is chaired by a non-executive director.

The Royal Victoria Eye and Ear Quality and Safety Programme focuses on the continuous enhancement of safety for all patients, visitors and staff through:

- The development and implementation of the quality improvement and patient safety programme.
- Implementation of processes to measure, assess data, plan change, and sustain improvements in quality and patient safety.
- The provision of staff education on quality improvement processes.
- Implementing a structure and process for monitoring and coordinating the quality improvement and patient safety programme.

RVEEH CONTINUES TO ADHERE TO THE POLICIES AND GUIDANCE THAT HAVE BEEN DEVELOPED AND APPROVED TO ENSURE THAT ALL EVENTUALITIES CAN BE MANAGED ACCORDINGLY

CONCLUSION

The fact that the RVEEH successfully implemented most of the 2015 Strategy demonstrates the hospital's track record on delivery and underscores our belief that the new strategy will be delivered. The 2015 Strategy identified cataract waiting lists as a major problem: a new Cataract Theatre was built, at no cost to the Exchequer and by 2019 the RVEEH had eliminated its cataract waiting list. The 2015 Strategy also sought to develop a Hub and Spoke Model and to that end, invested heavily in an Electronic Patient Record system that allows electronic communication between doctors at Community Clinics and consultants at the RVEEH.

Of course, 2020 has presented new and unprecedented challenges for our healthcare system in Ireland due to the impact of the global pandemic that is COVID-19. While it is impossible to predict what the next stages of the pandemic will bring, the RVEEH continues to adhere to the policies and guidance that have been developed and approved to ensure that all eventualities can be managed accordingly.

THE ROYAL VICTORIA
EYE AND EAR
HOSPITAL DUBLIN

Royal Victoria Eye and Ear Hospital
Adelaide Road Dublin,
D02 XK51

T 01 664 4600

Registered Charity Number: 20002374