



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

07<sup>th</sup> May 2021

Deputy Claire Kerrane  
Dáil Éireann  
Leinster House  
Dublin 2.

Rannan na nOspideil Ghearmhíochaine  
Aonad 4A – Áras Dargan  
An Ceantar Theas  
An Bothar Mileata  
Cill Mhaighneann  
BÁC 8

Acute Operations  
Health Service Executive  
Unit 4A - The Dargan Building  
Heuston South Quarter  
Military Road  
Kilmainham  
Dublin 8.

**PQ 18386/21\* To ask the Minister for Health the measures being taken to address waiting lists for cataract operations; if the Sligo scheme is being considered as a strategy to tackle waiting times for eye procedures; and if he will make a statement on the matter. - Deputy Claire Kerrane**

Dear Deputy Kerrane,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

## **Response**

Since the onset of COVID-19 there has been significant reduction in all scheduled care activity across Acute Services including outpatient clinics, this is in line with the National Action Plan on COVID-19 (page 20).

<https://www.gov.ie/en/publication/47b727-government-publishes-national-action-plan-on-covid-19/>

Arising from the NPHE decision in early May 2020 regarding resumption of services and aligned with the roadmap for reopening society and business, Phase 1

<https://www.gov.ie/en/publication/ad5dd0-easing-the-covid-19-restrictions-on-may-18-phase-1/#health-and-social-care>, interim guidance was developed in relation to

scheduled services for the resumption of activity, including outpatients. This guidance was approved by the Expert Advisory Group (EAG) and has been issued to all hospital groups/hospitals to support the resumption of scheduled care.

During 2020, Hospitals also encountered local challenges associated with COVID outbreaks. This resulted in reduced scheduled care activity due capacity challenges and due to staff availability as a result of COVID related absences. Notwithstanding the challenges associated with COVID, in the latter part of 2020 in waiting lists stabilised and shown a reduction in terms of both outpatients and inpatients/day cases. In early 2021, care delivery has been impacted due to COVID 19 related surges with services restricted again to urgent or time critical patients.

Reducing Ophthalmology waiting lists have been a specific focus for the HSE working in conjunction with the NTPF.

- In 2019, 1,986 Ophthalmology appointments were arranged in NTPF-funded OPD clinics for long waiters this number has grown substantially in 2020 with 4,505 Ophthalmology appointments arranged in NTPF-funded OPD clinics for long waiters. This is additional to routine capacity.
- In 2019, 6,298 authorisations for treatment were issued by the NTPF for Ophthalmology under outsourcing arrangements for inpatients/day cases. In 2020 4,290 authorisations for treatment were issued by the NTPF for Ophthalmology under outsourcing arrangements. Reduced numbers in 2020 were directly as a result of the impact of COVID 19.
- Also in 2019, 5,360 authorisations for treatment were issued by the NTPF in 2019 for Ophthalmology under in-sourcing arrangements for inpatients/day cases. In 2020, 2,707 authorisations for treatment were issued by the NTPF in 2019 for Ophthalmology under insourcing arrangements.

- In 2020, A total of 4,505 Ophthalmology OPD appointments were arranged in NTPF-Funded OPD clinics across 11 Referring Hospital sites. This included 3,073 appointments arranged for long waiting Adult patients through an NTPF-funded initiative delivered by Mater Misericordiae University Hospital. A further 286 appointments were arranged in 2020 through an NTPF-funded initiative for long waiting Adult patients operated by University of Limerick Hospitals Group.

The impact of these initiatives has been noticeable. In July 2018 there were almost 3,500 people waiting over 6 months for cataract operations. This reduced to less than 800 waiting over 6 months by January, 2020. The Deputy will appreciate that COVID 19 has had an impact in this regard with numbers rising to over 1,400 by the end of 2020.

The Model of Care developed for Ophthalmology recommends the integration of Hospital and Community Eye Care services and further endorses:

- The development of Primary Care Eye care teams and well equipped Eye Care clinics in CHO Areas.
- The development of a hub and spoke model of service delivery, with investment in a technology driven patient record system to enable integrated care.
- The development of clear and concise clinical referral pathways in order to minimise unnecessary referrals.
- The development of stand-alone high volume consultant led cataract theatres, with appropriate support staff and equipment to facilitate efficient eye care service delivery.

The North West Eye Care service model based in Sligo includes key elements of service integration between hospital and community based on this model of care. IT based tools have been developed to facilitate joint management of the care pathway, along with strong clinical leadership. The community service was located in Sligo hospital due to unavailable space in the community, however moving forward in line with the model of care this approach will be progressed in CHO areas.

In addition, as part of the 2021 planning process, the HSE Access to Care Plan has been drafted. The plan outlines the continued HSE activities that will be undertaken and the volumes of new outpatient, inpatient, day case and diagnostic appointments within our public hospitals utilising access to care funding. The plan also includes plans for the HSE to access additional services through arrangements with the private hospitals and the continuation of work with the NTPF in terms of commissioning patient treatment and validation. Significant funding has been identified through the 2021 Estimates process to support access to care this includes a number of Ophthalmology initiatives across hospital groups. The HSE is working with Hospital Groups to ensure that available additional funding in 2021 is targeted at providing access for patients where care delivery has been affected by the Pandemic. We will work with our colleagues in the community to ensure that an integrated approach is adopted to tackling waiting lists and to avoid duplication of assessment in line with agreed clinical pathways.

I trust that this answers your question.

Yours sincerely,



---

**Robert Kidd**  
**Assistant National Director**  
**Acute Operations**