

**20th December 2021**

Deputy Chris Andrews T.D.,  
Dáil Éireann,  
Leinster House,  
Kildare Street,  
Dublin 2  
E: [chris.andrews@oireachtas.ie](mailto:chris.andrews@oireachtas.ie)

**Re: PQ 60689/21 – Waiting Times, RVEEH**

**“To ask the Minister for Health if his attention has been drawn to the fact that patients at the Royal Victoria Eye and Ear Hospital that are referred there for cataract surgery are being told it will be a four year wait to have this surgery performed; the reason for this delay; the actions he is taking to cut this waiting list time; and if he will make a statement on the matter.”**

Dear Deputy Andrews,

I refer to the above Parliamentary Question seeking an update on waiting times in the Royal Victoria Eye and Ear Hospital, which has been referred to the Ireland East Hospital Group for direct response.

I have had this matter examined and am advised that the Royal Victoria Eye and Ear Hospital is Ireland’s only specialist hospital for ophthalmology and otolaryngology.

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.

Royal Victoria Eye and Ear Hospital has many challenges with regard to reducing waiting times for patients. These include:

- Increasing demand for services from the growing and aging population.
- An infrastructural deficit at the site that encompasses both a capacity deficit and an aging infrastructure.
- Increasing requirement for high throughput scheduled care.
- A large OPD waiting list.

The hospital has embraced Slaintecare and now is working in partnership with CHO 6 & 7 to operate 3 community clinics in Churchtown, Tallaght and Wicklow.

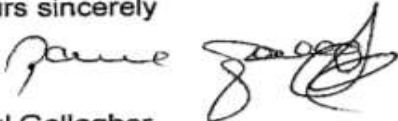
These new community based primary care units are expected to take between 12,000-15,000 patient attendances (non-Covid times) that would otherwise attend the hospital. This will significantly address the OPD waiting list in ophthalmology. The model of patients having their initial consultation, pre-operative assessment and post-operative follow up all taking place in the community is now in place. The community clinics are working very well and the working relationships with CHO 6 and 7 is very strong.



**In conjunction with the expansion of the community component of the cataract patient pathway, the hospital has submitted a business plan into the Acute Hospital Division of the HSE and through the annual estimates process for the commissioning of the second cataract theatre in the Cataract Unit. The business plan requires the commissioning of the 2nd theatre and it's staffing.**

I trust this information is of assistance to you.

Yours sincerely



Paul Gallagher  
Chief Director of Nursing and Midwifery