CONFERENCE ABSTRACT

National Clinical Programme in Surgery GP Integrated Care ENT Education Programme

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: Given the background of the present limited scope of the GP contract for the provision of primary care in Ireland, it is unsurprising that an estimated 30% of referrals to ENT consultant services relate to caseload which could be managed in the community, given adequate support. The majority of these referrals could be managed in primary care if GPs had access to equipment, and were accredited and resourced to perform diagnostic and therapeutic procedures. There are currently 55,329 patients awaiting an ENT outpatient appointment, with 15,104 waiting longer than 12 months.

Description of Changes: This project will enable and accredit GPs with a special interest in Otolaryngology in a defined range of ENT procedures, with a view to these procedures being provided in primary care rather than in secondary care. GPs and ENT services will be formally linked, and appropriate learning and research opportunities will be explored and developed to enable GPs obtain accreditation in ENT procedures agreed and accepted as suitable for primary care surgery. Accreditation will include recognition of symptoms and cases which still require referral to Consultant ENT services. This process will enable GPs provide a defined range of procedures without referral to ENT consultant services. In due course, primary care resourcing as well as professional support will be required for the project to fully deliver its potential.

Aim & Theory: The aim of this project is to provide a greater volume of care in communities, reduce numbers of referrals to ENT outpatient departments by 30%, to reduce the ENT outpatient waiting list, to support and enable GPs perform procedures which are presently carried out in outpatients, to deliver efficiencies, and to minimize inappropriate investigations.

Targeted Populations: The populations targeted are GPs with ENT special interest and patients awaiting ENT outpatient procedures such as irrigation of the ear, insertion of ear dressings, insertion of nasal packs, fibre optic nasal endoscopy. Other stakeholders include the Royal College of Surgeons, Training Hospitals, Hospital Groups, Primary Care Division, The Irish College of General Practitioners, and the Institute of Otolaryngology.
Timeline: The project inception was in 2016. Planning Workshops will begin in January 2017, with reviews in July 2017 and January 2018.

Highlights: The predicted outcomes are a Training Process and Accreditation for GPs in ENT Primary Care Surgery, a reduction in outpatient referrals, a reduction in existing outpatient waitlist, reduction in the return to new patient ratio by 4:1, and the creation of a scaleable process for roll-out across the country. It is also expected to improve integration of primary care and ENT hospital services.

Sustainability & transferability: A National Educational Lead will be appointed to ensure consistency, validity and sustainability nationally. Attention will be given to costings for delivery of services in primary care, both in terms of the primary care reimbursement scheme, and in relation to clinic costs in primary care. The project is highly transferrable to many areas where GPs have a special interest.

Conclusion: This service development project has the potential to assist in the transfer of care from secondary to primary care, reduce ENT consultant waiting lists and enable GPs to deliver a higher volume of ENT service in the Primary Care setting.

Discussion: Following planned implementation across Acute Hospital in liaison with GPs this integrated care initiative is anticipated to reduce wait times and provide more timely and convenient access and treatment for ENT patients across Hospital Groups and Community Health Organisations.

Lessons learned: Integrated care across Primary and Secondary Care can work by working collaboratively with GPs, HSE Outpatient Services and ENT Specialties in Acute Hospitals.

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Keywords: gp education; ent; primary care; integrated care