An Roinn Sláinte
Department of Health

Sláintecare.

Sláintecare Implementation Advisory Council (SIAC) Meeting

Note of meeting 6

27th May 2020, 3pm – 5pm, via MS Teams

Attendees

Tom Keane (Chairperson)

Laura Magahy (Executive Director, Sláintecare)

Council members present:

Paddy Broe, Brendan Courtney, Liam Doran, Ronan Fawsitt, Josep Figueras, Brian Fitzgerald, Mary Higgins, Annette Kennedy, Siobhán Kennelly, Anna McHugh, Róisín Molloy, Gillian O'Brien, Anthony O'Connor, Emily O'Connor, Sarah O' Connor, Joanne Shear and Heather Shearer.

Apologies: Colm Henry and Eddie Molloy

Invited Participants:

- Dr. Gráinne Healy, Chairperson of the Sláintecare Citizen and Staff Engagement and Empowerment Programme
- Dr. Sara Burke, Centre for Health Policy and Management, School of Medicine, TCD
- Ciara Mellett, Sláintecare Programme Implementation Office

1. Welcome and Minutes

The Chairperson welcomed everyone to the sixth Sláintecare Implementation Advisory meeting. The minutes of the fifth meeting, held on 5th February 2020, were agreed and it was noted that they will be published on the Department of Health's website.

2. Re-imagining Sláintecare Implementation

Laura Magahy provided an update covering the progress on Sláintecare implementation since the previous meeting and the approach to re-imagining Sláintecare in the context of the impact of COVID-19 pandemic. It was noted that a number of the Sláintecare team were re-deployed to work on the Department's response to COVID-19. Updates related to:

- 2019 Action Plan – Report approved by government in April
- Priority programmes on regional health areas, eligibility/entitlement, capacity/access
- Action Plan 2020 and re-imagining Sláintecare implementation in light of COVID-19
- Integration Fund
- Communications and engagement

It was noted that the Minister has requested that a body of work be undertaken to assess the ongoing learnings from the COVID-19 pandemic for the implementation of Sláintecare. The Sláintecare Executive Director was asked to lead this work and the outline work programme was approved by the Minister on May 13th 2020. Input from SIAC members at today's meeting is a key element of this work.

3. Research overview

Dr. Sara Burke provided a brief overview of the HRB Applied Partnership Award, which is jointly sponsored by Sláintecare, the HSE and the Department of Health. The project will document, track and assess health policy and health system change, as driven by the COVID-19 response that potentially accelerates or inhibits the implementation of Sláintecare during 2020 and beyond. This is a re-purposing of the project on regional health areas implementation that was funded by the HRB in 2019. The re-direction of focus is due to the immediate imperative to learn from the COVID response and related health system changes and the delay to the implementation of the regions owing to the appropriate focus of the operational system on the COVID response. The project will be in keeping with the methods and design of the original project. The research is currently focussed on collating a list of initiatives implemented in response to COVID that could inform the implementation of Sláintecare. The insights of SIAC members on changes that could enhance Sláintecare is an important element of this work.

4. Discussion on: "What is the most significant health system change in response to Covid-19 that could facilitate/enhance Sláintecare implementation?"

Prof. Keane invited members to share insights from their respective viewpoints. The Council members recognised that the response to the COVID-19 crisis resulted in a singular focus on the needs of patients. This was achieved through rapid changes to care pathways and innovative approaches to service delivery, a clarity of roles and responsibilities, devolved responsibility for decision making at the point of care, fair and timely access to care and a sense of purpose for the greater good. There was a resounding consensus that we cannot allow the service to return to the old ways of doing things. The changes that have been implemented must be continued, scaled and mainstreamed.

The key points are summarised under themes below.

Theme 1: Community spirit and mobilisation

- The society-wide response to COVID-19 highlighted the important role that communities play in health and social care and saw a surge in community spirit and engagement.
- COVID resulted in mobilised, cohesive communities supporting individuals and communities e.g. GAA club volunteers delivering food and drugs.
- This community mobilisation provides a readiness for Sláintecare.

Theme 2: Partnership approach with NGOs, community groups etc.

- Many health and social care needs are met by NGOs, outside of the traditional health delivery system.
- NGOs/community groups have been facilitating self-care for people with chronic diseases, especially supporting vulnerable groups, those with complex social needs and others that would otherwise have been in the GP/ED/community/hospital system.
- Care pathways should be augmented in partnership with NGOs to ensure a more holistic and integrated approach to the provision of health and social care services.

- The existing close links between NGOs and community engagement could be built on to support implementation of Sláintecare.
- Properly supported social care services can provide supports to people when and where they need them and provide options other than ED. Applying this approach could have a significant impact in the future.
- Self-care was embraced and people felt empowered to manage their own care. For example, the Asthma Society saw a massive increase in people engaging in self care information[1]. There is an opportunity to encourage and support this behavioural change towards self care through the Sláintecare citizen empowerment programme. Consider methods of providing easy to use information to the public, as has been done in other countries (e.g. New Zealand)
- Nimbleness of some NGOs allows them to meet needs and provide new models of care.
- Many NGOs have experienced the double pressure of increasing demand but with restrictions on ability to fund-raise. Consideration needs to be given on how to maintain these NGOs in order to continue their role as an important provider of health and social care services.

Theme 3: Change driven by public health and prevention focus

- Strong public health focus and clear messaging provided a population-focussed approach.
- There is an opportunity for public health/health system expertise to guide delivery and reform.
- Public health messages related to COVID (hand hygiene, social distancing etc.) also had the added benefit of appearing to reduce other infectious diseases.

Theme 4: Care of older people

- The high proportion of deaths from COVID-19 amongst older age groups and in congregated settings has highlighted the vulnerability of people in these settings to this virus, with these settings being described as "lethal" for the spread of the virus. It also demonstrates the imperative to maximise care at or close to home and deliver safe and appropriate care without such a reliance on congregated settings.
- We need a societal reflection on how people age in Ireland and how older people are cared for. We need to pivot the model of care in a different way.
- As a country, we must develop a greater focus on healthy ageing. People can live healthy and active lives without the impact of co-morbidities late into life. We need to support positive messaging about healthy older people.
- The model of "COVID nursing home response teams" involved a multidisciplinary approach with clinical staff and operational management staff from hospital and

[1] Download of asthma action plan: March/April 2019 – 700; March/April 2020 – 10,500.
Visits to Asthma Society website: March/April 2019 – 66,000; March/April 2020 – 470,000
Strong uptake of "Beating Breathlessness" telehealth programme.

community working together. This may provide a model for response to patient care in a wider sense.
- Providing supports to patients and carers is a challenge with physical distancing, particularly day services, which provide a particular support for informal carers.
- We need to look at new ways of timing the decisions on supports to discharged patients to avoid unnecessary prolonged stays in hospital settings and facilitate them to live safely at home where possible.

Theme 5: Staff and stakeholder involvement and flexibility

- Staff across all sectors in all roles have been working far beyond their previous roles and this flexibility has allowed the system to cope with the challenge.
- There are positive examples of staff working to the top of their license e.g. role of ANPs and HPSCs in community assessment hubs.
- Good communication, engagement and shared learning between teams and stakeholders was evident.
- During the COVID response, staff have been trusted and empowered to innovate rapidly in response to the needs of their patients.
- Shared learning, such as through GP webinars has facilitated a consistency of approach and represents an opportunity for participation in implementation.
- It is important to support staff wellbeing and there are examples in Ireland and internationally of this. Direct engagement with front-line staff in order to understand their support-needs has been particularly valuable.
- Respect and value of all team members was evident.
- Need for ongoing support of all healthcare workers and workers across the health system including community/NGO/private sector.
- It was also pointed out that while healthcare workers should be appropriately commended for their efforts in the face of the COVID crisis, the fact remains that not all care is perfect and mistakes still need to be recognised and acted upon and patients need to be feel able to raise any concerns they have about their care.
- Importance of providing training to current and future workforce to reflect new ways of working.
- Sick leave/self-isolation leave is likely to be a factor for GPs (and hospital specialists). New GP graduates could help to bridge some of those gaps and “floating” contracts may help to provide relief for leave requirements.

Theme 6: New care pathways and models of care

- New ways of working were rapidly implemented by those at the front-line across the health system in hospitals, primary and community care, social care, NGOs and private providers.
- Health professionals across the board rose to the occasion.
- Clear care pathways were put in place.
- Patients now have a different perspective of what appropriate care is, with a timely call-back from a GP or nurse being seen as acceptable rather than having to attend a GP

practice in person. This more person-centred care has been a by-product of the response and service users have responded positively to this.

- Better processes were developed in hospitals, cohorting of wards and decoupling of scheduled and unscheduled care allowed greater focus on sick patients in hospital with complex needs.
- Key decision-making was devolved to level of delivery allowing for better, more efficient care.
- Senior decision makers were closer to patient entry point and more available for patient care.
- A key reason for hospitals managing the crisis (in addition to the efforts across society to adhere to public health guidance) was maintaining hospital capacity at 85%. Capacity cannot be allowed to return to previous levels as many of the challenges to providing quality hospital care stem from inappropriate capacity levels.
- There is a need to ensure sufficient capacity across the system as a whole, particularly beds, and replace outdated infrastructure. In addition, off-site provision of back-office functions may help to free up space for outpatient clinics and other services in line with physical distancing guidelines.
- Generation of capacity for elective services should be prioritised to ease pressure on hospitals and allow a focus on complex acute inpatient care.
- State resourcing of GPs to provide consultations to everyone for COVID related diagnosis and treatment and supporting new models of telehealth and virtual clinics was important, and ongoing support of new models of care for other conditions should be encouraged.
- There were some great examples of clinical innovation that should be rolled out nationally e.g. frailty outreach service.
- Community assessment hubs represent an opportunity to develop and co-design these as community treatment centres with access to diagnostics, a “third space” between GP practice and hospital, working in collaboration with the National Clinical Programmes. They may also present an opportunity for newly graduating GPs.
- There is a need to focus on fully implementing end-to-end national strategies and models of care, across and between the care settings, e.g. maternity strategy, cancer strategy, so that implementation can be fully planned and properly resourced over a multiannual period, rather than relying on annual funding cycles.
- There can be no going back to waiting rooms, waiting lists and over capacity.

Theme 7: Universal and timely access

- There has been significant public buy-in to the belief and trust in the Irish health system which should be harnessed and maintained through quality services.
- There has been a general sense of being in this together, with one system for everyone.
- Universal and timely access to COVID testing, treatment and care provides a glimpse of the universal access on the basis of need, not ability to pay, as envisaged by the Oireachtas Sláintecare Report.

Theme 8: Innovation through technology

- There were examples of huge innovation through technology and rapid adoption of electronic solutions including shared national systems (e.g. NIMIS), video and tele consultations with patients, virtual clinics and virtual MDTs, e-prescribing, e-referrals, virtual frailty and rehabilitation programmes.
- Virtual care should be scaled and mainstreamed in a way that ensures quality of care, using existing examples such as the heart failure clinics as a template.
- Access to clinical data in real time is critical and there is a clear need for the prioritisation of implementing the shared care record. The individual health identifier should be deployed, and this could provide an opportunity to develop the "Carta Sláinte".
- It was acknowledged, however, that while technology is a significant enabler, and should augment services, this does not necessarily replace face to face care, particularly for vulnerable people.

Theme 9: Communications

- Clear messaging and roadmap are critical to keep people on board and there is learning from that for Sláintecare.
- There is the opportunity for community cohesion and for communities to be involved more. "We are part of Sláintecare".
- The public embraced and welcomed the data and evidence base to explain the rationale for the approach. We should learn from that for the implementation of Sláintecare.
- The COVID-19 response had strong messaging around what is better for all of us, not just "me and mine". Sláintecare can learn from this in terms of communicating what Sláintecare means for me, my family, my community and my country now and in the future.
- Need to consider the needs of all parts of the population in communications, including addressing health literacy and other barriers that may impact a person's access to and understanding of health messages and actions e.g. co-morbidities, anxiety, accessibility.

Theme 10: Optimise partnerships with private providers

- Build on good examples of partnerships between public and private to improve access to timely care and efficiency of service e.g. endoscopy suite Tallaght/Beacon.
- Some challenges in providing the private/public response to COVID that would benefit from a better shared understanding of respective sectors.
- Common approaches across public and private providers would be helpful in response to any future crises, such as consistency of approach to procurement of PPE and measures to control infection.
- Implementation of NIMIS and Healthlink in some private facilities was a welcome development and further sharing of national systems, e-prescribing and e-referrals across public and private providers should be explored.

International members also outlined their experiences in their respective countries/organisations that provide learning for Ireland in terms of the COVID response as the ongoing implementation of

Sláintecare. These include following approaches taken by other countries in dealing with COVID and managing recovery of other services, studies on the real incidence and mortality rates in other countries, technological innovations that could be adopted and adapted.

Key challenges

Arising from the discussion, a number of key challenges were identified that need to be addressed to support the implementation of Sláintecare and ensure that the learning from the COVID-19 response is actioned appropriately. These challenges are:

- The **over-reliance on congregated settings**, which contributed to rapid spread of the virus amongst people who were particularly vulnerable to its impact.
- An underdevelopment of appropriate **care at home and in the community**.
- Appropriate resourcing to **support changed models of care**, including provision of care through telehealth.
- An over-reliance on **emergency departments** as the last resort for people with **social problems**.
- The need for a robust **clinical governance** approach that functions across all care settings, including care at home.
- Developing the role of the **community assessment hubs** for sustainable delivery of care in the community.
- The expansion of **formal relationships between GPs, community services, social services and acute settings**, building on good examples of local integration.
- The existing **IT infrastructure**, poor implementation of **national clinical data systems**, challenges with developing shared information platforms and an inability to access patient/service user information in a timely way to provide safe care.
- The need to develop a more **coordinated approach across public and private hospitals** to ensure access to resources, particularly in times of emergency.
- A mechanism to maximise the use of **private facilities and capacity**.

5. Communicating priorities

Dr. Gráinne Healy provided suggestions on ways in which the learning from the COVID-19 response could be captured in the messaging around what Sláintecare is trying to achieve. Several Council members have already highlighted the alignment of the response with the message of Sláintecare for the right care in the right place at the right time through their own media involvement over recent weeks. Members were invited to participate in learning webinars that Sláintecare will be holding over the coming months.

The mobilisation of civil society organisations through the COVID crisis points to the transformative nature of having a strong and clear message that resonates across society. There is an onus on us all to identify examples of Sláintecare initiatives that can have a similar transformative effect. Focusing on personal stories and how the implementation of Sláintecare is making a difference to individuals, families, communities and healthcare staff will be important. The Sláintecare team will revert to Council members with proposed key messages and Council members are invited to submit their suggestions to inform this approach.

6. AOB & close of meeting

Prof. Keane thanked members for their participation.

Members collectively wished to particularly commend fellow Council members Dr. Siobhan Kennelly and Dr. Colm Henry for their significant contribution to the response to the COVID-19 outbreak in Ireland.

The date of the next meeting will be advised in due course.

Summary Note for SIAC Members (to use in external briefings, events)

The Sláintecare Implementation Advisory Council (SIAC) combines patient/service user representatives, senior health service leaders, clinical leadership and independent change experts from outside the health service who bring expertise and an independent perspective. The Advisory Council provides advice and support to the Executive Director and the Sláintecare Programme Office on the delivery of the Sláintecare Implementation Strategy and is chaired by Professor Tom Keane. We have had six meetings since our establishment in October 2018 and our most recent meeting was on the 27th May 2020.

At the meeting, the Council focused their discussions on assessing the learning from the COVID-19 response to inform the ongoing implementation of Sláintecare. Members recounted their own experiences of the response, from their varying perspectives as healthcare professionals, clinical leaders, charities providing services, health service managers, service users and concerned citizens.

The Council members recognised that the response to the COVID-19 crisis resulted in a singular focus on the needs of patients. They also recognised that some "normal" rules of business were put aside in the Covid response, including funding constraints and procurement. The response overall demonstrated many good examples of the message of Sláintecare - to provide the right care, in the right place at the right time, by the right team. This was achieved through rapid changes to care pathways and innovative approaches to service delivery, a clarity of roles and responsibilities, devolved responsibility for decision making at the point of care, fair and timely access to care and a sense of purpose for the greater good. There was a resounding consensus that we cannot allow the service to return to the old ways of doing things. The changes that have been implemented must be continued, scaled and mainstreamed. The Council highlighted some of the challenges that should be addressed to support development.

The Minister for Health has requested that a body of work be undertaken to assess the ongoing learnings from the COVID-19 pandemic for the implementation of Sláintecare. The Sláintecare Executive Director, Laura Magahy, was asked to lead this work. Initial themes arising from the input by SIAC members will be provided to the Minister. Another significant strand of this work is an academic research project, co-sponsored by Sláintecare, the HSE and the Department of Health, and funded by the Health Research Board, to document, track and assess health policy and health system change as driven by the COVID-19 response that potentially accelerates or inhibits the implementation of Sláintecare during 2020 and beyond. Updates on this work will be provided as it progresses.

Agenda

Sláintecare Implementation Advisory Committee Meeting

27th May 2020

3.00p.m. - 4.30p.m.

By MS Teams Teleconference

1. Welcome and Minutes of last Meeting – Professor Tom Keane

2. Re-imagining Sláintecare Implementation - Laura Magahy

3. Discussion on:

   "What is the most significant health system change in response to Covid-19 that could facilitate/enhance Sláintecare implementation?" – Council Members

4. Communicating priorities – Gráinne Healy

5. AOB