"Medical specialisation, specialised NHS provision, NICE guidelines, and medical research are all optimised for single diseases but that is not the lived reality for the great majority of older adults who often transfer very rapidly from having no significant disease states, to several simultaneously. The increasing specialisation of the medical profession runs counter to optimising treatment for this group of largely older citizens and patients. We must address this seriously as a profession."

Figure 1.4
Older Age Groups: Population 2022 and Projected Population 2027–2042

Source: Central Statistics Office.
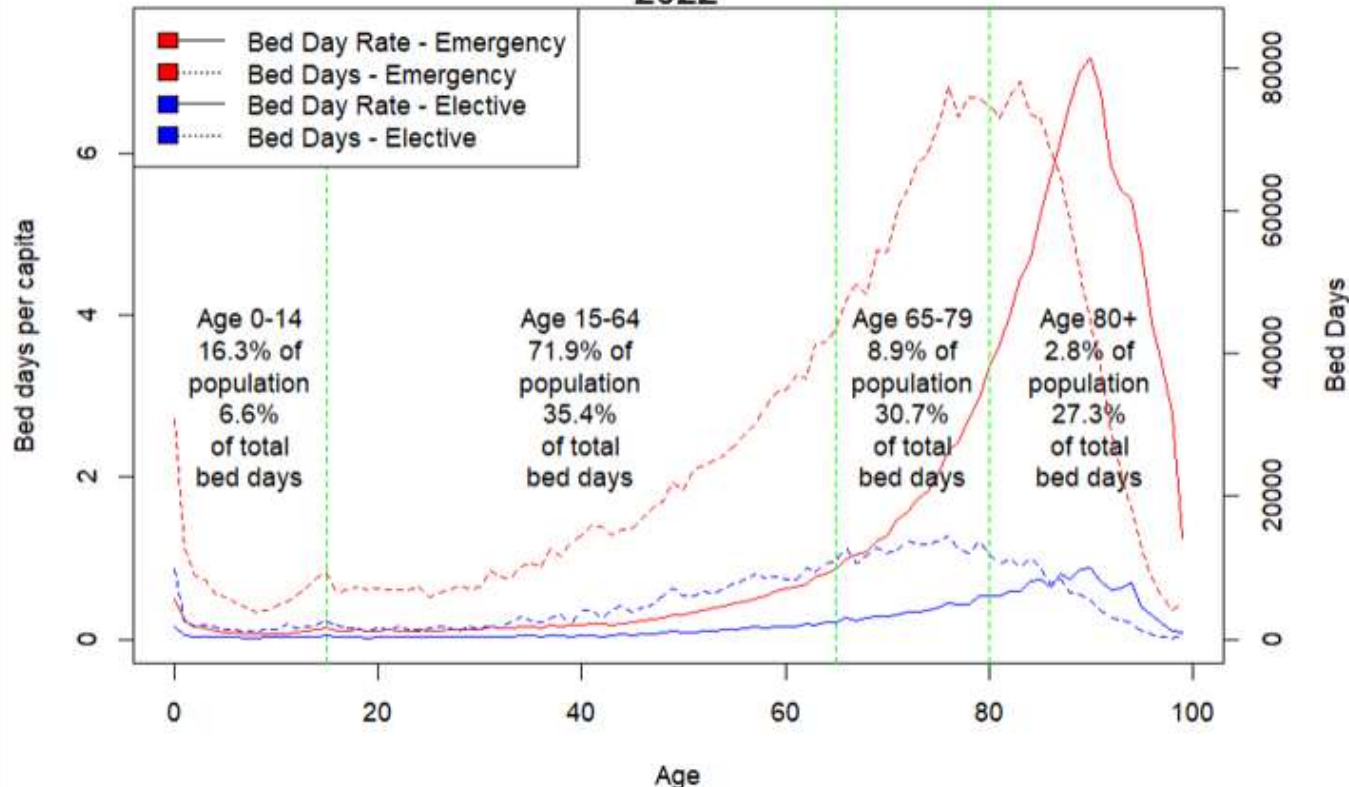
Note:
(i) See notes under Table 1.4.
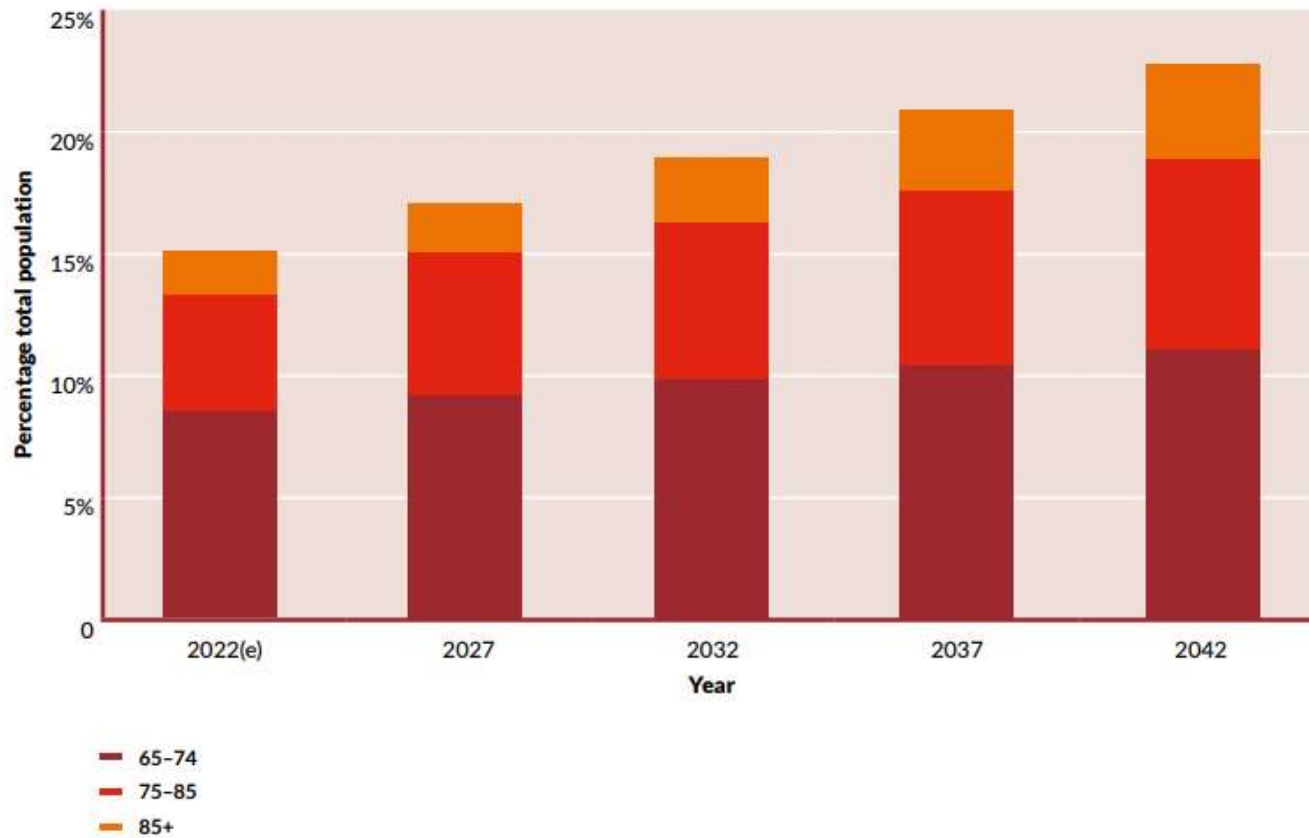
- The number of people over the age of 65 years is projected to almost double to over 1.3 million by 2042.

- The greatest proportional increase will be in the 85+ age group.

- There will be an absolute and relative increase in the number of older adults presenting for healthcare

- Delivery systems must align organisationally and clinically to meet the needs of older adults in order to deliver optimal value to the patients and the system.

- "*Older age is becoming increasingly geographically concentrated in England, and services to prevent disease, treat disease and provide infrastructure need to plan on that basis. This should be seen as a national problem and resources should be directed towards areas of greatest need, which include peripheral, rural and coastal regions of the country.*" CMO Annual Report, U.K., 2023

Age-specific Inpatient Bed Day Rate per capital and Bed Days (excl. Maternity and Newborn) by Admission Type, 2022

Legend:
- Bed Day Rate - Emergency
- Bed Days - Emergency
- Bed Day Rate - Elective
- Bed Days - Elective

Age 0-14
16.3% of population
6.6% of total bed days

Age 15-64
71.9% of population
35.4% of total bed days

Age 65-79
8.9% of population
30.7% of total bed days

Age 80+
2.8% of population
27.3% of total bed days

Y-axis (left): Bed days per capita — 0, 2, 4, 6
Y-axis (right): Bed Days — 0, 20000, 40000, 60000, 80000
X-axis: Age — 0, 20, 40, 60, 80, 100

Older Person Intensive Case Management (OPICM)
- Proactive identification, assessment and care planning
- Service and Care coordination
- Integrated, early supported discharge

Source: HIPE (2022 discharges)

- 55% of the bed days in public acute hospitals are used by those are 65 years and above.

- Demand per capita for healthcare increases sharply with increasing age.

- As our population ages we need to plan for the impact on future demand by service area.

- **Because demand per capita increases steeply in older age group, small increases in the numbers of older people lead to large increases in demand for care.**

Healthcare demand and delivery in Ireland

Urgent and Emergency Care Demand

Compared to 2022:

+0.3% | ED attendances

+4.9% | ED attendances patients ≥75 years

+3.8% | ED admissions

+4.2% | ED admissions patients ≥75 years

Compared to 2019:

+7.7% | ED attendances

+21.7% | ED attendances patients ≥75 years

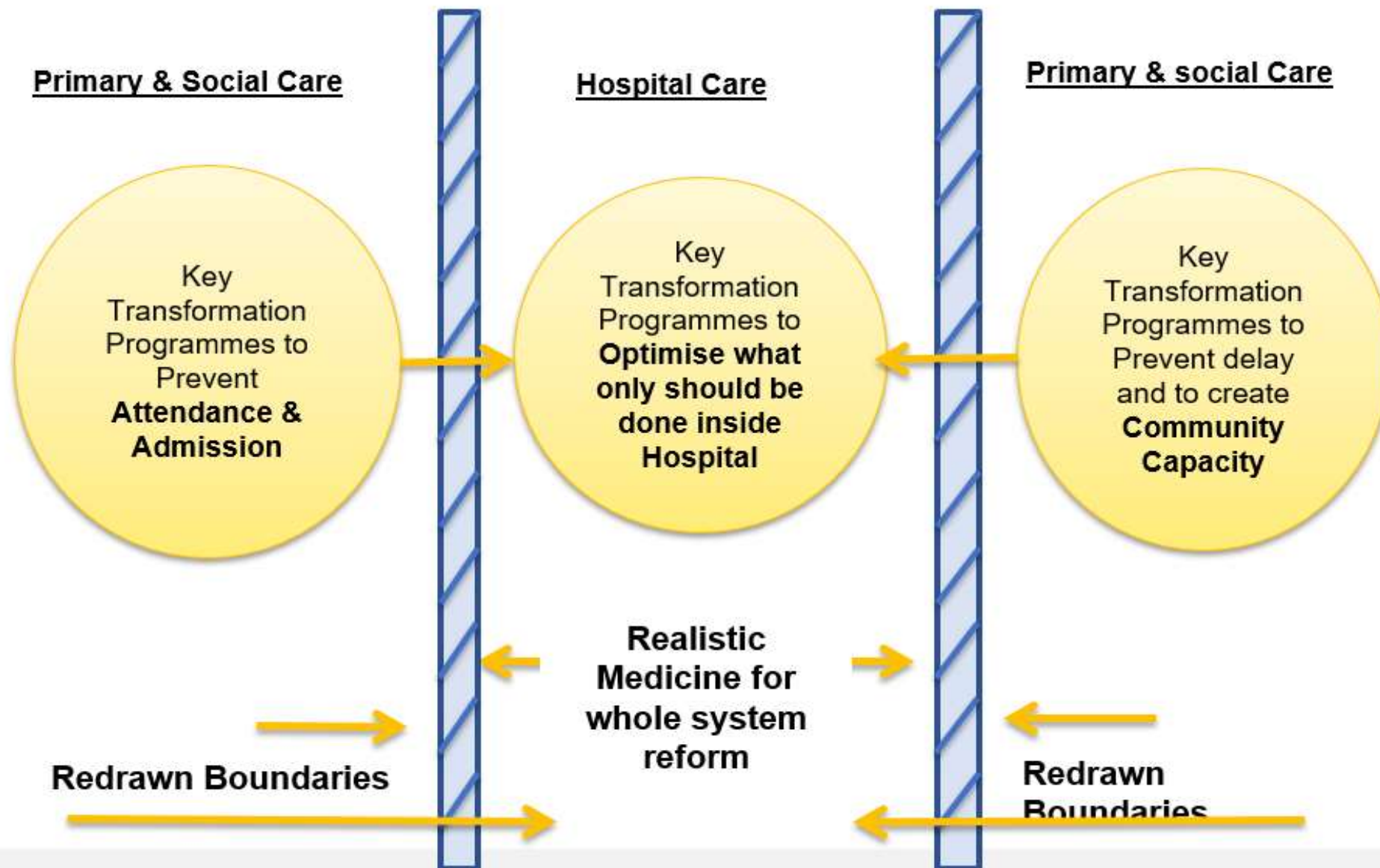**+7.9%** | ED admissions

+16.4% | ED admissions patients ≥75 years

- As at the end of October, the total number of patients removed from the OPD, IPDC and GI Scope waiting list was c.3.2% (c.44k) higher than target.
- As at the end of October, c.11.1% (142k) more patients removed from the waiting list YTD than in the same period last year.
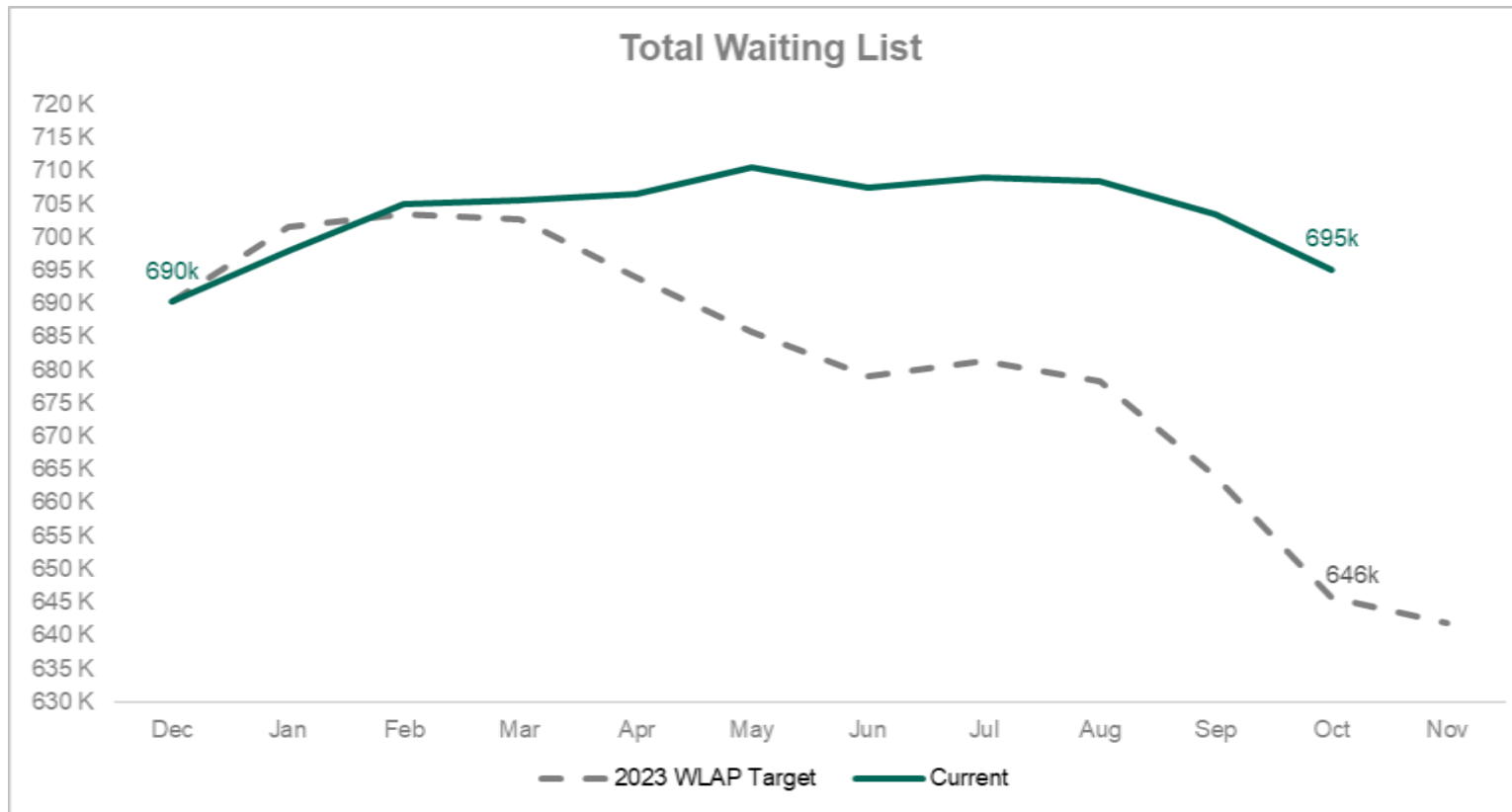
- The total number of patients increased by c.0.7% (5k) between Dec 2022 and Oct 2023 to c.695k patients
- Against the 2023 WLAP, the total waiting list position is c.7.7% (49k) behind target, as a result of additions being c.7.0% (94k) higher than projected. Additions YTD are c.11.5% (147k) higher than the same period in 2022 and c.19% (227k) higher than the same period in 2019.

Healthcare Transformation: the 'shift left'.

Primary & Social Care

Hospital Care

Primary & social Care

Key Transformation Programmes to Prevent **Attendance & Admission**

Key Transformation Programmes to **Optimise what only should be done inside Hospital**

Key Transformation Programmes to Prevent delay and to create **Community Capacity**

Realistic Medicine for whole system reform

Redrawn Boundaries

Redrawn Boundaries

Healthcare Transformation in Ireland and Modernised Care Pathways

'Shift Left'

Health Regions

Integrated Care Programmes

Enhanced Community Care

Modernised Care Pathways
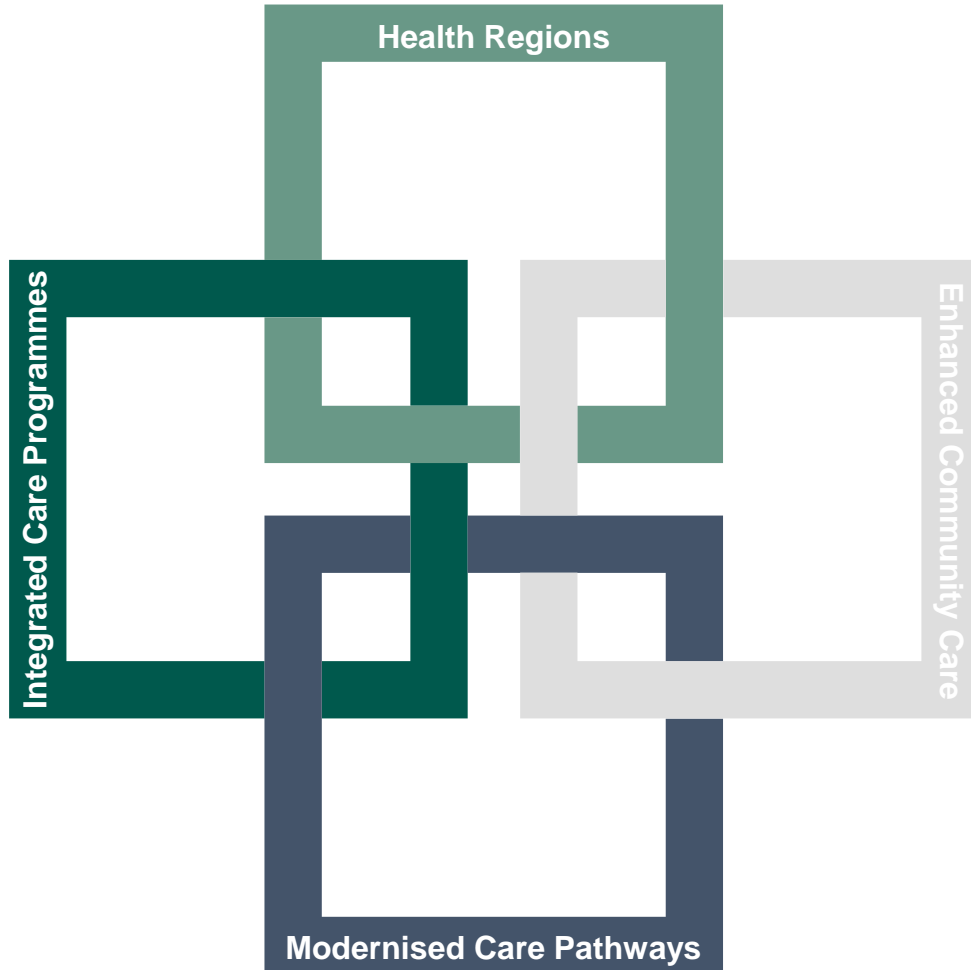
Modernised Care Pathways (MCPs)

MCPs harness clinical leadership, best practice and innovation from across the country. They are founded on the overall vision of Sláintecare, and the principle of integrated care, which is one of eight fundamental principles to ensure access to the right care, at the right time, in the right place, with the right team. MCPs are therefore a frontrunner of integrated care delivery and a building block for the Health Regions. They were designed, approved and funded based on regional boundaries and connectivity of services.

Multidisciplinary Approach

Successful MCP implementation will address challenges around access to services and provision of services nationally while supporting local flexibility in the delivery of services. In addition, MCPs enable and empower staff to work to the top of their licence, offering career progression opportunities and harnessing multi-disciplinary teams working across both community and acute services.

Clinical Care Pathways
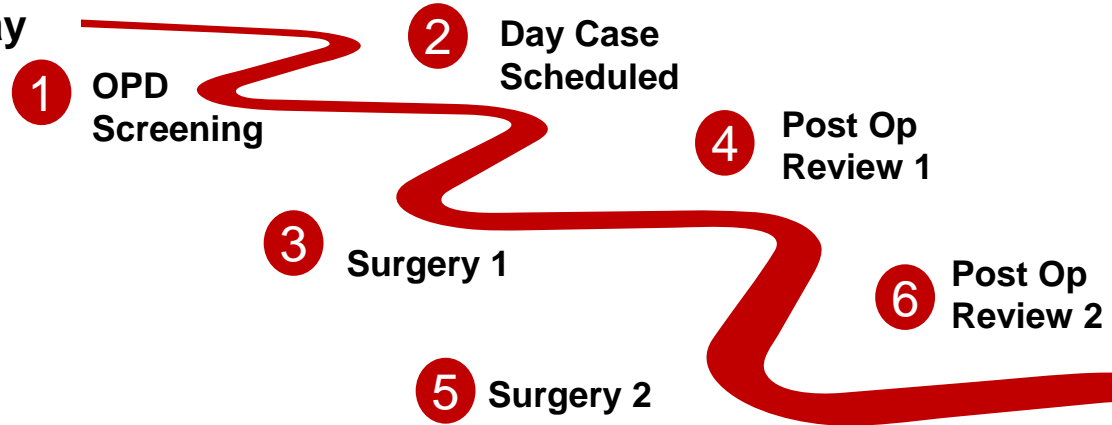## Proposed ophthalmology clinical pathway

May has deteriorating eyesight which affects her daily living

Current Referral Pathway

1 OPD Screening

2 Day Case Scheduled

3 Surgery 1

4 Post Op Review 1

5 Surgery 2

6 Post Op Review 2

Average: **21 months** from referral to 1st surgical intervention with **6 visits** to the acute centre

Proposed Care Pathway

1 Triage for appointment based on need by the Integrated eye care in the **community**

2
- Attends acute centre for cataract removal only
- Post Op care provided in the community

2 visits to the acute setting due to early intervention, efficiencies and increased availability for elective care

Modernised Care Pathways - Benefits

Benefits for Patients

Patients are able to access services locally to their GP or community team with clear referral and care pathways in place.

Patients are seen in a timely manner aligned to the Sláintecare targets.

Patient experience is improved with a streamlined model of care that reduces the number of appointments which the patient needs to attend.

Telehealth options and digital innovation are utilised where appropriate and treatment is delivered as locally as possible.

Patients receive an appropriate integrated care plan or discharge plan.

Benefits for Healthcare Professionals

Provides opportunity for career progression with investment in advanced nursing and specialist health and social care professional roles.

Avenues for GPs and community teams to be appropriately supported by specialist teams.

Staff are empowered in their roles as they can address patients' needs efficiently with improved access to diagnostics and reduction of unnecessary appointments.

Operate at the top of their licence and deliver the care most appropriate to their role.

Acute Virtual Ward Programme - Overview

Virtual wards provide clinical intervention remotely for patients, with multiple configurations available for care at home.

Acute Virtual Wards (AVWs) are a novel and innovative solution that have emerged internationally (most notably in Norfolk and Norwich University Hospitals) as a viable clinical intervention, enabled by technology, that is a safe and efficient alternative to bedded care.

Considerable work completed to date on AVWs – high-level service pathway mapping work complete, procurement process for technology in-progress, workforce model defined for 25 bedded ward etc.

The programme is looking to establish AVWs in two acute hospital sites in 2024, ULHG and SVUH.

AVWs will scale to be 25 bedded wards with Cardiology and Respiratory specialties included in the initial deployment.

To progress this initiative, an Acute Virtual Ward Steering Group has been established to oversee and support the implementation of a national model for AVWs in acute hospitals across the country.

Where we want to be

What we can focus on now

Respect for patients' preferences

Coordination and integration of care

Information and education

Physical Comfort

Emotional Support

Involvement of family and friends

Continuity and transition

Access to care

Person-Centered Care

This will take us a significant way:

- **Patient Administration System**
- **Identity management**
- **Access to current information labs, radiology systems**
- **Referral management**
- **Appointment management**
- **Telehealth**
- **Shared Care Record**
- **Patient App**
- **ePrescribing**

Digital Health Leadership – its everyone's business

- **The exponential growth of the digital economy means that leaders who don't develop a digital mindset will soon no longer be able to lead their organisation effectively**

- **Leaders who wish to thrive in organisations need to upgrade their skills and become digitally literate or they will get left behind (Harvard Business School, 2022)**

"It's about things like understanding how to do collaboration differently in a digital world, how to think about data and security and how to make decisions around data, and finally how to think about change at a time of rapid transformation that requires a continuous learning loop to order to continue to innovate and make good decisions."

One of the ways that getting a better understanding of digital informs better decision-making is that leaders gain a better appreciation not only about the many benefits digital offers, but also about its limitations and deficits and the ways in which humans should best interact with it.

"You can no longer survive with low literacy levels about digital technology. You need to understand the language of digital in terms of how it impacts on strategy, operating models, employees, retention and recruitment, stakeholders, products and services – and if you don't understand it, you will not be able to participate in the digital transformation that is now taking place."

The fundamental unit of healthcare delivery and reform remains the team