

Username

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Please indicate your sector of involvement/interest

Other/Cross-Sectoral

Location

Waterford

1. What changes in models of care and in the way we deliver care are (a) most urgent, and (b) what implications will this have on capacity requirements?

Most Urgent

Patient centred care that results in - timely assessment of patients, timely treatment

There needs to be a recognition that for every pathway to the above if resources are added in the way of additional nursing, doctors etc then every time that occurs it creates a need for more diagnostic resources. Consultants are frequently appointed to deal with a waiting list with no thought for how this will increase demand for diagnostics. We need a more efficient and thoughtful way of providing these services without "throwing money at the problem" and then facing over-runs.

2. How can current capacity be more effectively used?

Clinical Measurement Physiologist work in the areas of cardiology, vascular, respiratory, GI and neuro. These departments already exist in many hospitals.

Clinical measurement units (such as cardiac diagnostics, vascular labs, respiratory labs) are lean units run by physiologists. Most are physiologist lead with on the spot reporting leading to quick turnaround times. Most run with very little clerical support or support staff. These units deliver patient centred care by providing diagnostics in the above areas. Positive results can be flagged with referring physicians, the patient's own GP or with a consultant specialist for on the spot review and treatment by the appropriate teams. Stable patients can be referred for long term follow up to the units taking pressure off the outpatient departments. The units act as a touchstone for the patient... a method of getting in contact with their team if they are having a problem.

Direct GP referral to these units with discharge of normal patients without a clinic review keeps waiting lists for consultants lower. Most of these units are already at capacity with their workload however they do not present with huge waiting lists like radiology departments. This is directly due to the flexibility exhibited by the people working in these fields working directly with management and doctors to expedite urgent care. More needs to be done to support these safe and efficient departments rather than continuing to support the radiology services that preserve the status quo in order to provide private workload for themselves.

3. What do you consider to be the priorities for capital investment over the next 15 years?

Developing outpatient diagnostic and treatment units in single hubs allowing access to multiple disciplines. (eg cardiac, podiatry, vascular, OT, social work)

A single reception at these departments would make this more efficient (already do this in the NHS)

Ditto a single waiting area with units adjacent to this to cut down on transport staff needed. All of this would have to be near the main hospital to allow access for inpatients and outpatients/ED referrals and built to allow access for beds, wheelchairs etc.

