Development of an Integrated ENT Education Programme; a primary care approach

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Introduction

An estimated 30% of referrals to ENT consultant services relate to caseload which could be managed in the community, if GPs had access to equipment, and were accredited and resourced to perform diagnostic and therapeutic procedures. In 2016 at the beginning of this project there were 55,329 patients awaiting an ENT outpatient appointment, with 15,104 waiting longer than 12 months.

Description of change:
This project will enable and accredit GPs with a special interest in ENT with access to equipment, and were accredited and resourced to perform urgent referral to Consultant ENT services, with a view to these caseload which could be managed in the community, if GPs had acquired the skill in the use the headlight and ear microsuction.

Methodology

Targeted Populations:
- GPs with ENT special interest
- Patients awaiting ENT outpatient procedures.
  - Agree clinical priority criteria and timelines for ENT conditions with OSPIP working group, as part of the broader ENT referral pathway
  - Agree alternative access routes for ENT patients
  - Work up algorithms to enable GPs to direct the patient electronically into specialist care

Scope:
- Interactive discussion on guidelines for referral of common conditions of ear, nose and throat seen in general practice
- Outline of current evidence base for management of these common conditions.

Diagnostic and therapeutic practical skills include:
- **Otolaryngology** - Otoscopy, Inspection of ear drum, Insertion of ear dressing, Irrigation of ear canal, Epley manoeuvre, Interpretation of tympanometry.

Aim & Theory

The aim of this project is to:
- Provide a greater volume of care in the primary care community
- Reduce numbers of referrals to ENT outpatient departments
- Support and enable GPs to perform procedures which are presently carried out in outpatients
- Deliver efficiencies, and to minimize inappropriate investigations.

This project is a collaboration between the Royal College of Surgeons, Training Hospitals & Hospital Groups, Primary Care Division, The Irish College of General Practitioners, and the Institute of Otolaryngology.

Sustainability and Transferability

A National Primary Care Advisor in Otolaryngology will be appointed to ensure consistency, validity and sustainability nationally.

Attention 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 transferable to any area where GPs have a special interest in ENT.

Conclusion and Discussion

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.

Following planned implementation across Acute Hospital system has to buy into the process 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

- Significant number of GPs interested in acquiring accreditation in ENT Skills
- NCPS has been fully supportive of the process
- There is enthusiasm and willingness to participate from the ENT community
- GPs rapidly acquire the skills required
- Cost effectiveness has yet to be demonstrated
- Acute Hospital system has to buy into the process