



2024 Waiting List **Action Plan**



An Roinn Sláinte
Department of Health

ntp an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund



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Minister's Foreword



Last year we removed almost 1.74 million people from acute hospital waiting lists.

The challenge facing our acute hospital waiting lists is well recognised, and both the Government and I have acknowledged that waiting lists are too long and many patients on those lists are waiting too long to receive the care they need.

Between 2015 and 2021, our scheduled care waiting lists increased by nearly 60%. Countries across the world continue to report increased pressure on their healthcare services and associated waiting lists, largely due to the unprecedented impact of the pandemic.

In response to these challenges, in late 2021, I initiated the first, short-term Waiting List Action Plan (WLAP) as part of a new multi-annual approach to sustainably reduce and reform hospital waiting lists and waiting times. Further annual WLAPs were funded and implemented in 2022, 2023, and again this year.

Building on progress achieved in both 2021 and 2022, significant funding of €363 million was provided to the HSE and National Treatment Purchase Fund (NTPF) for last year's WLAP. A further €80 million was also provided to help address community waiting lists. Through the 2023 WLAP, significant improvements were made last year against a range of important waiting list metrics in our acute hospitals. Importantly from a patient perspective, in 2023, we achieved significant improvements in waiting times.

For example, between February and end December last year, the core target of achieving a 10% reduction in the number of patients waiting longer than the Sláintecare waiting times (i.e. 10 weeks for outpatients [OPD]; 12 weeks for inpatient/day case [IPDC] or GI scopes), was exceeded with an 11% reduction delivered. Indeed, since the COVID-19 peak there has been a 27% reduction in the number of people waiting longer than the Sláintecare targets – which equates to approximately 170,000 people.

In 2023, significant progress was also achieved in terms of the number of longest waiters on our hospital lists, with an 85% reduction achieved in the number of people currently waiting or at risk of waiting over 4 years to be seen. This equated to more than 29,000 people. The number of people waiting over 12 months for scheduled care (OPD, IPDC and GI Scopes) also fell by 32%.

In terms of activity, last year we also removed more people from the waiting list than we had projected for 2023. The target of removing approximately 1.66 million patients from hospital waiting lists in 2023 was exceeded by 5%, with almost 1.74 million patients removed. This equates to an additional 77,000 patients. Furthermore, over 177,000 more patients were removed from the combined acute hospital waiting lists last year compared with 2022, which represents an improvement of over 11%.

Importantly, despite the significant increased demand for scheduled care services that was experienced last year, 2023 was the second year in row that our total waiting lists fell. The 2.7% reduction in the overall waiting list achieved in 2023, follows on from a 4% reduction in 2022, which was the first annual decrease in national hospital waiting lists since 2015. The overall waiting list reduction was achieved in 2023 despite almost 127,000 (c. 8%) more patients being added to the waiting lists than was projected last year. Approximately, 1.72 million people were added to the cumulative waiting lists during the course of 2023.

To enable the continued progress achieved in 2021 – 2023, the Government has approved significant funding of €437 million to the HSE and NTPF to support continued reduction in waiting lists and waiting times in 2024. This encompasses €360 million directly to the WLAP for initiatives in acute hospitals, including increased funding of €179 million to the NTPF. Separately, funding of €77 million has been provided to progress specific initiatives in the community, which includes €3 million to prioritise addressing waiting lists for Child and Adolescent Mental Health Services (CAMHS) in 2024.

Reforming waiting lists through the WLAP approach, will ensure that patients have more timely access to high-quality scheduled care in our acute hospitals, which will help improve both patient outcomes and patient experiences of our healthcare service. A critical metric to measuring progress towards achieving this goal is the total number of people waiting longer than the Sláintecare waiting times targets. In that regard, the 2024 WLAP is targeting a 10% reduction in the number of people breaching those Sláintecare waiting times by the end of this year compared with the end of 2023. In addition, in 2024, further improvements will be made for the longest waiters (i.e. those at or over 3 years) and in relation to National Service Plan 2024 waiting time targets.

In terms of waiting list performance, the 2024 WLAP is projecting a higher level of removals compared with 2023, with approximately 1.81 million patients projected to be removed from the waiting lists. This rate of removals is based on increased core and additional activity of 5% respectively above the 2023 out-turn across OPD, IPDC and GI Scopes, as well as a further 3% increase in OPD activity above the 2023 out-turn. However, the WLAP projects that the rate of additions to the waiting lists will further increase in 2024, with a projected 4.8% increase above the rate of additions seen last year. This equates to approximately 1.78 million people being added to the cumulative acute hospital waiting lists in 2024. Notwithstanding the heightened rate of additions projected for 2024, the WLAP is projecting to deliver a reduction of 5.9% in the overall waiting list by year end. This would continue the trend of annual reductions in waiting lists in recent years and would represent a significantly larger reduction than the 2.7% achieved in 2023.

The management of scheduled care in our acute hospitals is interconnected with, and influenced by, activity in the healthcare service as a whole, including in primary and community care, as well as unscheduled care. As such, while the WLAP approach is focused on addressing and improving waiting lists for acute scheduled care, where appropriate, the 2024 WLAP applies a more integrated, cross-system approach, in order to improve patient care pathways and experiences, as well as maximising impact on waiting lists in acute hospitals.

The development of the 2024 WLAP has taken account of progress achieved as well as learnings from the implementation of the actions from last year's WLAP. It looks to build on recent capacity developments, reform initiatives and new more innovative and integrated care pathways, as well as utilising and embedding several reform enablers to drive the most efficient use of available resources in a patient-centred way.

With the 2024 WLAP, my Department, the HSE and the NTPF are taking the next steps in the multi-annual approach towards achieving our vision of a world-class public healthcare service in which everyone has timely and transparent access to high-quality scheduled care, where and when they need it.

Minister for Health
Stephen Donnelly, TD

To enable the continued progress achieved in 2021-2023, the Government has approved significant funding of €437 million to address waiting lists in 2024.

Executive Summary

This executive summary provides a concise overview of the Waiting List Action Plan (WLAP) 2024, which is a strategic initiative designed to address and mitigate challenges associated with scheduled care in our healthcare service. In 2023, we saw continued positive progress in turning the tide against long wait times and increasing waiting lists.

The 2024 WLAP represents an ongoing commitment to improve acute hospital waiting lists.

The WLAP 2024 is the next stage of the multi-annual approach to managing waiting lists and will continue to build on this momentum. The action plan aims to enhance efficiency and productivity, and to optimise resource utilisation to improve access to care for patients.

Our ability to provide more timely and equitable access to care for our patients will be made possible by funding to support and optimise allocated resources, including frontline staff, facilities, and equipment. While the development and delivery of capital projects is subject to approval of the National Capital Plan 2024, optimisation of the increased capacity in areas such as OPD, will be further supported through reform of scheduled care services across several patient pathways and the associated processes which will require cross-functional collaboration and data-driven decision-making. Progressing our eHealth agenda is also integral to supporting the achievement of improved access to care, by developing functionality of our patient management system, data visualisation and analytics tools, and robotic process automation.

Clear and transparent communication is crucial in managing patient expectations and addressing concerns. This plan includes actions to build upon the foundations that were established in 2023 to deliver and enhance user experience, with key focus areas including publishing average patient wait times.

It is anticipated that the WLAP 2024, as part of the multi-annual approach to managing waiting lists, will lead to improvements in waiting times and provide more timely access to care for patients.

There are four overarching targets associated with the WLAP 2024 and they are as follows;

- **Sláintecare Time Targets**
This plan has a target of reducing the number of patients breaching the Sláintecare Time Targets (as of year end 2023) by 10%
- **Patients Waiting Over 3 years**
This plan has a target of reducing the number of patients waiting over 3 years or at risk of being over 3 years by 90%
- **National Service Plan (NSP) Maximum Wait Time targets**
This plan has a target of increasing the proportion of patients who are waiting less than the NSP maximum wait time targets to 90%
- **Waiting List Volume**
This plan has a target of reducing the overall waiting list volume by 5.9% by year end, to a closing position of 632,086.

Achieving these overarching targets through the WLAP will be based on NTPF activity and increased HSE activity of 5% above the 2023 out-turn, in keeping with NSP commitments. In addition, the WLAP commits to delivering a further 3% in additional OPD activity in 2024, to help achieve the overall waiting list reduction of 5.9% by year-end. This would equate to an 8% increase in OPD activity above the 2023 out-turn. The increased activity volumes would see over 1.81 million patients removed from hospital waiting lists this year, which represents a significant increase on the 1.74 million removals achieved in 2023.

In addition, through the work of the new Productivity & Savings Task Force, further initiatives will be progressed to deliver additional volumes of care, which will also help to reduce waiting lists this year. For example, the Productivity & Savings Task Force will consider opportunities for increased activity linked to the new public-only consultant contract, such as extra OPD clinics for new appointments. This Task Force will also examine measures to help return productivity to pre-COVID levels last achieved in 2019.

This WLAP 2024 represents a commitment to delivering additional activity, with the aim of improving access to care for patients. The actions outlined below are the means through which this will be achieved.

The WLAP 2023 was an important step towards enacting longer-term reforms and meaningful changes. While positive progress was made, there is much more work to be done to realise our long-term vision. With the WLAP 2024, the HSE, with the support of the Department of Health and the National Treatment Purchase Fund (NTPF), is taking the next steps towards achieving our vision of a modern world class public health service for all.



01






Introduction

The WLAP 2024 is the next stage of the multi-annual approach to managing waiting lists.

This document represents the culmination of efforts from multiple stakeholders across the health service and provides a plan for the direction for 2024 and builds on the foundational work done through the short-term WLAP between September and December 2021, which was followed by the first full year WLAP for 2022, and the WLAP 2023, all having reversed the annual trend of rising waiting lists.

The development of the WLAP 2024 has taken account of progress achieved as well as learnings from the implementation of the actions from last year's WLAP. It looks to build on recent capacity developments, reform initiatives and new more innovative and integrated care pathways, as well as utilising and embedding several reform enablers to drive the most efficient use of available resource in a patient-centred way.

The WLAP 2024 is focused on a tighter set of 19 targeted actions aimed at maximising impact on our waiting lists, under the three pillars:

	Delivering Capacity
	Reforming Scheduled Care
	Enabling Scheduled Care Reform

These actions are set out in more detail in Sections 2, 3 and 4.



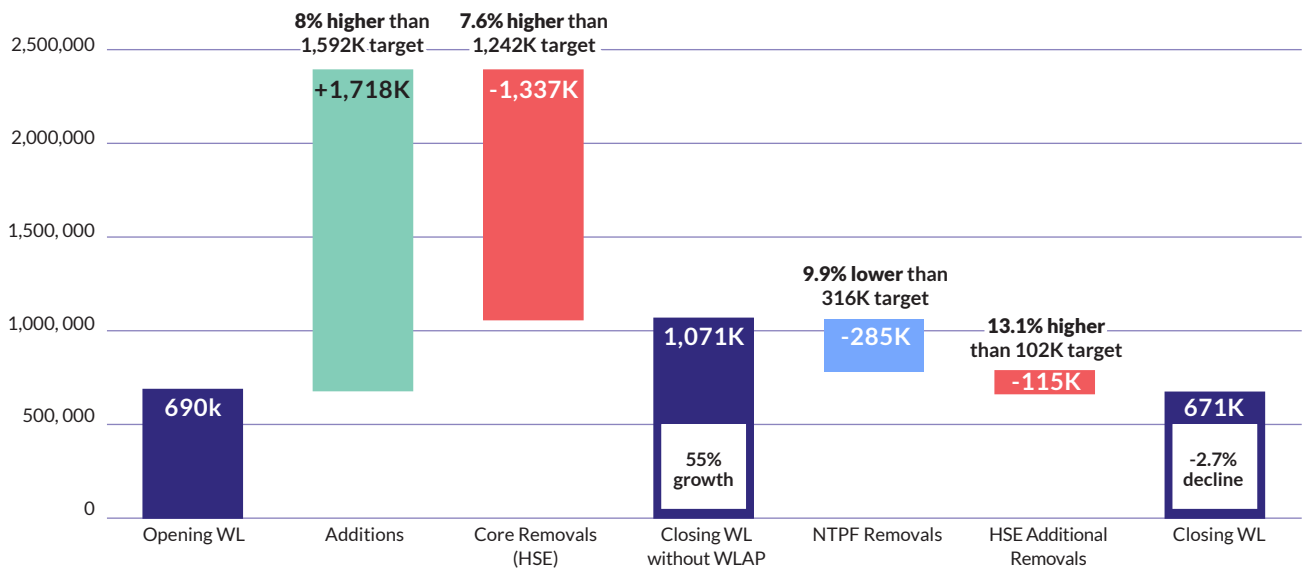
Introduction cont.

1.1 Waiting List Overview

As at the start of January 2024, there were c. 671k patients on the waiting list, a decrease of c. 2.7% (-18.8k) on the start of January 2023.

Without the implementation of the 2023 WLAP, it is estimated that waiting lists would have increased by 55% to almost 1.1 million people in 2023 (Figure 1.1).

Figure 1.1: 2023 Waiting List Activity and Closing Position



1.2 2024 Waiting List Funding

In 2024, a total of €437 million (2023 allocation equated to €443 million) has been allocated to address the overall waiting lists in the entire health service.

€360 million of this total allocation is associated with the WLAP 2024 and broken down as follows:

€179m

for NTPF

€80m

once-off for non-recurrent initiatives

€101m

recurrent funding for longer term reforms

1.3 Waiting List Additions and Removals 2024

Delivering additional activity is a central tenet to the WLAP approach.

The activity volume targets for outpatient (OPD), elective inpatient and day case (including Dialysis, Chemotherapy and Radiotherapy) and GI Scope as set out in the National Service Plan (NSP) 2024 represent a 5% increase above the 2023 out-turn of core activity. The NSP 2024 activity volumes also include activity delivered through once off WLAP funding, with c. 5% increase above the 2023 out-turn. In addition, this WLAP commits to efforts being made towards an additional 3% on both core and additional OPD activity, as outlined in Table 1.1.

A number of factors impact the delivery of the projected activity and the closing position for 2024, as detailed below.

1.3.1 Waiting List Additions in 2024

Waiting list additions refer to referrals which are added to the OPD, inpatient/day case (IPDC) or GI scope waiting lists. In 2023, 1,718,373 patients were added to the waiting list, which is 8.0% (126,868) higher than projected in the 2023 WLAP. There was also an increase of 188,038 waiting list additions relative to 2022 additions (equating to a 12.3% year on year increase).

Through trend analysis and various scenario modelling, the projected waiting lists additions in 2024 are projected to be:

OPD	IPDC	GI scope
4.6%	7%	4.5%
increase above 2023 additions	increase above 2023 additions	increase above 2023 additions

The combined referral rate for OPD, IPDC and GI scopes is projected to be c. 1,774,927 in 2024, which is c. 4.8% above the 2023 additions. These projections are based on analysis of the additions from 2019 to 2023 and their associated trends. It should be noted that while additions in 2023 were 12.3% higher than 2022, they were also higher than the projected increase for 2023, which was 4%. Given the increase of waiting list additions above the 2023 projection, the WLAP 2024 projections have been developed using this trend analysis while also recognising there are a number of drivers to this increasing demand such as changing demographics and increase in chronic diseases. In 2024, additions projections are based on 51 weeks, compared to 2023 which was based on 52 weeks.

Introduction cont.

1.3.2 Waiting List Removals in 2024

Waiting list removals incorporate activity delivered onsite (core and access to care), as well as National Treatment Purchase Fund (NTPF) removals (NTPF commissioning) and NTPF validation. Under this Plan, the Department of Health, HSE and NTPF propose to support delivery of services to remove c. 1.81 million patients from active waiting lists. As outlined above, the activity volume targets for both core and additional activity are c. 5% above the 2023 out-turn, with a further 3% in OPD core and additional activity.

Table 1.1 below provides an overview of all planned 2024 HSE and NTPF core and additional removals, including the additional 3% OPD activity, to reduce waiting list volumes.

NTPF activity projections (Commissioning and Administrative Validation) are supplied by the NTPF and based on analysis of the waiting lists and the available capacity across the health service.

Table 1.1: Projected Additions and Removals

OPD	4.6% increase in referral rates	IPDC	7% increase in referral rates	GI Scopes	4.5% increase in referral rates	Overall
Opening	562,039	Opening	85,755	Opening	23,619	671,413
Ons	1,212,729	Ons	390,210	Ons	163,267	1,766,206
HSE Offs	-930,680	HSE Offs	-326,301	HSE Offs	-126,920	-1,383,901
Additional 3% increase in HSE offs	-26,591					-26,591
		Ons from NTPF OPD	8,721			8,721
				NTPF Clinical Validation	-1,500	-1,500
NTPF Comm	-110,000	NTPF Comm	-35,000	NTPF Comm	-18,500	-163,500
NTPF Val	-103,238	NTPF Val	-11,563	NTPF Val	-2,891	-117,692
Additional Activity (Access to Care)	-89,901	Additional Activity (Access to Care)	-15,011	Additional Activity (Access to Care)	-13,589	-118,501
Additional 3% increase in Additional Activity (Access to Care)	-2,569					-2,569
Closing	511,789	Closing	96,811	Closing	23,486	632,086
Volume Change from Closing 2023	-50,250	Volume Change from Closing 2023	11,056	Volume Change from Closing 2023	-133	-39,327
% Change from Closing 2023	-8.9%	% Change from Closing 2023	12.9%	% Change from Closing 2023	-0.6%	-5.9%

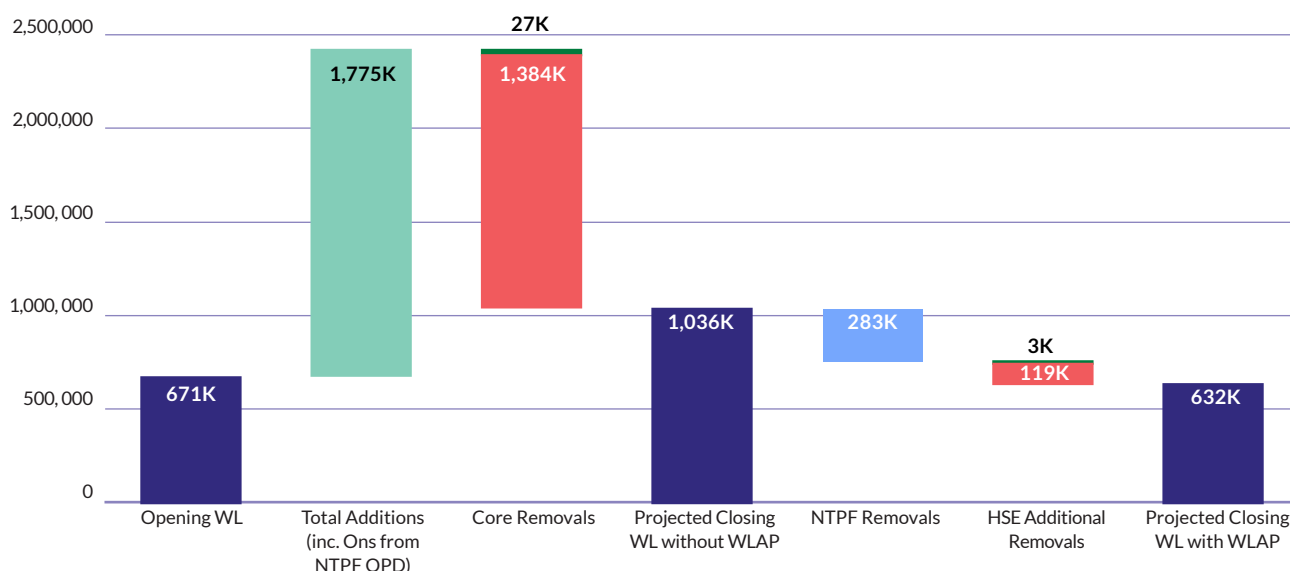
Both the waiting list additions and removals will be monitored using the Analysis of Variance (AOV) report.

1.3.3 Projected Closing Position

The trend of increased scheduled care activity in our acute hospitals, is projected to continue in 2024. Last year, significant progress was achieved in terms of the rate of removals from the combined waiting lists (OPD, IPDC and GI Scopes), with 1,737,183 people removed from active waiting lists. This rate of removals was 5% more than was projected. However, the increased rate of removals was severely negated by higher than projected additions or “ons” to the waiting lists. The number of patients added to the waiting list also significantly exceeded the projections set out with 1,718,373 patients being added to the waiting lists. Despite these additions, a reduction of 2.7% was achieved in overall waiting list figures. This follows on from waiting list volume reductions achieved under both WLAP 2021 and WLAP 2022.

In the context of 2024, as detailed earlier in section 1.3, the projected rate of ons is further expected to increase beyond the rate experienced in 2023, such that 1,774,927 people are expected to be added to the cumulative waiting lists this year. This is projected to equate to an increased referral rate of 4.8%. To counter this trend, through the increased activity levels to be delivered under the WLAP 2024, as well as the additional 3% on OPD activity, removals would be c. 1.81 million from the combined hospital waiting lists by the end of 2024, resulting in a decrease in total volume of patients on waiting lists by 5.9% (c. 39k) by year end. Without the interventions outlined within the WLAP 2024, it is estimated that waiting lists would increase to over 1 million people in 2024 (see Figure 1.2).

Figure 1.2: Projected Waiting List Position under WLAP 2024



Introduction cont.

1.3.4 Finance

For 2024, the NTPF has been allocated €179 million and the HSE has been allocated both recurrent funding of €101 million (Table 1.2) and non-recurrent funding of €80 million (Table 1.3). The recurrent funding will fund posts that have been onboarded as part of the enhancing hospital capacity, priority areas and modernised care pathways in 2023 and previous years since the multi-annual approach was adopted. Throughout 2024, finances will be reviewed on an ongoing basis to ensure maximum utilisation of available resources to achieve targeted additional activity in all identified areas.

The recurrent allocation proposed spend for 2024 is as follows;

Table 1.2: Projected recurrent spend

Projected Spend – recurrent funding	€ million
Enhancing Hospital Group Capacity	€45
Focus Areas (Scoliosis, Bariatrics, Gynaecology, Reform)	€26
Modernised Care Pathways	€30
Total	€101

The non-recurrent allocation proposed spend for 2024 is as follows;

Table 1.3: Projected non-recurrent spend

Projected Spend – non recurrent funding	€ million
Additional Activity	€74.4
Reform	€1
HPVP	€3
NPPPEP	€1.6
Total	€80

1.4 2024 Waiting List Action Plan Targets

The key principle of the 2024 WLAP is to reduce waiting times and move closer to delivery of Sláintecare recommended maximum wait times as well as achieving an overall reduction in the volume of patients on our waiting lists.

This will be achieved through delivery of increased core activity as well as the utilisation of additional funding to deliver additional activity. For the purposes of the 2024 WLAP, there is a specific focus on patients who are waiting longest for access to care.

1.4.1 Sláintecare Time Targets

Last year, between February 2023 and December 2023, there was a reduction in the number of patients waiting over/breaching the Sláintecare wait times of 10 weeks for OPD by c. 50.8k (c. 11.3%), 12 weeks for IPDC by c. 3.7k (c. 6.8%) and 12 weeks for GI scopes by c. 2.6k (c. 23.3%), resulting in an 11% reduction overall. This reduction was a result of the targeted approach in delivering activity with allocated funding. In 2024, there is a continued focus on patients waiting over/breaching the Sláintecare wait times, with the aim of reducing the number of patients breaching the Sláintecare targets (as of year end 2023) by 10%. Table 1.4 sets out the targets for 2024.

Table 1.4: Projected Year End Position for Patients Breaching Sláintecare Time Targets

Sláintecare wait times The % and volume of patients breaching Sláintecare wait times			
	Opening position 2024	Targeted position July 1 st 2024	Targeted position December 2024
OPD 10 weeks	71.0% (399k)	5% reduction	10% reduction
Inpatient/Daycase 12 weeks	58.5% (50.2k)	5% reduction	10% reduction
GI Scope 12 weeks	36.7% (8.7k)	5% reduction	10% reduction
Data Source and Reporting Frequency	NTPF Monthly		

Achievement of these targets is dependent on several factors including rate of referrals and clinical priority.

Introduction cont.

1.4.2 Patients Waiting Over 3 years

Last year saw a reduction in the number of patients waiting or at risk of waiting over 4 years for care in 2023 by c. 29.1k (c. 84.6%) from c. 34.4k to c. 5.3k. 2023 also saw a reduction in the number of patients waiting or at risk of waiting over 3 years by c. 57k (c. 81%) from c. 70k to c. 13k. These reductions were a result of the targeted approach in delivering activity with allocated funding. In 2024, there is a continued focus on patients waiting longest for access to care and as such, the 2024 WLAP will focus on patients at risk of/waiting over 3 years for access to care. Table 1.5 sets out the targeted reduction in the number of patients at risk of/waiting over 3 years for access to care in 2024.

Table 1.5: Projected Year End Position for Patients Waiting over 3 years

Patients waiting greater than 3 years The number of patients currently or at risk of waiting over 3 years			
	Opening position 2024	Targeted position July 1 st 2024	Targeted position December 2024
		50% reduction	90% reduction
Total waiting List	34,187	17,094	3,419
OPD	30,477	15,239	3,048
Inpatient/Daycase	3,659	1,830	366
GI Scope	51	26	5
Data Source and Reporting Frequency	NTPF Monthly		

1.4.3 National Service Plan (NSP) Maximum Wait Time Targets

Last year saw an achievement of 86.6% in OPD, 78.2% in IPDC and 95.1% in GI scope of the NSP Maximum Wait Time target targets. In 2024, the NSP percentage target will remain the same as 2023. Table 1.6 outlines the 2024 opening position and the targeted year end position.

Table 1.6: NSP Projected Year End Position 2024

NSP Waiting times The % and volume of patients achieving NSP 2024 targets		
	Opening position 2024	Targeted position December 2024
OPD 90% waiting less than 15 months	86.6%	90%
Inpatient/Daycase 90% waiting less than 9 months	78.2%	90%
GI Scope 95% waiting less than 9 months	95.1%	95%
Data Source	NTPF	
Reporting Frequency	Monthly	

1.4.4 Waiting List Volume

Last year saw a reduction in the number of patients on our waiting lists by c. 2.7% to c. 671k by year end 2023. This reduction was a result of the targeted approach in delivering activity with allocated funding. For 2024, the target year end closing position is a reduction of 5.9% (c. 39k). In the context of the continued increase in additions to the waiting lists projected for 2024, additional activity, as set out in section 1.3, needs to be delivered under WLAP 2024 in order to achieve this target. In 2024, there is a continued focus to reduce the overall number of patients on waiting lists. Table 1.7 sets out the targeted reduction in the waiting lists in 2024.

Table 1.7: Projected 2024 Year End Position for Overall Waiting List Volume

Wait List Volume The total volume of patients on waiting list by category		
	Opening position 2024	Targeted position December 2024
OPD	562,039	511,789
Inpatient/Daycase	85,755	96,811
GI Scope	23,619	23,486
Total waiting List	671,413	632,086
Data Source and Reporting Frequency	NTPF Monthly	

1.5 Key Assumptions for development of targets

- Rate of Ons in 2024 will continue to increase as per 2023 trends:
 - OPD: 4.6% increase above 2023 additions
 - IPDC: 7% increase above 2023 additions
 - GI scope: 4.5% increase above 2023 additions
- HSE will deliver increased core removals and additional WLAP funded removals.
- NTPF will deliver a 10% increase in removals.
- 2024 projections have been completed based on 51 weeks, aligned with NTPF data collection cycle.

02



Delivering Capacity – in 2024 and 2025 for the future

The delivery of capacity is essential to ensure that the progress on waiting lists that has been achieved over recent years, through the implementation of the WLAP approach, continues in 2024.

The improvements in waiting lists achieved to date are as a result of, in part, delivering capacity throughout the health service. For 2024, the following areas have been identified and will be targeted to deliver capacity in order to further positively impact our current waiting lists.

2.1 HSE Capacity Optimisation

The overarching aim of capacity optimisation is to ensure maximum utilisation of resources in our hospitals and wider community (e.g., infrastructure, WTE, technology) so that patients can access care in a timely and equitable manner in the most appropriate care setting. Through the delivery of WLAP 2024, the following areas will support this objective.

2.1.1 HSE Additional Activity

The delivery of additional activity by the HSE will be enabled by the WLAP 2024 funding (€181 million) for both recurrent and non-recurrent initiatives. These initiatives will be delivered across all hospitals and integrated care settings.

It is projected that 2024 HSE additional activity will deliver c. 5% increase on 2023 additional activity, resulting in 118,501 in additional activity being delivered:

89,901

additional HSE
OPD activity

15,011

additional HSE
IPDC activity

13,589

additional HSE GI
Scope activity

In addition, efforts will be made to deliver a further 3% OPD activity (core & additional), resulting in a further 29,159 HSE OPD activity.

This volume of activity will be achieved by;

- Mandated Patient Initiated Review (PIR) in all Hospital Groups for all specialties, subject to the appropriate clinical qualifications.
- Mandated centralisation of referrals in all Hospital Groups for all specialties.
- Mandated outsourcing and technology enabled offerings, where available, to all patients waiting more than 12 months who do not have an active plan e.g. teledermatology.
- Utilisation of new Consultants and the new Consultant Contract to deploy extra clinics and maximise the use of clinic infrastructure late evenings and Saturdays.

2.1.2 Enhancing Hospital Group Capacity

Recurrent investment is required to build sustainable capacity within the health service and enable the system to better meet population health demand. The 2023 WLAP allocated €48 million funding on a recurring basis to establish strategic plans and deliver additional capacity and activity. Recurrent investment plans were finalised in collaboration with the hospitals and Hospital Groups in 2023.

In 2024, it is projected that c. 33,000 in new patient activity will be delivered as a result of the 283 posts onboarded in 2023. All projected activity volumes in 2024 are based on the successful retention of trained health professionals in line with projected timelines.

Delivering Capacity – in 2024 and 2025 for the future cont.

2.1.3 Insourcing

Insourcing is defined as the practice of using an organisation's own personnel or other resources to accomplish a task that was previously outsourced. It is a practice utilised within the HSE, along with outsourcing, to manage backlogs in elective care. While not a sustainable solution, owing to risk to workforce and overtime rates, it would have been employed at various points throughout any given year to support the management of backlogs in elective care. Another model of insourcing is the utilisation of capacity across hospital sites. In 2024, the aim is to continue to develop insourcing pathways both within and across hospital sites to support achievement of waiting list targets and deliver additional activity.

2.1.4 Productivity Specific to Scheduled Care

A Savings and Productivity Programme of work is being established to drive savings and efficiencies by assessing and implementing measures which will contribute to productivity (better use of existing resource) and savings. This joint Task Force will build on and strengthen work already commenced in 2023 to drive cost savings and productivity across the health service including HSE, section 38 services and where relevant other providers of services. This work will assess the benefits and risks of measures introduced in 2023 to ensure that all future measures are cohesive and appropriately informed.

The outputs will be phased, and delivery of productivity improvements and efficiencies will be on a rolling basis throughout 2024. (Terms of Reference, Productivity & Savings Task Force, HSE).

2.2 Private Capacity

2.2.1 HSE Out-Sourcing

Outsourcing is the practice of using an outside company e.g. a private hospital, to provide services that are performed in-house by the organisation's own employees and staff. This practice can be used to augment in-house capacity. As part of the 2024 WLAP, the aim is to adopt a systematic approach to commissioning additional activity in participating private hospitals to support achieving 2024 targets. The HSE Surgical Services Framework offers 810 procedures not currently offered by the NTPF across 17 private hospitals. The aim is to out-source c. 3,200 IPDC waiting list patients in 2024.

As part of the HSE's Out-Patient Framework, capacity has been procured for the specific specialties of dermatology, ophthalmology and plastic surgery, due to the current deficit of capacity that is available from the NTPF. Under the 2024 WLAP it is intended to provide full packages of care to c. 4,500 patients on waiting lists. A full package of care can incorporate multiple elements of care including consultation(s), diagnostics and/or required procedures.

2.2.2 Private Insourcing

As well as the insourcing model described above, whereby an organisation uses its own personnel or other resources to accomplish a task, external private insourcing companies exist (private model). These private companies utilise existing infrastructure and personnel of a given hospital site to see and treat patients from an elective waiting list. Both the hospital model and the private model of insourcing solutions have been identified to support the delivery of additional activity as part of the WLAP.

2.3 NTPF Capacity Optimisation

2.3.1 Commissioning

The commissioning of treatment for patients is a key role which the NTPF performs to deliver on our collective mission of improving access to healthcare, thereby enabling positive health outcomes. The NTPF does this by sourcing capacity in the public and private healthcare services for specific groups of patients on waiting lists.

As part of the commissioning process several measures have been identified to support the hospitals in providing opportunities for access to care in a private facility. The NTPF, in collaboration with the HSE, initiated the Auxiliary Patient Communication Project which was piloted in the Saolta Hospital Group in 2023. The NTPF, as part of this initiative, contacted patients who had previously rejected an offer of outsourcing from the NTPF. After contact was made with patients, 17% accepted an offer of outsourcing. This initiative will now be rolled out on a phased basis to hospitals during 2024.

The second supportive measure will be to send out-patient offer letters directly to patients offering full packages of care in a private facility to patients on an OPD waiting list.

2.3.2 Administrative Validation

The NTPF, with the support of the HSE, will roll out NTPF administrative validation processes and supports to a further 4 hospitals and expand the current processes in a further 5 hospitals, who are not currently validating patients on waiting lists greater than 3 months. This will ensure sites are supported by the NTPF and there is full consistency regarding administrative validation within the health services.

2.3.3 Triage & Clinical Validation

The NTPF are committed to expanding their current funding model of health care professional clinical validation supports to other specialties within the HSE. This measure will further support waiting lists and allow for funding to support healthcare professionals to work at their highest scope of practice.

2.4 HSE Capacity Development

There are a number of projects being progressed across the HSE to support capacity for elective care across public hospitals. While these will support the delivery of additional activity, they are not directly funded through the WLAP 2024.

2.4.1 Surgical Hubs

The first surgical hub to become operational in Ireland was the Reeves Centre at Tallaght University Hospital. This model has been hugely successful and since opening in December 2020 has led to significant improvements in reducing both the total number of patients waiting for a day case procedure and the length of time patients are waiting. Building upon this success, additional surgical hubs are being developed in the following locations: South Dublin, North Dublin, Galway, Cork, Waterford, Limerick with feasibility being progressed for a further hub in the North West.

In 2024, the surgical hubs in North and South Dublin are expected to be operationalised on a phased basis from Q3 and opportunities to open Galway are being progressed. The remaining hubs are being delivered on an expedited schedule and are expected to be fully operationalised on a phased basis during 2025. In 2024, we expect that the total additional capacity delivered through the two new Dublin surgical hubs will result in 1,400 additional day case procedures, 3,800 additional minor operating procedures, and 12,000 additional OPD appointments. This activity will be delivered on a phased basis as the surgical hubs increase activity to meet these targets.

Delivering Capacity – in 2024 and 2025 for the future cont.

This capacity is expected to ramp up to full capacity throughout 2025 as the hubs become fully operational. When fully operational, each hub is expected to deliver c. 4,000 additional day case procedures, c. 5,800 additional minor operations, and c. 18,500 additional outpatient consultations per annum. Funding associated with the development of the surgical hubs and associated activity is provided separately outside the 2024 WLAP funding.

2.4.2 Theatre, Endoscopy & Out-patient Infrastructure

One of the many challenges to delivering healthcare is infrastructure and the delivery of additional activity as per the WLAP 2024 is no different. There are a number of capital developments, encompassing improved OPD, IPDC, endoscopy and diagnostics capacity, to be progressed in 2024, which will support the delivery of additional activity. The development and delivery of these capital projects in 2024 is subject to the approval and funding of the 2024 National Capital Plan. While these developments are not funded through the 2024 WLAP, they will provide the much-needed physical space to support the delivery of additional activity and improved efficiency.

2.5 Community Activity

The issue of Community waiting lists is interrelated to the broader objectives of the WLAP 2024 and the need to ensure that there is an integrated approach to patient clinical pathways across the health service.

It is essential that there is a systematic approach to care across the health service to ensure a seamless service for patients on a given clinical pathway.


Budget 2024 provides investment of €77 million this year to target various primary care and related activity, with a view to supporting improved patient access. This includes an allocation of €3 million specifically to improve waiting lists for Child and Adolescent Mental Health Services (CAMHS), which the Minister for Health has identified as a priority area for 2024.

The initiatives, their specific funding allocation and their projected activity to be delivered in 2024, will be overseen and progress reported on and monitored through the relevant Department and HSE policy and service area performance oversight and governance processes. While falling outside the scope of the actions within the 2024 WLAP and the governance of the Waiting List Task Force, some of these initiatives have the potential to impact scheduled care waiting lists and waiting times.

There is an urgent need to ensure a consistent approach at a national and local level to primary care waiting list management. In 2024, a focused programmatic approach is to be developed to put in place considerable standardised infrastructure to support systematic responses to primary care waiting lists. This will support improvements in the consistency of patient experience regardless of location, as well as a greater understanding of the scale of demand, the drivers of demand and to allow for improved planning, interventions, investment considerations, enhanced productivity, and the most efficient use of capacity. This programmatic approach will be overseen and supported by dedicated governance arrangements.

2.6 Actions: Delivering Capacity in 2024

Table 2.2: Delivering Capacity 2024 list of actions

 Delivering Capacity 2024			
Action Number	Action Title (Action Lead)	Action Narrative	Timeframe for Completion
1	Capacity Optimisation – Additional Activity (HSE)	Deliver the following additional activity: <ul style="list-style-type: none"> • OPD: c. 89,901 additional OPD appointments • IPDC: c. 15,011 additional IPDC appointments • GI Scopes: c. 13,589 additional GI Scopes • OPD: c. 2,569 OPD appointments as part the commitment to a further 3% in extra OPD activity 	December 2024
2	Capacity Optimisation – HSE Insourcing (HSE)	Expand insourcing pathways across all hospitals/HGs/REOs	December 2024
3	NTPF – Commissioning	Deliver the following additional waiting list removals: <ul style="list-style-type: none"> • 110,000 OPD appointments • 35,000 IPDC procedures • 18,500 GI Scopes in 2024 	December 2024
4	NTPF – Validation	Validate patients on OPD and IPDC waiting lists more than 3 months and provide 117,692 removals from waiting lists.	December 2024
5	NTPF – Triage & Clinical Validation	Clinically validate 1,500 GI patients and expand this process to include other specialties.	December 2024
6	Capacity Development – Surgical Hubs (HSE)	<ul style="list-style-type: none"> • Open 2 surgical hubs, on a phased basis in South Dublin and North Dublin • Deliver the following additional activity: <ul style="list-style-type: none"> - 1,400 DC procedures - 3,800 additional minor operating procedures - 12,000 OPD appointments 	December 2024 December 2024

03

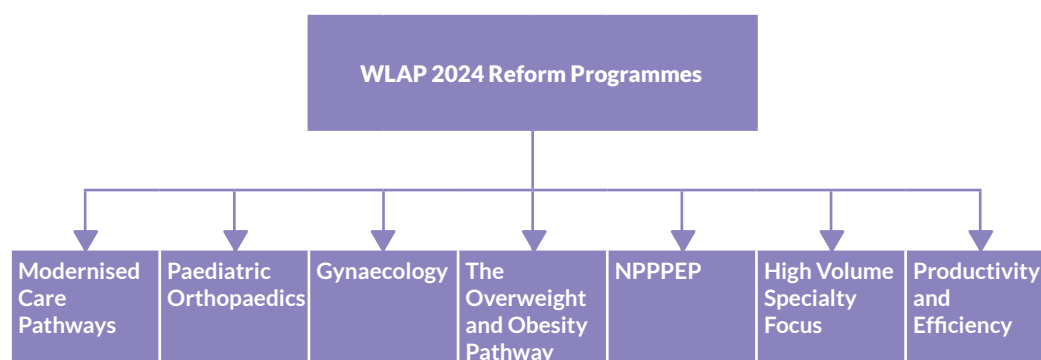


Reforming Scheduled Care

Reforming Scheduled Care requires a health service wide approach which aligns with the Sláintecare reform programmes (Sláintecare Implementation Strategy & Action Plan 2021–2023).

Reform in 2024 will see new and existing initiatives further improve integration, safety, prevention, shift of care, productivity, capacity, achievement of waiting time targets and help address health inequalities. Services across the spectrum of health and social care will be leveraged to better deliver the Right Care in the Right Place at the Right Time.

Figure 3.1: Illustrating the Portfolio of Reform Programmes in WLAP 2024



3.1 Modernised Care Pathways

The Modernised Care Pathways Implementation Programme is a multi-annual scheduled care reform initiative. The Programme seeks to implement, operationalise and optimise clinically redesigned patient pathways that transition care from the acute hospitals into the community, delivering care closer to the patient's home and adopting a multi-disciplinary approach to care delivery.

Building on the progress achieved in 2023, the key focus in 2024 will be on:

- Completing partially recruited teams to enable all funded pathways to become operational;
- Scaling up activity of all resourced pathways;
- Progressing digital enablement of pathways to optimise capacity and impact.

In 2024, we expect Modernised Care Pathways to deliver 21,000 new patient and 49,500 review patient activity (total 70,500 activity). This activity will impact positively on health service performance across a range of parameters, including direct waiting list removals; waiting list avoidance; releasing or creating additional acute capacity by facilitating patient treatment by clinical specialist multidisciplinary teams in the community; and hospital/emergency department avoidance by supporting patients through community access and self-management approaches. Not all of these parameters are directly quantifiable; however, there are a number of pathways that are expected to have a direct positive impact on OPD wait list removal. As this process develops during 2024, activity data reported will be validated against targets and updated as appropriate. In 2024, we expect approximately 6,000 OPD wait list removals across these pathways.

Reforming Scheduled Care cont.

3.2 Paediatric Orthopaedics

The 2023–2024 Scoliosis and Spina Bifida Action Plan builds on the work achieved under the 2022 Action Plan and takes account of the significant increase in demand and referrals compared to previous years.

Significant additional capital capacity and recruitment has been achieved so far under this plan to address the waiting lists. A dedicated working group under the auspices of the Waiting List Taskforce has been established to oversee the development and delivery of the Scoliosis and Spina Bifida Action Plan. A dedicated Paediatric Spinal Surgery Management Unit has been established in Children’s Health Ireland, which is focusing on the management and delivery of spinal surgery, including reform of the waiting lists. It is also intended that a dedicated stakeholder taskforce will be established.

In 2024, we will continue to focus on improvements to the organisation, management, and delivery of the services, through a paediatric spinal care programme of work which involves actions to tackle the current waiting lists, outsourcing options for clinically suitable children, and the design of a dedicated Paediatric Spinal Service for the new children’s hospital.

The activity will be measured monthly and reported against the 2024 activity targets as outlined in table 3.1.

Table 3.1: Scoliosis/Spina Bifida Activity target projections 2024

Hospital & Surgery	2024 Target
CHI at Crumlin Spinal Fusion	158
CHI at Crumlin Spinal Other	145
CHI at Temple Street Spinal Fusion	27
CHI at Temple Street Spinal Other	96
Cappagh	40
Total	466

3.3 Gynaecology

In 2023 57 WTEs were approved through the WLAP on a recurrent basis to address ongoing capacity deficits and enhance gynaecology services across a number of hospitals.

As at the end of 2023 29 of these WTEs were onboarded. In addition, the use of non-recurrent funding will continue to be maximised to support backlog clearance of gynaecology waiting lists in 2024. It is anticipated that 4,100 new OPD appointments and 1,000 IPDC procedures will be delivered through this investment in 2024.

In addition to the investment in gynaecology services through the WLAP 2024, The National Women and Infants Health Programme (NWIHP) are progressing a number of initiatives to support reduction in waiting lists and waiting times.

The upward trend in OPD referrals is expected to continue in 2024 as such NWIHP, working in partnership with hospital sites, has identified the following actions to mitigate the expected increase in demand and facilitate a reduction in the gynaecology waiting list:

- NWIHP will continue to work with individual sites to optimise the capacity of the ambulatory gynaecology services already established, while supporting the roll out of the three ambulatory gynaecology sites in development for 2024. NWIHP estimates that 19 operational services, expected to be operational on a phased basis by year end, will deliver approximately 25,000 appointment slots at full capacity. It is anticipated 18,000 appointments will be delivered in 2024.
- NWIHP will launch the National Endometriosis Framework by Q2 2024 following extensive stakeholder engagement and consultation. The HSE Guideline for the Clinical Management of Endometriosis and the Quick Reference Guide for GPs will support the framework, providing a clear referral pathway for women with endometriosis.
- NWIHP will finalise the National Framework for the Implementation of Physiotherapy Led Gynaecology Care Pathways in Q1/Q2 2024, along with the associated activity metrics. These pathways, once implemented, will utilise the significant investment in Women's Health Physiotherapists across the gynaecology services, reducing the numbers waiting on these services.

3.4 The Overweight and Obesity Pathway

The Overweight and Obesity pathway was developed in 2020 by the Obesity National Clinical Programme.

The pathway includes varying levels of services and supports based on the complexity of obesity. The levels range from health promotion initiatives and community based weight management programmes, to specialist hospital clinics, bariatric surgery and inpatient rehabilitation. The Obesity National Clinical Programme was identified as an area of focus in WLAP 2023.

In 2024, building on progress last year in implementing the Overweight and Obesity pathway, we will continue to focus on improving access to specialist treatment of complex obesity for children, young people and adults.

Activity targets for 2024 are outlined in Table 3.2.

Table 3.2: Obesity Programme Activity targets 2024

	2023	2024
Clinical Validation	445	990
New Patient Clinic (OPD)	464	562
Bariatric Surgery (IPDC)	218	224

Reforming Scheduled Care cont.

3.5 National Perioperative Patient Pathway Enhancement Programme

The National Perioperative Patient Pathway Enhancement Programme (NPPPEP) aims to embed a sustainable, standardised and data-driven approach to measuring, evaluating, and optimising the use of available theatre capacity.

The Programme is designed to support and enable participating Health Regions/hospitals to increase overall theatre effectiveness, increase theatre throughput, and ensure procedures are undertaken in the most effective locations.

The Programme is a collaborative initiative between the HSE, the Royal College of Surgeons in Ireland (RCSI), the National Clinical Programmes for Surgery and Anaesthesiology. NPPPEP builds on the successful pilot transforming theatre programme rolled out in the HSE South West (SSWHG) and is being rolled out to selected sites in Health Regions on a phased basis.

During the six-month period of engagement with the HSE programme team and RCSI Technical partners, sites are supported to:

- Adopt a standardised Theatre Measurement Model which generates a suite of capacity, access and flow metrics driven by five nationally agreed time stamps;
- Embed routine review of business intelligence and model outputs within management structures to identify opportunities for improvement, and
- Agree specific targeted improvement initiatives and apply evidence-based quality improvement methodology to realise impact.

By year end 2024, the programme will have rolled out in 18 sites across HSE South West (pilot), HSE West and North West, HSE Dublin and Midlands, HSE Dublin and South East, and commenced in engagement with 6 sites across HSE Midwest and HSE Dublin and North East.

3.6 High Volume Specialty Focus

Learning collated from WLAP 2023 has informed the requirement to strengthen clinical and operational collaboration across the care continuum around the reform agenda.

With the overall objective being the delivery of sustainable care, the approach this year, and into 2025 will be targeted and prioritised on specialty and hospital bases.

Priority specialty focus will be on three high volume specialties with long standing OPD waiting lists:

- i. Dermatology (rank 2nd largest OPD wait list)
- ii. Otolaryngology (rank 3rd largest OPD wait list)
- iii. Ophthalmology (rank 5th largest wait list)

(Source Rankings: NTPF National Weekly OPD Wait list 28th December 2023)

Working groups will be established for each specialty by the end of Quarter 2 2024 to further support the ongoing work in each specialty/hospital. Membership will comprise a range of clinical and operational stakeholders drawn from across the care continuum.

Reform initiatives will initially target the main acute centres where 80% of national acute activity occurs, whilst ensuring the involvement and engagement of wider service partners, notably the aligned community healthcare organisation, general practice etc.

Priority hospital focus will be on six hospitals with the highest waiting lists in these specialties:

- i. University Hospital Waterford (UHW)
- ii. Royal Victoria Eye and Ear Hospital (RVEEH)
- iii. South Infirmary Victoria University Hospital (SIVUH)
- iv. Mater Misericordiae University Hospital (MMUH)
- v. Galway University Hospital (GUH)
- vi. Tallaght University Hospital (TUH)

Key outputs will support the continued transformation of these services across Ireland towards a sustainable healthcare service providing excellence in care, experience and outcomes. The key action will be to deliver 90% patients waiting less than 15 months for an OPD appointment in the high volume specialties by the end of 2024.

3.7 Productivity and Efficiency

Reform actions under WLAP 2024 will align with the newly established Productivity & Savings Taskforce, the aim of which is to ensure that the maximum amount of patient care is delivered for the funding available.

Building on the work done in 2023, the individual reform initiatives rolled out last year will be packaged to deliver a more streamlined and comprehensive approach to operational and organisational efficiency, which in turn will support the delivery of more productive frontline services.

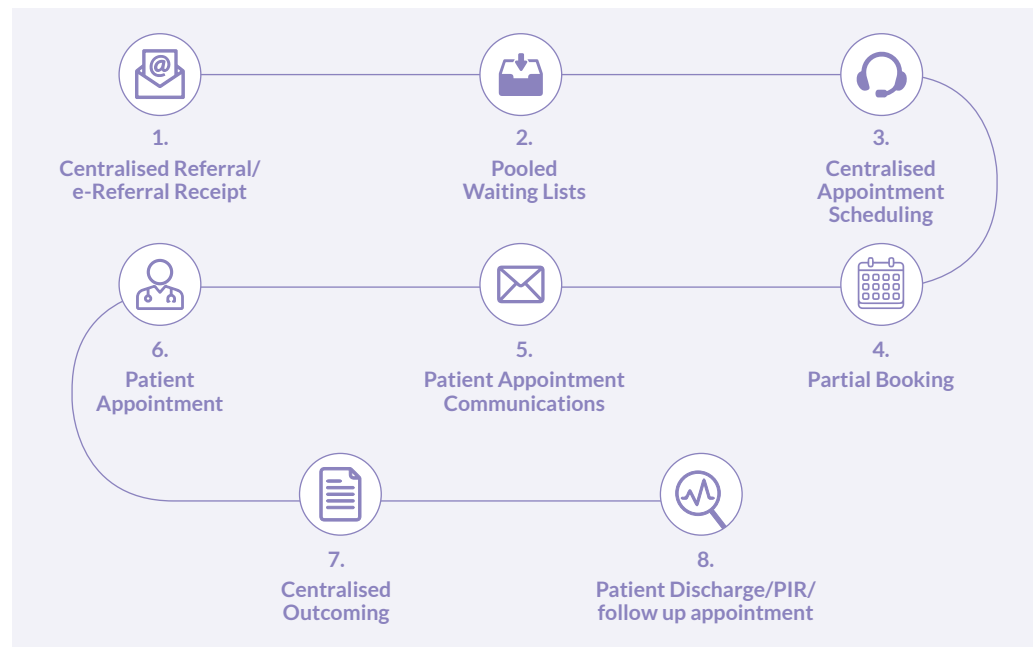
3.7.1 Central Referrals Model (CRM)

In 2023, Centralised Referrals Office (CRO) was rolled out to 11 sites, the Did Not Attend (DNA) strategy was rolled out in 24 sites and Patient Initiated Review (PIR) was implemented in 22 sites. In 2024, we will focus on rolling out the Central Referrals Model (CRM) to the priority hospitals in the specialties of Ophthalmology, Dermatology and ENT. The 2024 target is to achieve 80% roll-out of CRM in the 6 hospitals by the end of 2024. We are taking this more focused approach to maximise the impact on waiting list in these high-volume areas. In addition to these specialties, and in partnership with NWHIP, 80% roll-out of CRM across gynaecology services in 20 sites in 2024 will be progressed, with implementation in 5 sites by the end of Quarter 2, 14 sites by the end of Quarter 3 and 20 sites by the end of Quarter 4 2024.

Reforming Scheduled Care cont.

The CRM will enable standardisation of all components of outpatient waiting list management from receipt of referral, booking of appointments, right through to outcome and follow up appointment. The management of DNA, Could Not Attend (CNA) and Hospital Cancellations (HCAN) are included in this model to deliver reduced DNAs and appropriate management of CNA and HCAN in line with the Outpatient National Waiting List Protocol 2022. The CRM includes enhanced delivery of review patient follow up through PIR where appropriate, and management of review appointments. This model will enable services to tackle demand and increase capacity through pooling of waiting lists and shared clinician workload, enable chronological scheduling, reduce DNAs and optimise the patient journey and experience. CRM will encompass all aspects described in Figure 3.2.

Figure 3.2: Central Referrals Model Overview



3.8 Actions: Reforming Scheduled Care 2024

Table 3.4: Reforming Scheduled Care 2024 list of actions

 Reforming Scheduled Care 2024			
Action Number	Action Title (Action Lead)	Action Narrative	Timeframe for Completion
7	Modernised Care Pathways (HSE)	Deliver 21,000 new OPD activity and 49,500 review activity in 2024 (70,500 total), resulting in 6,000 removals from the OPD waiting list.	December 2024
8	Paediatric Orthopaedics (Spina Bifida/ Scoliosis) (HSE)	Deliver the following activity in 2024: <ul style="list-style-type: none"> • 158 Crumlin Spinal Fusions • 145 Crumlin Spinal (other) • 27 Temple Street Spinal Fusions • 96 Temple Street Spinal (other) • 40 Cappagh 	December 2024
9	Gynaecology (HSE)	<p>Deliver the following additional activity in 2024:</p> <ul style="list-style-type: none"> • 4,100 OPD appointments • 1,000 IPDC procedures <p>Deliver 18,000 OPD appointments through the ambulatory gynaecology service</p>	December 2024
10	The Overweight and Obesity Pathway (HSE)	Deliver the following activity: <ul style="list-style-type: none"> • 562 OPD appointments • 224 surgeries • 990 removals from the waiting list due to clinical validation 	December 2024
11	NPPPEP (HSE)	Roll out in 18 sites across HSE South West (pilot), HSE West and North West, HSE Dublin and Midlands, HSE Dublin and South East, and commenced in engagement with 6 sites across HSE Midwest and HSE Dublin and North East.	December 2024
12	High Volume Specialty Focus (HSE)	<p>Establish a working group for each of the three high volume specialties:</p> <ul style="list-style-type: none"> • Otolaryngology • Dermatology • Ophthalmology <p>Deliver 90% <15 months for OPD in the above high volume specialties</p>	<p>July 2024</p> <p>December 2024</p>
13	Productivity & Efficiency (HSE)	<p>Achieve 80% roll-out of the CRM across the hospital focus sites (UHW, RVEEH, SIVUH, MMUH, GUH & TUH) within the specialties of otolaryngology, dermatology and ophthalmology.</p> <p>Achieve 80% roll-out of CRM across gynaecology in 5 sites.</p> <p>Achieve 80% roll-out of CRM across gynaecology in an additional 9 sites (total cumulative = 14 sites).</p> <p>Achieve 80% roll-out of CRM across gynaecology in an additional 6 sites (total cumulative = 20 sites).</p>	<p>December 2024</p> <p>End Q2 2024</p> <p>End Q3 2024</p> <p>End Q4 2024</p>

04



Enabling Scheduled Care 2024 and into the future

This 2024 WLAP is underpinned by a number of key process/policy and technology/data enablers. Full implementation of these enablers is critical to support the whole-of-system reform required to improve access to scheduled care and achieve sustained waiting list reductions and maximum wait times.

4.1 eHealth

eHealth and Disruptive Technologies (eHealth) is the HSE division responsible for the delivery of technology to support healthcare across the Irish health service. eHealth is deemed to be a key enabler in supporting the delivery of WLAP 2024.

The following initiatives (excluding HPVP) are being progressed as part of the HSE's wider work in the ehealth space.

4.1.1 Integrated Patient Management System (IPMS)

IPMS is a key enabler to support both the management of and the improvement of scheduled care waiting lists. The following are a list of technical enablements that will be developed and progressed in 2024 to support the WLAP 2024.

- **Electronic referral:** The purpose of this is to achieve an electronic referral pathway between GPs and hospitals. The functionality includes the electronic triage of referrals directly on IPMS by the relevant hospital staff, as well as the ability for an automatic response message to be sent back to the GP systems with details of the triage outcome of the referral (accepted/rejected or re-rerouted). Business case approved for national deployment to all IPMS hospitals, and ICT capital funding secured. Implementation to be complete in 2 sites by end of Q2 2024.
- **SMS texting via IPMS:** A two-way SMS outpatient appointment reminder solution introduced, which is now live in six acute hospitals. This aim of this reminder system which is fully integrated with IPMS is to improve timely communication with the patient around their appointment details and to reduce the volume of DNAs for OPD. Implementation in progress with 7 hospitals and deployment will continue in 2024.
- Complete and implement solution for ECC community specialists' teams to record waiting list activity and clinical activity per ECC Hub. Proposed solution for the integrated care programme for Chronic Disease Management demonstrated and issued to stakeholders for feedback.
- **Partial booking:** Review of IPMS partial booking functionality undertaken. Proposal to implement will progress in 2024.

4.1.2 Endoscopy Reporting System (ERS)

The HSE Acute Operations Endoscopy Programme working in collaboration with eHealth and Disruptive Technologies will progress the roll out of the nationally procured ERS. This is the system that tracks clinical information for endoscopy procedures. ERS will enable a standardised approach to management of endoscopy procedures. Contract negotiations were concluded in Q4 2023, with the contract being signed in for the new reporting solution.

For 2024, the key deliverables are:

- Design, build and test for ERS
- Implement in first site
- Complete 3 site migrations.

Enabling Scheduled Care 2024 and into the future cont.

4.1.3 Data Visualisation

A key focus in 2024 will be to ensure hospitals and associated regions have access to BI tools and dashboards that provide real time views of hospitals waiting list performance and efficiency. This will enable hospitals to monitor and analyse factors that impact operational performance (referral demand, waiting list management, capacity and productivity). This will include the progression of the following analytic dashboards that are in use across the acute hospital service:

Integrated Information Service (IIS) platform

The IIS platform provides weekly waiting list data and trends over 5 years at patient level by procedure, specialty, and consultant. The ability to report and analyse length of waiting time and number of patients waiting for the same specialty/procedure in Ireland, at hospital level, and at Hospital Group level is provided. Measurements on Chronological Scheduling and Primary Target Lists reflecting international best practices to ensure timely access to care are available.

Key developments on the IIS Platform that will support waiting list management in 2024 include:

- Planned Procedures, Q1 2024.
- Scheduled care activity that will include HSE and additional access to care activity, Q2 2024.
- IHI to enrich datasets enabling patient pathway visualisation and measurement will be introduced, once IHI is rolled out 100%.
- Referral data: the intention is to include additional information such as demographics etc. to enable more detailed analysis of referral demand.

Health Performance Visualisation Platform (HPVP)

This visualisation platform is currently implemented in 21 hospital sites. The platform provides views across a number of hospital delivery areas including the Emergency Department, In-patient and OPD. Hospitals can access multiple views of their waiting lists including projections and trends in relation to maximum wait times and Sláintecare targets. In 2023 HPVP commenced development of an OPD "Productivity" tool which was validated and implemented in both Mayo and UL Hospitals in Q4 2023.

In 2024, this productivity tool will be further developed and validated by hospital sites with the initial objective of providing hospital CEOs and Clinical Directors with a productivity tool to understand and monitor clinic activity and output across all specialties and associated clinicians. A real time daily view of the weekly NTPF waiting list on the HPVP platform will also be implemented in 2024 that will enable hospitals to monitor their waiting lists near-real time. This programme of work is funded by the WLAP 2024.

4.1.4 Robotic Process Automation

Robotic Process Automation (RPA) is a technology that allows a computer programme (or robot) to replicate otherwise manual processes in an automated, repeatable, and reliable manner. The robotic technology could be used to mimic repetitive and labour-intensive work, freeing up staff to focus on value added activities such as problem solving, exception handling, troubleshooting and customer facing activities.

In 2024, the aim is to roll out RPA in 5 hospitals in batch suspensions of patients who are being out-sourced. This change in process will require a value analysis of the targeted areas for process change which includes mapping out the high-level process, evaluate the process intervention and validate the before and after process using a high level process map that illustrated the generic process across the hospitals. This will increase efficiency and reduce time spent on high volume administrative tasks.

4.2 Updates to HSE.ie

As part of the improvement to access to care, the HSE is developing a new service on HSE.ie which aims to make wait time information available to patients, the public and their GPs in a patient centred way. The service will be easy to use and help patients, users of the service and care providers to better understand access timelines for hospital services in the public health service.

Work is ongoing with the Integrated Information Service (IIS) and other key stakeholders to understand and collect the data that can be used to make wait times available to the public in a way that reflects the real experiences of patients.

In 2024 we seek to build upon the foundations that were established in 2023 to deliver and enhance user experience. With key focus areas including more granular level data and publishing average patient wait times. This work will be delivered as part of a wider programme of work on publishing data working in collaboration with the NTPF.

Future developments of public facing wait times will be part of the delivery of the HSE app, where patients will be able to see more detailed information about waiting lists that they are on. We are working on a roadmap and content strategy to publish performance data within the new HSE Regional and National site which will allow us to tailor the publication of data to other audiences, including HSE stakeholders, elected representatives and the media.

4.3 Actions: Enabling Scheduled Care 2024

Table 4.1: Summary of actions for Enabling Scheduled Care 2024

Action Number	Action Title (Action Lead)	Action Narrative	Timeframe for Completion
14	IPMS (HSE) e-referrals SMS Text Messaging ECC activity	Implement e-referrals in 2 sites. Progress the roll out of SMS text messaging across IPMS sites. Progress implementation for capturing ECC activity.	End Q2 2024 December 2024 December 2024
15	ERS (HSE)	Implement ERS in 3 sites.	December 2024
16	IIS (HSE) Planned Procedures Activity Referrals	Add planned procedure data to the dashboard. Add core and access to care additional activity to the dashboard. Add referrals data to the dashboard.	End Q1 2024 End Q2 2024 December 2024
17	HPVP Productivity Tool (HSE)	Optimise and utilise HPVP tool at hospital site level to support ongoing analysis of hospital activity, efficiency and productivity.	December 2024
18	RPA (HSE)	Implement RPA in 5 hospitals for batch suspensions of patients being out-sourced.	December 2024
19	Updates to HSE.ie (HSE)	Build upon the foundations that were established in 2023 to deliver and enhance user experience. With key focus areas including more granular level data and publishing average patient wait times.	December 2024

05



Governance and Oversight of Delivery

5.1 Waiting List Task Force

The governance structure of the 2024 WLAP will broadly follow the model and principles developed for the 2022 and 2023 WLAPs, with oversight of its implementation conducted through the Waiting List Task Force.

The Task Force is chaired jointly by the Department of Health and the HSE and is comprised of senior representatives from the Department of Health, the HSE and the NTPF. The Task Force will continue to report directly to the Minister for Health, with whom issues will be escalated as required. As such, the 2024 WLAP will be governed through a monthly cycle of the Task Force meetings and associated Ministerial meetings throughout the year.

The 2024 WLAP also falls under the broader umbrella of Sláintecare Reforms in relation to improving access to care. Progress reports will therefore be provided to the Sláintecare Programme Board for discussion at their meetings, which will be attended by the relevant Waiting List Task Force members.

5.2 HSE Governance and Delivery Model

Consistent with the HSE Board's role to direct and oversee the organisation's activities, including ensuring the HSE's full support for the implementation of the Government's health reforms as set out in Sláintecare, monthly progress updates on scheduled care reform and the delivery of the 2024 WLAP will be provided to the HSE Board through the Board Strategic Scorecard. In addition, reports will be brought for more detailed consideration by the Performance and Delivery Committee on an ongoing basis.



Governance and Oversight of Delivery cont.

The Access to Care Oversight Group and Access to Care Steering Group are established within the HSE and will ensure a continued focus on scheduled care. These will drive progress of this year's WLAP actions, including allocation of funds, the enhanced performance oversight of Hospital Groups, and the coordination of the reform programme for scheduled care, including priority areas, care pathways, and process, policy and technology enablers.

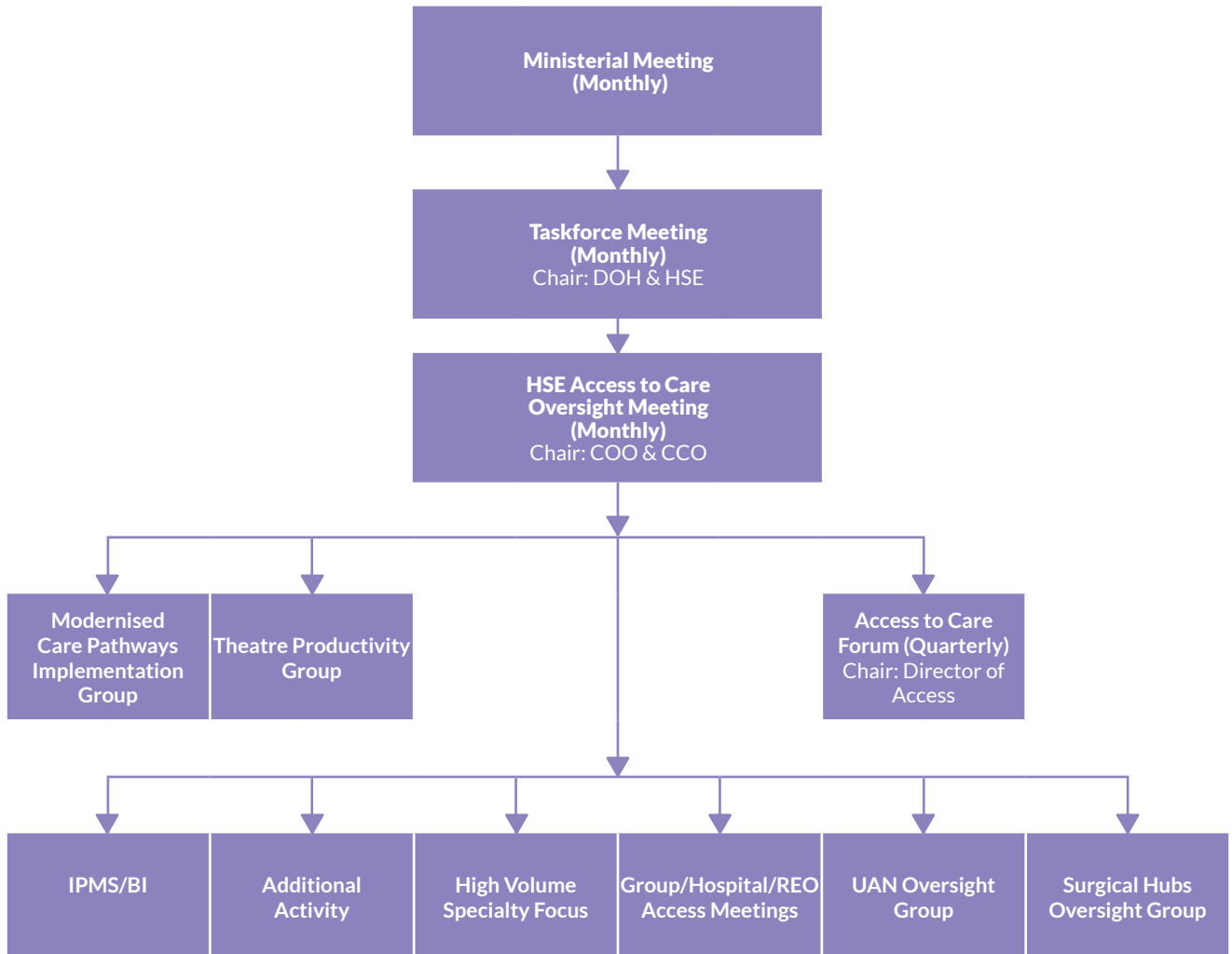
A dedicated Access Unit is established to implement the WLAP throughout the year. This unit will continue to report to the National Director of Acute Operations and will drive a programmatic governance and delivery approach within the HSE to reduce and reform waiting lists systematically in line with the multi-annual approach to reducing and reforming waiting lists and times. This includes monthly Access Meetings with Hospital Groups/hospitals to drive performance improvements and delivery of targets set out in this plan.

In addition, a number of ongoing implementation groups have been established and continue to drive forward a range of key activities (e.g. Pathways, HPVP etc.) which will contribute to the successful delivery of key targets included within the 2024 WLAP.

A close out report for the 2023 WLAP has been developed and will be published to demonstrate progress and impact on waiting lists as a result of the multi-annual approach to addressing scheduled care.

HSE Health Regions will be in place from early 2024 and will be accountable and responsible for delivery and integration of all acute and community services within their regional areas. The governance and accountability mechanisms for WLAP 2024 will be revised in line with those changes as they are agreed and put in place during 2024.

Figure 5.1: Governance for the Oversight of WLAP 2024



06



Challenges, Risks, Mitigations

Successful implementation of the 2024 WLAP remains susceptible to a number of risks. Scheduled care activity is vulnerable when acute hospitals and healthcare staff are under significant pressure due to surges in demand for unscheduled care.

Increased ED attendances can result in some cancellations of elective procedures, and it is recognised the impact this will have on patients. Additionally, persistent recruitment challenges may impede the ability to fully implement the proposed waiting list initiatives and reforms. Inability to recruit may also impact the ability to deliver the projected level of additional activity.

The following (Table 6.1) is a summary of the main challenges and risks that may impact successful delivery of the 2024 WLAP, as well as associated mitigation actions. The Waiting List Task Force will monitor these throughout the year and intervene as necessary.

Table 6.1: Summary table of main challenges and risks to WLAP 2024

	Risk	Mitigation
1	Increased Additions	
	The number of additions to the acute scheduled care waiting lists in 2024 could be higher than projected in this plan. In 2023, additions to the waiting list were 8.0% higher than projected in the 2023 WLAP and 12.3% higher than 2022. While the 2024 projections consider the experience from 2023, there remains huge uncertainty.	The flow of patients on to the waiting lists and referral rates will be monitored closely to quickly identify variance from the projections and to support necessary revisions to planning and funding allocations.
2	Overspend	
	The 2024 WLAP allocates €360 million in funding, which is a similar funding amount as in 2023. However, the activity targeted through the 2024 plan is significantly higher than achieved in 2023. The cost of this targeted additional activity is based on current unit prices and available capacity. Increases to the unit cost could increase the forecasted expenditure leading to an overspend.	Spend and additional activity delivered will be closely monitored in 2024 to track spend against forecast expenditure and expected additional activity.

Challenges, Risks, Mitigations cont.

Table 6.1: Summary table of main challenges and risks to WLAP 2024 cont.

	Risk	Mitigation
3	Increase in HSE Core activity	
	As set out in Table 1.1, the plan is dependent on a further increase in HSE core elective activity across OPD new patients, IPDC and GI scopes compared to 2023. This is a significant target.	The HSE will closely monitor activity delivered in 2024 and engage with Hospital Groups and hospitals in order to maximise delivery of same.
4	Recruitment Challenges	
	Considerable recruitment challenges were experienced in 2023, including the HSE recruitment pause, and persistent recruitment challenges in 2024 may impede the ability to fully implement the proposed initiatives and reforms. Inability to recruit the required resources will impact the ability to deliver the targeted waiting list removals and activity targeted in the plan.	Recruitment is being closely monitored across the HSE. While recruitment is being progressed, where possible, temporary resources will be utilised to maximise the delivery of activity and support achievement of 2024 targets.
5	Agency & Overtime	
	The delivery of additional activity is reliant on utilization of both overtime and agency staff. There remains an ongoing focus on agency and overtime as part of the pay and numbers strategy within the HSE. Limitation of agency and overtime resources may impact the ability to deliver the projected additional activity as per the 2024 WLAP.	The HSE will closely monitor the utilization of agency and overtime across the health service and will engage with Hospital Groups and hospitals to identify the need for same.
6	Competition for Capacity	
	Competition for scarce capacity within the health service – in the context of the HSE and the NTPF seeking to secure additional activity from the public and private services – may impact the ability to achieve the projected level of activity.	The HSE and the NTPF will ensure a coordinated approach to the procurement of additional activity.


Table 6.1: Summary table of main challenges and risks to WLAP 2024 cont.

	Risk	Mitigation
7	Impacts of increased UEC demands	
	Increased ED attendances and demand in unscheduled care can result in some cancellations of elective procedures, and it is recognised the impact this will have on patients. This may impact the ability to deliver 2024 WLAP targets.	Progressing surgical hubs to provide dedicated elective capacity will help mitigate the risks associated with surges in demand for unscheduled care.
8	Change in model of healthcare	
	Increases in preventative and screening services, may increase additions to the waiting list above anticipated levels. This may impede the ability to meet the waiting list targets set out in the 2024 WLAP.	Development of additional pathways in alternative care settings that do not include acute hospitals (e.g. direct to primary care) will support management of the level of referrals onto the waiting lists.
9	HSE Health Regions	
	Implications as the planned transition to the REO structure evolve.	The HSE will progress the WLAP in line with targets set out and engage with Hospital Groups, hospitals and emerging REO structures to ensure that all stakeholders are engaged and working in alignment with the plan.



Appendix

2024 Waiting List Action Plan - List of Actions

 Delivering Capacity 2024			
Action Number	Action Title (Action Lead)	Action Narrative	Timeframe for Completion
1	Capacity Optimisation – Additional Activity (HSE)	Deliver the following additional activity: <ul style="list-style-type: none"> • OPD: c. 89,901 additional OPD appointments • IPDC: c. 15,011 additional IPDC appointments • GI Scopes: c. 13,589 additional GI Scopes • OPD: c. 2,569 OPD appointments as part the commitment to a further 3% in extra OPD activity 	December 2024
2	Capacity Optimisation – HSE Insourcing (HSE)	Expand insourcing pathways across all hospitals/HGs/REOs	December 2024
3	NTPF – Commissioning	Deliver the following additional waiting list removals: <ul style="list-style-type: none"> • 110,000 OPD appointments • 35,000 IPDC procedures • 18,500 GI Scopes in 2024 	December 2024
4	NTPF – Validation	Validate patients on OPD and IPDC waiting lists more than 3 months and provide 117,692 removals from waiting lists.	December 2024
5	NTPF – Triage & Clinical Validation	Clinically validate 1,500 GI patients and expand this process to include other specialties.	December 2024
6	Capacity Development – Surgical Hubs (HSE)	<ul style="list-style-type: none"> • Open 2 surgical hubs, on a phased basis in South Dublin and North Dublin • Deliver the following additional activity: <ul style="list-style-type: none"> - 1,400 DC procedures - 3,800 additional minor operating procedures - 12,000 OPD appointments 	December 2024 December 2024




Reforming Scheduled Care 2024

Action Number	Action Title (Action Lead)	Action Narrative	Timeframe for Completion
7	Modernised Care Pathways (HSE)	Deliver 21,000 new OPD activity and 49,500 review activity in 2024 (70,500 total), resulting in 6,000 removals from the OPD waiting list.	December 2024
8	Paediatric Orthopaedics (Spina Bifida/ Scoliosis) (HSE)	Deliver the following activity in 2024: <ul style="list-style-type: none"> • 158 Crumlin Spinal Fusions • 145 Crumlin Spinal (other) • 27 Temple Street Spinal Fusions • 96 Temple Street Spinal (other) • 40 Cappagh 	December 2024
9	Gynaecology (HSE)	Deliver the following additional activity in 2024: <ul style="list-style-type: none"> • 4,100 OPD appointments • 1,000 IPDC procedures Deliver 18,000 OPD appointments through the ambulatory gynaecology service	December 2024
10	The Overweight and Obesity Pathway (HSE)	Deliver: <ul style="list-style-type: none"> • 562 OPD appointments • 224 surgeries • 990 removals from the waiting list due to clinical validation 	December 2024
11	NPPPEP (HSE)	Roll out in 18 sites across HSE South West (pilot), HSE West and North West, HSE Dublin and Midlands, HSE Dublin and South East, and commenced in engagement with 6 sites across HSE Midwest and HSE Dublin and North East.	December 2024
12	High Volume Specialty Focus (HSE)	Establish a working group for each of the three high volume specialties: <ul style="list-style-type: none"> • Otolaryngology • Dermatology • Ophthalmology Deliver 90% <15 months for OPD in the above high volume specialties	July 2024 December 2024
13	Productivity & Efficiency (HSE)	Achieve 80% roll-out of the CRM across the hospital focus sites (UHW, RVEEH, SIVUH, MMUH, GUH & TUH) within the specialties of otolaryngology, dermatology and ophthalmology. Achieve 80% roll-out of CRM across gynaecology in 5 sites. Achieve 80% roll-out of CRM across gynaecology in an additional 9 sites (total cumulative = 14 sites). Achieve 80% roll-out of CRM across gynaecology in an additional 6 sites (total cumulative = 20 sites).	December 2024 End Q2 2024 End Q3 2024 End Q4 2024

2024 Waiting List Action Plan - List of Actions cont.

2024 Waiting List Action Plan - List of Actions cont.

Action Number	Action Title (Action Lead)	Action Narrative	Timeframe for Completion
 Enabling Scheduled Care 2024			
14	IPMS (HSE) e-referrals SMS Text Messaging ECC activity	Implement e-referrals in 2 sites. Progress the roll out of SMS text messaging across IPMS sites. Progress implementation for capturing ECC activity.	End Q2 2024 December 2024 December 2024
15	ERS (HSE)	Implement ERS in 3 sites.	December 2024
16	IIS (HSE) Planned Procedures Activity Referrals	Add planned procedure data to the dashboard. Add core and access to care additional activity to the dashboard. Add referrals data to the dashboard.	End Q1 2024 End Q2 2024 December 2024
17	HPVP Productivity Tool (HSE)	Optimise and utilise HPVP tool at hospital site level to support ongoing analysis of hospitals activity, efficiency and productivity.	December 2024
18	RPA (HSE)	Implement RPA in 5 hospitals for batch suspensions of patients being out-sourced.	December 2024
19	Updates to HSE.ie (HSE)	Build upon the foundations that were established in 2023 to deliver and enhance user experience. With key focus areas including more granular level data and publishing average patient wait times.	December 2024



