

Acute Waiting List Action Plan September – December 2021

1.0 Introduction

The Minister for Health has asked his officials to prepare a detailed roadmap to tackle our waiting lists. The Department of Health, the HSE and the National Treatment Purchase Fund (NTPF) are finalising a multi-annual plan that will set out a twin track approach of investment and reform. It will be overseen by a Ministerial Taskforce and will contain a number of short, medium and long-term actions.

The pandemic resulted in national and international clinical guidance on the need to curtail routine, non-urgent scheduled care at various stages. It has had a significant and sustained effect on scheduled activity. At the peak of the recent Covid-19 surge in quarter 1 of this year, scheduled activity fell by up to 40 per cent. Efforts to restore activity were well underway but were then further impacted by the damaging cyber-attack.

Prior to the publication of that Multi-Annual Plan, a number of immediate actions have been identified to help address our waiting list challenge.

This Action Plan outlined below relates to immediate actions, until year end, for the reduction of acute hospital waiting lists. The Action Plan aims to deliver immediate results, especially given the significant increase in patients expected to be referred for appointments and scheduled care.

At the end of August, there were 761,000 on our Acute waiting lists. These are patients who are actively waiting for their first outpatient appointment, a procedure or surgery. The 900,000 figure frequently quoted includes these individuals, but also 23,615 'Pre-Admit' patients who have received a scheduled date for their admission/appointment in the next six weeks, and 90,832 patients on 'Planned Procedure' lists, representing those patients who have had treatment and require additional/follow-up treatment scheduled for a future date, and 32,470 patients who, for clinical, personal or social reasons, are not ready to proceed with their care and/or treatment and are therefore temporarily suspended on the waiting list.

Latest projections indicate that an additional 504,000 patients will come into the system and need care from September to December 2021. Core HSE activity is expected to deliver 392,000 scheduled care consultations/treatments to the end of December. This would result in a net growth of 111,000 patients, if additional measures were not introduced. Under that scenario 874,679 patients would potentially be on waiting lists by the end of December. These measures aim to ensure this does not happen and reduce that figure by 150,000.

This document sets out an immediate Waiting List Action Plan with deliverables across the following areas:

- 1. Waiting List Management** - Waiting lists for each hospital will be assessed by Hospital Group and speciality to allow for the development of specific plans to reduce the list by the year end, and governance arrangements and supports to ensure a focus on local waiting list reduction. The NTPF and HSE will undertake exercise to remove duplications, ensure more effective use of resources through reductions in missed appointments, and a process of clinical validation by consultants to ensure appropriate scheduling of patients

- 2. Immediate Capacity** - increased use of public resources, and the use by the HSE and NTPF of private facilities
- 3. Improved and Modernised Pathways** - ensuring those patients receive the right care first time are an essential part of the Sláintecare strategy
- 4. Preparation for the Introduction of Maximum Wait Time Targets** - a phased approach will be required for the ambitious Sláintecare waiting time targets to be achieved. Part of this work will be the agreement of multi annual waiting time targets.
- 5. Data and Information** - the HSE will implement a Health Performance Visualisation Platform which will provide real-time health data and trends across emergency departments, outpatient services, theatres, diagnostic services and bed management. This will allow managers and clinicians to have visibility of activity across the system and make urgent interventions where necessary.

The number of patients currently waiting is set out below, followed by a summary of the initiative outcomes, a description of initiative rationale and deliverables, detailed tables of initiatives and risks to delivery.

2.0 Current Position and Way Forward

The most recent published waiting list data shows that, at the end of August 2021, there was a total of 761k patients waiting for scheduled care services as follows:

- 652k patients awaiting their first outpatient appointment – an increase of some 41k (+7%) from 611k the same time last year
- 33k patients awaiting a GI scope - a decrease of 2k (-6%) from 35k this time last year
- 76k patients awaiting an inpatient or day case procedure - a decrease of 2k (-2.4%) from 78k this time last year.

Latest projections indicate that an additional 504k patients will come into the system and need care from September to December 2021. These numbers will generate some:

- 345k referrals to outpatient services
- 111k additions to inpatient or day case waiting lists via direct referrals or after attendance at outpatient services
- 49k referrals for GI scopes from GPs or as a result of an outpatient consultation.

HSE core capacity can deliver an estimated 392k new consultations or treatments in relation to scheduled care across the same time period, operating below normal capacity due to COVID-19 impact.

It is important to note that, in addition, 1.3 million unscheduled attendances, discharges or treatments will occur across the final four months of the year comprised of unscheduled admissions, ED attendances, dialysis and chemotherapy attendances, births and other maternity discharges, review outpatients and new unscheduled outpatients. Should unscheduled care needs increase this will impact on the delivery of scheduled care services.

Delivery of 392k scheduled care consultations/treatments would result in a net growth of 111k patients on waiting lists, leaving us with 872k (current position c. 761K) patients waiting by year-end. It is clear, therefore, that immediate actions are required to prevent further growth to waiting lists. These initiatives will result in:

- An additional 105k new outpatient appointments/waiting list removals
- An additional 31k inpatient or day case procedures/waiting list removals
- An additional 13.6k GI scopes/waiting List removals
- An additional 24k diagnostics
- Agreed projections and quantum of service to be provided, with detailed waiting list action plans by hospital group and specialty, and focussed management-led target achievement of targets, supported by a system-wide demand and capacity analysis
- Updated waiting list administrative protocol and associated compliance and monitoring process, with training to commence by year-end
- 70 modernised pathways, ready for implementation across 16 specialties (these specialities make up 91% of the acute treatment waiting list)
- Direct access to audiology (ENT, virtual trauma assessment clinics (TAC) and physiotherapy triage) coming on line in hub hospitals by year-end, and continued implementation of endoscopy innovation to reduce requirement for scopes
- Commencement of detailed Sláintecare Improvement Plans per hospital group, site and specialty

- A Health Performance Visualisation Platform providing real-time health data and trends across emergency departments, outpatient services, theatres, diagnostic services and bed management.

These targeted measures will ensure maximum impact for patients, avoid further growth in the waiting lists and deliver an additional 150k appointments/procedures/waiting list removals as set out in Table 1:

Table 1: Waiting list opening, projected with core only and benefit of targeted initiatives by year-end 2021

	Waiting List August 21	Projected Dec 2021 with HSE Core Activity Operating 80-90%	Projected Dec 2021 with Action Plan	Benefit of Interventions
Outpatient WL	652,344	726,562	621,082	-105,480
IPDC WL	75,720	101,304	69,822	-31,482
GI Scope WL	32,636	46,813	33,127	-13,686
Total WL	760,700	874,679	724,031	-150,648

Source: NTPF

3.0 Deliverables: Immediate Actions to Address Waiting List Growth

1. Waiting List Management

After agreement of the baseline September position, a robust but rapid assessment of waiting list status by hospital group and specialty will be conducted, enabling renewed focus on scheduled care waiting lists and production of plans to reduce these lists by year end. The plans will be informed by refreshed waiting list protocols and supported by administrative validation.

Table 2: Waiting List Management Deliverables

Deliverable 1	Agreed baseline, projections and required activity to inform plans
Deliverable 2	A detailed plan by hospital group and specialty, setting out patients waiting, target by year-end and plan to achieve this target
Deliverable 3	Establishment of hospital manager-led groups within sites, supported with dedicated staff resources, with a remit of achieving agreed targets by year-end
Deliverable 4	Publication of an updated waiting list management protocol and commencement of training refresh by year-end
Deliverable 5	A process to monitor protocol implementation by year-end

2. Immediate Capacity

We will add capacity to the health system in the short-term, pending longer-term more significant investments. Notwithstanding the additional capacity provided this year, we do not have sufficient capacity to see patients who are waiting for scheduled care because emergency services are dependent on the same beds, theatres, etc. and take priority. This ongoing situation has been exacerbated by the pandemic and more recently, the HSE cyber-attack.

We have worked with our hospitals to identify where we can deliver additional activity quickly and are also working with private hospitals to utilise their capacity to see patients on public waiting lists for outpatients, inpatient/day cases, scopes and diagnostics. We will align our efforts with the NTPF to ensure the most practical utilisation of private resources for our patients. We will, in addition, continue the roll out of Advanced Clinical Prioritisation (ACP) which will commence the backlog clearance, focussing initially on those waiting over nine months for their first outpatient appointment.

Table 3: Immediate capacity deliverables by year-end 2021

Deliverable 1	NTPF commissioning will provide an additional 10.8k inpatient/day case procedures, 5.8k GI scopes and 34.4k outpatient consultations
Deliverable 2	HSE Core activity to provide 86k inpatient/day case procedures, 34.5k GI scopes and 271k outpatient appointments
Deliverable 3	Extra private activity to be delivered from the Access to Care Fund will provide an additional 10k inpatient/day case procedures, 24k diagnostics, plus 3k surge capacity
Deliverable 4	Extra public activity to be delivered from Access to Care Fund will deliver an additional 33k outpatients, 7.5k inpatient/day case procedures and 1.3k GI scopes
Deliverable 5	ACP will deliver 18k consultations with expected removal of 10k patients from the OP waiting list

3. Improved and Modernised Pathways

Through our reform programme, we will modernise patient pathways – this means changing or fast-tracking the route that patients follow to access care and ensuring those patients receive the right care first time. Currently, many patients awaiting non-urgent care see their GP and are then referred for an outpatient consultation, often to receive a diagnostic not readily available to GPs. Modernised pathways will introduce or enhance, for example, patients being assessed by a specialist health and social care professional, such as a physiotherapist, or to have direct access to an X-Ray or MRI to assess low back pain. We know that 60% of low back pain can be safely managed in this manner.

Ongoing in the system are several initiatives and examples of good practice that have similar potential to deliver efficiencies and for patients to be seen in an expedited manner, with a number of these being in early implementation stage.

Table 4: Improved and modernised pathways deliverables by year-end

Deliverable 1	By year end we will have developed 70 modernised pathways across 16 specialties (these specialties make up 91% of the acute treatment waiting list), with 35 ready for implementation in 2022.
Deliverable 2	Direct access to audiology (ENT), virtual trauma assessment clinics (TAC) and physiotherapy triage operational in specific hub sites by year-end
Deliverable 3	Continued implementation of PillCam to ensure minimally invasive management of patients requiring a scope providing access for an additional 150 patients on endoscopy waiting lists by year-end
Deliverable 4	Faecal immunochemical tests (FIT) utilisation enabling an additional 1,400 patients on endoscopy waiting lists to be seen by year-end
Deliverable 5	Endoscopy nurse triage of an additional 4k patients listed for a scope to ensure appropriate referral criteria are being applied removing c.500 patients from the waiting list by year-end

4. Sláintecare Maximum Wait Time Targets

The ambitious targets set out in the Sláintecare Report, including the general shift of appropriate services towards the community will require a phased approach whereby we build new services and fine-tune others in a sustainable manner. This work has already commenced with a number of foundational pieces required by year-end in order to achieve the longer-term goals.

This foundation work requires the agreement of multi-annual waiting time targets to enable the system to work systematically towards the end-goal in a safe and sustainable manner. This ‘ramp-down’ will, in addition, require a set of protocols, methodology and reporting mechanisms to enable implementation and monitor new systems as they develop.

Individual hospital groups and hospitals will be required to put plans in place for implementation of new pathways and achievement of annual targets across their individual specialties, namely Sláintecare

Improvement Plans. Hospitals will require support to produce robust investment plans, based on data and information, with a goal of aligning with nationally agreed pathways for the delivery of services. To this end, the HSE is completing a comprehensive analysis of demand and capacity at hospital, specialty and clinician level providing invaluable input to our understanding of the requirements to deliver on Sláintecare targets.

Table 5: Sláintecare maximum wait time targets - deliverables by year-end

Deliverable 1	Multi-annual ramp down profile agreed to achieve Sláintecare targets
Deliverable 2	Develop protocols, methodology and reporting mechanisms to support implementation of maximum wait time targets
Deliverable 3	Commence development of detailed Sláintecare Improvement Plans for 16 specialties for each hospital group
Deliverable 4	Complete a robust demand and capacity analysis across hospital groups/sites to inform the Sláintecare Improvement Plans, ramp down profiles and pathway implementation requirements.

5. Data and Information

Currently data available to health service planners, managers, service-providers and implementation teams are historic, often months in arrears, with significant gaps in regard to basic information required to maintain a modern healthcare system. To address these deficits, the HSE will implement a Health Performance Visualisation Platform which will provide real-time health data and trends across emergency departments, outpatient services, theatres, diagnostic services and bed management. This will allow clinicians and managers to see where activity is happening across the health system, to identify bottle-necks and to enable visibility of where we need to make urgent real-time interventions.

Table 6: Data and Information - deliverables by year-end

Deliverable 1	Implement a weekly capacity and demand visualization at national, hospital group, hospital and doctor level across all our hospital waiting lists.
Deliverable 2	HPVP system live in 28 hospital sites by Q2 2022

The following section provides additional information regarding the initiatives outlined above.

4.0 Deliverables with Detail: Immediate Actions, to Address Waiting List Growth

1. Waiting List Management

Action		Description	Owner/s	Target/Outcome	Budget Allocation	Commence	Completion
1.	Agree revised waiting list projections to support monitoring of progress	Agree the total projected waiting list additions and removals by source of activity to enable monitoring and assessment of impact.	NTPF, with input from HSE and DoH	Agreed projections and quantum of service to be provided	Within existing resources	Immediately	Mid-Sept
2.	Commence Development of Detailed Plans for Each Hospital Group and Site	Develop a detailed plan for each hospital group, by specialty, setting, patients waiting, target and plan to achieve waiting list reduction by year-end.	HSE	A detailed waiting list plan for each hospital group by specialty	Within Budget	Ongoing	September 2021
3.	Support an Enhanced Focus on Scheduled Care Provision in Hospitals	Support an enhanced focus on scheduled care in acute hospitals by resourcing hospital groups with staff to establish proactive waiting list management with clear governance lines, ensuring prompt and appropriate provision of care to patients from waiting lists.	HSE	Establishment of a hospital manager-led group, with dedicated staff resources and an agreed work plan.	Within existing 2021 allocation	September	Year-end 2021
4.	Refresh and Commence Implementation of Modernised Waiting List Protocols	Update administrative protocols to improve management of scheduled care services. As an example, approximately 15% of all new outpatient slots are wasted due to patients not attending their appointment. Improved national guidance to hospitals will enable reductions in such wasted capacity, thereby improving access for other patients waiting to be seen.	HSE working with NTPF	Publish updated protocol and commence training refresh by year-end.	Within existing resources	Ongoing	Year-end 2021
5.	Establish a Process to Monitor Hospital Compliance with Agreed Waiting List Protocols	Agree a process to improve adherence to updated protocols ensuring a standardised approach to scheduled care across the country, maximising capacity and minimising waste.	HSE working with NTPF	Agreed monitoring process by year-end.	Within existing resources	September	Year-end 2021
6.	Administrative Validation	Continue administrative validation to identify those who no longer require outpatient, inpatient or day case care.	NTPF, working with HSE	Sept – Dec 2021 <ul style="list-style-type: none"> • 160k patients contacted • 32k removed from lists 	Within existing resources	September	Year-end 2021

2. Immediate Capacity

Action	Description	Owner/s	Target/Outcome	Budget Allocation	Commence	Completion
1.	NTPF Commissioning The NTPF arranges inpatient day case procedures and GI scopes in public and private hospitals. In addition to arrangements in private hospitals, supports to public hospitals include funding: The use of additional operating theatres in Cappagh; The operation of cataract clinics in the Royal Victoria Eye and Ear Hospital and in Nenagh General Hospital; Additional temporary staff and overtime to maximise utilisation of public hospital capacity; The rental of operating theatres and additional OP space from the private sector; Overtime and additional staff to provide outpatient clinics out of hours in public hospitals; Virtual Clinics and Clinical Validation; See and treat services where patients receive minor treatments in outpatient clinics; Diagnostic services Utilise the Outpatient Patient Access Management System (OP PAMS) with which the NTPF writes directly to suitable patients on the OP waiting list offering a consultation in a private hospital.	NTPF	Sept – Dec 2021 <ul style="list-style-type: none"> 10.8k inpatient day case Procedures 5.8k GI Scopes 34.4k outpatient Consultations 	Existing budget	September	Year-end 2021
2.	HSE Core Activity Relating to Waiting Lists The HSE will continue to deliver core activity across outpatients, inpatient/day case and GI scopes, resulting in ongoing removals from the waiting lists.	HSE	Sept – Dec 2021 <ul style="list-style-type: none"> 86k IPDC procedures 34.5k GI scopes 271k outpatients 	Core Budget	September	Year-end 2021
3.	Extra private activity to be Delivered from Access to Care Fund Additional HSE managed activity in private hospitals	HSE	Sept – Dec 2021 <ul style="list-style-type: none"> 10k IPDC procedures 6k diagnostics 3k surge capacity 	Access to Care Fund	September	Year-end 2021
4.	Extra public activity to be delivered from Access to Care Fund Additional activity in the public system above core funded activity, focusing on specialties with the longest waiting lists, e.g., gynaecology, ophthalmology, paediatrics, ENT, orthopaedics and dermatology.	HSE	Sept – Dec 2021 <ul style="list-style-type: none"> 33k outpatients 7.5k IPDC procedures 1.3k GI scopes 	Access to Care Fund	September	Year-end 2021
5.	Advanced Clinical Prioritisation Advanced Clinical Prioritisation (ACP) - Patients waiting over 18 months will be directly contacted by a consultant who will place them on the appropriate pathway of care.	HSE	Sept – Dec 2021 <ul style="list-style-type: none"> 18k consultations Expected removal of 10k patients 	Access to Care Fund	September	Year-end 2021

3. Improved and Modernised Pathways

Action		Description	Owner/s	Target/Outcome	Budget Allocation	Commence	Completion
1.	Improved and Modernised Pathways	We will modernise patient pathways across 16 specialties that comprise 91% of our waiting lists – this means changing the route patients follow to receive the right care, first time. Key Principles of staff working to the top of their licence and care decanted towards community provision, aligned with Sláintecare goals	HSE	70 modernised pathways finalised and agreed	Access to Care Fund	Ongoing	Year-end 2021
2.	Sláintecare Care Redesign Initiative 1 – Direct Referral to Audiology Services (ENT)	We will streamline access to audiology services for ENT patients across 10 ‘hub’ hospital sites, which will see patients have their hearing assessment directly, instead of waiting to see an ENT consultant who then refers them for a hearing test.	HSE	Service operational by year-end across 10 hub hospital sites.	Sláintecare Care Redesign Fund	Ongoing	Year-end 2021
	Sláintecare Care Redesign Initiative 2 – Virtual Trauma Clinics (TAC) (Orthopaedics)	We will continue establishment of virtual trauma (fracture) assessment clinics (TAC) across our hospital groups. This innovative service will review fracture patients seen in ED virtually and only call to fracture clinics patients who require specialist input, thereby freeing up significant resources to see elective orthopaedic patients.	HSE	Service operational across trauma and orthopaedic hospital sites.	Sláintecare Care Redesign Fund	Ongoing	Year-end 2021
	Sláintecare Care Redesign Initiative 3 – MSK Physiotherapist Triage (Orthopaedics)	We will further streamline access to physiotherapy services for orthopaedic patients which will see patients being triaged by the consultant and physiotherapist to identify the significant number that can be seen directly by a physiotherapist, thereby eliminating the need for the patient to wait for an orthopaedic outpatient appointment.	HSE	<ul style="list-style-type: none">An additional four sites will be live in the service.	Sláintecare Care Redesign Fund	Ongoing	Year-end 2021
3.	PillCam Implementation	The continued roll-out and implementation of PillCam to ensure minimally invasive management of patients requiring a scope	HSE	<ul style="list-style-type: none">150 additional patients removed from endoscopy WL by year-end	Access to Care Fund	Ongoing	Year-end 2021
4.	Fecal Immunochemical Tests (FIT) Utilisation	Utilisation of FIT testing to ‘pre-test’ patients for indicators of the need for a GI scope.	HSE	<ul style="list-style-type: none">An additional 1,400 patients removed by year-end	Access to Care Fund	Ongoing	Year-end 2021
5.	Endoscopy Nurse Triage	Utilising nurse triage of patients listed for a scope to ensure appropriate referral criteria are being applied prior to undergoing the procedure.	HSE	<ul style="list-style-type: none">Additional 4k triage episodes resulting in approximately 500 removals from the WL.	Access to Care Fund	Ongoing	Year-end 2021

4. Sláintecare Maximum Wait Time Targets

	Action	Description	Owner/s	Target/Outcome	Budget Allocation	Commence	Completion
1.	Agree Multi-Annual Maximum Waiting Targets to Achieve Sláintecare Goals	Working with the DOH, NTPF and the HSE to agree multi-annual maximum waiting targets to achieve Sláintecare access targets.	HSE working with DOH and NTPF	Multi-annual ramp down profile agreed to achieve Sláintecare targets.	Within existing resources	September	Year-end 2021
2.	Develop Protocols, Methodology and Reporting Mechanisms to Support Implementation of Maximum Wait Time Targets	Working with the DOH, NTPF and the HSE to develop protocols, methodology and reporting mechanisms to support implementation of maximum wait time targets.	HSE working with DOH and NTPF	Protocols and communication developed to support the establishment and monitoring of maximum wait time targets.	Within existing resources	September	Year-end 2021
3.	Commence Development of Sláintecare Improvement Plans for Each Hospital Group and Site + Demand and Capacity Analysis	Commence Sláintecare Improvement Plans for each hospital group to achieve Sláintecare access targets over the next five years, supported by a system-wide demand and capacity analysis.	HSE	A detailed improvement plan for each hospital group by specialty, setting out actions and investment required to achieve Sláintecare goals over a five-year period.	Within Budget	Ongoing	Year-end 2021

5. Data and Information

	Action	Description	Owner/s	Target/Outcome	Budget Allocation	Commence	Completion
1.	Implement Systems to Ensure we Use Data to Support Effective Planning and Service Delivery	We will implement a weekly capacity and demand visualization at national, hospital group, hospital and doctor level across all our hospital waiting lists. This will enable full realization of a vastly improved data visualization system that will provide near real-time data from by Q2, 2022 across 28 hospitals in ED, outpatients, bed management, theatres and diagnostics.	HSE	28 hospitals live	NSP 2021 budget	Ongoing	Year-end 2021

5.0 Risks to Delivery

This is a critical plan which seeks to address, for the remainder of 2021, the impact of COVID-19 and the HSE cyber-attack on lost activity in the public sector in relation to patients awaiting non-urgent scheduled care. The plan will be delivered in the context of ongoing challenges and risks associated with treating patients in a COVID-19 context in the acute sector specifically with the need for increased measures in terms of infection control (PPE, enhanced cleaning), increased space requirements in clinical settings. In the short term, the delivery of the agreed targets is critically dependent on the following:

Delivery of capacity by the private hospitals: The proposed scale of investment in 2021 in the private acute sector by the NTPF and HSE is unprecedented. In line with the Government mandate, the HSE has established a National Procurement Framework to enable it access private, time-dependent and elective services. Timely availability of private sector capacity is crucial to the delivery of this plan.

Assessments of projected activity: the HSE worked closely with NTPF to determine anticipated volumes of referrals, activity and removals from waiting lists. Given the unique circumstances we faced this year, it is more challenging to project with accuracy the expected additions to the waiting list, especially in the context of lower referral rates in 2020 and the lack of data during the ransomware attack. In effect, it is assumed there is unmet need in the community and the pace with which these patients present is not within our control. We have put in place robust monitoring arrangements conjointly with the NTPF to rigorously evaluate referrals, activity and waiting lists each month and we will conduct a comprehensive review of activity and expenditure in each month to support the delivery of the agreed targets

Endoscopy services have been disproportionately affected by the infection control measures required: We face significant challenges in terms of capacity to meet the required volumes and the targeted additional activity still falls short of the demand for services. In collaboration with the Acute Endoscopy Programme, we have sought to identify new ways of working and the use of new technologies to deliver services. The use of PillCam, FIT testing for symptomatic patients and nurse triage are being implemented across the country; the approach and indicative volumes are informed by the available clinical evidence, but these will require ongoing review to determine whether the targeted activities can be delivered in the first year of their operation. The HSE Endoscopy Steering Group will oversee this work.

Appendix 1

Projections to year end 2021

The following tables outline the projected impact of scheduled core and additional activity on the numbers of patients waiting from Sept to December of 2021

	OP	IPDC	GI Scopes
Opening (31.08.21)	652,344	75,720	32,636
Cumulative new patients	345,328	111,102	48,752
HSE core activity	271,110	85,519	34,575
NTPF commissioning	34,400	10,800	5,800
NPTP validation	28,400	2,812	880
HSE additional seen/removed	42,680	17,870	7,006
Expected closing (31.12.21)	621,082	69,822	33,127