



# 2023 Waiting List **Action Plan**



An Roinn Sláinte  
Department of Health

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



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# Minister's Foreword



Our population is growing – in fact it has increased by nearly a third in the past 20 years. And our population is ageing – it's good to see that Ireland now has the highest life expectancy in the EU. However, a growing and ageing population adds a lot more demand for healthcare services every year.

I am greatly encouraged by the real progress that has been made since we launched the Waiting List Action Plan in 2022.

It is right then that this Government has provided unprecedented new resources to the HSE over the past three years.

We have added nearly 1,000 hospital beds, over 360 community beds and 65 critical care beds. This is the greatest number of beds added since the HSE was established.

We have increased the HSE's workforce by more than 18,500. This includes more than 5,000 nurses and midwives, nearly 3,000 health and social care professionals, 1,800 doctors and dentists. 2020, 2021 and 2022 have been the three best years of recruitment into the HSE ever. This year is set to be the same.

We have continued to invest in primary care and community services to ensure that patients are treated in their locality or as close to their homes as possible. Over 2,400 healthcare workers were recruited to the Enhanced Community Care Programme while 94 of the planned 96 Community Healthcare Networks are now operational. I expect to see real impact from this programme in 2023 and subsequent years.

Tangible measures that made a real immediate difference to patients were also implemented in 2022 to expand eligibility and to move towards our vision of universal healthcare. These included abolition of in-patient hospital charges for children under 16 years, the introduction of free contraception for women aged 17–26 years, which will be expanded to include women 30 and under, from 1 September 2023, reduction in drug payment thresholds, and the planned extension of free GP visits in 2023 to almost half the population.

I am greatly encouraged by the real progress that has been made since we launched the 2021 short-term Waiting List Action Plan and the 2022 Waiting List Action Plan. Waiting List for scheduled care in our hospitals increased by nearly 60% between 2015 and 2021 and, without the intervention of our Plan, they would have further increased by 42% to over 1 million people last year.

Instead, by the end of December 2022, there were 690,223 people on active hospital waiting lists for acute scheduled care. While these waiting lists have been a challenge for the Irish healthcare system for decades, they worsened considerably during the COVID-19 pandemic and, in common with health services across the world, we are now dealing with significant pent-up demand.



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In 2022, the number of patients exceeding Sláintecare maximum wait times fell by 11% (over 56,000 people).

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Last year we began to address hospital waiting lists in a meaningful and enduring way as part of our multi-annual approach to achieving the maximum wait times as recommended in the 2017 Oireachtas Sláintecare report. As a result, 2022 was the first year since 2015 in which overall waiting list numbers decreased – a 4% reduction was achieved. Interim maximum wait times were also implemented in 2022 as the first step of a phased approach to gradually bring waiting times in line with those recommended in the 2017 Oireachtas Sláintecare Report (10 weeks for new outpatient appointments and 12 weeks for procedures). In 2022, the number of patients exceeding these Sláintecare maximum wait times fell, by 11% (over 56,000 people), which is also a 24% reduction compared to pandemic peaks during 2021.

This year, the Government has allocated €443 million to build on the work already done.

As well as turning the tide on continually rising waiting lists and times throughout the past 18 months our waiting list action plans have been laying the foundations for important long-term reforms. These reforms will result in sustained reductions in waiting lists and waiting times. As part of the 2023 funding, €123 million has been made available on a recurrent basis for the Health Service Executive (HSE) to implement modernised care pathways and to sustainably close the capacity gaps in specialties and hospitals that create unacceptably long scheduled care waiting lists and times.

The 2023 Waiting List Action Plan will also continue providing additional public and private activity via non-recurrent funding of €240 million to the National Treatment Purchase Fund (NTPF) and HSE to maintain the momentum of further reducing waiting times and clear the waiting list backlogs exacerbated during the COVID-19 pandemic. With this funding, the NTPF has identified 20 high-volume procedures, representing approximately 40 percent of patients currently on the IPDC waiting list (including cataract surgery, hip and knee replacements), and made a commitment that any patient waiting over 3 months will receive an offer of treatment before year-end.

The remaining €80 million has been allocated to essential initiatives that have the potential to significantly impact our waiting lists, including the GP access to diagnostics scheme that, in 2023, will see over 500,000 diagnostic tests, including radiology, being provided in the community.

While we have delivered a record number of hospital beds, the current processes do not produce new healthcare infrastructure quickly enough. I am working with my Department, Government colleagues and the HSE to find ways to add more beds more quickly.

The Government also approved in December 2022, the sites of new elective hospitals in Cork and Galway to provide significant additional capacity to meet future demand, and to enable the separation of scheduled and unscheduled care. This will change the way in which day cases, scheduled procedures, surgeries, scans and outpatient services are arranged across the country. These hospitals will ensure greater elective capacity in the future, protect scheduled care capacity and support a reduction in waiting times.

To address shorter-term needs, the HSE will fast-track plans for new elective surgical hubs in Cork, Dublin, Galway, Limerick and Waterford to address shorter term capacity demands.

Despite the significant challenge we face, it is clear that waiting lists are coming down and more and more people are getting the treatment they need. Our multi-annual action plans are working, but there is no time for complacency and much to achieve. I am confident we'll see more patients accessing the right care in the right place at the right time, in the months and years ahead as we continue our journey in delivering a modern world class health service for all.

**Minister for Health**  
**Stephen Donnelly, TD**

# 01



# Executive Summary

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The Government recognises that acute hospital scheduled care waiting lists are far too long, and that many patients are waiting an unacceptably long time for care.

While these waiting lists have been a challenge for the Irish healthcare system for decades, they worsened considerably during the COVID-19 pandemic, and our healthcare services are now dealing with significant pent-up demand. Countries across the world are also reporting increased pressure on healthcare services and associated waiting lists largely due to the unprecedented impact of the pandemic.

Despite these challenges, positive progress has been made in Ireland over the past 18 months due to a new multi-annual action plan approach that is turning the tide on rising waiting lists and waiting times. Waiting lists for scheduled care in our hospitals increased by nearly 60% between 2015 and 2021 creating huge backlogs, but this unacceptable trend has now been halted and overall waiting lists and waiting times are now decreasing as a result of the interventions funded by our action plans. By continuing this multi-annual approach to reducing and reforming waiting lists and times our vision is to deliver a modern world class public health service for all - in which everyone has timely and transparent access to high-quality scheduled care, where and when they need it, in line with Sláintecare reforms.

The 2023 Waiting List Action Plan is the next stage of this new multi-annual approach and builds on the foundational work done through the short-term Waiting List Action Plan between September and December 2021, which was followed by the first full year Waiting List Action Plan for 2022, both having reversed the annual trend of rising waiting lists. Indeed, without the intervention of the 2022 Plan it is estimated that waiting lists would have increased by 42% to over 1 million people.

Instead, there were c.1.56 million patients removed and c.1.53 million patients added to hospital waiting lists during 2022 – a net reduction of c.30,000 people (4.1%) to c.690,000, which is the first annual reduction since 2015. This followed the reduction of 5.4% delivered between September and December 2021 through the initial short-term Plan.

These overall reductions in waiting lists were also complemented by significant reductions in waiting times. Interim maximum waiting times were implemented in 2022 as the first step of a phased approach to gradually bring waiting times in line with those recommended in the 2017 Oireachtas Sláintecare Report (10 weeks for new outpatient appointments and 12 weeks for procedures). In 2022, the number of patients exceeding these Sláintecare maximum wait times fell, by 11% (over 56,000 people). When compared to pandemic peaks (June 2020 for IPDC and GI Scopes, and February 2021 for OPD), by the end of 2022 the number of patients exceeding Sláintecare maximum wait times had fallen by 24%.

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Without the intervention of the 2022 Plan it is estimated that waiting lists would have increased by 42% to over 1 million people

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## Executive Summary cont.

**Significant reductions in number of patients exceeding Sláintecare Maximum Wait Times:**

**11%**

during 2022

**19%**

since start of  
multi-annual action plans  
in September 2021

**24%**

compared to  
peak waiting lists during  
pandemic (2020/21)

Unfortunately, not all the ambitious targets set in the €350 million-funded 2022 Plan were fully achieved. Total acute scheduled care waiting lists finished behind targets in the Plan for reducing overall volumes (4% versus 18% target). This was mainly due to continued challenges in our hospitals from repeated COVID-19/flu/respiratory surges and associated unprecedented pressures on our Emergency Departments (EDs). However, our hospital system and their committed staff must be commended for the positive progress they have made during these challenging times.

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. However, during such pressure periods time-sensitive cancer diagnostic and treatment services continue to be prioritised, alongside the urgent care needs of those undergoing cancer treatment.

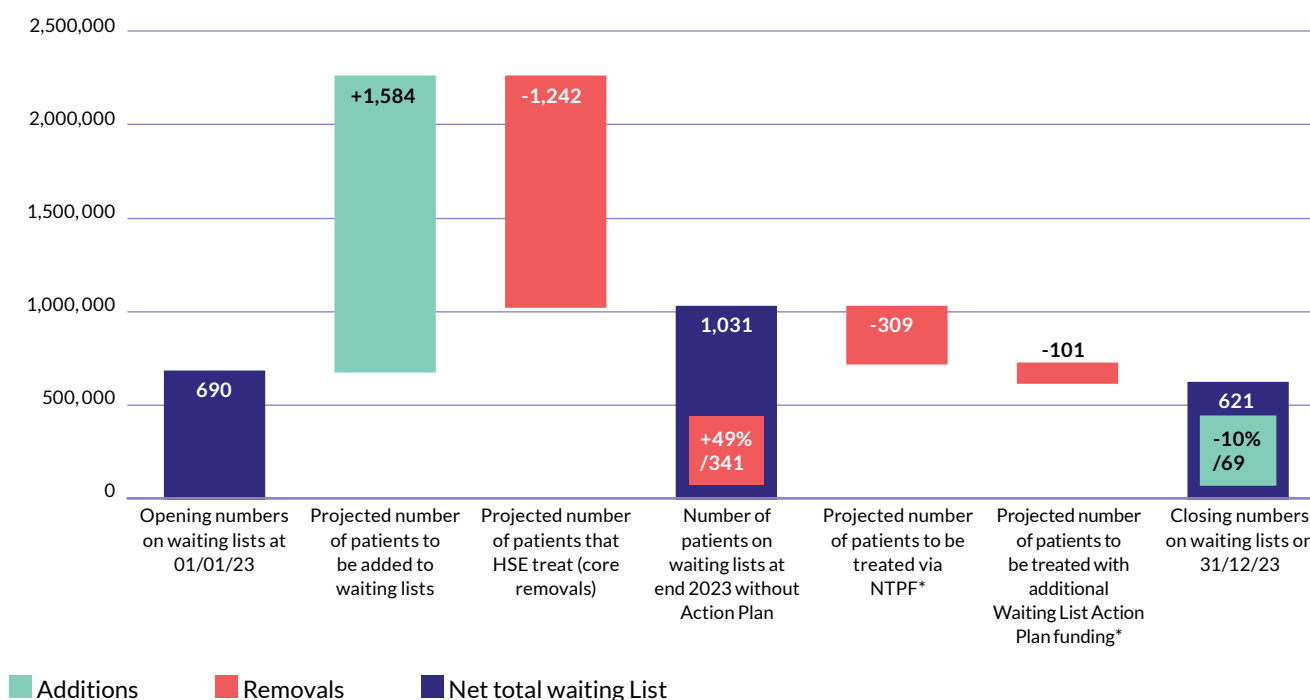
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The multi-annual waiting list action plans have been laying the foundations for important long-term reforms  
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As well as turning the tide on continually rising hospital waiting lists and times throughout the past 18 months, the multi-annual waiting list action plans have been laying the foundations for important long-term reforms. These reforms will now be implemented via the 2023 Waiting List Action Plan and will result in sustained reductions in waiting lists and waiting times. From this year, funding of €123 million has been made available on a recurrent basis for the HSE to implement modernised care pathways and to sustainably close the capacity gaps in specialties and hospitals that create unacceptably long scheduled care waiting lists and times. The 2023 Plan will also continue providing additional public and private activity via non-recurrent funding of €240 million to the NTPF and HSE to maintain the momentum of further reducing hospital waiting times and clear the waiting list backlogs exacerbated during the COVID-19 pandemic. An additional €80 million has been allocated to various primary and community care initiatives.



The graphs (Figures 1a and 1b) show projected additions and removals to waiting lists in 2023, both with and without the implementation of the 2023 Waiting List Action Plan.

Figure 1a: **Waiting List Additions and Waiting List Action Plan, 2023 (waterfall)**



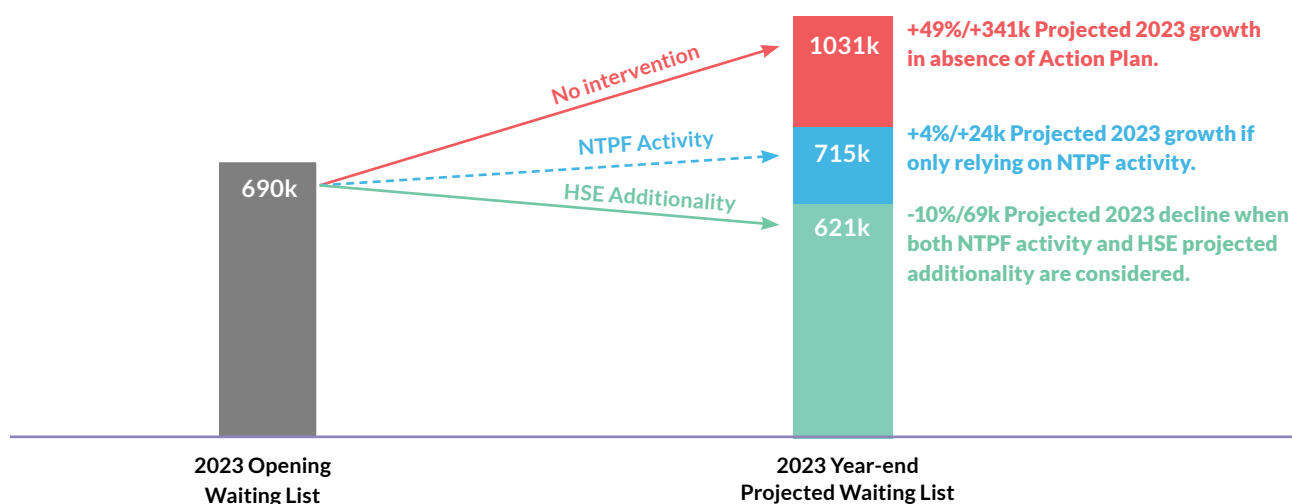
\*Projected number of patients to be treated via NTPF includes waiting list removals via commissioning and validation. Projected number of patients to be treated with additional 2023 Waiting List Action Plan funding includes waiting list removals by the HSE via advanced clinical prioritisations (ACP) and additional activity (including 4,000 from the initial implementation of modernised care pathways). Further details are contained later in the section 5. 2023 Waiting List Projections, Targets and Funding.

Note that the figure for the projected number of patients to be treated via NTPF (309,000) is lower than that reflected in subsequent tables showing NTPF activity and commissioning (316,100). This is due to approximately 7,000 additions to the IPDC waiting list that are projected to arise from additional investment in OPD activity (e.g., a patient on the OPD waiting list may be referred for an IPDC procedure following their consultation).

As of end-December 2022, there were 690,223 people on active waiting lists for acute scheduled care. It is projected that in 2023 approximately 1,584,000 patients will be added to these waiting lists for either a first OPD appointment (c.1,097,000), an IPDC procedure (c.340,000) or a GI Scope (c.147,000). Without the additional activity funded by the 2023 Waiting List Action Plan, it is projected that waiting lists would rise by 49% by the end of the year, bringing the total number of people waiting for hospital scheduled care to over 1 million. Under the 2023 Plan, the Department of Health will fund the HSE and the NTPF to deliver services to remove c. 1.66 million patients from waiting lists, resulting in a projected reduction of just over 10% by year-end to c.621,000.

## Executive Summary cont.

Figure 1b: Waiting List Additions and Waiting List Action Plan, 2023 (summary)



To progress the implementation of long-term reforms in tandem with continuing to address waiting list backlogs, the 2023 Plan focuses on three key areas, under which 30 short, medium and long-term actions will be delivered this year to achieve the target reductions in waiting lists and waiting times:



### 1. Delivering Capacity in 2023

11 actions for the immediate delivery of additional activity within the private and public system to address current hospital waiting list backlogs and reduce waiting times. Actions will deliver additional OPD appointments, IPDC procedures and GI Scopes in 2023, resulting in a waiting list reduction of just over 10% by year-end. Other actions relating to the delivery of capacity include progressing the development of 5 surgical hubs nationally to increase dedicated capacity for elective activity in our hospitals and an action to deliver additional community activity to reduce waiting lists for high priority services, mainly for children.



### 2. Reforming Scheduled Care

8 actions to progress medium-to-longer term reforms to fundamentally resolve underlying barriers to the timely delivery of acute scheduled care. This includes further work on modernising patient care pathways, with the full implementation of 7 priority pathways and commencing implementation of a further 29. Other reform actions to be progressed in 2023 include implementation of patient-initiated reviews in 22 hospitals as part of a strategy to reduce the number of review appointments scheduled across the system; and establishment of patient-centred booking arrangements through a central referrals office, to improve patient experience, ensure patients are seen as quickly as possible and reform scheduling practices in acute hospitals.



### 3. Enabling Scheduled Care Reform

11 actions to progress key policy, process and technology enablers that are critical to supporting the whole of system reform required to improve access to scheduled care and achieve the Sláintecare recommended maximum wait times. Actions under this heading include the development and delivery of waiting list management protocols, training and development programmes; development of Information and Communications Technology (ICT) infrastructure to enable the collection of data for radiology diagnostic waiting lists; and the further roll-out of the Health Performance Visualisation Platform (HPVP) that will provide data-based insights across hospitals to improve operational efficiencies. Access to scheduled care will also be expanded through increased virtual patient engagements.

Successful implementation of the 2023 Waiting List Action Plan remains susceptible to a number of risks, including repeated COVID-19/flu/respiratory surges and associated pressures on Emergency Departments. 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 (e.g. modernised care pathways). Inability to recruit may also impact the ability to deliver the projected level of additional activity. Mitigation actions for all these risks are detailed in the Plan and the Waiting List Task Force will monitor these throughout the year and intervene as necessary.

Many countries are facing similar healthcare waiting list challenges to Ireland, which have been exacerbated by the pandemic. They are using a broad range of strategies and policies to reduce the number of people on waiting lists and the length of time they are waiting. Common approaches have been summarised by the European Observatory on Health Systems & Policies (2022) as focusing on three core components: enhancing staff recruitment and retention; improving productivity, capacity management and demand management; and investing in capital, infrastructure and new community-based models of care and expanding digital infrastructure.

All of these components are part of the delivery of universal healthcare in Ireland. Last year's Waiting List Action Plan 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 2023 Waiting List Action Plan, the Department of Health, the HSE and the NTPF are taking the next steps towards achieving our vision of a modern world class public health service for all - in which everyone has timely and transparent access to high-quality scheduled care, where and when they need it, in line with Sláintecare reforms.



# 02



# Background & Context

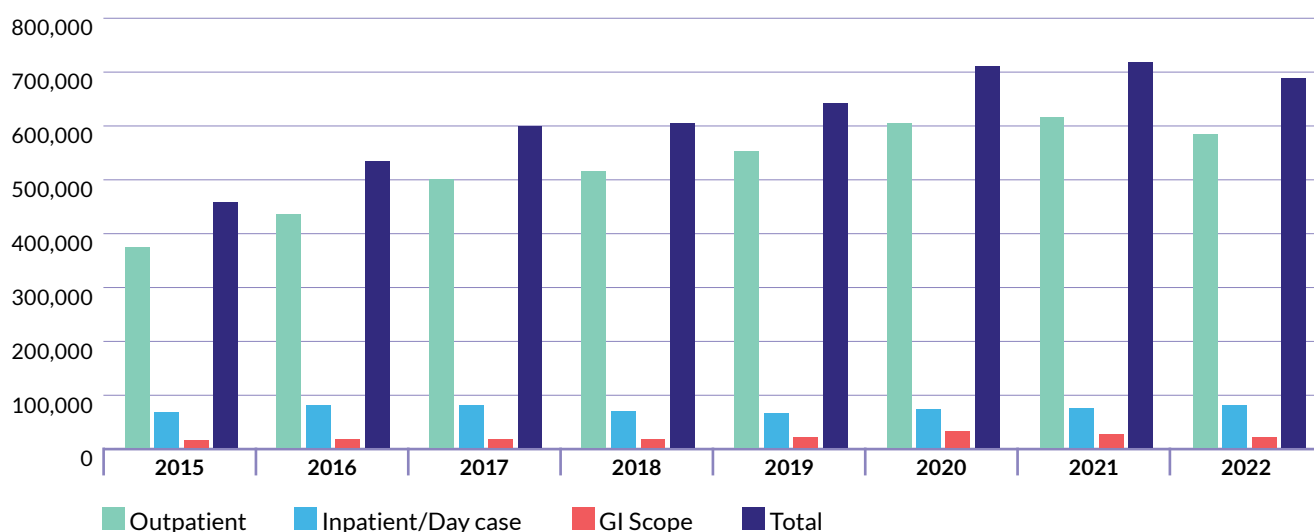
The Government recognises that acute hospital scheduled care waiting lists are far too long, and that many patients are waiting an unacceptably long time for care.

While these waiting lists have been a challenge for the Irish healthcare system for decades, they worsened considerably during the COVID-19 pandemic, and we are now dealing with significant pent-up demand. Between the end of 2015 and the end of 2021, overall waiting lists for acute hospital scheduled care in Ireland increased by nearly 60% percent, across waiting lists as published by the NTPF for new OPD appointments, IPDC procedures and GI Scopes (see *Appendix (I)* for breakdown of waiting list figures by year since 2015).

The 2017 Houses of the Oireachtas 'Committee on the Future of Healthcare Sláintecare' report identified long waiting lists as 'one of the major deficiencies of the current Irish healthcare system' and called for 'an integrated and system-wide approach' in response. It recommended ambitious maximum wait times of no more than 12 weeks for IPDC, 10 weeks for OPD and 10 days for a diagnostic test, to be achieved on a phased basis through a multi-annual approach. However, following the impact of the COVID-19 pandemic on the health system, the number of people waiting for appointments, procedures and diagnostics further exceeds these Sláintecare recommended maximum waiting times.

Figure 2 shows a breakdown of people waiting for acute scheduled care by waiting list from 2015 to 2022 (as published by the NTPF).

Figure 2. **Waiting List Trends 2015-2022**



## Background & Context cont.

Some of the largest increases in waiting list figures occurred in 2016 and 2017, with a considerable increase in demand for acute hospital services. In that period, hospitals carried out four-times more procedures in patients aged 65 years and over, and twice as many in the under-65 age group compared to in 2000.

A significant increase in numbers across waiting lists also occurred in 2020 as a result of curtailed elective activity during the COVID-19 pandemic, with a 10.7 percent increase in waiting list figures between December 2019 and December 2020. In this period, the IPDC waiting list increased by 5,912 patients (9 percent); the OPD waiting list by 52,796 (10 percent); and the GI Scope waiting list by 10,295 (46 percent).

The number of people waiting was also impacted by the cyber-attack on the HSE in 2021, which further delayed care. Between December 2020 and December 2021, the IPDC waiting list increased by 2,988 patients to 75,463 (a 4 percent increase), and the OPD waiting list increased by 11,218 patients (2 percent). The waiting list for GI scopes saw a decrease however, with 5,394 more patients removed from the waiting list than were added, corresponding to a decrease of 17 percent. Hospital groups received NTPF support in outsourcing GI scopes to private providers to address capacity loss in public hospitals.

2022 saw the removal of c.1.56 million patients from waiting lists. However, some c.1.53 million patients were added reflecting demand that built up during the pandemic, resulting in a net reduction by end 2022 of approximately 30,000 people, or 4.1 percent. This was the first annual reduction in waiting lists since 2015.

### 2.1 Waiting List Categories

Waiting lists represent the cumulative gap between demand for a service and activity delivered, occurring when demand outstrips supply.

In Ireland, the NTPF is responsible for collecting, collating and validating information on persons waiting for public hospital treatment for new OPD appointments, IPDC procedures, and GI Scopes. There are other public hospital services which, while provided in an acute hospital, fall outside the elective/scheduled care waiting list scope and remit of what the NTPF monitors and publishes, including cancer care, dialysis and diabetes. Further detail is provided in Appendix (III).

Patients waiting for an appointment for their procedure, or their first outpatient consultation are considered as 'active'. In addition to publishing active waiting lists, the NTPF records and reports on 'preadmit', 'planned procedures', and 'suspension' waiting lists which, combined, are considered 'non-active'. As of end 2022, there were some 180,000 people on 'non-active' waiting lists.

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**The categories and associated figures as of end-December 2022 are broken down below:**

- To-come-in (TCI)/Pre-admit: patients who have received an appointment for their procedure within the next six weeks (26,624 patients)
- Planned procedure: patients under surveillance or receiving a course of treatment who have received their first IPDC procedure but will require further treatment (95,169 patients)
- Suspension: patients who are temporarily unfit or unable to attend due to clinical or personal/social reasons are categorised as 'Suspension'. The Suspension category is also used where patients are being treated through various insourcing or outsourcing initiatives (58,081 patients)

This 2023 Waiting List Action Plan refers to active acute hospital scheduled care waiting lists (as published by the NTPF) as 'waiting lists'. Any other type of waiting list referenced will be defined as needed.

## 2.2 A Multi-annual Approach to Addressing Waiting Lists

While short-term interventions have delivered improvements, lasting and meaningful reductions in the number of people waiting for care and associated waiting times is dependent on an integrated and broad reform of the scheduled care system. To address this, the Minister for Health secured multi-annual Waiting List Action Plan funding for 2021, 2022 and 2023, in addition to longer-term recurrent funding.

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The 2023 Waiting List Action Plan is the next stage of this new multi-annual approach and builds on the foundational work done through the short-term Waiting List Action Plan between September and December 2021, which was followed by the first full year Waiting List Action Plan for 2022, both having reversed the annual trend of rising waiting lists. Indeed, without the intervention of the 2022 Plan active hospital it is estimated that waiting lists would have increased by 42% to over 1 million people.

Instead, there were c.1.56 million patients removed and c.1.53 million patients added to hospital waiting lists during 2022 – a net reduction of c.30,000 people (4.1%) to c.690,000, which was the first reduction in annual waiting lists since 2015. This followed the reduction of 5.4% delivered between September and December 2021 through the initial short-term Plan.

## Background & Context cont.

These overall reductions in waiting lists were also complemented by significant reductions in waiting times, with the introduction of new maximum wait times. Interim maximum waiting times were implemented in 2022 as the first step of a phased approach to gradually bring waiting times in line with those recommended in the 2017 Oireachtas Sláintecare Report (10 weeks for new outpatient appointments and 12 weeks for procedures). In 2022, the number of patients exceeding these Sláintecare maximum wait times fell, by 11% (over 56,000 people). When compared to pandemic peaks (June 2020 for IPDC and GI Scopes, and February 2021 for IPDC), by the end of 2022 the number of patients exceeding Sláintecare maximum wait times had fallen by 24%.

The number of patients exceeding the 18-month interim maximum wait time for new outpatient (OPD) appointments decreased in 2022 by c.59,000 (39%). The number of patients exceeding the 12-month interim maximum wait time for inpatient/day case (IPDC) procedures and gastrointestinal endoscopy (GI Scopes) has decreased by c.3,800 (23%) and c.3,500 (87%) respectively.

Additionally, over 67,000 additional hospital diagnostics were provided and over 8,000 people, the majority of whom are children, have been removed from community waiting lists across the areas of orthodontics, primary care child psychology, and counselling (including CAMHS) as a result of funding from the 2022 Plan.

As well as turning the tide on continually rising waiting lists and times throughout the past 18 months the multi-annual waiting list action plans have been laying the foundations for important long-term reforms. These reforms will now be implemented via the 2023 Waiting List Action Plan, as the next stage of the multi-annual approach that will result in sustained reductions in waiting lists and waiting times - mainly via funding of €123 million to be made available on a recurrent basis from this year for the Health Service Executive (HSE) to implement modernised care pathways and to sustainably close the capacity gaps in specialties and hospitals that create unacceptably long scheduled care waiting lists and times - in particular for the priority areas of gynaecology, paediatric orthopaedic (Spina Bifida and Scoliosis) and obesity/bariatrics.

The 2023 Plan will also continue providing additional public and private activity via non-recurrent funding of €240 million to the National Treatment Purchase Fund (NTPF) and HSE to maintain the momentum of further reducing waiting times and clear the waiting list backlogs exacerbated during the COVID-19 pandemic. An additional €80 million was also allocated in Budget 2023 to various community and primary care initiatives related to waiting lists, including disability assessments, orthodontics, HPV vaccination and GP access to diagnostics – this funding and associated initiatives are being managed by the Department and HSE outside of the scope and governance of the 2023 Waiting List Action Plan and Task Force.

The 2023 Waiting List Action Plan is governed by the Waiting List Task Force (Section 7 contains further details on Governance), which is committed to sustainably reducing waiting lists and moving towards achievement of the Sláintecare maximum waiting time targets, building on the work that began in Q4 2021 and that was progressed last year. The 2023 Waiting List Action Plan is the next stage of the multi-annual reform approach and is the product of extensive engagement between the Department of Health, the HSE and the NTPF. It was developed with the recognition that patient safety remains at the centre of all hospital activity and elective care.



## 2.3 International Approaches to Reducing Waiting Lists

Countries across the world are also reporting increased pressure on healthcare services and associated waiting lists largely due to the unprecedented impact of the pandemic. Different countries have used a broad range of strategies and policies to reduce the number of people on waiting lists and the length of time they are waiting.

**Common approaches have been summarised by the European Observatory on Health Systems & Policies (2022) as follows:<sup>1</sup>**

**1. Increasing the supply of workforce and staffing by:**

- introducing new professional roles and competencies;
- flexible recruitment and training;
- improving work conditions and offering mental health support; and
- improving compensation

**2. Improving productivity, capacity management and demand management by:**

- separating planned and unplanned care;
- extending hours of care delivery;
- outsourcing more care to the private sector; introducing financial incentives to clear backlogs;
- introducing maximum waiting time targets;
- expanding access to telehealth services and virtual models of care;
- implementing demand-side prioritization policies;
- increasing patient choice;
- better spreading patients across available capacity; and
- exploring the potential of care abroad

**3. Investing in capital, infrastructure and new community-based models of care by:**

- upgrading health infrastructure and facilities;
- investing in primary and community care;
- expanding digital infrastructure; and
- expanding home care and rehabilitative capacity

See Appendix (II) for country-specific examples.

<sup>1</sup>European Observatory on Health Systems & Policies (2022). Addressing backlogs and managing waiting lists during and beyond the COVID-19 pandemic. [Online]. Available: <https://eurohealthobservatory.who.int/publications/i/addressing-backlogs-and-managing-waiting-lists-during-and-beyond-the-covid-19-pandemic> [Accessed 03/01/2023].

# 03



# Vision Statement

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The Government recognises that acute hospital scheduled care waiting lists are far too long, and that many patients are waiting an unacceptably long time for care. The multi-annual approach to reducing and reforming waiting lists and times is a key element to ultimately delivering **a modern world class public health service for all - in which everyone has timely and transparent access to high-quality scheduled care, where and when they need it, in line with Sláintecare reforms.**

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While the short-term Action Plan delivered in 2021 and the 2022 Waiting List Action Plan reversed the annual trend of rising waiting lists and were important steps towards enacting longer-term reforms, there is much more work to be done to realise this vision. Current backlogs need to be addressed to move closer towards achievement of the Sláintecare recommended maximum waiting times (10 weeks for first outpatient appointment and 12 weeks for procedures), and longer-term reforms need to be progressed.

The 2023 Waiting List Action Plan is the next stage of this multi-annual approach to reforming waiting lists that will ensure everyone in Ireland can get access to affordable, high-quality universal healthcare when they need it. By delivering the 2023 Waiting List Action Plan and subsequent multi-annual plans in parallel with the delivery of all of the other interdependent projects under Sláintecare, we will create a health service where the comfort, safety and care of the patient is central to all actions and decisions; where healthcare processes and pathways are clearly communicated, understood and easy to navigate for patients and healthcare professionals alike; and where innovation is embraced, and challenges are dealt with effectively, efficiently and safely.

Both patients and staff of our health system deserve better. Better access to healthcare. A better patient and staff experience of the provision of healthcare. And ultimately better health outcomes for all the people of Ireland. Through delivering our multi-annual approach we aim to make this a reality and realise our vision of a modern world class public health service for all - in which everyone has timely and transparent access to high-quality scheduled care, where and when they need it, in line with Sláintecare reforms.

# 04



# Interdependencies for Long-term Waiting List Reform

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This section gives a brief overview of Sláintecare initiatives being implemented under the Programme for Government that have the potential to impact waiting lists in the longer term. Other separate shorter term ‘waiting list’ initiatives announced in Budget 2023 that are outside of the scope of the actions contained in this 2023 Waiting List Action Plan are also briefly referenced in this section.

## 4.1 Programme for Government Initiatives, including Sláintecare

### New electives only hospitals

Forecast projections predict an overall increase in demand for all elective services of more than 30% across the public hospital network by 2035, with many of the major Model 4 hospitals projected to experience an increase in demand for elective services of over 40%. To address this challenge planning is underway for the development of new centres providing protected capacity for elective care in Cork, Dublin, and Galway. In December 2022, the Government approved the Programme Business Case and individual Preliminary Business Cases for Cork (St Stephens Hospital) and Galway (Merlin Park University Hospital). Work on the Dublin Preliminary Business Case is continuing.

The purpose of the proposed Elective Care Centres (ECCs) will be to provide additional delivery capability to the Public Healthcare System in Ireland. These new ECCs will provide additional uninterrupted elective care delivery capacity, separated from unscheduled care, to support the national delivery of public health services in Ireland. They will, initially, focus on the delivery of a range of day case procedures and outpatient treatments. The elective care centres will provide a protected space for non-complex procedures, with some 497 procedures across 10 specialities in scope. It is estimated that 977,000 patients will be seen per year across the three locations, equating to national coverage of 85%. The current target is for the centres to be fully operational by 2028.

As an interim measure in advance of the electives-only hospitals being operational, the HSE is also progressing the development of five surgical hubs nationally (in Cork, Waterford, Limerick, Galway and Dublin) to increase dedicated capacity for elective activity. This is also referenced in action 10 of section 6.1.

### Health Capital Programme

Our health infrastructure is key to providing health services and a fundamental enabler of health service reform. When we consider of our investment in this infrastructure, we must take account of the complexity of health services and the changing way we deliver those services now and in the future. The Health Capital Programme provides significant public investment in health infrastructure to meet current needs, with the aim to support the realisation of a vision for a high quality, safe, accessible, and sustainable healthcare system, enabled by capital funding. In 2023, some €972 million will be invested in healthcare infrastructure, upgrading of equipment and refurbishments. A further €50 million is being provided for capital infrastructure for COVID-19 activity. The funding allocated for 2023 will deliver a range of acute and community projects across the country, for both upgrading existing infrastructure and equipment, and investment in increasing capacity in the health system.

## Interdependencies for Long-term Waiting List Reform cont.

Examples of just some of the Health Capital projects to be completed in 2023, and that will deliver added capacity, include the construction of a 112-bed ward block in the Mater Hospital, which includes:

- 16 critical care beds;
- OPD Unit consisting of 16 consulting rooms,
- 4 virtual consulting rooms,
- 2 minor procedure/treatment rooms and ancillary accommodation in University Hospital Waterford;
- the upgrade of a 36-bed ward in Coombe's Women's Hospital;
- the construction of a modular unit with 12 single rooms in Naas General Hospital, and
- progressing a 96-bed ward under construction in University Hospital Limerick

Other investments include diagnostic equipment upgrades, addressing infrastructural risk, ambulance base and fleet modernisation, completion of Primary Care Centres, progression of the design processes of new beds in phase two of the Critical Care Programme, and other capital programmes.

### eHealth

Investment in our healthcare systems in 2023 needs to be balanced both to address legacy infrastructure and build cyber resilience and ensure a greater level of integration between health providers and the community. We will continue to streamline processes and capture data associated with the patient journey, to equip the health service with the capability required to better manage waiting lists and know where to target required resources. Centralised booking systems and platforms such as HPVP (see action 29, section 6.3) are examples of initiatives that can leverage improved data to enhance the quality of information available to manage healthcare and the patient experience.

### Reform of Eligibility Policy

The Programme for Government commits to expanding eligibility for access to healthcare on a phased basis. As part of Budget 2023, the Government announced that public inpatient hospital charges will be abolished and provided €20.6m in funding for this purpose in 2023. This measure will remove the acute public in-patient charge of €80 per day, up to a maximum of €800 in a year (including day-case charges), for people accessing care as a public patient in public hospitals. The planned abolition of the public in-patient charge builds on the introduction in 2022 of an exemption from public inpatient charges for children under 16 and is another significant step towards ensuring that people have access to affordable healthcare when accessing care in a public hospital.

### Strategic workforce growth and investment

Enhancing healthcare capacity and access through investment in staffing continues to be a priority. Specific areas of work underway include introducing new professional roles and competencies, enabling nurses and other healthcare professionals to practice 'to the top of their licences', and increasing the domestic supply of healthcare professionals, including through increasing the number of places in Irish medical schools for Irish/EU students. Work also continues towards the aim of 3% of the nursing and midwifery workforce operating at an advanced practice level. Once this 3% target is reached, the plan is to significantly increase the target rate.

### Sláintecare consultant contracts

The Government approved the new Sláintecare public-only consultant contract in December 2022. This is central to the delivery of universal, single-tier healthcare in Ireland, and will involve a significant expansion of consultant numbers and availability. The new contract doubles the normal working week, extending the working day late into the evenings and on weekends. Having senior decision makers on site enables discharges outside of normal working hours and will facilitate a fundamental shift in productivity and patient care, improving performance in emergency departments and delivering care when demand is highest.

### Health Service Capacity Review

The delivery of capacity expansion continues in line with the 2018 Health Service Capacity Review. Acute bed capacity added in 2022 was ahead of the Review's annual targets, and further projects are underway to continue meeting and exceeding these targets.

**The 2018 Review looked at multiple areas of the health service, such as:**

- Primary Care including GPs,
- Public Health Nurses and Physios;
- Social Care including Residential Beds, Home Care packages and Home Help hours; and
- Acute care, including Day beds, In-Patient beds, and Adult Critical Care beds

An up-to-date comparative analysis of the findings of the 2018 Review will be carried out which will also consider important factors which have arisen since 2018, including the impact of COVID-19, and also the preliminary results of Census 2022. As the ongoing investment in our health infrastructure will utilise a Population-Based Resource Allocation approach, the Census results are an important source of information, providing a key insight into the demographic trends of the State. This will facilitate the development and enhancement of capacity in an efficient and effective way, with targeted investment to ensure resources and facilities are delivered where they are most needed.

### Enhanced Community Care

The Enhanced Community Care (ECC) programme represents a programmatic and integrated approach to the development of the primary and community care sector. The programme aims to expand capacity in primary care and enable the reorientation of service delivery towards general practice and community-based services, thereby providing health services closer to people's homes and reducing pressure on acute hospitals. It is based on a population-needs approach, enabling better local decision making and involving citizens in determining the health needs of their local community.

The ECC has already made significant progress in establishing Community Healthcare Networks (CHNs) and Community Specialist Teams (CSTs) to provide care to older people and those with chronic disease in primary and community settings.<sup>2</sup> Each CHN services a population of around 50,000 people, with each CST aligned to the local acute hospital, and servicing three CHNs.

<sup>2</sup>As of end 2022, 94/96 CHNs and 42/60 CSTs have been established, with the establishment of all Networks and Teams targeted in 2023.

## Interdependencies for Long-term Waiting List Reform cont.

CHNs, each of which has a GP (General Practitioner) lead, enable GP practices to proactively and systematically identify patients likely to have a preventable, unplanned attendance at the ED. This provides a safe alternative to patients attending EDs by caring for people in their homes through prevention and interventions. CHNs also allow for patients to be triaged more accurately, with care interventions applied to individuals based on need using a multidisciplinary team-based approach.

The HSE has developed an extensive suite of metrics to measure the activity and impacts of these initiatives, with reporting due to begin in mid-February 2023. The HSE has stated that, in the first full year post-implementation, it is projected that the impacts of these networks and teams will enable between 16,000 and 21,000 patients to avoid an ED attendance.

### Chronic Disease Management (CDM) Programme

The GP-led CDM Programme has, from 2023, been fully rolled-out in GP surgeries across the country. Adult General Medical Service Scheme<sup>3</sup> (GMS) patients with an existing diagnosis of one of the specified chronic conditions (Type 2 Diabetes, asthma, COPD, and cardiovascular disease<sup>4</sup>), as well as GMS patients aged 45 years and older who are undiagnosed but assessed by their GP on an opportunistic basis, and those identified as high risk, will benefit under the programme. The CDM Programme, as part of the broader ECC workstream, is working to move care closer to the community and aims to enable over 400,000 patients to better manage their condition and avoid hospital admissions.

## 4.2 Budget 2023 Waiting List Initiatives related to Community/Primary Care

**Budget 2023 included €80 million allocated to various primary and community care-related activity under the area of Waiting Lists.** While it falls outside the scope of the 2023 Waiting List Action Plan and the governance of the Task Force, some of these initiatives have the potential to impact scheduled care waiting lists and waiting times.

**The initiatives and their associated 2023 funding are broken down as follows:**

- GP Access to Diagnostics: €47 million
- Oral healthcare: €9 million
- Disability assessments: €11.7 million
- Human Papillomavirus (HPV) Vaccinations: €12.3 million

### GP Access to Diagnostics

The nationwide GP Access to Diagnostics initiative, which is aligned to the ECC Programme, began accepting referrals in January 2021 and facilitates direct referral of patients by GPs to diagnostics services. Limited access to diagnostics can result in patients being referred to hospital radiology outpatient departments for services; however, this initiative facilitates referrals of patients who can wait up to four weeks for an urgent, or up to 12 weeks for a non-urgent, diagnostic test and avoids unnecessary referrals to acute hospitals to access these tests.

<sup>3</sup>Patients in receipt of a medical card or GP visit card

<sup>4</sup>Cardiovascular disease includes heart failure, Ischaemic Heart Disease, Cerebrovascular Disease (Stroke/Transient Ischemic Attack (TIA) and Atrial Fibrillation.



This structured pathway for GPs to directly access diagnostic tests enables a greater level of care to be delivered in the community, supporting patient-centred care, early diagnosis, and early intervention. A study is currently being undertaken by the Irish College of General Practitioners, which, when finalised and the results published, will enable the impact of the Scheme on referrals to acute hospitals (EDs and Outpatients waiting lists) to be better understood.

In 2023, €47 million (including an additional investment of €22 million focused on delivering additional community radiology diagnostics) is being made available for GP access to diagnostics. This funding will allow the provision of up to 240,000 community radiology tests and up to 266,500 tests across areas such as echocardiography, spirometry, and natriuretic peptide blood tests.

### Oral Healthcare

Budget 2023 has allocated €4 million to address waiting lists in orthodontics and €5 million to address backlogs in the HSE Public Dental Service. In the longer-term, the National Oral Health Policy, *Smile agus Sláinte*, sets out the vision for the future of oral healthcare services in Ireland through a body of wide-ranging and transformative reforms. While it will take a number of years to bring to complete fruition, there will be an early and continued emphasis on addressing the areas where there are current problems accessing care, including in orthodontics. The Policy will support the provision of all levels of care, by appropriate healthcare professionals and in the most suitable settings. The Policy also requires strategic workforce planning to increase the number of oral healthcare professionals available to provide services. Implementation of the Policy was delayed by the COVID-19 pandemic, but substantive work has now commenced. Funding is provided in Budget 2023 for the appointment by the HSE of a national lead and to establish cross-cutting implementation structures to drive and support delivery of the necessary reforms.

### Disability Assessments

In 2023, €11.7 million has been allocated to address backlogs in disability services in relation to the Assessments of Need, arising from the impact of the March 2022 High Court decision. This decision directed that the Preliminary Team Assessment in place in disability services does not fulfil the requirements of the Disability Act.

### Human Papillomavirus (HPV) Vaccinations

The Laura Brennan HPV Catch-up Vaccination Programme was launched on 8 December 2022 with a call for eligible people to come forward for HPV vaccination in HSE clinics. Of around 100,000 people who could be eligible, as of 25 January 2023, over 1,700 appointments had been made on the HSE's HPV vaccination portal. Vaccination clinics opened in each Community Healthcare Organisation (CHO) area in December, across 31 vaccination locations including COVID-19 vaccination centres, health centres, 3rd level institutions and schools (for those still attending).

This programme will help realise the Government's commitment of eliminating cervical cancer as a public health problem for the women of Ireland, as well as meeting the targets set by the World Health Organisation (WHO) global strategy to eliminate cervical cancer by 2030.

# 05



# 2023 Waiting List Projections, Targets and Funding

In 2023, €443 million has been allocated to address waiting lists.

## This includes:

- €90 million once-off funding to implement additional short-term measures to address acute scheduled care waiting list backlogs in 2023 (*refer to section 5.2 for details*)
- €150 million allocated to the NTPF to procure additional capacity to reduce waiting lists (including additional funding for 2023 of €50m) (*refer to section 5.2.1 for details*)
- €123 million in funding on a recurring basis for delivery of additional activity under the priority areas of Paediatric Orthopaedics (Spina Bifida/Scoliosis), Gynaecology and Obesity/Bariatrics, to progress longer-term reforms to sustainably enhance capacity; to streamline and reconfigure care pathways; and to ensure achievement of the strategic Sláintecare maximum wait time targets (*refer to section 5.3 for details*)
- The remaining €80 million has been allocated to various primary and community care-related activity under the area of Waiting Lists. While this falls outside the scope of the 2023 Waiting List Action Plan and the governance of the Task Force, some of these initiatives have the potential to impact scheduled care waiting lists and waiting times

These initiatives and their associated 2023 funding are broken down as follows (see section 4.2 for more information):

- GP Access to Diagnostics: €47 million
- Oral healthcare: €9 million
- Disability assessments: €11.7 million
- Human Papillomavirus (HPV) Vaccinations: €12.3 million



## 2023 Waiting List Projections, Targets and Funding cont.

### 5.1 Waiting List Additions and Removals in 2023

As of end December 2022, there were 475,851 people in total exceeding the Sláintecare Maximum Wait Times (10 weeks OPD, 12 weeks IPDC/Scopes), or 421,487 on OPD; 45,170 on IPDC; and 9,194 on GI Scopes lists, respectively.

**Overall, 690,223 people remained on active waiting lists for acute scheduled care in hospitals, which represents the 'opening position' for the 2023 Waiting List Action Plan and is broken down as follows:**

- 584,626 people waiting for a new OPD appointment;
- 81,568 people waiting for an IPDC procedure;
- 24,029 people waiting for a GI Scope

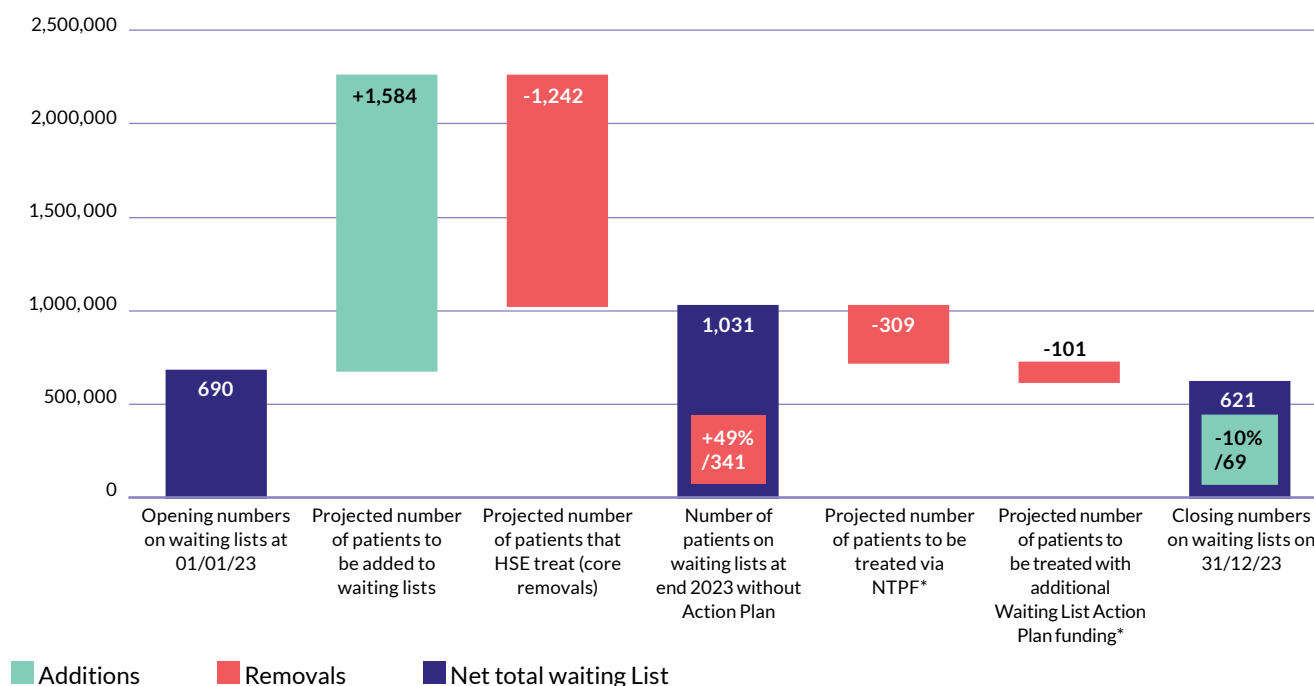
The most accurate time period to reference for waiting list additions and removals is March 2019 to February 2020. This removes the influence of the COVID-19 pandemic, the nurses' strikes in early 2019, and the cyber attack on the HSE in 2021.

2023 projected waiting list additions are based on analysis of the additions from 2019 to 2022 and their associated trends. HSE activity projections are supplied by the HSE from projections in the National Service Plan (NSP) 2023. 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 system.

It is projected that in 2023 approximately 1,584,000 patients will be added to active waiting lists for either a first OPD appointment (c. 1,097,000), an IPDC procedure (c. 340,000) or a gastrointestinal endoscopy (c. 148,000). Under this Plan, the Department of Health, HSE and NTPF propose to deliver services to remove more than 1,660,000 patients from active waiting lists, resulting in a reduction in these waiting lists of approximately 10% by year-end. Without the additional activity funded by the Plan, it is projected that waiting lists would rise by 49% by the end of the year, bringing the total number of people waiting for care to over 1 million.

The following graphs (Figure 3a and 3b) show projected changes in waiting lists throughout 2023, and the expected impact of the 2023 Waiting List Action Plan.

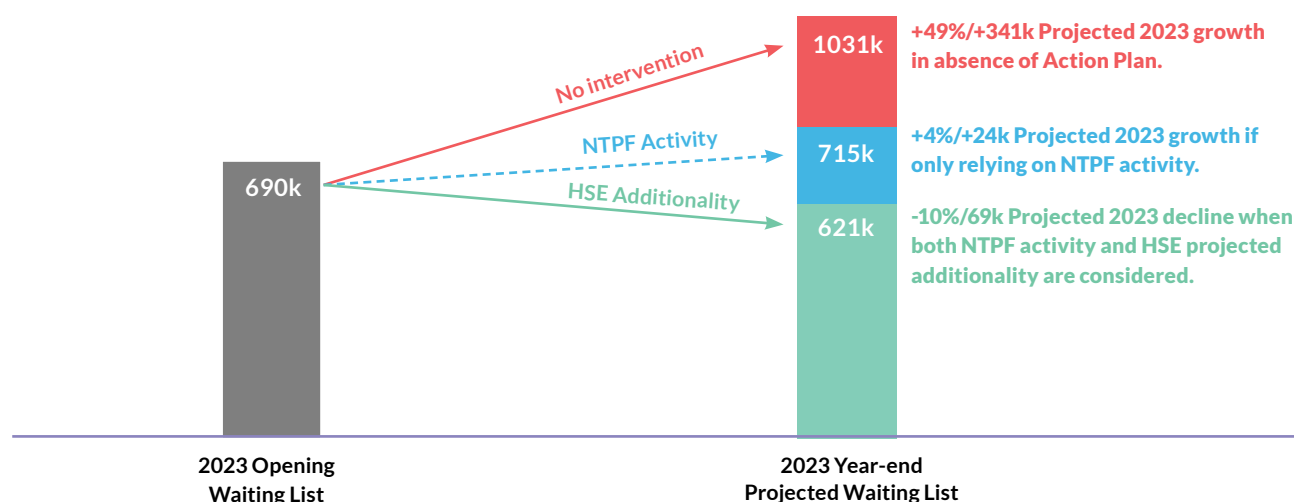
Figure 3a: Waiting List Additions and Waiting List Action Plan, 2023 (waterfall)



\*Projected number of patients to be treated via NTPF includes waiting list removals via commissioning and validation. Projected number of patients to be treated with additional 2023 Waiting List Action Plan funding includes waiting list removals by the HSE via advanced clinical prioritisations (ACP) and additional activity (including 4,000 from the initial implementation of modernised care pathways). Further details are contained later in the section 5. 2023 Waiting List Projections, Targets and Funding.

Note that the figure for the projected number of patients to be treated via NTPF (309,000) is lower than that reflected in subsequent tables showing NTPF activity and commissioning (316,100). This is due to approximately 7,000 additions to the IPDC waiting list that are projected to arise from additional investment in OPD activity (e.g., a patient on the OPD waiting list may be referred for an IPDC procedure following their consultation).

Figure 3b: Waiting List Additions and Waiting List Action Plan, 2023 (summary)



## 2023 Waiting List Projections, Targets and Funding cont.

### 5.2 Projected Action Plan Activity and Expenditure in 2023

The key principle of the 2023 Waiting List Action Plan is to use the available funding to provide further additional activity to reduce the overall waiting lists, as well as seek to reduce waiting times and move closer to delivery of Sláintecare recommended maximum wait times and continue progressing longer-term reforms.

An analysis of activity set out in the HSE National Service Plan (NSP) 2023 indicates that the current level of core acute hospital activity would not be sufficient to avoid growth in waiting lists in 2023. The current waiting lists represent a cumulative excess of demand over capacity available within the system. Without additional Action Plan investment, it is likely that waiting lists will continue to grow in 2023 as shown in Table 1 below.

Table 1. Projected HSE Core Activity in 2023 and waiting lists without additional WLAP investment

HSE Core Activity only	Outpatient	Inpatient/ day case	GI Scopes	Total
Opening waiting list (01/01/23)	584,626	81,568	24,029	690,223
Additions to waiting lists	1,097,205	339,039 <sup>5</sup>	147,495	1,583,739
HSE Core removals*	-836,547	-288,088	-117,852	-1,242,487
Closing waiting list (31/12/23)	845,284	132,519	53,672	1,031,475
Percentage increase	45%	62%	123%	49%

\*Note that HSE Core removals figures are subject to change as part of ongoing National Service Plan (NSP) 2023 discussions between the Department of Health and the HSE.

A combination of removals through HSE core funding, NTPF commissioning and validation, and additional activity funded through the 2023 Waiting List Action Plan is essential to both address backlogs and prevent an increase in the number of people waiting for care. The significant funding allocated in 2023 towards waiting lists has been allocated across OPD, IPDC, and GI Scopes, and includes investment in Advanced Clinical Prioritisation (ACP)<sup>6</sup> and additional removals to be delivered through the implementation of modernised care pathways (see Section 5.3 for further detail). The final targeted reduction figure of just over 10% is ambitious but achievable with the commitment and dedicated capacity of all stakeholders.

<sup>5</sup> This figure is lower than projected total additions reflected in table 2 as it does not include projected conversions to the IPDC waiting list arising from additional OPD activity undertaken with 2023 Plan funding.

<sup>6</sup> Advanced Clinical Prioritisation employs senior clinical decision makers to accelerate the appropriate pathway for existing patients on outpatient waiting lists by streamlining access to clinical opinion and diagnosis.

Table 2 below provides an overview of all planned 2023 HSE and NTPF core and additional activity to reduce waiting list volumes.

**Table 2. Overview of planned HSE and NTPF activity in 2023**

2023 Proposed Activity	Outpatient	Inpatient/day case	GI Scopes	Total
Opening Waiting List	584,626	81,568	24,029	690,223
Projected additions to waiting lists	1,097,205	346,805 <sup>7</sup>	147,495	1,591,504
<b>HSE</b>				
HSE core removals*	-836,547	-288,088	-117,852	-1,242,487
Additional activity (2023 WLAP funding)	-67,400	-10,000	-8,500	-85,900
Advanced Clinical Prioritisation	-12,000	N/A	N/A	-12,000
Modernised Care Pathways	-4,000	N/A	N/A	-4,000
<b>NTPF</b>				
NTPF Commissioning	-110,000	-40,000	-20,000	-170,000
NTPF Validations	-131,368	-10,607	-4,125	-146,100
Closing Waiting List	520,516	79,677	21,047	621,241
% Change Opening vs Closing	-11%	-2%	-12%	-10%

Table 3 below summarises the planned HSE and NTPF activity with 2023 Waiting List Action Plan funding, and associated expenditure. It excludes planned HSE core removals from waiting lists of c.1.2 million (as detailed in Table 1 above).

**Table 3. Overview of planned non-recurrent 2023 Waiting List Action Plan HSE and NTPF activity and expenditure**

2023 Planned Activity and Expenditure	HSE volume (excludes core removals)	HSE Expenditure €m	NTPF volume	NTPF Expenditure €m
Outpatient	67,400	20	110,000	30
Inpatient/day case	10,000	30	40,000	90
GI Scopes	8,500	9	20,000	20
Administrative validation	N/A	N/A	146,100	10 <sup>8</sup>
ACP	12,000	3	N/A	N/A
<b>TOTALS</b>	<b>97,900</b>	<b>62</b>	<b>316,100</b>	<b>150</b>
Diagnostics	12,700	3	65,000	11
Community	11,120	23	N/A	N/A

<sup>7</sup> This figure includes projected conversions to the IPDC waiting list arising from additional OPD activity undertaken with 2023 Plan funding. This conversion rate and resulting IPDC additions will be monitored throughout the year.

<sup>8</sup> €10m is the overall budget for NTPF administrative costs in 2023, which includes the cost of administrative validation.

## 2023 Waiting List Projections, Targets and Funding cont.

### 5.2.1 NTPF Commissioning and other Activity in 2023

#### NTPF Commissioning

In Budget 2023, additional once-off funding of €50 million was provided to the NTPF bringing to €150 million its 2023 budget for delivering measures to continue to address waiting list backlogs which have been exacerbated by the pandemic. With this funding, the NTPF activity is projected to remove 316,100 patients from waiting lists. The NTPF waiting list activity will encompass support for public hospitals to treat more patients, commissioning care in private hospitals, administrative validation, clinical validation of GI Scopes, data quality, reform and systems and process development. This work will impact OPD, IPDC and GI Scopes waiting lists.

With its total funding of €150 million, the NTPF will arrange 110,000 outpatient appointments, 40,000 inpatient/day case procedures and 18,500 GI scopes procedures in public and private hospitals. In addition, the NTPF will also arrange 65,000 diagnostics<sup>9</sup> and carry out administrative validation to remove 146,100 people from waiting lists.

The NTPF will also explore the possibility of enabling patients currently on an OPD waiting list to access care in a community setting (in a public or private facility). If further treatment is required, the NTPF would fund the relevant local hospital to provide the procedure, or issue CANS<sup>10</sup> for appropriate procedures. In 2023, the NTPF will engage with HSE Community Operations to progress this option.

#### Support to public hospitals

Public hospitals will be supported by the NTPF in a number of different ways in 2023. Funding will be provided by the NTPF for an additional cath lab in the Mater Hospital, Dublin. The Mater provides a national specialist cardiology service, and the opening of a third lab will reduce wait times for complex patients who are unsuitable for referral to another hospital.

**The NTPF will also continue to fund a number of initiatives established in 2022, including:**

- The use of additional operating theatres in Cappagh National Orthopaedic Hospital
- Operation of cataract clinics in the Royal Victoria Eye and Ear Hospital and in Nenagh General Hospital
- Additional temporary staff and overtime for scheduled care so that valuable public hospital resources can be used at weekends to treat more elective patients
- Purchasing of additional consumables to support the provision of more treatments for orthopaedic and cardiology patients
- Rental of operating theatres from the private sector to be used by public hospitals to treat public patients. For example, for gynaecology patients in Cork, endoscopy patients in Tallaght, Children's Health Ireland (CHI), Crumlin and Royal College of Surgeons Ireland (RCSI) hospital group, and cardiology patients in Galway

<sup>9</sup> The diagnostics arranged by the NTPF are Magnetic Resonance Imaging (MRIs), Computed Tomography (CTs) and ultrasounds. The NTPF issues Emergency Diagnostic Authorisation Numbers (EDANs) to hospitals to carry out the diagnostic tests; hospitals report to the NTPF on a weekly basis on the utilisation of EDANs.

<sup>10</sup> The NTPF generates case authorisation numbers ('CANS') when commissioning treatment for patients on particular waiting lists.



### Inpatient/day case procedures

While the NTPF will seek to arrange over 150 different types of procedures in public and private hospitals, covering the full range of complexity on waiting lists, there will be a particular focus on 20 procedures – an additional 5 compared to the 15 procedures detailed in the 2022 Waiting List Action Plan.

At the end of 2022, these 20 procedures accounted for more than 40% of the inpatient/day case waiting list (refer to Action 12 in Section 6.2).



**For the following high-volume procedures, the NTPF will offer treatment for all clinically suitable patients waiting more than three months:**

- Cataracts
- Cystoscopies
- Hip replacements
- Knee replacements
- Skin lesions (General Surgery and Plastic Surgery)
- Varicose Veins
- Angiograms
- Tonsillectomies
- Laparoscopic Cholecystectomy
- Septoplasties
- Dental (Maxillo-Facial Surgery)
- Hysteroscopy
- Laparoscopy (Gynaecology)
- Hysterectomy
- Inguinal Hernia Repair
- Administration of agent into joint or other synovial cavity, not elsewhere classified – orthopaedics only
- Administration of agent into zygo-apophyseal (facet) joint – orthopaedics only
- Repair of umbilical hernia
- Release of carpal tunnel
- Transurethral resection of prostate (TURP)

The NTPF will work to expand this list throughout the year so that in 2024 it will be in a position to fund treatment in the public or private systems for any clinically suitable patient waiting more than 3 months on the IPDC waiting list, where there is capacity at appropriate cost in the public or private health systems to deliver the care.

### Outpatients

**The NTPF will arrange outpatient consultations in public and private hospitals in 2023 through:**

- Funding overtime and additional staff to provide outpatient clinics out of hours in public hospitals
- Supporting Virtual Clinics
- Arranging 'see and treat' services where patients receive minor treatments in outpatient clinics
- Funding diagnostic services when these are required for effective outpatient clinics
- Supporting the rental of additional space by hospitals in which to hold outpatient clinics

**There will be a particular focus on the following ten high volume specialties:**

- Plastic Surgery
- Spinal Orthopaedic Surgery
- General Surgery
- Gynaecology
- Urology
- Surgical Ophthalmology
- Orthopaedics
- Cardiology
- Otolaryngology (ENT)
- Pain Relief

## 2023 Waiting List Projections, Targets and Funding cont.

### GI Scopes

The focus of the NTPF on the GI scopes waiting lists will continue to grow, and the NTPF will use its funding to arrange treatment for 18,500 of these patients in public and private hospitals in 2023.

**Table 4. Projected NTPF Activity in 2023**

Activity type	NTPF activity	Budget (€m)
Outpatient	110,000	30
Inpatient/day case	40,000	90
GI Scopes	18,500	20
GI Scopes clinical validation	1,500	Included in GI Scopes budget
Administrative validation	146,100	10 <sup>11</sup>
<b>TOTALS</b>	<b>316,100</b>	<b>150</b>
Diagnostics	65,000	11 <sup>12</sup>

### Administrative validation

**The purpose of administrative validation is to:**

- Identify patients on waiting lists who are ready, willing, and available to proceed with hospital care
- Improve efficiencies for treating patients by reducing the DNA (did not attend) rate nationally across outpatient, inpatient and day case services
- Improve information for managing waiting lists by improving data accuracy

The administrative validation of waiting lists is fundamental to the good management of waiting lists internationally. In 2023, the NTPF will support hospitals in engaging with patients through administrative validation. It is projected that this will result in the identification of some 146,100 patients who no longer require treatment or a consultation. Please see Table 5 below for details.

**Table 5. Projected NTPF Administrative Validation in 2023**

Waiting List	Projected removals through administrative validation
Outpatient	131,368
Inpatient/day case	10,607
GI Scopes	4,125
<b>TOTAL</b>	<b>146,100</b>

<sup>11</sup> €10 million is the overall budget for NTPF administrative costs in 2023 which includes the cost of administrative validation.

<sup>12</sup> NTPF diagnostics are covered under the once-off funding of €90 million.

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### Clinical validation

In addition to administrative validation, the NTPF supports hospitals to engage in clinical validation, carried out by a clinician or a delegated clinical team member.

**This process requires the review of a patient's referral letter, healthcare record and/or medical notes to establish if:**

- the patient should remain on the waiting list;
- there is a change to their clinical prioritisation category;
- any tests are required in advance of an OP appointment; and
- whether the patient is suitable for:
  - Direct access
  - Insourcing or outsourcing Initiative
  - New clinical diagnostic initiatives

In 2023, the NTPF will support hospitals to engage in clinical validation for patients waiting for a GI Scope. This is projected to result in 1,500 removals from the GI Scopes waiting list.

### Data quality

In 2022, the Data Quality Initiative was established to create an environment where data quality is an enabled, embedded focus at hospital group and hospital level with clear ownership and responsibilities that promote a sustainable data quality improvement model.

**To support this work, new reports were developed for a number of key areas of focus:**

- Appointments in the past
- Unmanaged 'did-not-attends' (DNA)
- Unmanaged 'cannot attends' (CNA)
- Planned Procedures without indicative dates
- Invalid Procedure codes
- Surgery Complete but still active on the waiting list
- Potential duplicates

In 2022, these reports were rolled out across hospitals and hospital groups and progress was monitored and reported on a weekly basis. This work will continue in 2023.

## 2023 Waiting List Projections, Targets and Funding cont.

### 5.2.2 Community Funding and Activity

In 2023, a total of €22.7 million in funding is to be made available for identified HSE community initiatives, with a focus on orthodontics, primary care child psychology, counselling in primary care, primary care therapies, and CAMHS. Please see Table 6 below for details.

Table 6. Projected community activity and expenditure, 2023

Community service area	Initiative	Expenditure (€m) <sup>13</sup>	Projected target removals
Primary Care	Orthodontics Grade 4	€6,000,000	1,590
Primary Care	Child Psychology	€5,760,152.94	3,558
Mental Health	Counselling in Primary Care	€1,474,899.07	1,323
Mental Health	CAMHS	€6,000,000.00	2,500
Primary Care	Primary Care therapies prioritised by CHOs	€3,479,080.57	2,149
<b>Total</b>		<b>€22,714,133</b>	<b>11,120</b>

In addition to delivering activity in the community, in 2023 the patient-initiated review process will also be tested in community services. This process enables patients to access follow-up care as required, instead of automatically scheduling a review appointment, and seeks to improve the overall patient experience.

Community Services will continue, with the Integrated Community Case Management System (ICCMS) Programme, to procure and implement a case management solution that provides clinical and operational functionality required to support integrated care across Community Services. This crucial foundation and key priority development will provide case management functionality such as referral and waiting list management, clinical assessments, clinic management, outcome measurement for all care groups, across all geographies which will interface with GP and acute services. A key requirement and deliverable of the Community Integrated Community Case Management System will include the reduction and impact of DNA rates through improved service user communication and empowerment of service users, as well as the most efficient use of available team appointments.

<sup>13</sup> Allocation of further community funding may be considered upon review mid-year.

### 5.3 Reform Funding and Activity in 2023

The need for reform in the health service is unquestionable. The health system is facing significant challenges which mean that actions to deliver fundamental reform, as opposed to solely addressing short-term solutions, are essential.

In 2023, €123 million in funding is being made available on a recurring basis to progress the reform and modernisation of patient care pathways; to establish strategic plans and deliver additional capacity and activity, especially in the priority areas of paediatric orthopaedics, gynaecology and obesity/bariatrics.

Table 7 below outlines a preliminary allocation of the €123 million and further detail is provided for each section below. This is an initial allocation which will be subject to quarterly formal review and reallocation as appropriate based on recruitment and capacity to fully utilise the investment made available.

Table 7. Reform funding in 2023

Focus	Approved Funding (€m)
Modernised Care Pathways	43
Enhancing Hospital Group Capacity	48
Other Reform Initiatives, including Priority Areas	32
<b>Total</b>	<b>123</b>

This strategic investment is critical to our health service and is an important step in building a sustainable workforce to address capacity deficits and in delivering care in a more efficient, effective and patient-centred manner. The HSE is finalising projected activity volumes, which will be informed by lessons learned from implementation throughout the year. Recognising the global difficulties in relation to recruiting skilled healthcare professionals, it is likely that full implementation of these service developments will be ramped up over the coming years.

## 2023 Waiting List Projections, Targets and Funding cont.

### 5.3.1 Reducing Long Waiting Times

The 2017 Sláintecare report recommended maximum waiting times of 12 weeks for an inpatient/day case procedure, 10 weeks for an outpatient appointment, and 10 days for a diagnostic test. Recognising that these are ambitious targets to be worked towards over several years,

**In 2023, as the next step towards achieving the Sláintecare maximum waiting times, revised interim maximum waiting times have been defined in the 2023 HSE National Service Plan:**

- **Outpatient:** 90% of patients should be waiting less than 15 months for an outpatient appointment
- **Inpatient/Day Case:** 90% of patients should be waiting less than 9 months for an inpatient or day case procedure
- **GI Scopes:** 95% of patients should be waiting less than 9 months for a GI scope

To achieve these maximum wait times, there will be significant focus on improving chronological scheduling. Chronological scheduling determines that patients are scheduled in chronological order, from oldest referral received date to newest. In 2023, the target is for at least 85% of patients to be seen according to chronological scheduling.

### 5.3.2 Reform of care pathways

The modernised care pathways were developed based on local and international best practice and in line with the Models of Care. The pathways transition care from the acute setting into the community, delivering care closer to the patient's home and adopting a multi-interdisciplinary approach to care delivery.

A total of c.€43 million has been approved to progress the implementation of the modernised care pathways through this multi-annual approach.



**A phased implementation approach has been agreed commencing with the implementation of the following seven modernised care pathways:**

1. Haematuria
2. Continence
3. Lower Urinary Tract Symptoms
4. Medical Retina
5. Paediatric Eye Care
6. Cataract
7. Orthopaedics - Virtual Fracture Assessment Clinics (VFAC)

In 2023, the HSE will complete implementation of these seven prioritised modernised care pathways at a total cost of c.€3.4 million. It is expected that activity will commence within each pathway in Q3 as outlined in Table 8 on the opposite page.

Table 8. Reform of care pathways activity, 2023 and full-year

Pathway	Additional Activity 2023	Additional Activity Full-Year
Orthopaedics (VFAC)	1,500 new outpatients	4,800 new outpatients
Integrated Eye Teams	1,000 new outpatients	5,000 new outpatients
Haematuria	500 new outpatients	5,000 new outpatients
Continence	500 new outpatients	4,000 new outpatients
Lower Urinary Tract Symptoms (LUTS)	500 new outpatients	4,400 new outpatients



**A further 29 modernised care pathways**, which have been clinically developed and approved, will be progressed to commence implementation in 2023. The obesity and overweight pathway will be implemented and reported separately as a priority area. Timelines for the implementation of the modernised care pathways is dependent upon site-level readiness and recruitment of trained health care providers.

The investment in the modernised care pathways will reform service delivery, ensure patients are seen in the appropriate setting, reduce the length of time patients are waiting for care and enhance capacity to deliver additional activity. The additional activity delivered will occur across acute and community settings.

### 5.3.3. 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. In this regard, c. €48 million has been approved to support the implementation of sustainable solutions that address identified capacity deficits.

Comprehensive planning was undertaken in 2022 and recurrent investment plans have been finalised in collaboration with the Hospitals and Hospital Groups in 2023. Investments have been tailored to meet the unique needs of the hospital site and have been prioritised based on the demographic pressures and capacity deficits within each site. A number of priority investments are being progressed with this funding as outlined in Table 9 below.

Table 9. Enhancing hospital group capacity activity and funding, 2023 and full-year

Funding Area	Approved Full-Year Funding	Additional 2023 Activity*	Additional Full-Year Activity
1. Opening of additional theatre capacity at Merlin Park in Galway	€2,553,601	180	1,200
2. Opening of an additional ophthalmology theatre at the Mater Hospital	€1,539,266	300	2,500
3. Expansion of the diabetes service at St. James Hospital	€638,749	200	1,800
4. Expansion of the ophthalmology service at University Limerick Hospital Group	€1,822,791	200	1,500
5. Expansion of general medicine services at Mayo University Hospital	€204,450	100	700
6. South Infirmary Ophthalmology Clinic	€1,140,286	200	1,992

\*All projected activity volumes in 2023 are based on the successful recruitment of trained health professionals in line with projected timelines. The project activity volumes listed above outline only the new activity volumes and do not account for the review activity volumes which will also be delivered through these initiatives.

## 2023 Waiting List Projections, Targets and Funding cont.



### 5.3.4. Priority Areas and Other Reform Investments

The following **three key priority areas** were identified in 2022:

1. Paediatric orthopaedics, specifically Scoliosis and Spina Bifida
2. Gynaecology
3. Bariatrics

In addition, to these priority areas, key strategic reforms to the delivery of health services in Ireland are being progressed including patient centred booking arrangements, patient-initiated reviews, DNA reduction and the implementation of a health performance visualisation platform. Funding of €32 million has been approved to progress these key priorities and support the implementation of the strategic health reforms.

**A high-level overview of the improvements being progressed are provided below:**

#### Paediatric Orthopaedics – Scoliosis/Spina Bifida

In 2022, a plan to increase capacity to deliver Scoliosis and Spina Bifida activity was approved by the HSE. In 2023, the Plan aims to ensure that by Q2 2023, no child and young person is waiting longer than 4 months for scoliosis and spina bifida in-patient surgery, unless clinically indicated otherwise.

**Additional activity will be delivered through this plan and a number of measures will be taken to deliver on this action, including:**

1. close monitoring of beds to address critical care capacity challenges
2. Increased bed capacity
3. Increased pre-op assessment capacity
4. Utilisation of the private sector as appropriate
5. Theatre usage reconfiguration

A detailed 2023 Action Plan is in development and will be submitted for approval in February 2023.

#### Gynaecology

An historic under-investment in women's health in Ireland has resulted not only in demand in the area of gynaecology care outstripping supply within Ireland but has also resulted in all gynaecological conditions, with very few exceptions, traditionally being managed as one grouping of conditions and hence from the same pool of resources. At secondary care level, this historic under-investment has significantly impeded the ability of hospitals, their gynaecology teams and resources, to develop and implement streamlined and targeted treatment pathways for women presenting with specific gynaecological conditions.

Over recent years however, this is beginning to change. Led by the HSE's National Women and Infants Health Programme (NWIHP) and in collaboration with the Department of Health, the Women's Health Task Force and the six-maternity network, a significant work programme in the area of gynaecology services has commenced. NWIHP in developing this national work programme, has focused on designing, investing and implementing specific, stratified gynaecology services so that individual and specialised gynaecology services are in the process of being established and resourced in their own right thereby enabling women to be managed by the most appropriate gynaecology service and team based on their individual presenting symptoms – **right care, right place, right time.**



**Work undertaken in this area to date under the auspices of NWIHP includes:**

- Development of a National Model of Care for Ambulatory Gynaecology with 20 such clinics in the process of being established around the country;
- Establishment of six regional infertility hubs – one in each maternity network;
- Implementation of six specialist complex menopause clinics – one in each maternity network;
- Development of a National Framework for Endometriosis Care in Ireland, with five regional specialist endometriosis hub services under development supported by two supra-regional complex endometriosis services;
- Design and on-going implementation of an alternative front-line service for women referred to uro-gynaecology services led by a new hospital based network of clinical specialist physiotherapists in women's health;
- Development of a suite of new and updated national clinical guidelines in the area of gynaecology in collaboration with the Institute of Obstetrics and Gynaecology; and
- Design and national implementation of a new standardised e-referral form for use by GPs accessing secondary care for their female patients in collaboration with the Irish College of General Practitioners (ICGP)

Looking towards 2023, demand for gynaecology services continues to increase, with NWIHP indicating that a number of drivers are likely underpinning this, including increased awareness and/or risk aversion by GPs further to Cervical Check crisis, continued impact of un-met need experienced during Covid, transfer of care of an identified cohort of women from hospital based Cervical Check/colposcopy services to general gynaecology services, increased health/symptom awareness amongst women and unmet need coming to the fore as new specialised services are developed.

In 2023, a number of key initiatives will be progressed in gynaecology through the Waiting List Action Plan with a focus on increasing access to timely care and reducing the number of women waiting for care.

The key initiatives to be progressed in 2023 are outlined below in Table 10:

**Table 10. Gynaecology priority area activity and funding, 2023 and full-year**

Funding Area	Approved Full-Year Funding	Additional 2023 Activity	Additional Full-Year Activity
1. Expanding gynaecology services at University Limerick Hospital Group	€1,100,000	120	840
2. Expanding gynaecology services at RCSI	€90,000	60	400
3. Opening an additional gynaecology inpatient and day case theatre at Coombe Women & Infants University Hospital	€1,865,536	150	1,000

## 2023 Waiting List Projections, Targets and Funding cont.

### Bariatrics

The Overweight and Obesity pathway is in line with the HSE Integrated Care Programme for the Prevention and Management of Chronic Disease 2020-2025 and adopts a population health approach to service provision. The pathway includes varying levels of services and supports based on individual patient needs including (i) community education programmes and online resources, (ii) community specialties ambulatory care for behaviour weight management programmes, (iii) acute specialties ambulatory care for severe and complex obesity issues and (iv) bariatric surgery, palliative care, inpatient care and rehabilitation.

In 2022, an investment of c.€6.7 million was allocated to the Bariatrics Clinical Programme to progress Phase 1 implementation of the Overweight and Obesity Pathway, including the recruitment of 61 WTEs. Following assessment of Phase 1 implementation, the overweight and obesity pathway will be expanded to ensure access nationally across Ireland.

In 2023, Phase 1 implementation of the overweight and obesity pathway is expected to be completed. It is expected that this will deliver c.500 additional outpatient appointments, c.200 additional inpatient surgeries and c.400 validations resulting in patients removed from the waiting list.

### 5.3.5 Other Reform Investments

#### Patient Centred Booking Arrangements (section 6.2, action 17)

- This reform initiative seeks to significantly improve patient experience and ensure patients are seen as quickly as possible. The approach involves (i) reforming how referrals are received, triaged and assigned, (ii) increasing patient choice of appointment time and date through partial booking and (iii) establishing a single point of contact for queries relating to referrals or appointments. International evidence relating to pooled waiting lists and partial booking demonstrates positive improvements including reduced time from receipt of referral to triage, decreased wait time for elective care and increased patient satisfaction. In 2022, this initiative was piloted at University Limerick Hospital Group and preliminary impacts demonstrated an improvement in caseload balancing and a reduction in the number of patients placed on a waiting list as a result of advanced clinical prioritisation upon receipt of referral
- In 2023, Patient Centred Booking Arrangements will be expanded to 9 additional hospital sites (10 hospitals in total), initially including 1-2 specialties

#### Patient Initiated Reviews (section 6.2, action 16)

- This reform initiative empowers patients to access follow-up care as required, instead of automatically scheduling a review appointment. This initiative seeks to improve patient experience, reduce the number of review attendances and increase capacity for new appointments in order to deliver reductions against the active outpatient waiting list. Patient Initiated Reviews enables
- In 2022, a National Guidance Document was developed, and the process was piloted across multiple specialties at Children's Hospital Ireland
- In 2023, the process will be scaled to a total of 22 hospital sites with initial focus on hospitals with the highest new-to-review ratios. In 2023, the approach will also be tested in Community Services

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#### DNA Reduction Strategy (section 6.2, action 18)

- This reform initiative seeks to implement an agreed strategy to reduce the number of patient 'Did Not Attends' (DNAs). The DNA strategy is informed by international evidence which demonstrates that streamlined patient communication and appointment reminders can lead to reductions in the number of patient DNAs. The strategy focuses on standardising the appointment management process (including appointment reminders) and ensuring adherence to the National Outpatient Waiting List Protocol. Between January–May 2022, there were c. 60k (14%) DNAs, which demonstrate significant opportunity to decrease DNA rates and in turn improve patient throughput
- In 2022, this process was piloted at three hospital sites and delivered an overall c.10% reduction in new and review outpatient DNAs
- In 2023, this process will be expanded to 22 hospital sites, targeting hospitals and specialties with the highest DNA rates in the first instance. Technology enablers, including bi-direction text communication, will also be considered
- A key requirement and deliverable of the Community Integrated Community Case Management System will include the reduction and impact of DNA rates through improved service user communication and empowerment of service users as well as the most efficient use of available team appointments

#### Health Performance Visualisation Platform (section 6.3, action 29)

- The Health Performance Visualisation Platform has been introduced by the HSE to address a gap in the centralised information available to support strategic and operational performance across acute hospitals. The Platform provides hospitals with access to a leading-edge data management and visualization system, with analytics designed to support quality improvement at clinical team, hospital, group and national network levels. The platform includes real-time analysis to support (i) improved hospital efficiency, (ii) improved patient access, (iii) identification of performance challenges, (iv) identification of capacity gaps and (v) demonstrated impact of interventions
- In 2022, the HPVP Programme implemented the SystemView platform in 19 hospitals
- In 2023, the Programme will (i) implement the platform in the remaining 9 hospitals in scope for Phase 1 and (ii) finalise contracting for implementation of Phase 2 for all 50 hospitals

# 06



# 2023 Actions to Reduce and Reform Waiting Lists and Times

This section of the 2023 Waiting List Action Plan outlines specific actions which are being taken forward this year to continue addressing backlogs in acute hospital scheduled care waiting lists, in tandem with reducing waiting times and progressing longer-term reforms.

Many of these actions continue the work that was initiated and progressed through implementation of the 2022 Waiting List Action Plan as part of the multi-annual reform approach.

The 2023 Waiting List Action Plan focuses on three key areas, under which 30 short, medium and long-term actions will be delivered this year to achieve the target reductions in waiting lists and waiting times. These actions are outlined below under the following groupings, with associated owners and timeframes.



## 1. Delivering Capacity in 2023

**11 actions** for the immediate delivery of additional activity within the private and public system to address current hospital waiting list backlogs and reduce waiting times. Actions will deliver additional OPD appointments, IPDC procedures and GI Scopes in 2023, resulting in a waiting list reduction of just over 10% by year-end. Other actions relating to the delivery of capacity include progressing the development of 5 surgical hubs nationally to increase dedicated capacity for elective activity in our hospitals and an action to deliver additional community activity to reduce waiting lists for high priority services, mainly for children.



## 2. Reforming Scheduled Care

**8 actions** to progress medium-to-longer term reforms to fundamentally resolve underlying barriers to the timely delivery of acute scheduled care. This includes further work on modernising patient care pathways, with the full implementation of 7 priority pathways and commencing implementation of a further 29. Other reform actions to be progressed in 2023 include implementation of patient-initiated reviews in 22 hospitals as part of a strategy to reduce the number of review appointments scheduled across the system; and establishment of patient-centred booking arrangements through a central referrals office, to improve patient experience, ensure patients are seen as quickly as possible and reform scheduling practices in acute hospitals.



## 3. Enabling Scheduled Care Reform


**11 actions** to progress key policy, process and technology enablers that are critical to supporting the whole of system reform required to improve access to scheduled care and achieve the Sláintecare recommended maximum wait times. Actions under this heading include the development and delivery of waiting list management protocols, training and development programmes; development of Information and Communications Technology (ICT) infrastructure to enable the collection of data for radiology diagnostic waiting lists; and the further roll-out of the Health Performance Visualisation Platform (HPVP) that will provide data-based insights across hospitals to improve operational efficiencies. Access to scheduled care will also be expanded through increased virtual patient engagements.

## 2023 Actions to Reduce and Reform Waiting Lists and Times cont.

### 6.1 Delivering Capacity in 2023

In 2023 specific actions will be implemented by the HSE and the NTPF to deliver additional activity within the private and public system, in addition to HSE core and recurrent activity, to address acute scheduled care waiting list backlogs for new OPD appointments, IPDC procedures and GI Scopes.

Some funding is also being made available to provide additional activity to reduce backlogs in certain priority waiting lists in community care, in particular related to services for children.


 <b>Delivering Capacity 2023</b>			
Action Number	Action Title (action lead)	Action Narrative	Timeframe for Completion
1	NTPF Commissioning (NTPF)	NTPF commissioning will provide 170,000 additional waiting list removals via 40,000 inpatient/day case procedures, 18,500 GI scopes and 110,000 outpatient consultations.	End December
2	NTPF diagnostics (NTPF)	NTPF will arrange for an additional 65,000 diagnostic tests (MRIs, CTs and ultrasounds) to be carried out by hospitals.	End December
3	NTPF Administrative Validation (NTPF)	NTPF administrative validation will continue to validate patients on outpatient, inpatient and day case waiting lists in excess of 3 months and provide 146,100 removals from waiting lists.	End December
4	NTPF Clinical Validation (NTPF)	NTPF will arrange for the clinical validation of 4,000 people on the GI Scopes Waiting List by Advanced Nurse Practitioners/Clinical Nurse Specialists which should result in c.1,500 removals from this waiting list - to be tracked through PAMS (Patient Access Management System) Application.	End December
5	Extension of Clinical Validation (NTPF)	NTPF will explore the potential to extend clinical validation (as per action above) to a new specialty in 2023.	End September

Action Number	Action Title (action lead)	Action Narrative	Timeframe for Completion
6	Additional Capacity from Private Sector (NTPF)	NTPF to engage with Private Hospital Association (PHA) to source additional capacity for full packages of care (Outpatient appointment and any follow up procedure) under specific specialties (Otolaryngology (ENT), Orthopaedics and Urology). The capacity identified should be in addition to that already submitted as part of the tender process with NTPF.	End March
7	Health Capacity Optimisation (HSE)	<p>Building on planning completed in 2022, detailed analysis and process improvement will be taken forward at hospital and specialty level to (i) assess workflow, (ii) identify root causes for variation in clinic capacity utilisation and (iii) optimise resource utilisation.</p> <p>The aim is to build a sustainable management process and staff capability that drives continuous improvement in capacity utilisation.</p> <p>This action will lead to direct intervention in 9 model 4 hospitals to increase patient throughput and reduce targeted waiting lists. This action will also identify persistent capacity gaps which require sustainable solutions.</p>	End December
8	Increasing Capacity to Deliver Additional Activity (HSE)	<p>Finalise plans at Hospital Group and Hospital level to support achievement of the 2023 maximum wait time targets and deliver additional in-year activity to achieve the targeted reductions in the number of patients waiting for care.</p> <p>In 2023, the HSE aims to deliver the following additional activity:</p> <ul style="list-style-type: none"> <li>• OPD: c. 67,400 additional OPD appointments</li> <li>• IPDC: c. 10,000 additional IPDC appointments</li> <li>• GI Scopes: c. 8,500 additional GI Scopes</li> <li>• Advanced Clinical Prioritisation (ACP): c. 12,000 additional ACP removals</li> </ul>	End December
9	HSE diagnostics (HSE)	The HSE will arrange for an additional 12,700 diagnostic tests to be carried out.	End December
10	Surgical Hubs (HSE)	The HSE will progress the development of five surgical hubs nationally (in Cork, Waterford, Limerick, Galway and Dublin) to increase dedicated capacity for elective activity.	End December
11	Community Waiting List Initiatives (HSE)	<p>In 2023, this action seeks to deliver the following additional activity:</p> <ul style="list-style-type: none"> <li>• Primary Care Orthodontics (Grade 4) – 1,590</li> <li>• Primary Care Child Psychology – 3,558</li> <li>• Counselling in Primary Care – 1,323</li> <li>• CAMHS – 2,500</li> <li>• Primary Care therapies – 2,149</li> </ul>	End December

## 2023 Actions to Reduce and Reform Waiting Lists and Times cont.

### 6.2 Reforming Scheduled Care

In parallel to delivering immediate and sustainable improvements in existing capacity within the health system, a series of longer-term reform measures will be taken forward in 2023 to fundamentally resolve underlying and ongoing barriers to the timely delivery of care.

 <b>Reforming Scheduled Care</b>			
Action Number	Action Title (action lead)	Action Narrative	Timeframe for Completion
12	IPDC High Volume Procedures (NTPF)	For 20 high volume IPDC procedures the NTPF will offer treatment in 2023 for all clinically suitable patients waiting more than 3 months (see Section 5.2.2).	End December
13	Expansion of IPDC Procedure List (NTPF)	The NTPF will work to expand this IPDC procedure list (action above) so that in 2024 it will be in a position to fund care in the public or private systems for any clinically suitable patient waiting more than 3 months on the IPDC waiting list, where there is capacity at an appropriate cost in the public or private health systems to deliver the care.	End December
14	Maximum Wait Time Targets (HSE)	<p>Achieve the below maximum wait time targets through an increase in chronological scheduling from 71% to 85% and active management of patients who are waiting the longest to receive care:</p> <ul style="list-style-type: none"> <li>• Outpatients: 90% of patients will be seen within 15 months</li> <li>• Inpatient/Day Case: 90% of patients will be seen within 9 months</li> <li>• GI Scopes: 95% of patients will be seen within 9 months</li> </ul> <p>These are interim targets (also in 2023 NSP) to move us towards the ultimate 10/12 week Sláintecare targets.</p>	End December
15a	Priority Areas: Bariatrics (HSE)	<p>A multi-annual plan has been developed for the establishment of an obesity and overweight service in Ireland. In 2022, funding for Phase 1 of the overweight and obesity pathway was approved. In 2023, Phase 1 will be fully implemented, additional activity will be delivered and a national obesity learning and sharing network will be established.</p> <p>In 2023, the pathway aims to deliver the following additional activity:</p> <ul style="list-style-type: none"> <li>• Outpatient: 500 additional outpatient appointments (in addition to 196 delivered in 2022)</li> <li>• Inpatient/Day Case: 200 additional surgeries (in addition to the 105 delivered in 2022)</li> <li>• Clinical Validation: 400 additional removals from the waiting list due to clinical validation</li> </ul>	End December




Action Number	Action Title (action lead)	Action Narrative	Timeframe for Completion
15b	Priority Areas: Paediatric Orthopaedics (Spina Bifida/Scoliosis) (HSE)	In 2022, the Scoliosis and Spina Bifida action plan was approved by the HSE. The plan aims to deliver care within 4 months for children and young people with scoliosis and spina bifida who are awaiting access to in-patient surgery, unless clinically indicated otherwise.  A detailed 2023 Action Plan is in development and will be submitted for approval in February 2023.	End December
15c	Priority Areas: Gynaecology (HSE)	A key priority of the 2023 Waiting List Action Plan is to improve capacity of gynaecology services nationally and reduce the number of patients waiting for access to care.  In 2023, a detailed plan will be developed and implemented in collaboration with the National Women and Infants Health Programme.	End December
16	Patient Initiated Reviews (HSE)	In 2022, a National Guidance Document for Patient Initiated Reviews (PIR) was developed. In 2023, the HSE will implement PIR within 22 hospital sites as part of the strategy to reduce the number of review appointments scheduled across the system. This initiative will target hospitals and specialties with the highest new to review ratios.	End December
17	Patient Centred Booking Arrangements (HSE)	This approach was piloted in 2022 in University Limerick Hospital Group to test the feasibility and agree business processes. In 2023, a Central Referrals Office to support the implementation of Patient Centred Booking Arrangements will be established within 9 hospital sites (10 hospitals in total).	End December
18	DNA Strategy (HSE)	In 2022, an end-to-end DNA Strategy was developed and piloted in three hospital sites. The strategy reduced the DNA rate for c.5,300 patients from c.17% to c.10%. In 2023, this strategy will be scaled to target hospitals with a DNA rate above 12% (c. 22 hospitals).	End December
19	Modernised Care Pathways (HSE)	In 2022, the following seven modernised care pathways were finalised and prioritised to commence implementation: <ol style="list-style-type: none"> <li>1. Haematuria</li> <li>2. Continence</li> <li>3. Lower Urinary Tract Symptoms</li> <li>4. Medical Retina</li> <li>5. Paediatric Eye Care</li> <li>6. Cataract</li> <li>7. Virtual Trauma Assessment Clinics</li> </ol> <p>In 2023, the HSE will complete implementation of the seven prioritised modernised care pathways and commence the delivery of additional activity. The pathways will deliver c.4,000k additional new OPD appointments through the 7 prioritised pathways, broken down as follows:</p> <ul style="list-style-type: none"> <li>• Virtual Fracture Clinics: 1,500</li> <li>• Integrated eye teams: 1,000</li> <li>• Haematuria: 500</li> <li>• Continence: 500</li> <li>• Lower Urinary Tract Symptoms (LUTS): 500</li> </ul> <p>The remaining 29 modernised care pathways which have been clinically developed and approved will also commence implementation. Projected additional activity to be delivered in 2023 through these pathways will be identified and agreed.</p> <p>See appendix IV for detail on care pathways.</p>	End December

## 2023 Actions to Reduce and Reform Waiting Lists and Times cont.

### 6.3 Enabling Scheduled Care Reform

This 2023 Waiting List Action Plan 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.

	Enabling Scheduled Care Reform		
Action Number	Action Title (action lead)	Action Narrative	Timeframe for Completion
20	Virtual Patient Engagement (HSE)	Continue to build on opportunities to provide patient care virtually by using technology to support best use of healthcare professional time (e.g., point of care testing in emergency departments, teledermatology, standardised referrals with appropriate clinical information via healthlinks).	End December
21	Patient Access Management System (NTPF)	Continue development of Patient Access Management System (PAMS).	End December
22	Individual Health Identifier (NTPF)	Integration of Individual Health Identifier (IHI) and Eircodes into waiting list extracts.	End September
23	Waiting List Management Protocols (NTPF)	Development and delivery of Waiting List Management Protocols and associated Minimum Data Sets (MDS) including: <ul style="list-style-type: none"> <li>• Outpatient Protocol 2022 - MDS</li> <li>• Inpatient, Day Case and Planned Procedure (IDPP) Waiting List Management 2023 Protocol</li> <li>• IDPP Protocol 2023 - MDS</li> <li>• New protocols as and when required</li> </ul>	End December

Action Number	Action Title (action lead)	Action Narrative	Timeframe for Completion
24	Waiting List Management Training and Development (NTPF)	Development and delivery of Waiting List Management Training and Development Programmes and Toolkits including: <ul style="list-style-type: none"> <li>• Outpatient Waiting List Management Protocol 2022 online learning module</li> <li>• Development and roll out of supporting Inpatient, Day case and Planned Procedure (IDPP) Training and Development Programme</li> <li>• Data Awareness training</li> </ul>	End December
25	Data Quality Initiative (NTPF)	Continue to roll out and monitor the Data Quality Initiative with a continued focus on promoting data awareness and improvement.	End December
26	Audit Programme (NTPF)	Develop and undertake an audit programme to assess adherence to new Outpatient Waiting List Management Protocol 2022.	End December
27	Best Practice Reporting (NTPF)	Develop Best Practice Reporting (BPR) including: <ul style="list-style-type: none"> <li>• Complete GAP analysis of current Outpatient, Inpatient and Day Case Waiting List Reporting</li> <li>• Develop Outpatient, Inpatient and Day Case BPR Guidance</li> </ul>	End December
28	Radiology Diagnostics Waiting Lists (NTPF)	Commence the development of radiology diagnostics waiting list data collection and waiting list management protocol including: ICT infrastructure to enable collection, & storage of Radiology Diagnostics Waiting List data; MDS documentation; & Training & Development Programme.	End June
29	Health Performance Visualisation Platform (HSE)	In 2022, the Health Performance Visualisation Platform (HPVP) Programme deployed the SystemView platform in 19 hospitals. In 2023, the Programme will implement the platform in the remaining 9 hospitals in scope.  A checkpoint review will be undertaken in 2023 on the success of the deployment of HPVP, including evidence of usage in hospitals and envisaged outcomes & benefits. This will inform decisions related to a proposed Phase 2 (deployment to all hospitals) which is also subject to review by the Department of Public Expenditure NDP Delivery and Reform/Digital Governance Oversight peer group in the Government Chief Information Office.	End December
30	Integrated Community Case Management System (HSE)	Community Services will continue with the Integrated Community Case Management System (ICCMS) Programme to procure and implement a case management solution that provides clinical and operational functionality required to support integrated care across Community Services. This crucial foundation and key priority development will provide case management functionality such as referral and waiting list management, clinical assessments, clinic management, outcome measurement for all care groups, across all geographies which will interface with GP and acute services.  Key milestones for the Programme to be achieved by the end of 2023 include: <ul style="list-style-type: none"> <li>• the approval of the Public Spending Code Business Case (PSCBC)</li> <li>• the commencement of the formal procurement process with potential suppliers</li> </ul>	End December

# 07



# Governance & Oversight of Delivery

## 7.1 Waiting List Task Force

The governance structure of the 2023 Waiting List Action Plan will broadly follow the model and principles developed for the 2022 Waiting List Action Plan. In 2022, the Secretary General of the Department and the CEO of the HSE established and co-chaired a Waiting List Task Force, with senior representatives of the Department, HSE and NTPF as its membership. The Task Force reported directly to the Minister for Health, with whom they held regular meetings and escalated issues to the Minister as required.

The 2023 Waiting List Action Plan will be governed by broadly the same structure, with a monthly cycle of the Task Force meetings and associated Ministerial meetings throughout 2023.

The 2023 Waiting List Action Plan also falls under the umbrella of Sláintecare Reform Programme 1, Project 5: Implement a Multi-annual Waiting List Reduction Plan. 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.



## Governance & Oversight of Delivery cont.

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### 7.2 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 2023 Waiting List Action Plan will be provided to the HSE Board through the Board Strategic Scorecard.

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In addition, reports will be brought for more detailed consideration by the Performance and Delivery Committee on an ongoing basis.

To drive implementation of the 2023 Plan throughout the year, a dedicated access unit is being established and fully resourced within the HSE. This unit will be led by the new Director of Access driving a focus on scheduled care and reporting to the National Director of Acute Operations. It 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 will include:**

- Developing a detailed project management plan;
- Actively manage that plan, including flagging blockages and delays, and support the HSE and Department in rapidly removing these blockages to delivery of the 2023 Waiting List Action Plan;
- Deploying detailed analytics and metrics to inform performance management responses and measure progress;
- Identify and disseminate good practice – from within the HSE, private practice and internationally;
- Engaging with a broad selection of stakeholders

An Operational Oversight Group has been established within the HSE, under the leadership of the National Director of Acute Operations, to ensure a continued focus on scheduled care throughout the year. This Oversight Group will drive progress of the 2023 Waiting List Action Plan actions under its governance, 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.

In addition to the Oversight Group and the new Director of Access a number of other key positions have been established within the HSE, including a Director for Care Pathways, who will oversee the implementation of up to 36 modernised acute scheduled care pathways during 2023, a key component of long-term reform of waiting lists and times; and a lead for Surgical Hubs, who will progress the action to establish a national suite of surgical hubs to build capacity to deliver high volume, low complexity procedures that will have a real impact on IPDC waiting lists.

The Waiting List Task Force will continue to oversee progress of the delivery of the 2023 Action Plan throughout the year and will provide regular updates to the Minister for Health and the Sláintecare Programme Board. The success of this 2023 Waiting List Action Plan, that the Task Force will strive to achieve, will be sustained and meaningful reductions in waiting list numbers and maximum waiting times in line with targets set out in this document, as well as the successful implementation of all actions outlined within this Plan.



# 08





# Challenges, Risks & Mitigation Actions

Successful implementation of the 2023 Waiting List Action Plan remains susceptible to a number of risks, including repeated COVID-19/flu/respiratory surges and associated pressures on Emergency Departments. 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 (e.g., modernised care pathways). Inability to recruit may also impact the ability to deliver the projected level of additional activity.

The following is a summary of the main challenges and risks that may impact successful delivery of the 2023 Waiting List Action Plan, as well as associated mitigation actions. The Waiting List Task Force will monitor these throughout the year and intervene as necessary.

	Risk	Mitigation
1	<b>Pandemic Backlog</b>	
	The public hospital system could be overwhelmed by pent up demand that has built up during the pandemic and the need to provide urgent care at levels previously not experienced. This has been the experience in 2022 with evidence of delayed treatment giving rise to increased urgency.	The HSE will continue to prioritise the delivery of care based on robust clinical guidance. Ongoing monitoring will take place and to the extent that these demands are displacing non-urgent waiting list activity, further efforts will be made to secure additional capacity.
2	<b>Increased Additions</b>	
	The number of additions to the acute scheduled care waiting lists in 2023 could be much higher than projected in this Plan. In the last quarter of 2022, the public system experienced significantly more referrals than projected in the 2022 Plan. While the 2023 projections take into account the experience in Q4 2022, there remains huge uncertainty.	Through ongoing engagement with the delivery system, the flow of patients on to the waiting lists will be monitored to quickly identify variance from the projections and to support necessary revisions to planning and funding allocations. It is anticipated the continued rollout of Sláintecare's Enhanced Community Care (ECC) programme will reduce the number of predominately return patients to OPD with smaller numbers of new referrals being referred to ECCs instead of hospitals. Impact is dependent on rate of implementation of the ECC programme.

## Challenges, Risks & Mitigation Actions cont.

	Risk	Mitigation
3	<b>COVID-19 Surges</b>	
	<p>Further potential surges in COVID-19 infections, including new variants, may decrease available capacity and the level of activity, due to issues including:</p> <ul style="list-style-type: none"> <li>• Reduced Hospital and Community non-COVID care</li> <li>• Increased staff absences</li> <li>• Delayed discharge of patients due to outbreaks in nursing homes</li> </ul>	Ongoing monitoring will take place to identify evidence of potential surges in COVID-19. As far as possible, further efforts will be made to secure additional activity to minimise the impact on core capacity.
4	<b>Ongoing Infection Control Learnings/Practices</b>	
	<p>The infection control learnings/practices from COVID-19 experiences continue to be in place as best practice on many sites for all potential and actual infection control issues, leading to an ongoing actual reduction of bed capacity in both hospital and community inpatient/residential facilities.</p> <p>Ongoing management of groups of patients through outpatient and diagnostic departments on acute hospital sites are subject to adherence to up-to-date/best practice Infection Prevention and Control (IPC) standards, which in some hospitals continues to impact to reduce capacity.</p>	Ongoing monitoring of IPDC requirements will take place, to be adjusted based on the prevailing level of risk in line with official guidance.
5	<b>Limited Capacity</b>	
	NTPF commissioning and validation relies on the capacity of the NTPF team, public hospitals and private hospitals.	Recruitment, redeployment and ring-fencing of necessary resources. External resources will be used to fill any gaps in the interim.
6	<b>Increased Additional Activity</b>	
	<p>The level of activity being sourced from the private sector with core NTPF funding is higher than ever before outside of a Safety Net arrangement and it remains untested whether the capacity will be available (although private hospitals indicate they are in a position to provide it).</p> <p>To the extent that further capacity is sought from private hospitals, we will be moving further into the untested space and the risk of it not being available to the extent required grows accordingly.</p>	Close engagement with private hospitals to assess and monitor capacity. NTPF IT systems are deployed throughout all public and private hospitals and provide real time data on relevant throughput of each private hospital, which will be used for planning and managing capacity.

	Risk	Mitigation
<b>7</b>	<b>OPD to IPDC Conversions</b>	
	There is some uncertainty around the level of conversions from OPD consultations to IPDC treatment, especially as private sector activity in OPD increases, consultations are offered to shorter waiters and an increase in the number of specialities outsourced for full packages of care.	NTPF conversion rates will be monitored in real time by specialty and provider to determine any variations from projections.
<b>8</b>	<b>Community Resources</b>	
	There is a risk that community resources within the public system and the private sector may not be able to meet the requirements of this plan.	Robust implementation plans have been developed on an initiative basis and delivery against plans will be monitored on a monthly basis.
<b>9</b>	<b>Recruitment Challenges</b>	
	Persistent recruitment challenges may impede the ability to fully implement the proposed waiting list initiatives and reforms (e.g., modernised care pathways). Inability to recruit may impact the ability to deliver the projected level of additional activity.	HSE is taking forward a comprehensive approach to recruitment, leveraging all possible recruitment channels and opportunities. Recruitment is being closely monitored across the HSE. Engagement on workforce planning to support new inpatient and theatre capacity e.g. operating theatre attendants and physician assistants to support traditional health professional groups, given the recruitment challenges of the Irish and international Healthcare systems. Work with all professional groups to ensure they are working to the maximum of their professional code / registration.  While recruitment is being progressed, temporary resources will be utilised to maximise the delivery of activity and support achievement of 2023 targets.
<b>10</b>	<b>Competition for Capacity</b>	
	Competition for scarce capacity within the system – in the content of the HSE and the NTPF seeking to secure additional activity from the public and private sectors – may impact the ability to achieve the projected level of activity.	The HSE and the NTPF will ensure a co-ordinated approach to the procurement of additional activity.

# Appendices

## Appendix (I):

Breakdown of people on waiting lists from 2015 to 2022, and projected decreases based on full delivery of the 2023 Waiting List Action Plan

Year end	Outpatient	Inpatient/ day case	GI Scope	Total	Total variance compared to previous year	Total % variance compared to previous year
2015	375,440	68,086	15,961	459,487		
2016	437,558	81,015	17,401	535,974	<b>+76,487</b>	<b>+16.6%</b>
2017	500,800	81,468	17,618	599,886	<b>+63,912</b>	<b>+11.9%</b>
2018	516,162	70,204	18,847	605,213	<b>+5,327</b>	<b>+0.8%</b>
2019	553,434	66,563	22,244	642,241	<b>+37,028</b>	<b>+6.1%</b>
2020	606,230	72,745	32,539	711,514	<b>+69,273</b>	<b>+10.7%</b>
2021	617,448	75,463	27,145	720,056	<b>+8,542</b>	<b>+1.2%</b>
2022	584,626	81,568	24,029	690,223	<b>-29,833</b>	<b>-4.1%</b>
<b>2023 projections</b>	<b>520,516</b>	<b>79,677</b>	<b>21,047</b>	<b>621,241</b>	<b>-68,982</b>	<b>-10%</b>

## Appendix (II): International Research

This section details various policies that have been used internationally to reduce the number of people on waiting lists and the length of time they are waiting.

### Country-Specific Examples:

In 2020, the Organisation for Economic Co-operation and Development (OECD) analysed supply and demand side policies to reduce waiting times by country. Highlights of these findings have been summarised below for Denmark, Finland, Portugal and Norway.<sup>14</sup>

- **Denmark:** In 2002, Denmark introduced maximum waiting time targets from referral to treatment, initially 2 months and reduced to 1 in 2007. If the region cannot meet this, patients have 'extended free choice' to go to a private hospital in Denmark or a public or private hospital abroad. If treatment is provided outside the region, expenses are covered through a DRG tariff. Waiting times declined after 2002 with the proportion of patients using private sector providers increasing from 2% to 5%. This also applies to hospital referrals. Regions are required to ensure any patient referred to a hospital is assessed within 1 month. If for medical reasons this is not possible, the patient receives a plan to ensure further investigation of the health problem. If the region is not able to provide an assessment within 30 days, the extended free choice applies.
- **Finland:** Finland introduced maximum wait time targets for specialist consultation and elective treatment in 2005. In 2010, it was included in legislation which states that patients should have a specialist consultation within 3 weeks of referral, an evaluation for elective surgery within 3 weeks, and diagnostic tests within 3 months of assessment, but can be extended to 6 months for non-urgent interventions. The National Supervisory Agency Valvira acted as the regulatory agency, supervising and issuing penalties. The agency also provided targets on the reductions in the number of patients waiting over 6 months, and by 2012 the agency issued 30 improvement orders including 8 threats of fines. Maximum wait time guarantees significantly reduced waiting times.
- **Portugal:** In 2004, Portugal introduced a new integrated information system (SIGIC) with waiting time guarantees and a voucher system so that when patients reach 75% of the maximum time, a voucher is issued that allows patients to seek treatment at any provider. From 2005-2010, waiting lists declined by 39% but have increased since 2011. This is despite a 6% growth in surgery over this period, but this fell short of the 7% increase in the number of people that were added to the waiting list.
- **Norway:** In 2002, Norway introduced individual maximum waiting time guarantees based on the patient health condition, need and severity. This policy was motivated by the concern that maximum waiting time guarantees may cause mis-prioritisation of patients unless accompanied by clinical prioritisation. All patients have free choice of providers and information on waiting times and provider choice is published on a website. This relieves pressures on providers with capacity issues while helping those with capacity to maximise resources. In 2018, 98% of all patients received health care within their maximum waiting time.

<sup>14</sup>OECD (2020). Waiting Times for Health Services. [Online]. Available: [www.oecd-ilibrary.org/sites/242e3c8c-en/index.html?itemId=/content/publication/242e3c8c-en&\\_csp\\_=e90031be7ce6b03025f09a0c506286b0&itemIGO=oecd&itemContentType=book](https://www.oecd-ilibrary.org/sites/242e3c8c-en/index.html?itemId=/content/publication/242e3c8c-en&_csp_=e90031be7ce6b03025f09a0c506286b0&itemIGO=oecd&itemContentType=book) (Accessed 03/01/2023).

## Appendices cont.

The NHS (National Health Service) has developed national plans with various policies to reduce the number of people on waiting lists for Scotland, England, Wales, and Northern Ireland.

**These policies are summarised by country below:**

- Scotland:** The NHS Recovery Plan 2021-2026 targets investment over the next 5 years to increase NHS capacity by at least 10%, deliver reforms in the delivery of care, and get everyone the treatment they need as quickly as is possible. Initiatives include maximising the use of community services, such as community pharmacies, opticians and dentistry to ensure services are provided close to people's homes, scaling up the use of 'NHS Near Me' video consulting service for virtual appointments, developing new digital solutions such as ePrescribing and eDispensing, creating a network of National Treatment Centres (NTCs) for elective procedures and diagnostic care, and increasing capacity for diagnostic procedures, outpatient appointments, day surgery and short-stay theatre procedures for certain specialties.<sup>15</sup>
- England:** The NHS Delivery Plan for Tackling the COVID-19 Backlog of Elective Care 2022 sets out a progressive agenda for how the NHS will recover elective care over the next three years. The Plan focuses on four key areas of delivery: increasing health service capacity through the expansion and separation of elective and diagnostic service capacity; prioritising diagnosis and treatment including a return towards delivery of the six-week diagnostic standard and reducing the maximum length of time that patients wait for elective care and treatment; transforming the way elective care is provided e.g. by making outpatient appointments more flexible and driven by clinical risk and need, and increasing activity through dedicated and protected surgical hubs; and providing better information and support to patients through better data and information e.g. through the use of the NHS App.<sup>16</sup>
- Wales:** The 'Our Programme for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales' was published in 2022 and sets out a number of clear priorities for action over the next four years. This includes building sustained planned care capacity, transforming outpatient appointments e.g. through virtual appointments and digital platforms for self-management, focusing on early diagnosis and treatment of suspected cancer patients, prioritising diagnostic services e.g. through community diagnostic hubs, implementing a fair and equitable approach to patient prioritisation, eliminating long waiters, providing better information and support to patients, and ensuring enablers are in place e.g. a sustainable workforce.<sup>17</sup>

<sup>15</sup> NHS Scotland (2021). NHS RECOVERY PLAN 2021-2026. [Online]. Available: [www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/nhs-recovery-plan/documents/nhs-recovery-plan-2021-2026/nhs-recovery-plan-2021-2026/govscot%3Adocument/nhs-recovery-plan-2021-2026.pdf](https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/nhs-recovery-plan/documents/nhs-recovery-plan-2021-2026/nhs-recovery-plan-2021-2026/govscot%3Adocument/nhs-recovery-plan-2021-2026.pdf) (Accessed 20/01/2023)

<sup>16</sup> NHS England (2022). NHS Delivery Plan for Tackling the COVID-19 Backlog of Elective Care. [Online]. Available: [www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/02/C1466-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/02/C1466-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf) (Accessed 20/01/2023)

<sup>17</sup> NHS Wales (2022). Our programme for transforming and modernising planned care and reducing waiting lists in Wales (2022). [Online]. Available: [www.gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming--and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf](https://www.gov.wales/sites/default/files/publications/2022-04/our-programme-for-transforming--and-modernising-planned-care-and-reducing-waiting-lists-in-wales.pdf) (Accessed: 20/01/2023).

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- **Northern Ireland:** The 'Elective Care Framework Restart, Recovery and Redesign' was published in 2021 to tackle waiting lists through a mix of short-term, medium-term and long-term actions. Some immediate, short-term actions include expanding elective care centres, transforming outpatient appointments e.g. through pre-operative mega-clinics, increasing capacity e.g. by making better use of on-call engagements, and transforming image and pathology by expanding the radiology advanced practice role. Medium term actions include developing annual delivery plans, separating elective and unscheduled care, increasing the workforce and introducing a tariff/incentivisation model. Long term actions include implementing treatment targets across 5 procedure types, moving to a 7-day working week for existing theatre infrastructure, and increasing digitalisation e.g. electronic prescribing.<sup>18</sup>

**Additionally, Estonia is considered a leader in e-Health in Europe:**

- **Estonia:** e-Estonia is the Estonian nationwide Health Information System (EHIS) and has been operational since 2008. EHIS contains the health data of every resident virtually from birth to death and integrates different healthcare databases and services. This makes it possible for patients to access medical data, prescriptions, and medical images online in a secure and trusted way. It includes an e-prescription system whereby physicians upload prescriptions to a centre database, a picture Archiving and Communication System (PACS) for sharing medical images between health institutions and hosts many central registers and databases such as hospitals, GPs, pharmacies, school nurses, medicine interactions, and different quality registers (cancer, human immunodeficiency virus (HIV), tuberculosis, etc.).<sup>19</sup>

<sup>18</sup> Department of Health Northern Ireland (2021). Elective Care Framework Restart, Recovery and Redesign. [Online]. Available: [www.health-ni.gov.uk/sites/default/files/publications/health/doh-elective-care-framework-restart-recovery-redesign.pdf](http://www.health-ni.gov.uk/sites/default/files/publications/health/doh-elective-care-framework-restart-recovery-redesign.pdf) (Accessed 20/01/2023).

<sup>19</sup> Tallinn University of Technology. Ten Years of the e-Health System in Estonia. [Online]. Available: [https://ceur-ws.org/Vol-2336/MMHS2018\\_invited.pdf](https://ceur-ws.org/Vol-2336/MMHS2018_invited.pdf) (Accessed 20/01/2023).

## Appendices cont.

### Appendix (III): Services Out of Scope of the 2023 Waiting List Action Plan

The NTPF is responsible for collecting, collating and validating information on persons waiting for public hospital treatment. There are other public hospital services which, while provided in an acute hospital, fall outside the elective/scheduled care waiting list bracket which fall under this Plan.

**These services which are out of scope include:**

- Cancer screening (BreastCheck, CervicalCheck, BowelScreen, Diabetic RetinaScreen)
- Cancer centres of excellence (9 centres across 7 hospital groups, diagnosis, surgery and treatment)
- Post cancer reconstructive surgery/ Pre-cancer preventative surgery
- Urgent GI Scopes
- Dialysis
- Diabetes Clinics
- Organ Transplant
- Colposcopy Clinics
- Menopause Clinics
- Contraception
- Phlebotomy
- Parkinson's Disease
- Asthma
- Osteoporosis
- COPD
- ME and Fibromyalgia
- Cardiovascular Disease, including stroke
- Lyme Disease
- Rare Diseases/access to rare disease medication, orphan drugs
- Expansion of blood spot heel prick programme
- Long COVID
- National Rehabilitation Hospital
- Assessment of Needs
- Patient Transfers
- National Gender Service Loughlinstown Hospital
- National Weight Management Service Loughlinstown Hospital
- Psychiatry/Psychology
- Physiotherapy
- Occupational Therapy
- Speech and Language Therapy
- Waiting times for wheelchairs, beds, etc.
- Dental
- Audiology
- Community Ophthalmology
- Sleep Studies
- GP Access to Diagnostics
- Diagnostics that are part of care-pathways/not waiting list related



## Appendix (IV): Detail on Care Pathways

In 2021, the HSE engaged with clinical working groups to design 73 modernised care pathways across sixteen specialities which comprise 90% of the acute scheduled care waiting lists.

**During 2022, 37 of these pathways were progressed so they can commence implementation in 2023:**

- 7 of these care pathways were finalised and prioritised to commence implementation;
- recruitment was also initiated to begin implementation of the new national Obesity/Bariatrics service via a modernised care pathway;
- the remaining 29 care pathways have been clinically developed and approved during 2022.

Please see Table 11 for more details.

Modernised Care Pathways are founded on the principle of transitioning acute scheduled care closer to home through primary care and/or community, which aligns with aims of Sláintecare. The modernised care pathways will alter the way that care is delivered and support more effective transitions to care. A range of one-stop options will be provided for patients requiring minor operations and rapid diagnosis. Modernised scheduled care pathways will be enabled by technology as appropriate to facilitate communication between multidisciplinary teams. Pathways will be enabled with an end-to-end referral management system offering GP decision support, condition-specific e-referrals, virtual triage and patient-centred booking services.



## Appendices cont.

Table 11: Overview of Modernised Scheduled Care Pathways

### Modernised care pathways

■ **7 prioritised care pathways** - for completion of implementation in 2023
 ■ **Obesity/Bariatric care pathway** - a priority area being implemented in 2023
 ■ **Initial 29 care pathways** - for commencement of implementation in 2023
 ■ **36 remaining care pathways** for completion of design and readiness review

	Specialty	Pathway Title	Pathway Description/Long Title
1	Orthopaedics/ Rheumatology	Low Back Pain	Low back pain pathway for adults with pain of musculoskeletal origin
2	Orthopaedics	Virtual Trauma Assessment Clinic (VTAC)	Virtual Trauma Assessment Clinics (VTAC) for paediatric and adult patients presenting with stable fracture
3	Orthopaedics	Fracture Liaison Integrated Pathway	Fracture liaison pathway integrated across acute and community services to prevent repeat fracture in patients after emergency repair.
4	Rheumatology	Single Swollen Joints	Pathway for adults presenting with single swollen/inflamed joints.
5	Rheumatology	Multiple Swollen Joints	Pathway for adults presenting with multiple swollen/inflamed joints.
6	Urology	Continence Pathway	Continence pathway for adults experiencing unintentional loss of urine due to trauma, neurological disorder, or age-related degeneration.
7	Urology	Haematuria Pathway	Haematuria pathway for adult patients presenting with visible or microscopic blood in the urine.
8	Urology	LUTS Pathway	Lower urinary tract symptomatology pathway for adult males presenting with urinary/benign prostate symptomatology
9	Ophthalmology	Cataract Pathway	Cataract pathway for adults presenting with one or two cataracts affecting vision
10	Ophthalmology	Medical Retina Pathway	Medical retinal pathway for adults presenting with macular pathology suspicious of acute macular degeneration
11	Ophthalmology	Paediatric Eye Pathway	Paediatric eye pathway for children requiring further assessment after childhood health screening and/or surveillance
12	General Surgery	Skin and Subcutaneous Lesions Pathway	Skin and subcutaneous lesions pathway for adult patients presenting with Seborrheic warts, keratoses, skin tags, dermatofibromas, epidermal cysts, sebaceous cysts, lipomas viral warts including verrucae (after first line treatment fails), toenails and non-pigmented skin cancers
13	Plastic Surgery	Basal Cell Carcinoma Pathway	Basal cell carcinoma pathway for adult patients presenting with patients presenting with symptomatology suggestive of basal cell carcinoma
14	Plastic Surgery	Dupuytren's Pathway	Dupuytren's pathway for patients presenting with severe contracture (30*)
15	Dermatology	Psoriasis Pathway	Psoriasis pathway for adult and paediatric patients presenting with a scaly rash affecting the scalp, elbows, knees, not responsive/unsatisfactory to management in primary care
16	Dermatology	Pigmented Skin Lesions Pathway	Pigmented skin lesion pathway for paediatric and adult patients presenting with new or existing changing pigmented skin lesions

	Specialty	Pathway Title	Pathway Description/Long Title
17	Dermatology	Acne Pathway	Acne pathway for paediatric and adult patients, with the presence of open and closed comedones, papules, pustules, nodules or cysts, psychological distress, scarring, i.e., atrophic/ice pick scarring, Keloid scarring.
18	Neurology	Epilepsy Pathway for Vulnerable Populations	An epilepsy pathway that provides outreach to vulnerable patients (paediatric and adult)
19	Neurology	Headache Pathway	A headache pathway for adults with tension-type headache, migraine (with or without aura), cluster headache, or medication overuse headache
20	Neurology	Rare Diseases Pathway	A rare diseases pathway for all patients presenting with symptoms suggestive of motor neuron disease or Huntington's chorea
21	ENT	Dysphonia and Dysphagia Pathway	A pathway for adult patients presenting with dysphonia and/or dysphagia
22	ENT	Hearing Loss Pathway	Hearing loss pathway for adults presenting with hearing loss
23	ENT	Vestibular Rehabilitation Pathway	A pathway for adult patients with vertigo/imbalance requiring vestibular rehabilitation
24	Gastroenterology and Hepatology	Inflammatory Bowel Disease	A pathway for paediatric and adult patients presenting with suspected or known inflammatory bowel disease
25	Gastroenterology and Hepatology	Abnormal Liver Function Test/ Hepatology Pathway	A pathway for patients presenting with abnormal liver function tests (LFTs)/raised ferritin, abnormal fibro scan, hereditary hemochromatosis or alcohol use disorder
26	Gastroenterology, Hepatology, Gen Surgery	Endoscopy Pathways, (including 2021-funded FIT testing, Nurse Triage and PillCam)	Diagnostic pathways for all patients with upper/lower gastrointestinal tract symptomatology.
27	Cardiology	First Presentation Afib	A chronic disease pathway for patients with first presentation atrial fibrillation
28	Cardiology	Deteriorating Heart Failure	A chronic disease pathway for patients with diagnosed heart failure (stable) who experience deterioration
29	Cardiology	Heart Murmur	A chronic disease pathway for adults with suspected heart murmur (excluding new heart murmur with presyncope or syncope)
30	Cardiology/ Respiratory	Undifferentiated Chronic/ Subacute Dyspnoea	A chronic disease pathway for adults with undifferentiated chronic/ subacute dyspnoea
31	Endocrinology	Obesity and Overweight Pathway	An obesity and overweight pathway for patients aged over 16, with a BMI > 25kg/m <sup>2</sup> or greater
32	Endocrinology	Chronic Disease Type 2 Diabetes Mellitus Pathway	A chronic disease pathway for adults with first presentation of symptoms suggestive of Type 2 diabetes mellitus
33	Respiratory Medicine	COPD	A chronic disease pathway for adults with known or suspected chronic obstructive pulmonary disorder (COPD)
34	Respiratory Medicine	Sub-acute/Chronic Asthma	A chronic disease pathway for adults with known or suspected asthma
35	Respiratory Medicine	Interstitial lung disease	A chronic disease pathway for adults with symptoms or diagnostics suggestive of interstitial lung disease

## Appendices cont.

Table 11: Overview of Modernised Scheduled Care Pathways cont.

	Specialty	Pathway Title	Pathway Description/Long Title
36	Respiratory	Cystic Fibrosis	A pathway for paediatric and adult patients with cystic fibrosis
37	Nephrology	Renal Dialysis Pathway	A pathway for patients requiring renal dialysis
38	Pain Management	A Pain Management Approach to Low Back Pain Pathway	In development
39	Rheumatology	Work-Able Solutions', a Rheumatology Vocational Rehabilitation Service	In development
40	Orthopaedics	Fast Track Knee Pathway	In development
41	Endocrinology	Hypothyroid	In development
42	Endocrinology	Hyperthyroid	In development
43	Endocrinology	Oligomenorrhea	In development
44	Endocrinology	Low Testosterone	In development
45	Endocrinology	Endocrine Hypertension	In development
46	Endocrinology	Thyroid Nodule	In development
47	ENT	Rapid Access Neck Lump	In development
48	ENT	Rhinitis/Asthma	In development
49	ENT	Tonsillitis	In development
50	Gastroenterology	Enteral Nutrition	In development
51	Gastroenterology	Iron Deficiency Anaemia	In development
52	General Surgery	Abdominal Hernia	In development
53	General Surgery	Gallbladder	In development
54	General Surgery	Perianal Complaints	In development
55	Neurology	Chronic Progressive Disorders	In development
56	Neurology	Neurological Symptomatology	In development

	Specialty	Pathway Title	Pathway Description/Long Title
57	Ophthalmology	Glaucoma	In development
58	Orthopaedics	Lower limb	In development
59	Orthopaedics	Hand/ Wrist	In development
60	Orthopaedics	Elbow	In development
61	Orthopaedics	Shoulder pain/ upper limb	In development
62	Pain Management	Fibromyalgia	In development
63	Pain Management	Sciatica/ Radicular Pain	In development
64	Plastics Surgery	Blepharoplasty	In development
65	Plastics Surgery	Breast hypertrophy	In development
66	Plastics Surgery	Entrapment Neuropathy	In development
67	Plastics Surgery	Ganglion	In development
68	Plastics Surgery	Head & Neck	In development
69	Plastics Surgery	Microsurgery	In development
70	Plastics Surgery	Pressure Sores	In development
71	Urology	Kidney Stones	In development
72	Urology	Scrotal Lump/ Mass	In development
73	Urology	UTI	In development

# Glossary

<b>ACP</b> Advanced Clinical Prioritisation	<b>GMS</b> General Medical Service Scheme	<b>NSP</b> National Service Plan
<b>ANMP</b> Advanced Nursing and Midwifery Practitioner	<b>GI</b> Gastro-intestinal	<b>NTPF</b> National Treatment Purchase Fund
<b>BPR</b> Best Practice Reporting	<b>GP</b> General Practitioner	<b>OECD</b> Organisation for Economic Co-operation and Development
<b>CAMHS</b> Child & Adolescent Mental Health Services	<b>HIV</b> Human Immunodeficiency Virus	<b>OP</b> Outpatient
<b>CANS</b> Client Authorisation Numbers	<b>HSE</b> Health Service Executive	<b>OPD</b> Outpatient Day case
<b>CDM</b> Chronic Disease Management	<b>HPV</b> Human Papillomavirus	<b>PACS</b> Picture Archiving and Communication System
<b>CEO</b> Chief Executive Officer	<b>HPVP</b> Health Performance Visualisation Platform	<b>PCBA</b> Patient Centred Booking Arrangements
<b>CHNs</b> Community Healthcare Networks	<b>ICT</b> Information & Communications Technology	<b>PHA</b> Private Hospital Association
<b>CHI</b> Children's Health Ireland	<b>ICCMS</b> Integrated Community Case Management System	<b>PIR</b> Patient Initiated Review
<b>CHO</b> Community Health Organisation	<b>ICGP</b> Irish College of General Practitioners	<b>PSSCBC</b> Public Sector Spending Code Business Case
<b>CNA</b> Cannot Attends	<b>IDPP</b> Inpatient, Day Case and Planned Procedure	<b>PTL</b> Primary Target Lists
<b>COPD</b> Chronic Obstructive Pulmonary Disease	<b>IHI</b> Individual Health Identifier	<b>RCSI</b> Royal College of Surgeons Ireland
<b>CRO</b> Central Referrals Office	<b>IPC</b> Infection Prevention and Control	<b>RHA</b> Regional Health Area
<b>CST</b> Community Specialist Teams	<b>IPDC</b> Inpatient Day Case	<b>TCI</b> To Come in
<b>CT</b> Computed Tomography	<b>IPDC PAMS</b> Inpatient Day Case Patient Access Management System	<b>TD</b> Teachta Dála
<b>DNA</b> Did Not Attend	<b>iPMS</b> Integrated Patient Management System	<b>TURP</b> Transurethral Resection of Prostate
<b>DoH</b> Department of Health	<b>LUTS</b> Lower Urinary Incontinence	<b>VTAC</b> Virtual Trauma Assessment Clinics
<b>ECC</b> Enhanced Community Care	<b>MDS</b> Minimum Data Set	<b>WLAP</b> Waiting List Action Plan
<b>ED</b> Emergency Department	<b>MRI</b> Magnetic Resonance Imaging	<b>WHO</b> World Health Organisation
<b>EDANS</b> Emergency Department Authorisation Notifications	<b>NTC</b> National Treatment Centre	<b>WTE</b> Whole Time Equivalents
<b>EHIS</b> Estonian Health Information System		



