

## Stiúrthóir Rochtana Oifig an Stiúthóra Náisiúnta um Rochtain agus Imeascadh

Aonad 4A, Áras Dargan, An Ceantar Theas, An Bóthar Míleata, Cill Mhaighneann, Baile Átha Cliath 8, D08 NN9V

## Office of the National Director of Access and Integration

**Director of Access** 

Unit 4a, The Dargan Building, Heuston South Quarter, Military Road, Kilmainham, Dublin 8, D08 NN9V www.hse.ie @hselive

- t 01 795 9971
- e AccessandIntegration@hse.ie

24th July 2025

Deputy David Cullinane Dáil Éireann Leinster House Dublin 2.

PQ 38135/25 - To ask the Minister for Health whether and how the health service is measuring and comparing productivity of consultants during core activity hours in comparison to insourcing clinics; and if she will make a statement on the matter.

PQ 37954/25 - To ask the Minister for Health the level of Saturday activity occurring due to insourcing arrangements across each specialty for each statutory and section 38 hospital, by health region, in 2024 and to date in 2025.

Dear Deputy Cullinane,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response.

## Response:

The HSE provide access to the following dashboard which provides individual hospitals and regions and the public with information relating to monthly average attendance throughput by consultant whole time equivalent (WTE). The following information can be found on the HSE website and is regularly updated -

https://www2.hse.ie/services/activity-performance-data/outpatient-attendance-dashboard/

Hospitals have progressed insourcing activities with local consultants which provides a service outside of core working hours in the evenings and at the weekend. Insourcing lends itself to be more productive/efficient for a variety of reasons such as:

- While working outside of core hours consultants do not manage and inpatient workload or have admission commitments driven by UEC demand.
- Patients selected are usually high volume and low acuity. Patients are clinically triaged to ensure suitability for out of hours service. Patients with higher clinical needs/requirements are excluded (mobility, morbidity, intellectual disability, language barriers).
- The model sometimes facilitates a full see and treat approach with dedicated staff available so that the full multidisciplinary pathway can be delivered on the day.



Attached, in the appendix is the activity associated with insourcing for each of the hospitals and regions for 2024 and 2025.

The National Treatment Purchase Fund (NTPF) also has funded insourcing with individual hospitals, and this information is available from the NTPF.

I trust that this answers your question.

Yours sincerely,

Sheila McGuinness, Access & Integration