

2023 Waiting List Action Plan

End of Year Report



An Roinn Sláinte
Department of Health



an ciste náisiúnta um cheannach cóireála
the national treatment purchase fund

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1. Executive Summary

A key priority for the HSE is tackling long patient waiting times and ensuring timely and equitable access to treatment and care. Our public hospitals provide a mix of both planned and emergency healthcare services at more than 50 hospitals in regions across the country.

Our hospital teams provide over 3.5 million outpatient consultations, emergency care to over 1.7 million people, day case services to over one million people and over c.600k people are admitted as inpatients in hospital each year. We acknowledge that patients are waiting too long to access outpatient consultations and procedures.

As part of a multi-annual approach to tackling waiting lists, Waiting List Action Plans have been developed by the HSE, the National Treatment Purchase Fund (NTPF) and the Department of Health, which set out ambitious targets to improve waiting lists and waiting times by delivering additional activity and enabling reform initiatives across acute hospital and community settings.

The 2023 Waiting List Action Plan (WLAP) set out our programme of work to deliver sustained reductions in waiting lists numbers and waiting times in 2023. In support of this plan the Government allocated €363 million to build on the work already done. This was allocated to the HSE and the NTPF for extra public and private activity and to enable longer term reform as the next stage of the multi-annual approach to sustainably reduce and reform hospital waiting lists and waiting times. The plan focused on **Delivering Capacity, Enabling Scheduled Care reform and Reforming Scheduled Care**. This report provides an overview of the outcome from the 2023 Waiting List Action Plan.

Building on the 2022 WLAP, the 2023 WLAP estimated that 1,591,505 patients would be added to active waiting lists in 2023 for either a first OPD appointment (c. 1,097k), an IPDC procedure (c. 347k) or a gastrointestinal endoscopy (c. 148k). The plan proposed to deliver services to remove more than 1,660k patients from active waiting lists, in order to achieve a reduction in these waiting lists of approximately 10% by year-end.

The plan has resulted in 1,737,183 patients being removed from active waiting lists, exceeding the planned number of removals in 2023 by 5%. With 177,016 more patients removed from the acute hospital waiting lists last year compared with 2022, this is an 11% increase year on year. However, the number of patients added to the waiting list significantly exceeded the projections set out with 1,718,373 additional patients being added to the waiting lists: OPD appointment (1,179,503); IPDC procedure (379,725); gastrointestinal endoscopy (159,145). The additions to the waiting list were 8% higher than projected in the waiting list action plan and a 12.3% increase in comparison to 2022. The net result was an overall reduction of 2.7% or 18,810 patients as a closing position in 2023 when compared to the same period in 2022.

This represents the second consecutive annual reduction in overall waiting lists since 2015 building on the reduction of c.30k people (4.1%) in 2022 and the reduction of 5.4% delivered between September and December 2021 through the initial short-term Plan. Without the additional activity funded by the 2023 WLAP, it is estimated that waiting lists would

have increased by 54% to almost 1.1m people. Improvements have been delivered through a range of approaches and reform initiatives in 2023 including:

- A key focus of the WLAP 2023 was to maintain this momentum and make significant progress towards the Sláintecare wait time targets. Between February and December 2023, the number of patients waiting longer than the Sláintecare targets has decreased from c. 515k to c. 458k (c. -57k). This also represents a decrease since December 2022, from c. 490k to c. 458k.
- The core target of achieving a 10% reduction in the number of patients breaching the Sláintecare waiting times was exceeded, with an 11% reduction achieved. This covers inpatients, day case, outpatients, and GI scopes. It equates to c.57k less people waiting longer than the 10/12 week targets than at the end of February 2023; Since the pandemic peaks there has been a 27% reduction in the number of people waiting longer than the Sláintecare targets, which equates to nearly c.170k people.
- Removals from the waiting list across all areas OPD, IPDC and GI Scopes have exceeded the planned removals in the 2023 WLAP.
- Significant progress has been made in 2023 in relation to the National Service Plan Maximum Wait Times across all waiting list types. As at end of December 85.8% (c. 576k) of patients were achieving the 2023 NSP Maximum Wait Time Targets representing a year-to-date improvement of c. 6.3%.
- As of December, the number of patients waiting or at risk of waiting over 4 years in 2023 decreased by c.29k (84.6%). As at the end of December, there were less than c.5.3k patients waiting longer than 4 years. Furthermore, there has been significant improvement in the number of patients waiting over 3 years for care. As of December, the number of patients waiting or at risk of waiting over 3 years in 2023 has decreased by c.57k (81.4%). As at the end of December, there were c.13k patients waiting longer than 3 years.
- The following three key priority areas were identified in the 2023 WLAP: (i) paediatric orthopaedics, specifically scoliosis and spina bifida, (ii) Gynaecology, and (iii) Bariatrics. Individual plans were developed across each of these areas to enhance capacity and deliver additional activity. Progress was made across all three areas with:
 - 216 Spinal Fusions (98% of the 2023 target) and 248 spinal other procedures (103% of the target) delivered through the Scoliosis / Spina Bifida Plan.
 - 4.9k additional outpatient appointments, 1.1k additional IPDC procedures, and 1.6k validations delivered (56% above target) through the Gynaecology plan.
 - 547 additional outpatient appointments, 217 additional surgeries, and 404 validations delivered (6.2% above target) through the Bariatrics plan.
- Significant progress has been made in 2023 in relation to reform initiatives including:
 - Patient Initiated Review (PIR): The focus of this initiative is to reduce 'unnecessary' outpatient review appointments and in 2023 PIR was implemented in 22 hospitals, meeting the target set out in the 2023 WLAP.
 - Patient Centered Booking Arrangements: The aim of this strategy is to implement a Central Referrals Office (CRO) which will pool waiting lists and allow for partial booking. This was implemented across 11 sites in 2023, exceeding the WLAP target of 10.
 - Did Not Attend (DNA): DNA seeks to implement an agreed strategy to reduce the number of patient DNAs by providing timely appointment notices and reminder messages. The DNA initiative was implemented across 24 sites,

exceeding the WLAP target of 22.

Progressing the improvements outlined above have been realised using a range approaches, building on existing capacity and processes and developing new ways to tackle waiting lists.

These include:

- Maximising on delivery of HSE core activity which has exceeded the planned NSP volumes in 2023 for OPD.
- The additional funding in 2023 through the WLAP, which allowed for additional weekend and evening capacity for OPD and IPDC to be stood up.
- The use of the Private Hospital Framework which supported addressing further inpatient and day case access.
- Strategies where Hospitals secured support from other sites to progress additional activity, both within and across Hospital Groups.
- Targeted approach to ensure that capacity was focused on delivering care to longest waiting patients was a key strategy in 2023 with all Hospital Groups and Hospitals
- Establishing alternative pathways of care, with the implementation of modernised care pathways across a range of specialties.
- Progressing both clinical and administrative validation across a range of specialties.
- Finally, this was complemented by the process for offering treatment options from the NTPF commissioning process for outpatient access, which took on a more targeted approach in 2023.

To support progress of this multi-annual approach to tackle waiting lists, the HSE, NTPF and Department of Health continued monthly Waiting List Taskforce, and Ministerial meetings in 2023 to support overall governance and delivery of the WLAP. Additionally, the HSE stepped up monthly access meetings with Hospital Groups in 2023 to ensure appropriate engagement focus and support, and the HSE CEO also held targeted weekly meetings with the hospital groups CEOs in the latter parts of 2023 focused on Waiting list reductions.

Note that in some instances the FÓRSA Industrial Action impacted 2023 year-end data completeness – where applicable it has been highlighted through-out the document.

2. Key Messages













 <p>Waiting List Reduction</p> <p>-18.8 k reduction in WL</p> <ul style="list-style-type: none"> The OPD Waiting list decreased by 22.6k (4%) 	 <p>NSP Max Wait time improvement</p> <p>+6.3% increase in MWT attainment</p> <ul style="list-style-type: none"> Avg. Wait time reduced by c.2 months from c.9.2m Dec-22 to 7.2m Dec-23. 	 <p>Sláintecare improvement</p> <p>+4.9% improvement in SC attainment</p> <ul style="list-style-type: none"> Since February, the number of patients waiting longer than the Sláintecare targets has decreased from c.515k to c.458k (c.-57k).
 <p>Referral Rates</p> <p>+8.0 % more additions to the WL than target</p> <p>Higher than targeted additions to the Waiting list were observed across the board:</p> <ul style="list-style-type: none"> OPD: 7.5% IPDC: 9.5% GI Scope :7.9% 	 <p>Referral Rates</p> <p>+188k (12.3%) more people added to the WL compared to 2022</p> <ul style="list-style-type: none"> 188k (12.3%) more people added to the WL compared to 2022, and 322k (23.1%) more than 2019. 	 <p>HSE Additional Activity</p> <p>143k additional HSE Activity</p> <ul style="list-style-type: none"> OPD 80.7k (13.3k higher than projected), ACP 13.5k (6.8k Removals, 5.2k lower), IPDC: 14.6k (4.6k higher), GI Scope 13.2k (4.7k higher) Diagnostics 20.8k (8k higher)
 <p>Improvement in +3 years</p> <p>-57k reduction in those waiting or at risk of waiting over 3 years</p> <ul style="list-style-type: none"> As of 2023 year-end, patients waiting more than 3 years for an appointment has reduced by 81% to 13k 	 <p>Improvement in +4 years</p> <p>-29.1k reduction in those waiting or at risk of waiting over 4 years.</p> <ul style="list-style-type: none"> As of 2023 year-end, patients waiting more than 4 years for an appointment has reduced by 85% to 5.3k 	 <p>Reform</p> <ul style="list-style-type: none"> DNA strategy live in 24 Hospitals. PIR in 22 Hospitals. CROs live in 11 Hospitals.
 <p>Pathways</p> <p>38k patient care episodes (May-Dec) were delivered by the 7 priority pathways for which activity reporting has commenced</p> <ul style="list-style-type: none"> 26/29 of the additional pathways have commenced implementation 	 <p>Community</p> <p>14.7k additional episodes of care were provided in the community in 2023</p> <ul style="list-style-type: none"> Primary Care Orthodontics: 1,616 removals Primary Care Child Psychology: 3,554 removals Counselling in Primary Care: 2,590 removals CAMHS: 1,043 removals Primary Care therapies: 5,954 removals 	 <p>NTPF</p> <p>156k patients removed from waiting list in 2023 through NTPF commissioning.</p> <ul style="list-style-type: none"> In addition, 93,058 patients accessed diagnostics through the NTPF

Figure 2.1: 2023 Access to Care Key Messages

3. 2023 Year End Position

3.1 2023 Closing Waiting List Position

The 2023 Waiting List Action Plan projected that c. 1,592k patients would be added to active waiting lists for either a first OPD appointment (c. 1,097k), an IPDC procedure (c. 347k) or a GI Scope (c. 148k). Under this Plan, it was proposed to deliver services to remove more than c.1,660k patients from active waiting lists, resulting in a reduction in these waiting lists of approximately 10% by year-end.

As at end December, there were c.671k patients on the waiting list, a decrease of c.2.7% (-18.8k). The total waiting list position was c.8.1% (50k) behind target, as a result of additions being 8.0% (127k) higher than projected. See figure 3.1 and table 3.1 below for details.

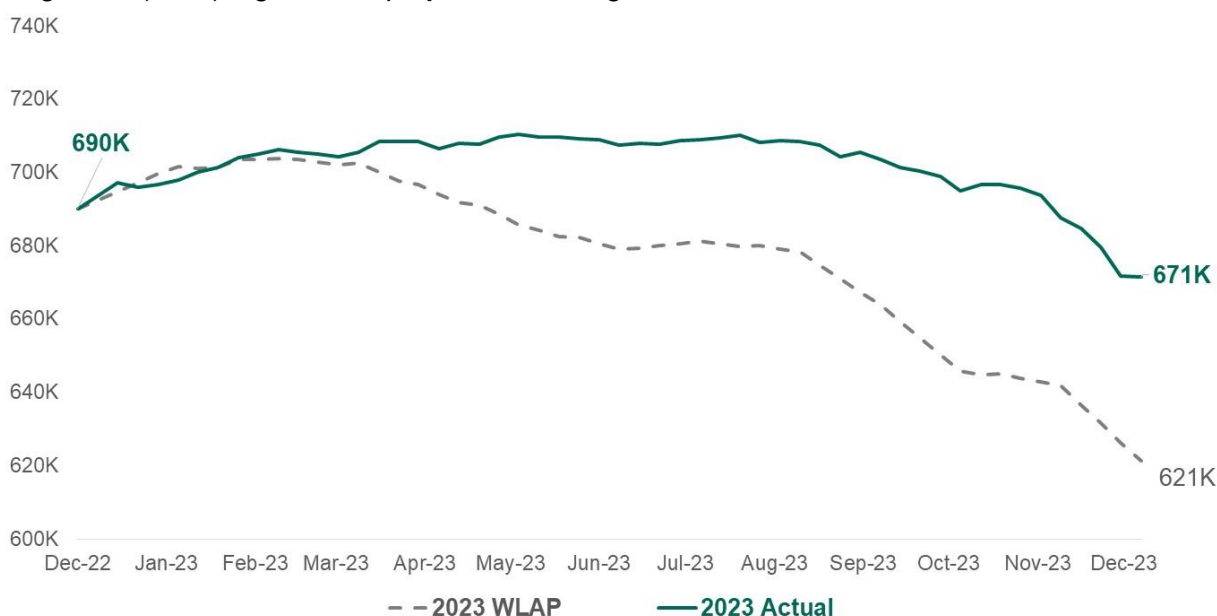


Figure 3.1: Total Waiting List position against 2023 WLAP projections

Waiting List Type	Opening Position	Target Closing Position (2023 WLAP)	Actual Closing Position
Outpatients	584,626	520,516 (-11.0%)	562,039 (-4.0%)
Inpatient/Day Case	81,568	79,677 (-2.3%)	85,755 (+5.1%)
GI Scopes	24,029	21,047 (-12.4%)	23,619 (-1.7%)
Total	690,223	621,240 (-10.0%)	671,413 (-2.7%)

Table 3.1: Total waiting List Position against 2023 WLAP projections

Removals from the Waiting List

As at end of December 1,737,183 patients have been removed from the waiting list, this is c.4.6% (76,696) higher than target and 11.3% (177,016) more than in the same period in 2022. See table 3.2.

	OPD	IPDC	GI Scope	Total
Projected removals 2023	1,161,315	348,695	150,477	1,660,487
Actual removals 2023	1,202,090	375,538	159,555	1,737,183
Variance	40,775 (+3.5%)	26,843 (+7.7%)	9,078 (+6%)	76,696 (+4.6%)

Table 3.2: 2023 removals from the waiting list against WLAP projections

Waiting list removals were achieved using a multi-pronged approach including:

- Increase in Acute Hospital Core activity. HSE core removals were 111,652 (9.1%) higher than in 2022. See table 3.3
- Activity delivered through recurrent funding allocated in 2023.
- Activity delivered through once off funding through additional OPD clinics including weekend and blitz clinics, clinical validation/ACP, use of clinical insourcing (DPS), and accessing capacity from private hospitals.
- Working with the NTPF on ongoing validation and NTPF commissioning.

HSE Core Removals	2022 HSE Core Removals	2023 HSE Core Removals	2023 vs 2022 Core removals
OPD	831,157	898,188	+67,031 (+8.1%)
IPDC	277,579	316,211	+38,632 (+13.9%)
GI Scopes	116,874	122,863	+5,989 (+5.1%)
National	1,225,610	1,337,262	+111,652 (+9.1%)

Table 3.3: 2023 HSE Core Removals in comparison to 2022.

Without the implementation of the 2023 WLAP, it is estimated that waiting lists would have increased by nearly c.50% to almost 1.1m people in 2023 as depicted in figure 3.2 below. This impact is further elaborated in figure 3.3, which illustrates the potential monthly growth of the waiting list had the WLAP not been executed, in comparison to the actual evolution of the waiting list. In figure 3.3 the profound impact of the 2023 WLAP is clearly highlighted, emphasising its critical role in managing the waiting list growth during the year.



Figure 3.2: 2023 Waiting List Breakdown



Figure 3.3: Waiting Lists 2023 without WLAP intervention.

3.2 2023 Maximum Wait Time Targets

In 2023, interim maximum waiting times were 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.

Significant progress has been made in 2023 in achieving these wait times across all waiting list types. As illustrated in table 3.4, at end of December 85.8% (576,183) of patients were

achieving the 2023 NSP Maximum Wait Time Targets representing a year-to-date improvement of c. 6.3%.

The percentage of patients achieving the 15-month maximum wait time target for new outpatient (OPD) appointments increased in 2023 by 7.5%. The percentage of patients achieving the 9-month maximum wait time target for inpatient / day case (IPDC) procedures increased by c. 0.8%. Gastrointestinal endoscopy (GI Scopes) also increased by c. 0.6% which exceeds the NSP Maximum wait time target at the end of 2023.

2023 NSP Maximum Wait Time Targets	# Patients Meeting Target		Change
	Opening	Closing	
OPD - 90% waiting less than 15 months	79.1% (463k)	86.6% (487k)	+7.5%
IPDC - 90% waiting less than 9 months	77.4% (63k)	78.2% (67k)	+0.8%
GI Scopes - 95% waiting less than 9 months	94.5% (23k)	95.1% (22k)	+0.6%
National	79.5% (549k)	85.8% (576k)	+6.3%

Table 3.4: Closing position against NSP Maximum Wait Time Targets

3.3 Reduction of Longest Waiting Patients

The HSE took a targeted approach in reducing the length of time patients are waiting for care. The approach ensured a consistent emphasis on the longest waiting patients in all engagement with Hospitals Groups and Hospitals. This led to reform in terms of operational focus at hospital level resulting in extensive reduction across longest waiting patient numbers.

As illustrated in figure 3.4, as of December, the number of patients waiting or at risk of waiting over 4 years in 2023 decreased by 29,128 (84.6%). As at the end of December, there were 5,288 patients waiting longer than 4 years.

Number of patients waiting or at risk of waiting over 4 years in 2023 for care

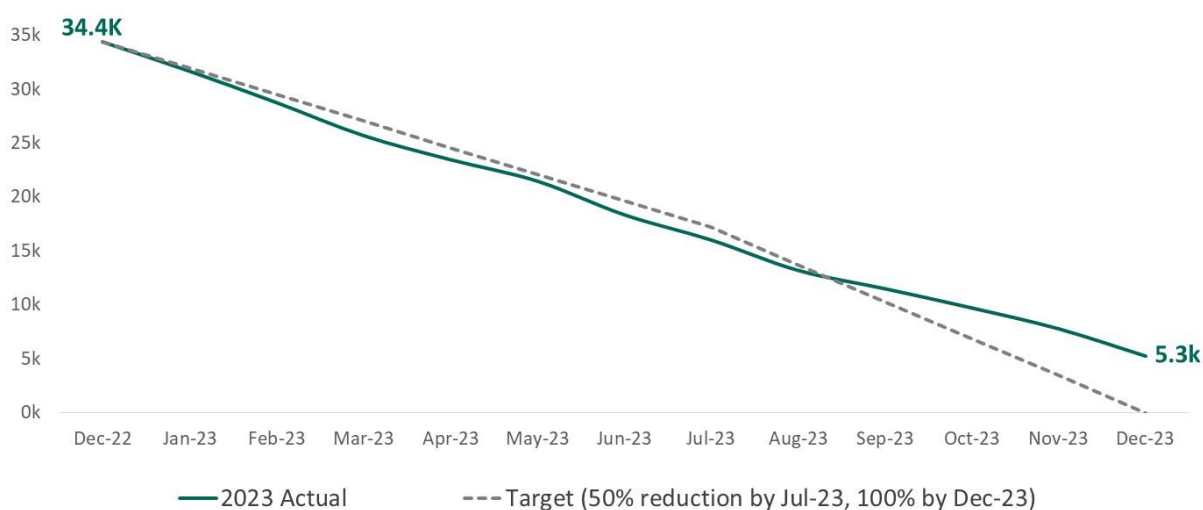


Figure 3.4: Reduction in the number of patients waiting or at risk of waiting over 4 years in 2023 for care.

Furthermore, there has been significant improvement in the number of patients waiting over 3 years for care, as can be seen in figure 3.5. The number of patients waiting or at risk of waiting over 3 years in 2023 decreased by 56,939 (81.4%). As at the end of December, there were 13,106 patients waiting longer than 3 years.

Number of patients waiting or at risk of waiting over 3 years in 2023 for care

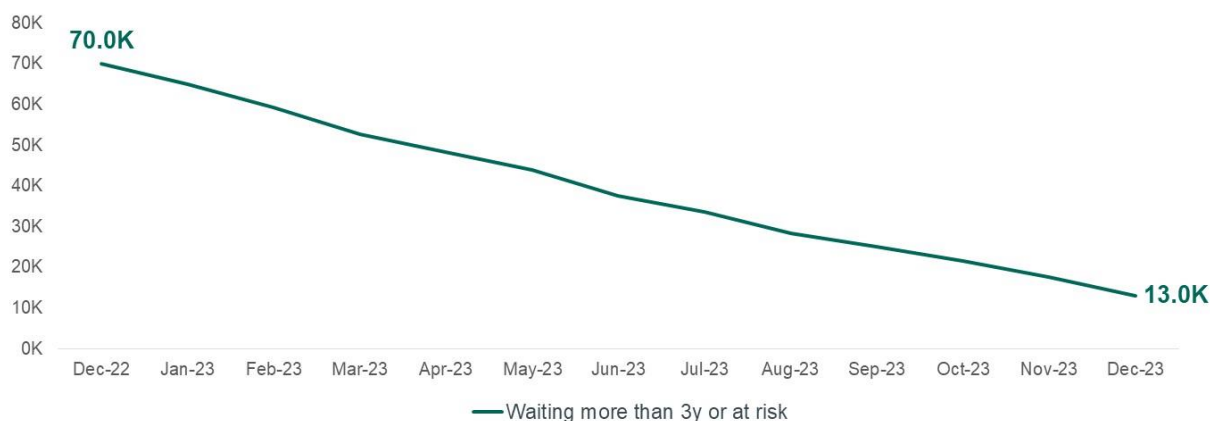


Figure 3.5: Reduction in the number of patients waiting or at risk of waiting over 3 years in 2023 for care.

Finally, as illustrated in figure 3.6, as of December, the number of patients waiting over 1 year has decreased by c.54k (c.32%). As at the end of December, there were c.117k patients waiting longer than 1 year.

Number of patients Waiting over 1 Year for care in 2023



Figure 3.6: Reduction in the number of patients waiting over 1 year for care in 2023.

3.4 Reduction in average wait times

The significant and targeted efforts during 2023 on making progress towards Sláintecare targets, reducing NSP maximum wait time breaches, and reducing very long waiters resulted in a notable drop in the average time patients are waiting for treatment. As of December, the average wait-time has decreased by 2 months (21.4%) from an average wait-time of 9.2 months in December 2022 to wait-time of 7.2 months as of December 2023 as can be seen in table 3.5 below. Reductions in average wait-time were observed across all Hospital Groups as shown by figure 3.7 below.

Estimated Average wait-time	Dec-2022	Dec-2023	Change
OPD	9.7 months	7.5 months	-2.2 months / 23% reduction
IPDC	7.0 months	6.4 months	-0.6 months / 9% reduction
GI Scopes	3.2 months	3.0 months	-0.2 months / 7% reduction
National	9.2 months	7.2 months	-2.0 months / 21% reduction

Table 3.5: Average Wait-time by Waiting List type.

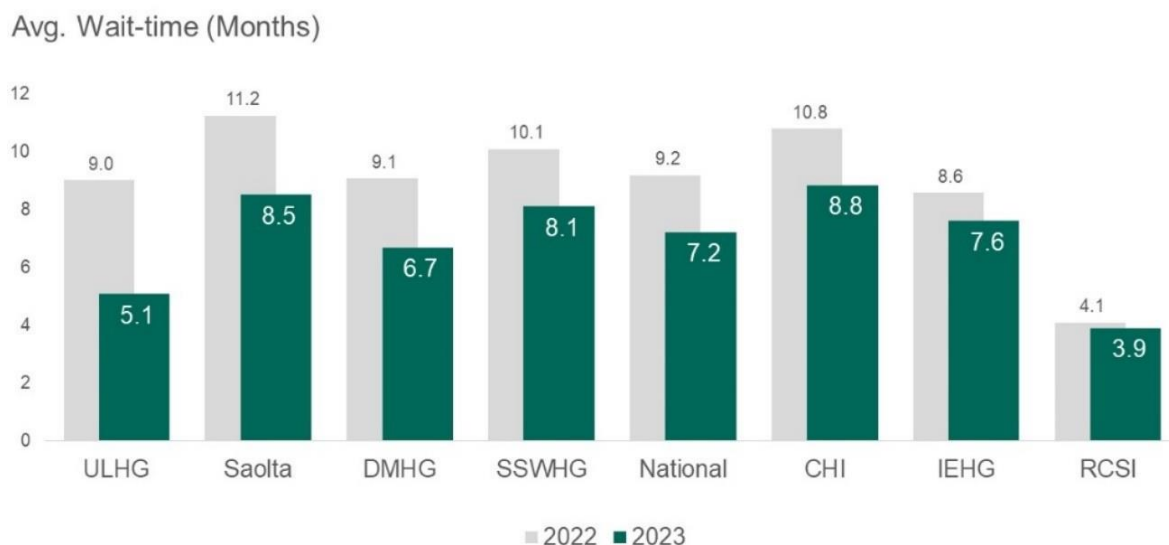


Figure 3.7: Reduction in average wait-time by Hospital Group

3.5 2023 Closing Position against Sláintecare Access Targets

The 2017 Oireachtas Sláintecare Report called for an end to long wait times and set out maximum wait time targets. The overarching goal of the multi-annual approach to reducing waiting lists and waiting times is to progress towards the Sláintecare Access Targets as follows:

- OPD: 100% of patients waiting less than 10 weeks for a first outpatient appointment.
- IPDC: 100% of patients waiting less than 12 weeks for an inpatient or day case appointment.
- GI Scopes: 100% of patients waiting less than 12 weeks for a GI Scope.

A key focus of the WLAP 2023 was to maintain this momentum and make significant progress towards the Sláintecare wait time targets. Since February, the number of patients waiting longer than the Sláintecare targets has decreased from c.515k to c. 458k (c. -57k), as seen in table 3.6 below. This represents a decrease since December 2022, from c.490k to c.458k. Note Sláintecare measurement commenced from February 2023 in line with available data from NTPF.

The core target of achieving a 10% reduction in the number of patients breaching the Sláintecare waiting times was exceeded, with an 11% reduction achieved. This covers inpatients, day case, outpatients, and GI scopes. It equates to c.57k less people waiting longer than the 10/12 week targets than at the end of February 2023.

Sláintecare Access Targets	# Patients Waiting Over Target		Change Since February 2023
	February 2023 Position	Year -end Position	
OPD - 100% waiting less than 10 weeks	75.5% (450k)	71% (399k)	- 4.5%
IPDC - 100% waiting less than 12 weeks	64.3% (54k)	58.5% (50k)	- 5.8%
GI Scopes - 100% waiting less than 12 weeks	44.8% (11k)	36.7% (8.7k)	- 8.1%
National	73.1% (515k)	68.2% (458k)	- 4.9%

Table 3.6: Closing position against Sláintecare Access Targets

3.6 Healthcare Demand

The single most significant factor in 2023 has been the rate at which referrals or additions to the waiting list have increased. This has heavily impacted the overall reduction achieved on the waiting list as 2023 has seen unprecedented referral rates in comparison to previous year and WLAP projections (c.8.0% higher than projected).

3.6.1 Additions to the Waiting List

As illustrated in table 3.7 below, as at end of December 1,718,373 patients have been added to the waiting list, this is 8.0% (126,868) higher than projected in the WLAP. Additions in 2023 are 12.3% (188,039) higher than the same period in 2022 and 23.1% (322,271) higher than the same period in 2019, see figure 3.8 below. This increase in demand is being seen internationally following the pandemic.

	OPD	IPDC	GI Scope	Total
Projected additions 2023	1,097,205	346,805	147,495	1,591,505
Actual additions 2023	1,179,503	379,725	159,145	1,718,373
Variance	82,298 (+7.5%)	32,920 (+9.5%)	11,650 (7.9%)	126,868 (+8.0%)

Table 3.7: 2023 additions to the waiting list against WLAP projections



Figure 3.8: Comparison of Additions for 2019, 2022 and 2023.

As illustrated in figure 3.9 below, if additions to waiting list were in line with projections in the WLAP 2023 and removals were in line with actuals achieved, the waiting list would be at 544,545, 12.4% (76,696) ahead of target. As per figure 3.10 below:

- OPD would be at 479,741, c. 7.8% (40,775) ahead of target.
- IPDC would be at 52,835, c. 33.7% (26,843) ahead of target.
- GI Scope would be at 11,969, c. 43.1% (9,078) ahead of target.

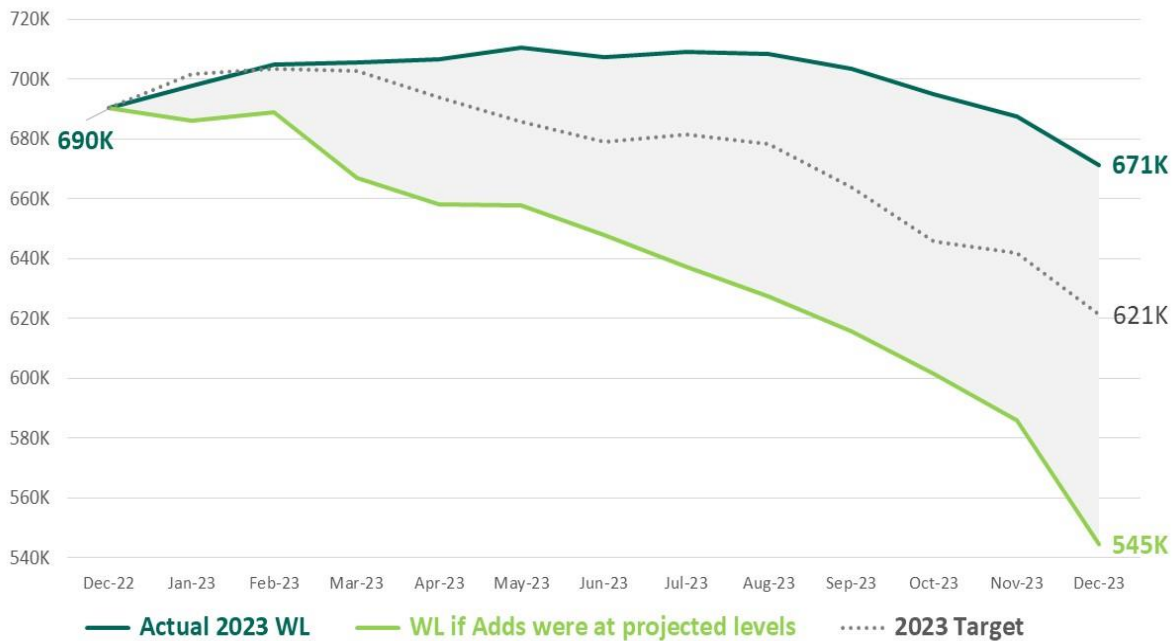


Figure 3.9: Total Waiting List Position if waiting list additions were in line with projected levels.

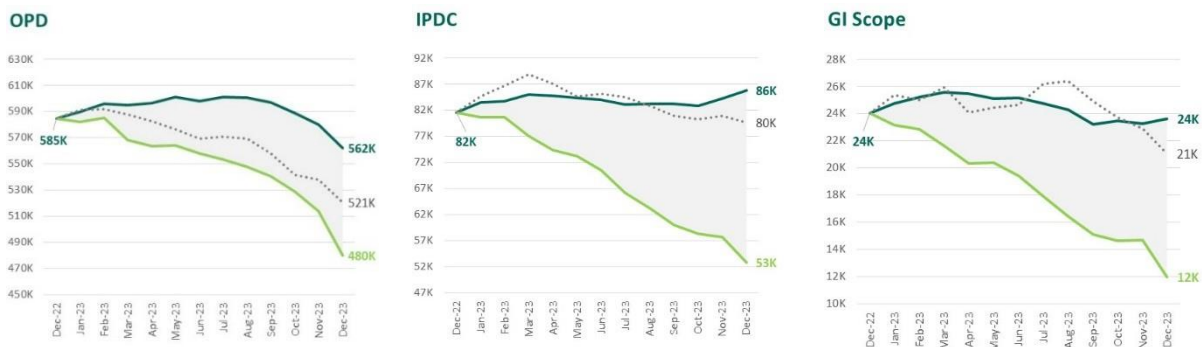


Figure 3.10: Total Waiting List position if waiting list additions were in line with projected levels by waiting list area.

3.6.2 Initial Analysis

Initial analysis has identified the following drivers associated with the increase in referral rates.

Post COVID pent up demand: Post COVID ‘pent up demand’ is assumed to be the key driver of the increased outpatient referrals. The long-term impact of delayed care and the implications of long covid are still emerging. On average, across 23 OECD countries with comparable data, more than one in five people reported forgoing a needed medical examination or treatment during the first 12 months of the pandemic ¹. This delayed treatment

has a particular long-term impact on cancer care, chronic disease, diagnostics, and elective surgery.

Other drivers increasing OPD demand: Other system wide drivers are increasing demand and converting unmet need into demand. Further analysis is required to quantify the impact of these drivers, although analysis is being undertaken where data / data systems are available to inform. These drivers include:

Demographic drivers

- Increased population growth rate ahead of projection (+2.15% in 2021 & +1.88% in 2022), largely driven by positive net migration.
- The increased migrant population, who tend to be higher consumers of health services in comparison to the indigenous cohorts of the same age, ² is likely increasing health service flows into acute USC & SC services given low levels of GP registration i.e., 37.8% for the beneficiaries of temporary protection population.

Non demographic drivers

- Expanding access to General Practice (free GP Care to 500 thousand newly eligible people (from Q3 & Q4 2023) is likely to have converted unmet need into demand and impact health flows (USC and SC) though further analysis is needed to understand the extent of this impact.
- Expanding access to community diagnostics (Radiology, Pathology and Physiological measurement) is likely translating unmet need into demand ² e.g., circa 310K radiology tests completed Jan – Nov 2023
- Expanding access to new health service programmes of scale is likely driving demand and converting unmet need in their related specialties. Current data deficits including a paucity of disease registers limits the accurate quantification of unmet need for services. Key programmes include:
 - Enhanced Community Care: 2940 WTEs recruited for 96 Community Healthcare Networks and 30 Integrated Community Specialist Teams. The latter comprise integrated Consultant led cardiology, diabetes, respiratory and older persons teams.
 - Integrated Eye Teams developing pathways for paediatrics, glaucoma, retina and cataract sub-specialities across Acutes / 6 CHOs
 - Gynaecology Plan developing 20 Ambulatory Gynaecology Clinics, 6 Regional Fertility Clinics, 6 Specialist Menopause Clinics etc.
- Impact of Public and Health Care Professional awareness and communications campaigns on demand for OPD in particular Gynaecology, dermatology, chronic disease and others
- Expanding access to a larger Consultant Workforce actively engaged in OPD with an additional 119 WTEs representing an additional 5% (August 2023 compared to same period 2022)
- National Screening Service: impact of backlog management & the expanding eligibility for screening programmes (Bowel, Breast, Retina)

¹ OECD (2021), *Health at a Glance 2021: OECD Indicators*. Retrieved from

https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2021_13aff239-en

² Department of Health (2018) *Health Service Capacity Review, Review of Health Demand and Capacity Requirements in Ireland to 2031*. Retrieved from

<https://www.gov.ie/en/publication/26df2d-health-service-capacity-review-2018/>

4. Delivering Capacity

Eleven actions were progressed for immediate delivery of additional activity within the private and public system aimed at addressing hospital waiting list backlogs and reduce waiting times. Actions were designed to deliver additional OPD appointments, IPDC procedures and GI Scopes in 2023. Other actions relating to the delivery of capacity included progressing the development of 7 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. Table 4.2. below provides a summary of the status of the eleven actions under Delivering Capacity, full details are provided in Appendix I.

Key highlights in progress associated with delivering capacity are as follows:

4.1 Commissioning

HSE Commissioning

In 2023 the HSE progressed a targeted commissioning model, which has provided for an agile approach to the use of once off funding which enabled hospitals and hospital groups to flex up initiatives with limited lead times across a range of specialties using a variety of approaches. This hybrid model of insourcing, outsourcing use of private providers for onsite activity and private hospitals for offsite facilities has seen significant momentum in the system, harnessing infrastructure, and resources both internally and externally. It has also led to new examples of activity being delivered, collaborating outside of the group structure to maximise on access for patients.

The following additional Waiting List removals were delivered during 2023:

- OPD: 80,700 additional OPD removals were delivered through additional access to care funding, 70,854 from once off funding and 9,846 from recurrent funding.
- IPDC: 14,615 additional IPDC appointments were delivered through additional access to care funding, 10,224 from once off funding and 4,371 from recurrent funding.
- GI Scope: 13,170 additional GI Scopes appointments were delivered through additional access to care funding once off funding.
- ACP: 6,757 additional OPD removals were delivered through additional access to care funding, 6,296 from once off funding and 461 from recurrent funding (the 6,757 removals were a result of 13,513 additional ACP activities)

In addition to the Waiting List removals the 20,738 additional Diagnostic appointments were delivered through additional access to care funding, 20,603 from once off funding and 135 from recurrent funding.

HSE Private Hospital Framework

In 2023 the HSE progressed the use of the Private Hospital Framework, whereby public hospitals can refer waiting list patients to a private hospital with full track and trace capacity through the UAN system.

Surgical services: The HSE undertook a tendering refresh in 2023 for surgical services which resulted in a total of 806 procedures being available on the framework (that are not provided by the NTPF). The top 5 areas being accessed is Interventional Cardiology, Cardiothoracic, Plastic Surgery, Spinal Surgery and Pain medicine. Table 4.1 below shows usage in 2023.

	Patient Volume
Total Referrals:	4,845
Total Treated:	3,046
Total at Preadmission:	1,799

Table 4.1. Surgical services usage via Private Hospital Framework 2023

Outpatient capacity (full package of care): In addition, the HSE tendered for capacity outpatients' full package of care for three specialties with ongoing capacity challenges. "Full package of care" can incorporate multiple elements of care including consultation(s), any diagnostics and/or required procedures, all this care takes place outside of the public hospital. The specialties were Dermatology, Medical Ophthalmology and Plastic Surgery and Hospital access to this private capacity went live in December 2023 and is now in use across several sites.

There are currently 21 hospitals actively engaging with the Private Hospital Framework and the HSE have established a steering group to ensure oversight in relation to the Private Hospital Framework and the process for both surgical services and outpatient access works on the following principles:

- Only waiting list patients can be selected for treatment.
- There is a focus on longest waiting patients.
- Patient selection and securing private capacity remains between public hospital and private hospital with support from HSE Access team.
- Patient preferences and hospital availability are captured as part of the process.
- A UAN is only issued once there is a 'yes' from the consultant, a 'yes' from the patient and a 'yes' from the private hospital.
- Claims/Payments is per patient per admission.
- The HSE Access team assess, validate and pay claims and monitor ongoing activity and performance reports.

Patient Access Management System (PAMS)

PAMS will continue to be developed to support the commissioning of patient care with updates to include the further development of the Call Centre App, expansion of the Endoscopy Clinical Validation App (to include surveillance) and the upgrade of inpatient PAMS for hospitals to the latest visualisation platform.

Individual Health Identifier (IHI)

Integration of the Individual Health Identifier and Eircodes into the waiting list datasets advanced during 2023 and is expected to go live for HSE statutory hospitals in 2024.

Waiting List Management Protocols

The National IDPP Waiting List Management Protocol 2024 is due to be rolled out by the

end of Q1.

Audit Programme

Ongoing delivery of an onsite audit programme relating to compliance with the OP Waiting List Management Protocol 2022.

NTPF Commissioning

In 2023, the NTPF commissioned 36,114 additional IPDC through private providers and 17,988 activity was insourced in public hospitals. The NTPF also commissioned 28,865 outpatient full packages of care in 2023 and funded insourcing in public hospitals for 73,073 outpatient consultants. The NTPF took an agile approach to commissioning and adapted workflows and approach to ensure maximum uptake of available capacity was achieved, this became a particular focus in Q4 with a pilot project working alongside Saolta Hospital Group to contact patients by telephone from that hospital group who had previously rejected an offer of outsourcing.

4.2 Validation & Clinical Triage

Having accurate and well-maintained waiting list data is imperative for an efficient healthcare system. It enables proper resource planning, improves service delivery and efficiencies, and ensures timely care for patients, ultimately enhancing patient satisfaction and healthcare outcomes. A range of approaches for clinical triage and validation are now in place in HSE Hospitals. These include clinical and administrative validation, Active Clinical Prioritisation, Consultant led, and nurse led clinical triage.

In 2023, a total of 756,744 patients were administratively validated by the HSE through the NTPF validation process, this resulted in 129,473 patients being removed from the waiting list who no longer required access to care. This is an increase of 8,926 removals when compared to 2022 and includes the validation of patients who are on the waiting list from 3 months upwards.

In 2023 ACP was conducted on 13.5k patients through additional once off access to care funding. This resulted in c6.8k patients being removed from waiting lists who no longer required care.

In terms of GI Scopes, as of the end of 2023, 27 Nurse Triage Roles were in place across in Endoscopy units across the country. The purpose of these posts is to lead and coordinate triage of GI scope referrals and assign patients to the most clinically appropriate care pathway. Data from January to November 2023 indicates a total of 36,746 patients have undergone nurse-led triage across 26 hospitals. This has resulted in:

- 11,449 (31%) of patients not being added to GI waiting lists on receipt of referral
- Of these 11,449 referrals:
 - 4,323 (38%) were returned to the source of referral with advice
 - 4,602 (40%) were redirected to outpatients.
 - A further 2,524 (22%) were diverted to alternative non-invasive tests e.g., FIT home test kits or capsule endoscopy.

In addition, the NTPF funding supports temporary nursing posts dedicated to clinical validation. As of year-end 2023, through NTPF support there are 11 WTE CNM2 Endoscopy Validation nurses in place. In 2023 4,783 patients have undergone nurse-led clinical validation, resulting in 1,355 (28%) of patients who were validated being removed from the endoscopy waiting list.

In Q2 2023 the NTPF also expanded funding support for clinical validation of surveillance waiting lists in line with the clinical guidance. This has resulted in 3,269 planned procedure patients being clinically validated. Outcome data for this patient cohort will be provided to the HSE as part of future reporting.

Delivering Capacity 2023		
#	Action Title (Action lead)	Status
1	Commissioning (NTPF)	Completed behind target
2	NTPF diagnostics (NTPF)	Completed or ahead of target
3	Administrative Validation (NTPF)	Progressed but not completed
4	NTPF Clinical Validation (NTPF)	Completed or ahead of target
5	Extension of Clinical Validation (NTPF)	Progressed but not completed
6	Additional Capacity from Private Sector (NTPF)	Completed or ahead of target
7	Health Capacity Optimisation (HSE)	Progressed but not complete
8	Increasing Capacity to Deliver Additional Activity (HSE)	Completed or ahead of target
9	HSE diagnostics (HSE)	Completed or ahead of target
10	Surgical Hubs (HSE)	Progressed in line with plan (multi-year)
11	Community Waiting List Initiatives (HSE)	
	Primary Care Orthodontics (Grade 4) – 1,590	Completed or ahead of target
	Primary Care Child Psychology – 3,430 (amended in Q1 2023)	Completed or ahead of target
	Counselling in Primary Care – 1,323	Completed or ahead of target
	CAMHS – 2,121 (amended in Q1 2023)	Progressed but not complete
	Primary Care therapies – 2,149	Completed or ahead of target

Table 4.2 Delivering Capacity in 2023, Progress Update

5. Reforming Scheduled Care

Eight actions were progressed for medium-to-longer term reforms to fundamentally resolve underlying barriers to the timely delivery of scheduled care. This includes further work of modernising patient care pathways, with the full implementation of 7 priority pathways and commencing implementation of a further 29. Other reform actions progressed in 2023 include a HSE targeted approach to reduce longest waiting patients and focusing on the maximum wait time targets. These actions also included implementation of patient-initiated reviews (PIR), as part of a strategy to reduce the number of review appointments scheduled across the system; and progressing establishment of patient centred booking arrangements (PCBA) through a central referrals office (CRO), to improve patient experience, and to ensure patients are seen as quickly as possible. Table 5.4 at the end of this section provides a summary of the status of the eight actions in Reforming Scheduled Care, full details are provided in Appendix I.

5.1 Scoliosis / Spina Bifida

The purpose of the 2023 Scoliosis and Spina Bifida Action Plan was to enhance the capacity to deliver additional paediatric orthopaedic care and improve access for children and young people requiring access to inpatient spina bifida and scoliosis surgery. The plan committed to delivering 221 Spinal Fusions and 241 Spinal Other procedures.

In 2023 Children's Health Ireland (CHI) and the National Orthopaedic Hospital Cappagh (NOHC) completed 464 spinal procedures. The breakdown of procedures is as follows:

- 216 Spinal Fusions, which was 98% of the 2023 target (221).
- CHI and NOHC completed 248 spinal other procedures and 103% of the target (241).
- As at the end of December 2023 there were 78 patients waiting over 4 months, reducing by 13% (12) during 2023.

5.2 Gynaecology

This plan set out the initiatives to be progressed across Gynaecology services in 2023 to deliver access to timely care and reduce the number of women waiting for care. In total, the plan looked to deliver c. 4.8k additional activity in 2023.

As at the end of December 29 WTE (c. 51%) have been onboarded. In addition, as seen in table 5.1, a total of c. 4.9k additional outpatient appointments, 1.1k additional IPDC procedures, and 1.6k validations have been delivered, (56% above Target).

Additional Activity	2023 Target	2023 Actual	Variance
Outpatient Appointments	1,926	4,894	+2,968 (+154%)
Inpatient Surgeries	1,328	1095	-233 (-18%)
Validations	1,602	1,604	+2 (+0.1%)
Total	4,856	7,593	+2,737 (+56%)

Table 5.1: Delivery of additional activity in Gynaecology

Improvements were delivered in reducing both the number of patients waiting for care and the length of time patients are waiting for care across Gynaecology services.

- OPD: The number of patients waiting over the NSP MWT target (15 months) reduced by 51.5%, and those in breach of Sláintecare targets (10 weeks) decreased by 3.1%
- IPDC: The number of patients waiting over the NSP MWT target (9 months) reduced by 23.9%, and those in breach of Sláintecare targets (12 weeks) increased by 1.9%, linked to increased demand for services.

This forms part of an overarching multi annual strategy for Gynaecology services.

5.3 Bariatrics / Obesity

The 2023 Bariatrics Plan seeks to complete the implementation of Phase 1 of the overweight and obesity pathway. The Plan includes the delivery of 500 additional new outpatient appointments, 200 additional inpatient surgeries and 400 clinical validations.

As at the end of December, 45.5 WTE (74%) have been onboarded and a total of 547 additional outpatient appointments, 217 additional surgeries, and 404 validations have been delivered (6.2% above target), as seen in table 5.2 below.

Additional Activity	2023 Target	YTD Actual	Variance YTD
Outpatient Appointments	500	547	+47(9.4%)
Inpatient Surgeries	200	217	+17 (8.5%)
Validations	400	404	+4 (1%)
Total	1,100	1,168	+68 (6.2%)

Table 5.2: Delivery of additional activity in Bariatrics

5.4 Modernised Care Pathways

The 2023 Modernised Care Pathways Implementation Plan committed to:

- Full implementation of 7 prioritised scheduled care pathways and achieving minimum national patient activity targets:
 - 1) Lower Urinary Tract Symptoms (LUTS) pathway.
 - 2) Haematuria pathway.
 - 3) Continence and Urinary Health pathway.
 - 4) Paediatric Eye Care pathway.
 - 5) Medical Retina pathway.
 - 6) Cataract pathway.
 - 7) Virtual Fracture Assessment Clinics (vFACs) pathway.
- Commencing implementation of an additional 29 pathways with operationalisation in Q4-2023/Q1-2024; and
- Clinically validating and prioritising an additional 36 pathways for detailed design.

As at the end of December, €11.5m was allocated to support pathways implementation, 169 WTE resources were on boarded, and a further 23.9 WTE were contractually committed.

The 7 priority pathways are operational in 30 out of 43 sites, with minimum patient activity targets exceeded for 6/7 pathways. Q4 Operationalisation and activity targets for the Continence pathway were not met due to delays in recruitment / recruitment pause, challenges accessing clinical space, requirement to clinically validate the waiting list for continence referrals, and the impacts of the Forsa action on activity reporting. 26 of the 29 additional pathways have commenced implementation, with 19 of these pathways now delivering patient activity. Clinical validation and prioritisation of the 36 remaining pathways is complete, with 20 recommended for detailed design completion in 2024.

Priority Modernised Care Pathways Activity	2023 Target	Actual (May – Dec)	Variance (May – Dec)
Lower Urinary Tract Symptoms (LUTS) pathway	640	1,894	+1,254
Hematuria pathway	336	436	+100
Continence and Urinary Health pathway	960	11	-949
Pediatric Eye Care pathway	2,400	17,246	+14,846
Medical Retina pathway			
Cataract pathway			
Virtual Fracture Assessment Clinics (vFACs) pathway	4,060	18,469	+14,409
Total	8,396	38,056	+29,660

Table 5.3 Prioritised modernised care pathways 2023

5.5 Workflow Reform

As part of the 2023 Waiting List action plan key areas of workflow reform were progressed, these reform areas support changes to traditional approaches and create efficiencies in service delivery.

NTPF Commissioning

In 2023 the Commissioning team maintained an average of 120 live tendered procedures. This was a growth of 22 procedures from the previous year. The expansion of the procedure list captured the longest waiting Plastic Surgery and Ophthalmology patients on the IPDC waiting list. The Commissioning Team is working with the public and private hospitals to identify additional procedures for tender in February 2024.

NTPF Best Practice Reporting

The NTPF will continue to progress the delivery of Best Practice Reporting (BPR).

Patient Initiated Reviews

In 2023, PIR implementation has progressed in 22 hospitals across a range of specialties including Gynaecology, Ophthalmology, Rheumatology and General Surgery. Early indications show that the roll out has provided insight into appropriate assessment of patient suitability, with clinical assessment incorporated into the pathway to ensure appropriate patient selection from a clinical perspective and taking into consideration vulnerable patient categories. In 2023, 7,639 patients attended clinics, and were assessed for suitability for PIR. Initial data indicated that 5.6% (427) of these patients were identified as suitable for PIR and were subsequently enrolled. Out of these patients, 6.3% (27) sought a subsequent OPD

appointment in the initial period of onward assessment. The HSE will continue to progress with PIR and monitor its impact.

Patient Centred Booking Arrangements

In 2023, central referral offices have been implemented in 11 hospital sites exceeding the 2023 WLAP target of 10 sites. This initiative aims to reduce time from the receipt of referral to triage, decrease waiting times for elective care and increase patient satisfaction through a range of approaches such as pooled waiting lists and partial booking. It also aims to improve caseload balancing among consultants which will ensure equity in access to care.

Did Not Attend (DNA) Strategy

In 2023, the DNA Strategy has been implemented in 24 sites, exceeding the 2023 WLAP target of 22. Initial data shows a 27.5% DNA reduction in the sites that have implemented the DNA strategy. This initiative seeks to implement an agreed strategy to reduce the number of patient DNAs by adhering to the National Outpatient Waiting List Protocol and providing a range of process improvements including offering adequate notice and subsequent follow up reminders about outpatient appointments.

Reforming Scheduled Care		
#	Action Title (Action lead)	Status
12	IPDC High Volume Procedures (NTPF)	Progressed but not completed
13	Expansion of IPDC Procedure List (NTPF)	Progressed but not completed
14	Maximum Wait Time Targets (HSE)	Progressed in line with plan (multi-year)
15a	Priority Areas: Bariatrics (HSE)	Completed or ahead of target
15b	Priority Areas: Pediatric Orthopedics (Spina Bifida/Scoliosis) (HSE)	Completed or ahead of target
15c	Priority Areas: Gynaecology (HSE)	Completed or ahead of target
16	Patient Initiated Reviews (HSE)	Completed or ahead of target
17	Patient Centered Booking Arrangements (HSE)	Completed or ahead of target
18	DNA Strategy (HSE)	Completed or ahead of target
19	Modernised Care Pathways (HSE)	Progressed but not completed
	Haematuria	Completed or ahead of target
	Continence	Progressed but not completed
	Lower Urinary Tract Symptoms	Completed or ahead of target
	Medical Retina	Completed or ahead of target
	Paediatric Eye Care	Completed or ahead of target
	Cataract	Completed or ahead of target
	Virtual Trauma Assessment Clinics	Completed or ahead of target
	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.	Completed or ahead of target

Table 5.4. Reforming Scheduled Care, 2023 Update

6. Enabling Scheduled Care Reform

Finally, eleven 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 were progressed. 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 enabled through virtual patient engagements. Table 6.1 below provides a summary of the status of the eleven actions in Enabling Scheduled Care Reform, full details are provided in Appendix I. A range of areas associated with ICT infrastructure progressed in 2023 including the following:

IPMS

A number of IPMS initiatives that support and enable delivery of scheduled care and support the reform initiatives were progressed during 2023 including:

- Electronic referral module that supports electronic triage of referrals: Implementation commenced at RCSI (OLOL) and DML (MRHP).
- SMS texting via IPMS: A two-way SMS outpatient appointment reminder solution introduced, which is now live in six acute hospitals (Mercy University Hospital, Cork, Wexford General Hospital, MRH Mullingar, Tipperary University Hospital, University Hospital Kerry) to support reduction of DNAs.
- All hospitals now have the IHI (Individual Health Identifier) background matching process in place, with the exception of TUH. Reports are now available to identify potential patient duplicates., with a Dashboard of potential waiting list duplicates also created.
- In response to the rising demand in OPD referrals, a suite of national and hospital site IPMS reports were developed to support real time analysis of this demand.

In addition, local HSE teams have progressed the roll out of IPMS in a number of ECC Hubs to integrate hospitals and their aligned Community Specialist Team(s). System integration is key to enabling the delivery of stepped care in chronic disease (cardiology, diabetes and respiratory) and older persons across the continuum of care. Work is underway to finalise the national standardised IPMS configuration for the activity of the Integrated Care Programme for Chronic Disease, building on the work done in Saolta/CHO 2, and SSWHG/CHO 4.

Scheduled Care Dashboards

A key focus in 2023 was ensuring Hospital sites and groups had access to dashboards that provided real time views of hospitals waiting list performance and efficiency and enables hospitals to monitor and analyse factors that impacted operational performance (referral demand, waiting list management, capacity and productivity)

- IIS platform available nationally and to all hospital sites: Provides weekly wait list data: KPIs National / Hospital group/ Hospital and speciality, as well as providing other

relevant schedule care data such as Chronological scheduling and CNA/DNA data and Conversion rates OPD to IPDC.

- HPVP implemented in 21 hospital sites and provides Hospital with multiple views of their waiting lists, comparing to max wait times, etc. In 2023 HPVP also developed an OPD “Productivity” tool which was validated and implemented in both Mayo and UL Hospitals Q4 2023. Work has also commenced to deliver a real time daily view of the weekly NTPF waiting list on the HPVP platform.
- Hospital sites continued to utilise existing BI tools (IPMs dashboard/ Medmodus/ NIQAS) to support and optimise their waiting list management.

The above solutions contribute to improved access to information and opportunities to improve performance and data quality.

Data Quality

Supported by HPVP/IIS and the DQI ongoing work in the space of data quality is underway across hospitals. This is complimented by training for waiting list management with HSEL and training is available for OPD, IPDC and GI scope waiting list management protocols in 2023.

Batch Triage

Batch triage implementation in GUH, this functionality allows users to carry out a referral search rather than applying a sent to and returned from triage date/time to patients one at a time. The list returned allows highlighting of batches and the ability to apply a date and time stamp in bulk. The user can categorise physical referrals into their triage categories when the physical referrals are returned, carrying out the same referral search while highlighting urgent batches etc. and applying the relevant fields as appropriate, ultimately writing back to the waiting list entry for any patient selected.

Endoscopy e-Referrals

The use of the customised Endoscopy referral form on Healthlinks has increased in use from 2022 to 2023. From January to December 2022 there were 27,614 referrals via Healthlinks via the form, this increased to 37,319 for the same period in 2023. The form which was developed in line with best practice ensures referral quality to support most appropriate clinical decision making.

Endoscopy Reporting System

In 2023 the procurement of a national Endoscopy Reporting System was progressed. This project was led by the Endoscopy Clinical Programme and eHealth and Disruptive Technologies, HSE. Plans will progress in 2024 to commence implementation of this solution in Acute Hospitals.

Virtual Outpatients

Virtual Outpatient engagements have continued in 2023 with 11%* of all engagements taking place virtually. The ratio for new to return virtual patient engagements was 1:3.9* and the DNA rate over all for these engagements 7%* which is lower than the overall DNA rate. Specialties

with largest volumes of virtual patient engagement were Orthopaedics, General Surgery, Gastroenterology, Gynaecology and Obstetrics

** Data as of October 2023, disruption in yearend data collection as a result of IR disruption.*

Communication

The HSE has progressed publication of national waiting times which are now available on HSE Live at the following link: <https://www2.hse.ie/services/waiting-times/national/> this information which is accessible to the public will assist in informing waiting times for patients.

NTPF reform areas

In 2023, the NTPF delivered a number of key reforms to support scheduled care as set out in WLAP 2023. Reforms included development of waiting list management protocols across Outpatient, Inpatient, Day Case, GI Endoscopy and Radiology Diagnostics, supporting training and development programmes as well as updating of technical systems and operational pathways. The aim of these is to provide updated guidance and ensure there is a consistent and standardised approach to the management and scheduling of patients on waiting lists nationally. During 2023 the NTPF delivered:

- *PAMS* – development of an Endoscopy Clinical Validation App in PAMSIP
- *IHI* – the NTPF commenced the testing of a module to populate the National Waiting Lists with IHI and Eircode information from the HSE HIDs service. Data from one hospital was transferred and a 66% hit rate was achieved.

Waiting List Management Protocols

- Completed the Refresh of IDPP Waiting List Management Protocol 2017 including GI Endoscopy Waiting List guidance.
- Facilitated a National Radiology Diagnostics Event with over 90 Radiology Diagnostics SMEs in attendance.
- Commenced work on developing a Radiology Diagnostics Waiting List Management Protocol
- Guidance issued in form of Frequently Asked Questions (FAQs) which are published on the NTPF Web Site
- Completed the development of Outpatient MDS (Minimum Dataset) document and commenced work on its implementation.

Training and Development Programmes

- Developed and delivered an OP WL Management Training and Development Programme
- Developed and delivered a HSELand Module to support OP WL Management Training and Development Programme

DQI

The national Data Quality Initiative continued during 2023 with representation from the NTPF, HSE and Hospital Groups. Key areas of focus across outpatient, inpatient and day case waiting list management processes were identified, reviewed, monitored and engagement with individual hospitals and groups was progressed where necessary. Key areas of focus include, management of DNA, CNA, procedure codes, patients more than 4 years and

identification of potential duplicates.

Audit Programme 2023

The 2023 Audit of the Management of Outpatient Referrals and the Clinical Prioritisation Process in line with the National Outpatient Waiting List Management Protocol 2022 was completed at the end of 2023 with the final overview report expected during February 2024.

Best Practice Reporting (BPR)

Work in relation to BPR is progressing. The supporting governance structure is now in place with the inaugural Steering Group meeting taking place in December 2023 with representation from the senior leaders from the DoH and HSE.

Enabling Scheduled Care Reform		
#	Action Title (Action lead)	Status
20	Virtual Patient Engagement (HSE)	Completed on or ahead of target.
21	Patient Access Management System (NTPF)	Completed on or ahead of target
22	Individual Health Identifier (NTPF)	Progressed in line with 2023 Plan (multiyear approach)
23	Waiting List Management Protocols (NTPF)	
	Development and delivery of Waiting List Management Training and Development Programmes and Toolkits including:	Progressed but not completed
	Outpatient Protocol 2022 - MDS	Completed on or ahead of target
	Inpatient, Day Case and Planned Procedure (IDPP) Waiting List Management 2023 Protocol	Completed on or ahead of target
	IDPP Protocol 2023 - MDS	Progressed but not completed
	New protocols as and when required	Completed on or ahead of target
24	Waiting List Management Training and Development (NTPF)	
	Development and delivery of Waiting List Management Training and Development Programmes and Toolkits including:	Completed on or ahead of target
	Outpatient Waiting List Management Protocol 2022 online learning module	Completed on or ahead of target
	Development and roll out of supporting Inpatient, Day case and Planned Procedure (IDPP) Training and Development Programme	Progressed but not completed
	Data Awareness training	Completed on or ahead of target
25	Data Quality Initiative (NTPF)	Completed on or ahead of target
26	Audit Programme (NTPF)	Completed on or ahead of target
27	Best Practice Reporting (NTPF)	Completed on or ahead of target
28	Radiology Diagnostics Waiting Lists (NTPF)	Progressed in line with 2023 Plan (multiyear approach)
29	Health Performance Visualisation Platform (HSE)	Progressed but not completed
30	Integrated Community Case Management System (HSE)	Progressed in line with plan (multi-year)

Table 6.1. Enabling Scheduled Care Reform, 2023 Update

7. Financial Update

In 2023, €363 million was allocated to address waiting lists through the WLAP. This included:

- €90 million once-off (non-recurrent) funding to implement additional short-term measures to address acute scheduled care waiting list backlogs in 2023.
- €150 million allocated to the NTPF to procure additional capacity to reduce waiting lists (including additional funding for 2023 of €50m)
- €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.

7.1 Non-Recurrent Funding

The 2023 Waiting List Action Plan allocated €90 million in once-off funding. The tables below provide an update on spend as at year end.

	OPD	ACP Removals	IPDC	GI Scope	Diagnostics	Uncategorised	Total Expenditure
NonRecurrent Additional Activity	€25,312,915	€1,456,125	€49,181,916*	€9,574,209	€8,643,569	n/a	€94,168,734
Reform (CRO / PIR)	n/a	n/a	n/a	n/a	n/a	€327,869	€327,869
HPVP	n/a	n/a	n/a	n/a	n/a	€1,500,000	€1,500,000
Theatre Optimisation	n/a	n/a	n/a	n/a	n/a	€3,101,141	€3,101,141
Total	€25,312,915	€1,456,125	€49,181,916	€9,574,209	€8,643,569	€4,929,010	€99,097,744

Table 7.1: Non-Recurrent spend 2023.

* Inpatient / Day Case expenditure includes access to care once-off funding activity and paid/accruals from the HSE surgical service and OPD tender (UAN system)

	Total Expenditure
Community	€18,903,760
Total Community*	€18,903,760

Table 7.2: Community Non-Recurrent spend 2023.

* Actual expenditure reported for Community is projected to year end due to lack of activity data returns for CAMHS, CIPC and Therapies. This has not been reported due to the FÓRSA Industrial Action which

is ongoing since Friday 6th October. Data is collected locally but not submitted onwards in line with Union IR instruction.

7.2 Recurrent Funding

The 2023 Waiting List Action Plan allocated €123 million in recurrent funding, as an initial allocation which will be subject to quarterly formal review and reallocation as appropriate. The table below provides an update on spend as at yearend. This funding was based on the full year cost of required resources once fully operationalised, however due to the services mobilising in 2023 and full headcount not yet being onboarded, the total allocation was not utilised in 2023. Recruitment embargoes implemented in 2023 also impacted recruitment progress in 2023 across a number of areas.

	OPD	ACP Removals	IPDC	GI Scope	Uncategorised	Total Expenditure
Enhancing Hospital Group Capacity	€9,856,784	n/a	€5,638,018	€4,333,182	€4,944,354	€24,772,338
Priority Areas (Spina Bifida / Scoliosis, Bariatrics, Gynaecology)	€4,211,120	€115,125	€14,771,834	€0	€79,982	€19,178,061
Modernised Care Pathways	n/a	n/a	n/a	n/a	€11,544,976	€11,544,976
Total	€14,067,904	€115,125	€20,409,852	€4,333,182	€16,569,312	€55,495,375

Table 7.3: Recurrent Funding, spend 2023.

8. Conclusion

The 2023 Waiting List Action Plan, part of the multi-annual approach to tackling waiting lists, has successfully built on previous Plans by further reducing overall waiting list numbers and waiting times this year despite additions to the waiting list being 8% higher (127k) than expected and 12.3% (188k) higher than 2022. Key successes this year include:

- c.1,737k total removals from the waiting list, an increase of c.11.3% in 2022 and c.4.6% higher than 2023 target
- Reduction in waiting times – this is demonstrated through:
 - Reduction in patients waiting over 4 years: c.29.1k reduction in those waiting or at risk of waiting over 4 years, from c.34.4k as at the end of 2022 to c.5.3k at the end of 2023.
 - Achievement of MWT targets: c.6.3% improvement in attainment during 2023, from c.79.5% as at the end of 2022 to c.85.8% at the end of 2023
 - Achievement of Sláintecare: c.11.1% reduction in number of patients exceeding Sláintecare wait-time targets since February 2023, from c.515k as of February 2023 to c.458k at the end of 2023.
 - Reduction in average waiting times: Avg. wait-time reduced by c.2months during 2023 from 9.2 months at the end of 2022, to 7.2 months at the end of 2023.
- Progress against key objectives in enabling scheduled care reform and across the three priority areas.

Healthcare demand in 2023 exceeded the projections set out in the 2023 WLAP by 8%, this resulted in not all targets being met. However, the results achieved in 2023 provide a strong basis for further sustained progress in 2024. There is further work to be undertaken through the 2024 Waiting List Action Plan to meet the ambitious targets and build on the positive developments delivered in 2023.

As with the 2023 Plan, the key principle of the 2024 Plan is to reduce waiting times and move closer to delivery of Sláintecare recommended maximum wait times as well as achieving an overall reduction in the volume of patients on our waiting lists. This will be done through delivery of increased core activity as well as the utilisation of additional funding to deliver additional activity. The key actions to continue the progress made will be outlined in the 2024 Waiting List Action Plan.

Appendix I

Status	
Completed on or ahead of target	This action has been completed on/ahead of targets
Progressed in line with plan (multi-year)	Forms as part of a multi-year programme of work, progressing in line with plan.
Completed behind target	This action is complete and behind target
Progressed but not complete	This action has progressed but is not complete
Incomplete	This action has not been progressed

Table A.1 Status categories for actions to determine outcome in 2023.

Delivering Capacity 2023			
#	Action Title (Action lead)	Update on Progress	Status
1	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.	Completed behind target
	156,040 patients removed from waiting list in 2023 through NTPF commissioning.		
2	NTPF diagnostics (NTPF)	NTPF will arrange for an additional 65,000 diagnostic tests (MRIs, CTs and ultrasounds) to be carried out by hospitals.	Completed or ahead of target
	93,058 patients accessed diagnostics through the NTPF		
3	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.	Progressed but not completed
	In 2023, a total of 756,744 patients were administratively validated by the HSE through the NTPF validation process, this resulted in 129,473 patients being removed from the waiting list who no longer required access to care. This is an increase of 8,926 removals when compared to 2022 and includes the validation of patients who are on the waiting list from 3 months upwards. The percentage of patients who were removed in 2023 because of validation has decreased when completed with 2022 which is an indication that the waiting list information itself has become more accurate as a result of ongoing validation.		
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.	Completed or ahead of target
	The NTPF supported clinical validation of 5,900 patients which resulted in 1,412 removals from waiting lists.		
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.	Progressed but not completed
	Potential explored but more resources required than originally anticipated.		

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.	Completed or ahead of target
	Several meetings held with the PHA and HSE over the summer months. Additional OP capacity identified in quarter 4 (26,000 additional appointments identified with CANs issued to targeted hospitals). Support processing CANs offered to the hospitals; pilot patient contact centre set up in the NTPF to encourage patients to accept the offer of an appointment.		
7	Health Capacity Optimisation (HSE)	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. The aim is to build a sustainable management process and staff capability that drives continuous improvement in capacity utilisation. 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.	Progressed but not complete
	Targeted analysis across a range of areas progressed in 2023. An analysis of capacity and demand was completed for specialties with longest waiting patients. Ongoing development and implementation of BI tools to support enabling and progressing at operational level.		
8	Increasing Capacity to Deliver Additional Activity (HSE)	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. In 2023, the HSE aims to deliver the following additional activity: <ul style="list-style-type: none"> • OPD: c. 67,400 additional OPD appointments • IPDC: c. 10,000 additional IPDC appointments • GI Scopes: c. 8,500 additional GI Scopes • Advanced Clinical Prioritisation (ACP): c. 12,000 additional ACP removals 	Completed or ahead of target
	<p>Plans commenced in December 2022 to maximise 2023 delivery of activity supported by the use of recurring and once off funding.</p> <p>The model in 2023 has provided for an agile approach to the use of once off funding which enabled hospitals and hospital groups to flex up initiatives with limited lead times across a range of specialties using a variety of approaches. There has been significant momentum in the system in this regard harnessing infrastructure and resources both internally and externally in private settings. Examples of working across Groups to have patients treated and examples of collaborating outside of the group structure have also emerged to deliver on patient care, such as SSWHG accessing services in ULHG.</p> <p>The following additional Waiting List removals were delivered during 2023:</p> <ul style="list-style-type: none"> • OPD: 80,700 additional OPD removals were delivered through additional access to care funding, 70,854 from once off funding and 9,846 from recurrent funding. • IPDC: 14,615 additional IPDC appointments were delivered through additional access to care funding, 10,224 from once off funding and 4,371 from recurrent funding. 		

	<ul style="list-style-type: none"> GI Scope: 13,170 additional GI Scopes appointments were delivered through additional access to care funding once off funding. ACP: 6,757 additional OPD removals were delivered through additional access to care funding, 6,296 from once off funding and 461 from recurrent funding (the 6,757 removals were a result of 13,513 additional ACP activities) 		
9	HSE diagnostics (HSE) The HSE will arrange for an additional 12,700 diagnostic tests to be carried out.	Completed or ahead of target	
	Diagnostics: 20,738 additional Diagnostic appointments were delivered through additional access to care funding, 20,603 from once off funding and 135 from recurrent funding.		
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.	Progressed in line with plan (multi-year)	
	Feasibility assessments were conducted, and sites were selected for six surgical hubs in the identified regions (Dublin North, Dublin South, Waterford, Cork, Limerick and Galway). A final business case is in development for a seventh surgical hub in the northwest to ensure equitable geographic access as this is the only region that was not included in the original plan.		
	Planning was not required for South Dublin and was approved for North Dublin and Galway surgical hubs. Planning applications have been submitted and validated for Waterford, Cork and Limerick sites, and is expected to be granted by end of Q1 2024 for each site. Planning will be submitted for the Northwest site once the final business case is approved.		
11	The construction contractor has been appointed for the refurbishment of the South Dublin site and a preferred contractor has been identified for both North Dublin and Galway surgical hubs. Tender packages for the surgical hubs in Cork, Waterford and Limerick issued in January 2024 and a preferred contractor is expected to be identified in early 2024.		
	A standardised workforce model has been developed and agreed across all sites and a model of care has been developed. Predictive modelling has been completed at national level identifying minimum expected activity volumes for each site once fully operational.		
		In 2023, this action seeks to deliver the following additional activity:	Status
	Community Waiting List Initiatives (HSE)	<ul style="list-style-type: none"> Primary Care Orthodontics (Grade 4) – 1,590 	Completed or ahead of target
		<ul style="list-style-type: none"> Primary Care Child Psychology – 3,430 (amended in Q1 2023) 	Completed or ahead of target
		<ul style="list-style-type: none"> Counselling in Primary Care – 1,323 	Completed or ahead of target
	<ul style="list-style-type: none"> CAMHS – 2,121 (amended in Q1 2023) 	Progressed but not complete	
	<ul style="list-style-type: none"> Primary Care therapies – 2,149 	Completed or ahead of target	

<ul style="list-style-type: none">• Primary Care Orthodontics: Initiative completed in Sept 2023 with 1,616 additional removals 1.6% ahead of Target.• Primary Care Child Psychology: 2023 Projected Year end removals 3,554*-3.6% ahead Target.• Counselling in Primary Care 2023: 2023 Projected Year end removals 2,590*, 95.8% ahead of Target <p>*Data as of end of September. no returns for Oct, Nov and Dec due to ongoing FORSA Industrial Action-data collated locally.</p> <ul style="list-style-type: none">• CAMHS 2023: Delivery of additional activity challenged by competing service demands and staffing deficits - initiative out-turn behind target YTD. No returns for Sept/Oct/Nov and Dec due to FORSA Industrial Action. Projected Year end removals 1,043*-50.8% behind Target.• Primary Care therapies: Initiative commenced in July 2023 with additional activity delivered across the following disciplines: Physiotherapy, Occupational Therapy and Ophthalmology services. 2023 Projected Year end removals 5,954*-177% ahead of target. <p>*All data is projected Year-end Removals due to lack of return data centrally as a direct result of FORSA Industrial Action directive dated 6th Oct 2023.</p>

Table A.2 Delivering Capacity in 2023, Progress Update

<h2 style="color: #C8A23E;">Reforming Scheduled Care</h2>			
#	Action Title (Action lead)	Update on Progress	Status
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).	Progressed but not complete
91% of patients received an offer of treatment			
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.	Progressed but not complete
The NTPF has live tenders for 96 inpatient day case procedures			
	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"> Outpatients: 90% of patients will be seen within 15 months Inpatient/Day Case: 90% of patients will be seen within 9 months GI Scopes: 95% of patients will be seen within 9 months <p>These are interim targets (also in 2023 NSP) to move us towards the ultimate 10/12 week Sláintecare targets.</p>	Progressed in line with plan (multi-year)
14	<p>In 2023 there was a significant focus on reduction of patients waiting for the longest periods of time, specifically patients waiting in excess of 4 years were targeted.</p> <p>At the end of December 2022 there were 34,416 patients waiting in excess of 4 years or at risk of waiting more than 4 years by 2023 year-end, 31,776 for OPD, 2,642 for IPDC and 8 for GI Scopes. At year end 2023 these figures have been significantly reduced to 5,288 in total with 4,747 for OPD, 540 for IPDC and 1 for GI Scopes. This represents an overall reduction of 85% in this +4-year category. In addition, the following KPIs formed as part of the 2023 NSP targets and were subject to ongoing monitoring throughout 2023:</p> <ul style="list-style-type: none"> The 2023 NSP target for OPD access was set at 90% of patients will be seen within 15 months. The outturn in 2022 for this target was 79.1% (122,021 patients waiting over 15 months). Throughout 2023 there was a continued focus in the reduction of the longest waiting patients, and this saw an overall improvement in terms of patients waiting in excess of 15 months, the outturn for in December 2023 was 86.6% (75,390 patients waiting over 15 months). When compared with the same period last year this is an improvement of 7.5% and a reduction in 46,631 patients in this category. The 2023 NSP target for Inpatient/Day Case access was set at 90% of patients will be seen within 9 months. The outturn in 2022 for this target was 77.4% (18,438 patients waiting over 9 months). Throughout 2023 there was a continued focus in the reduction of the longest waiting patients, and this saw an overall improvement in terms of patients waiting in excess of 9 months, the outturn for in December 2023 was 78.2% (18,681 patients waiting over 9 months). When compared with the same period last year this is an improvement of 0.8% and an increase in 243 patients in this category. The 2023 NSP target for GI Scope access was set at 95% of patients will be seen within 9 months. The outturn in 2022 for this target was 94.5% (1,326 patients waiting over 9 months). Throughout 2023 there was a continued focus in the reduction of the longest waiting patients, and this saw an overall improvement in terms of patients waiting in excess of 9 months, the outturn for in December 2023 exceeding target at 95.1% (1,159 patients waiting over 9 months). When compared with the same period last year this is an improvement of 0.6% and a reduction in 167 patients in this category 		

15a	<p>Priority Areas: Bariatrics (HSE)</p>	<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 active</p> <p>In 2023, the pathway aims to deliver the following additional activity:</p> <ul style="list-style-type: none"> • Outpatient: 500 additional outpatient appointments (in addition to 196 delivered in 2022) • Inpatient/Day Case: 200 additional surgeries (in addition to the 105 delivered in 2022) • Clinical Validation: 400 additional removals from the waiting list due to clinical validation will be delivered and a national obesity learning and sharing network will be established. 	Completed or ahead of target
	<p>The 2023 Bariatrics Plan seeks to complete the implementation of Phase 1 of the overweight and obesity pathway. The Plan includes the delivery of 500 additional new outpatient appointments, 200 additional inpatient surgeries and 400 clinical validations.</p> <p>As at the end of December, 45.5 WTE (74%) have been onboarded and a total of 547 additional outpatient appointments, 217 additional surgeries, and 404 validations have been delivered. (6.2% above target)</p>		
15b	<p>Priority Areas: Paediatric Orthopaedics (Spina Bifida/Scoliosis) (HSE)</p>	<p>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.</p> <p>A detailed 2023 Action Plan is in development and will be submitted for approval in February 2023.</p>	Completed or ahead of target
	<p>The purpose of the 2023 Scoliosis and Spina Bifida Action Plan was to enhance the capacity to deliver additional paediatric orthopaedic care and improve access for children and young people requiring access to inpatient spina bifida and scoliosis surgery. The plan committed to delivering 221 Spinal Fusions and 241 Spinal Other procedures.</p> <p>In 2023 Children's Health Ireland (CHI) and the National Orthopaedic Hospital Cappagh (NOHC) completed 464 spinal procedures. The breakdown of procedures is as follows:</p> <ul style="list-style-type: none"> • 216 Spinal Fusions in, which was 98% of the 2023 target (221). • CHI and NOHC completed 248 spinal other procedures and 103% of the target (241). • As at the end of December 2023 78 patients waited over 4 months, reducing by 13% (12) during 2023. 		
15c	<p>Priority Areas: Gynaecology (HSE)</p>	<p>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.</p>	Completed or ahead of target

	<p>This plan set out the initiatives to be progressed across Gynaecology services in 2023 to deliver access to timely care and reduce the number of women waiting for care. In total, the plan looked to deliver c. 4.8k additional activity in 2023.</p> <p>As at the end of December 29 WTE (c. 51%) have been onboarded. In addition, a total of c. 4.9k additional outpatient appointments, 1.1k additional IPDC procedures, and 1.6k validations have been delivered, (56% above Target).</p> <p>Improvements were delivered in reducing both the number of patients waiting for care and the length of time patients are waiting for care across Gynaecology services.</p> <ul style="list-style-type: none"> • OPD: The number of patients waiting over the NSP MWT target (15 months) reduced by 51.5%, and those in breach of Sláintecare targets (10 weeks) decreased by 3.1% • IPDC: The number of patients waiting over the NSP MWT target (9 months) reduced by 23.9%, and those in breach of Sláintecare targets (12 weeks) increased by 1.9% <p>This forms part of an overarching multi annual strategy for Gynaecology services.</p>		
16	<p>Patient Initiated Reviews (HSE)</p>	<p>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.</p>	<p>Completed or ahead of target</p>
	<p>In 2023, PIR implementation has progressed in 22 hospitals across a range of specialties including Gynaecology, Ophthalmology, Rheumatology and General Surgery. PIR is live in 17* sites and a further 5 hospitals are ready to go live.</p> <p>Early indications show that the roll out has provided insight into appropriate assessment of patient suitability, with clinical assessment incorporated into the pathway to ensure appropriate patient selection from a clinical perspective and taking into consideration vulnerable patient categories. In 2023, 7,639 patients attended clinics, with initial data revealing that 5.6% (427) of these patients were identified as suitable for PIR and were subsequently enrolled. Out of these patients, only 6.3% (27) sought a subsequent OPD appointment to date. This has resulted in improved new/review ratios for these services estimated at 0.9%*.</p> <p>*Implementation and data collection has been impacted by industrial action</p>		
17	<p>Patient Centred Booking Arrangements (HSE)</p>	<p>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).</p>	<p>Completed or ahead of target</p>
18	<p>DNA Strategy (HSE)</p>	<p>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).</p>	<p>Completed or ahead of target</p>
	<p>Did Not Attend (DNA) Strategy: In 2023, the DNA Strategy has been implemented in 24 sites, exceeding the 2023 WLAP target of 22. Early indications show that the DNA Strategy has resulted in a 28%* decrease in DNA rates. Implementation activities are ongoing in a number of hospital sites and engagement has commenced with the further hospitals which will be progressed in 2024.</p> <p>*Implementation and data collection has been impacted by industrial action</p>		

19	Modernised Care Pathways (HSE)	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:	Progressed but not completed
		Haematuria	Completed or ahead of target
		Continenence	Progressed but not completed
		Lower Urinary Tract Symptoms	Completed or ahead of target
		Medical Retina	Completed or ahead of target
		Paediatric Eye Care	Completed or ahead of target
		Cataract	Completed or ahead of target
		Virtual Trauma Assessment Clinics	Completed or ahead of target
		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.	Completed or ahead of target
		<p>In 2023, overall, the Modernised Care Pathways Implementation Programme has progressed the implementation of 33 out of 36 Modernised Care Pathways, with priority focus on operationalising 7 priority pathways aligned to Urology (Haematuria, Continenence and Lower Urinary Tract Symptoms), Ophthalmology (Paediatric Eye, Cataract, Medical Retina) and Orthopaedics (Virtual Fracture Assessment Clinics). 26/33 pathways are delivering patient activity across 70 operational sites, with 30 sites delivering priority pathway activity. A total of €11.5m was spent, 169 WTE resources were onboarded and an additional 23.9 WTEs were contractually committed at year end. A total of 38,056 patient activity was delivered (May-Dec) by the 7 priority pathways for which activity reporting has commenced. The return of activity data since Sept 2023 has been impacted by ongoing industrial action.</p> <p>In 2023, the Haematuria Pathway became operational in 3/6 funded sites: GUH, SVUH, SJH. These sites have delivered total cumulative patient activity (May-Dec) of 436, exceeding the minimum patient activity target of 336. UHL and CUH expected to become operational in Q1 2024. No engagement from RCSI-HG funded sites (Beaumont). At year end, 6.06 WTE of the 12.12 WTE funded resources were onboarded.</p> <p>In Q4 2023, the Continenence pathway became operational in 2/4 funded sites: CHO 2, GUH. These sites have delivered total cumulative activity (Oct-Dec) of 33. CHO 1 / LUH expected to be operational from Jan 2024. At year end, 15.04 WTE of the 29.04 WTE funded resources were onboarded and an additional 4 WTE were contractually committed.</p> <p>In 2023, the Male Lower Urinary Tract Symptoms Pathway became operational in 4/8 funded sites: GUH, MMUH, SJH, UHL. These sites delivered total cumulative patient activity (May - Dec) of 1,894. Remaining sites are impacted by recruitment pause. No engagement from RCSI-HG funded site (Beaumont). At year end, 5.2</p>	

		<p>WTE of the 10.2 WTE funded resources were onboarded, and an additional 1 WTE was contractually committed.</p> <p>In 2023 the Ophthalmology Pathways are now operational in 8/9 funded sites, with priority focus on the Paediatric Eye Pathway: CHO 2, 4, 6, 7, 9, CHI, RVEEH, and MMUH. These sites delivered total cumulative patient activity (May - Dec) of 17,246. 6/8 are also delivering cataract activity and 4/8 medical retina pathway activity. At year end, 27 WTE of the 43.5 WTE funded resources were onboarded, and an additional 2 WTEs were contractually committed.</p> <p>In 2023, the vFAC Pathway is now operational in 13/16 funded sites: MMUH, SVUH, GUH, LUH, MRHT, SJH, TUH, NGH, UHL, UHK, CUH, UHW and SUH. MUH are also operational for vFAC, funded by another funding stream. No engagement from RCSI-HG funded sites (Beaumont, OLOL, and Connolly). Total cumulative patient activity May - Dec of 18,469. At year end, 16.2 WTE of the 28.7 WTE funded resources were onboarded, and an additional 1 WTE was contractually committed.</p> <p>Following the publication of the Waiting List Action Plan, the MCP Programme in collaboration with the relevant National Clinical Programmes undertook a comprehensive review of the activity targets set for the priority MCPs. The updated minimum national patient activity targets for 2023, 2024 and 2025 were presented to the Department of Health in May 2023 and progress against these updated targets is included in pathway updates above. Ophthalmology and Orthopaedic pathways are on track to exceed Q4 2023 minimum national patient activity targets. In Urology, the capacity to exceed targets for LUTS is indicated, while capacity to meet the Q4 2023 minimum national patient activity for Haematuria and Continence requires operationalisation of additional sites, which have been impacted by recruitment pause. RCSI_HG have not engaged to support implementation of MCPs in funded sites within group. Activity collection is currently manual as there is no consistent, comprehensive ICT system to support same. In addition, the return of data since September 2023 for all pathways across multiple sites has been significantly impacted by ongoing industrial action.</p> <p>26/29 of the additional pathways have commenced implementation (funding letters issued in Q2 2023 and recruitment commenced). 19/26 of these pathways are now delivering a level of patient activity aligned to the pathway in some funded sites. Activity data reporting for these pathways will commence in Q1 2024. At year end, 99.5 WTE of the 302.65 WTE funded resources were onboarded, and an additional 15.9 WTE were contractually committed.</p>
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Table A.3. Reforming Scheduled Care, 2023 Update

Enabling Scheduled Care Reform

#	Action Title (Action lead)	Update on Progress	Status
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).	Completed on or ahead of target.
	<p>IPMS: A number of IPMs initiatives that support and enable delivery of schedule care and support the reform initiatives were progressed during 2023 including:</p> <ul style="list-style-type: none"> • Electronic referral module that supports electronic triage of referrals: Implementation commenced at RCSI (OLOL) and DML (MRHP). • SMS texting via IPMS: A two-way SMS outpatient appointment reminder solution introduced, which is now live in six acute hospitals (Mercy University Hospital, Cork, Wexford General Hospital, MRH Mullingar, Tipperary University Hospital, University Hospital Kerry) to support reduction of DNAs. • All hospitals now have the IHI (Individual Health Identifier) background matching process in place, except for TUH. Reports are now available to identify potential patient duplicates., with a Dashboard of potential waiting list duplicates also created. • Work has also commenced to enable IPMs to capture ECC activity for Chronic Disease Programme <p>In response to the rising demand in OPD referrals, a suite of national and hospital site IPMs reports were developed to support real time analysis of this demand.</p> <p>In addition, local HSE teams have progressed the roll out of IPMS in a number of ECC Hubs to integrate hospitals and their aligned Community Specialist Team(s). This system integration is key to enabling the delivery of stepped care in chronic disease (cardiology, diabetes and respiratory) and older persons across the continuum of care. Work is currently underway to finalise the national standardised IPMS configuration for the activity of the Integrated Care Programme for Chronic Disease, building on the work done in Saolta and CHO 2, and SSWHG and CHO 4. Plan 2024: Complete national standardised IPMS configuration for the Integrated Care Programme for Older Persons activity.</p> <p>Scheduled Care Dashboards: A key focus in 2023 was ensuring Hospital sites and groups had access to dashboards that provided real time views of hospitals waiting list performance and efficiency and enables hospitals to monitor and analyse factors that impacted operational performance (referral demand, waiting list management, capacity and productivity)</p> <ul style="list-style-type: none"> • IIS platform available nationally and to all hospital sites: Provides weekly wait list data: KPIs National / Hospital group/ Hospital and speciality, as well as providing other relevant schedule care data such as Chronological scheduling and CNA/DNA data and Conversion rates OPD to IPDC. • HPVP implemented in 21 hospital sites and provides Hospital with multiple views of their waiting lists, comparing to max wait times, etc. In 2023 HPVP also developed an OPD “Productivity” tool which was validated and implemented in both Mayo and UL Hospitals Q4 2023. Work has also commenced to deliver a real time daily view of the weekly NTPF waiting list on the HPVP platform. • Hospital sites continued to utilise existing BI tools (IPMs dashboard/ Medmodus/ NIQAS) to support and optimise their waiting list management. <p>The above solutions contribute to improved access to information and opportunities to improve performance and data quality.</p> <p>Data Quality: Supported by HPVP/IIS and the DQI ongoing work in the space of data quality is underway across hospitals. This is complimented by training for waiting list management with HSELand training is available for OPD, IPDC and GI scope waiting list management protocols in 2023.</p> <p>Batch Triage: Batch triage implementation in GUH, this functionality allows users to carry out a referral search rather than applying a sent to and returned from triage date/time to patients one at a time. The</p>		

	<p>list returned allows highlighting of batches and the ability to apply a date and time stamp in bulk. The user can categorise physical referrals into their triage categories when the physical referrals are returned, carrying out the same referral search while highlighting urgent batches etc. and applying the relevant fields as appropriate, ultimately writing back to the waiting list entry for any patient selected.</p> <p>Endoscopy e-Referrals: The use of the customised Endoscopy referral form on Healthlinks has increased in use from 2022 to 2003. From January to December 2022 there were 27,614 referrals via Healthlinks via the form, this increased to 37,319 for the same period in 2023. The form which was developed in line with best practice ensures referral quality to support most appropriate clinical decision making.</p> <p>Endoscopy Reporting System: In 2023 the procurement of a national Endoscopy Reporting System was progressed. This project was led by the Endoscopy Clinical Programme and eHealth and Disruptive Technologies, HSE. Plans will progress in 2024 to commence implementation of this solution in Acute Hospitals.</p> <p>Virtual Outpatients: Virtual Outpatient engagements have continued in 2023 with 11% of all engagements taking place virtually. The ratio for new to return virtual patient engagements was 1:3.9 and the DNA rate over all for these engagements 7% which is lower than the overall DNA rate. Specialties with largest volumes of virtual patient engagement were Orthopaedics, General Surgery, Gastroenterology, Gynaecology and Obstetrics</p>		
21	<p>Patient Access Management System (NTPF)</p>	<p>Continue development of Patient Access Management System (PAMS).</p>	<p>Completed on or ahead of target</p>
	<p>In 2023 work continued developing the NTPF Patient Access Management System (PAMS) with new functionality and applications developed, tested and deployed throughout the year including:</p> <ul style="list-style-type: none"> - Clinical Validation App - Call Centre App - Hospital Group Lead App 		
22	<p>Individual Health Identifier (NTPF)</p>	<p>Integration of Individual Health Identifier (IHI) and Eircode's into waiting list extracts.</p>	<p>Progressed in line with 2023 Plan (multiyear approach)</p>
	<p>Seeding file generated from NTPF Data Warehouse containing all current patient data for one hospital submitted to HSE HIDs team. IHI and Eircode's returned with a 66% hit rate. Developing systems to incorporate responses into data warehouse and reports.</p>		
23	<p>Waiting List Management Protocols (NTPF)</p>	<p>Development and delivery of Waiting List Management Protocols and associated Minimum Data Sets (MDS) including:</p>	<p>Progressed but not completed</p>
		<ul style="list-style-type: none"> • Outpatient Protocol 2022 - MDS 	<p>Completed on or ahead of target</p>
		<ul style="list-style-type: none"> • Inpatient, Day Case and Planned Procedure (IDPP) Waiting List Management 2023 Protocol 	<p>Completed on or ahead of target</p>
		<p>Awaiting formal protocol sign off.</p>	
		<ul style="list-style-type: none"> • IDPP Protocol 2023 - MDS 	<p>Progressed but not completed</p>
		<p>Development could not start until the Protocol was formally signed off which occurred in January 2024. MDS development has now commenced.</p>	

		<ul style="list-style-type: none"> • New protocols as and when required 	Completed on or ahead of target
24	Waiting List Management Training and Development (NTPF)	Development and delivery of Waiting List Management Training and Development Programmes and Toolkits including:	Completed on or ahead of target
		<ul style="list-style-type: none"> • Outpatient Waiting List Management Protocol 2022 online learning module 	Completed on or ahead of target
		<ul style="list-style-type: none"> • Development and roll out of supporting Inpatient, Day case and Planned Procedure (IDPP) Training and Development Programme 	Progressed but not completed
		Train the Trainer programme developed, to be delivered in Q1 2024 across all hospitals and Hospital Groups.	
		<ul style="list-style-type: none"> • Data Awareness training 	Completed on or ahead of target
		Data awareness sessions held with all Hospital Groups including representatives from each hospital. Two individual sessions to hospitals at their request.	
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.	Completed on or ahead of target
	The National Data Quality Initiative continued through 2023 with particular focus on 5 key areas. Reporting on each area and Data Awareness sessions with each Hospital Group maintained that focus and allowed improvement to be measured and demonstrated. A 2023 DQI overview report is expected in early 2024.		
26	Audit Programme (NTPF)	Develop and undertake an audit programme to assess adherence to new Outpatient Waiting List Management Protocol 2022.	Completed on or ahead of target
27	Best Practice Reporting (NTPF)	Develop Best Practice Reporting (BPR) including:	Completed on or ahead of target
		<ul style="list-style-type: none"> • Complete GAP analysis of current Outpatient, Inpatient and Day Case Waiting List Reporting • Develop Outpatient, Inpatient and Day Case BPR Guidance 	
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.	Progressed in line with 2023 Plan (multiyear approach)
		Draft protocol development at an advanced stage. Final protocol expected in Q1 2024.	
29	Health Performance Visualisation Platform (HSE)	<p>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.</p> <p>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</p>	Progressed but not completed

	Governance Oversight peer group in the Government Chief Information Office.		
	<p>The Health Performance Visualisation Platform has been implemented across 21 acute hospitals. Engagement is ongoing with 4 voluntary hospitals. Activity relating to implementation of HPVP in the remaining 3 voluntary hospitals (St. Vincent's, St James and CHI) has progressed. Additional functionality was provided to support performance monitoring and to support hospitals in managing operational challenges such as live breach analysis in emergency departments. Additional functionality also includes the development and testing of a live "NTPF" view of waiting list data which will be rolled out in 2024.</p> <p>HPVP Phase 2 procurement was approved to proceed by Restricted Procedure, consisting of the following two stages: Stage 1 - Pre-qualification stage (suitability assessment questionnaires). This stage is complete. Stage 2 - Tender response stage (candidates shortlisted at the pre-qualification stage are invited to submit tender responses and then assessed against award criteria set out in an Invite to Tender). The Invite to tender issued on 11th December 2023, with responses due by 6th February 2024. Following evaluation and completion of the approvals process, award of contract is planned for April 2024</p>		
30	<p>Integrated Community Case Management System (HSE)</p>	<p>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.</p> <p>Key milestones for the Programme to be achieved by the end of 2023 include: Approval of the Public Spending Code Business Case (PSCBC) Commencement of the formal procurement process with potential suppliers</p>	<p>Progressed in line with plan (multi-year)</p>
	<p>Procure an Integrated Community Case Management System (ICCMS) which will encompass disability services (non-residential) and will include a wide range of functionality including the ability to gather data in a standardized way, and report on same at a regional or national level.</p>		

Table A.4. Enabling Scheduled Care Reform, 2023 Update