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# 1. Executive Summary

The HSE is focussed on reducing 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 across the country.

Our hospital teams provide over 3.9 million outpatient consultations, emergency care to over 1.8 million people, day care services to over 1.2 million people and nearly 700k people are admitted as inpatients in hospital each year. We acknowledge that patients are waiting too long to access care, and we are committed to improving waiting times.

Building on the progress achieved between 2021 and 2023, the Waiting List Action Plan (WLAP) 2024 set out a programme of work to deliver a reduction in the number of patients on waiting lists and the time they spend waiting to access care. To support this plan, the Government allocated €360 million to build on the work already done in previous years. 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, Reforming Scheduled Care and Enabling Scheduled Care Reform. This report provides an overview of the outcomes from WLAP 2024.

WLAP 2024 estimated that 1.775 million patients would be added to active waiting lists in 2024 for either a first outpatient department (OPD) appointment (c. 1.213 million), an inpatient / day case (IPDC) procedure (c. 399k) or a gastrointestinal endoscopy (GI Scope) (c. 163k). The plan proposed to deliver services to remove more than c. 1.814 million patients from active waiting lists, in order to achieve a reduction in these waiting lists of c. 5.9% by year-end.

The plan has resulted in c. 1.812 million patients being removed from active waiting lists. This is c. 74.7k (c. 4.3%) more patients removed from the acute hospital waiting lists in 2024 compared with 2023.

The number of patients added to the waiting list exceeded the projections set out with c. 1.814 million patients being added to the waiting lists: first OPD appointment (c. 1.254 million); IPDC procedure (c. 397k); GI Scope (c. 164k). The additions to the waiting list were c. 2.2% higher than projected in the WLAP and a c. 5.6% increase in comparison to 2023.

The net result was an overall growth of c. 2.5k (c. 0.4%) in the number of patients waiting for

care in 2024. However, despite the higher than projected additions, progress was achieved in reducing the OPD waiting list, which decreased by c. 4.9k (c. 1.0%) in 2024.

Improvements have been delivered through Delivering Capacity, Reforming Scheduled Care and Enabling Scheduled Care Reform in 2024 including:

- Movement towards the Sláintecare wait time targets<sup>1</sup>:
  - In 2024, a reduction of c.4.7% (c.21.6k) in the number of people waiting more than the Sláintecare wait time targets was achieved.
  - In 2024, the percentage of patients waiting less than the Sláintecare targets increased from c. 31.8% to c. 35.2%, this equates to c. 24.2k more patients waiting less than the 10 / 12-week targets than at the start of the year.
- The number of patients removed<sup>2</sup> from the waiting list across all areas OPD, IPDC and GI Scopes were higher in 2024 compared to 2023.
  - c. 1.259 million patients were removed from OPD waiting lists in 2024; c. 56.7k (c. 4.7%) higher than 2023
  - c. 392k patients were removed from IPDC waiting lists in 2024; c. 16.2k (c. 4.3%) higher than 2023
  - c. 161k patients were removed from GI Scope waiting lists in 2024; c. 1.8k (c. 1.2%) higher than 2023
- Progress has been made in 2024 in relation to the National Service Plan Maximum Wait Times targets<sup>3</sup> across all waiting list types. As at end of December 2024, 87.9% (c. 592k) of patients were achieving the 2024 NSP Maximum Wait Time Targets.
- The number of patients waiting or at risk of waiting over 3 years<sup>4</sup> decreased by c. 25k (c. 73.2%) in 2024. As at the end of December 2024, there were c. 9.2k patients waiting longer than 3 years. Furthermore, there has been improvement in the number of patients waiting over 2 years for care. The number of patients waiting or at risk of waiting over 2 years has decreased by c. 90k (c. 77%) in 2024. As at the end of December, there were c. 26k patients waiting longer than 2 years.

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<sup>1</sup> The Sláintecare Wait Time Targets stipulate that: no patient will wait for more than 10 weeks for an OPD appointment, 12 weeks for an IPDC procedure and 12 weeks for a GI scope. Source: [2024 Waiting List Action Plan](#)

<sup>2</sup> Waiting list removals refer to the number of patients who have been seen and treated and / or no longer waiting for care on a given waiting list. Waiting list removals incorporate activity delivered onsite (core and access to care), as well as NTPF removals and patients removed from waiting lists as a result of validation processes.

<sup>3</sup> The National Service Plan Maximum Wait Times targets stipulate that: 90% of patients should be waiting less than 15 months for an OPD appointment; 90% of patients should be waiting less than 9 months for an IPDC procedure; and 95% of patients should be waiting less than 9 months for a GI scope. Source: [2024 Waiting List Action Plan](#)

<sup>4</sup> 2024 WLAP focussed on patients at risk of / waiting over 3 years for access to care. The WLAP targeted a 90% reduction in the number of patients waiting or at risk of waiting over 3 years for an OPD, IPDC or GI Scope. Source: [2024 Waiting List Action Plan](#)

- Building on the progress made in 2023, actions were developed for the three key priority areas in WLAP 2024: (i) Paediatric Orthopaedics, specifically Scoliosis and Spina Bifida, (ii) Gynaecology, and (iii) The Overweight and Obesity Pathway.
- Progress was made across all three areas with:
  - 513 spinal procedures were delivered through the Scoliosis / Spina Bifida Plan, this includes 66 procedures that were outsourced.
  - 3.5k additional OPD appointments and 1.5k additional IPDC procedures, delivered through the Gynaecology plan.
  - 311 additional OPD appointments, 173 additional surgeries, and 419 validations delivered through the Bariatrics plan.
- Progress has been made in 2024 in relation to reform initiatives:
  - Centralised Referrals (CR): CR is now implemented in Ophthalmology, Dermatology and Otorhinolaryngology / Ear Nose and Throat (ENT) in four of the priority sites. CR is implemented in Gynaecology in a total of 31 sites.
  - Patient Initiated Review (PIR): The focus of this initiative is to improve patient experience and put patients / families in control of their care, and at the end of December 2024, PIR is being offered in 23 specialities.

A range of approaches have been utilised to deliver these improvements, building on existing capacity and processes, and developing new ways to make improvements to waiting lists and waiting times. These include:

- Maximising on delivery of HSE activity which has exceeded the planned NSP volumes in 2024 for OPD as a result of additional core activity and funding through WLAP 2024.
- The use of the HSE Surgical Services Framework<sup>5</sup> and the HSE Outpatient Framework<sup>6</sup> which supported addressing further IPDC access.
- Taking a targeted approach to ensure that capacity was focused on delivering care to longest waiting patients was a key strategy in 2024 with all Regions and Hospitals.
- Establishing alternative pathways of care, with the implementation of modernised care pathways across a range of specialties.
- Progressing clinical review and triage of waiting lists across a range of specialties.
- Progressing administrative validation of the waiting list through the NTPF.

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<sup>5</sup> The HSE Surgical Services Framework offers 810 procedures not currently offered by the NTPF across 17 private hospitals. Source: [2024 Waiting List Action Plan](#)

<sup>6</sup> The HSE Outpatient Framework is used to procure capacity for Dermatology, Ophthalmology and Plastic Surgery. Source: [2024 Waiting List Action Plan](#)

- Finally, this was complemented by the process for offering treatment options from the NTPF commissioning process for OPD access, which took on a targeted approach in 2024.

To support progress of this multi-annual approach to tackle waiting lists, the HSE, NTPF and Department of Health continued monthly Ministerial meetings in 2024.



## 2. Key Messages

|  |  |   |
|--|--|---|
| <p><b>OPD weighted avg. wait-time</b></p> <p><b>6.8months</b><br/>Weighted avg. wait-time</p> <p>•OPD weighted avg. wait-times are improving continuously. At 6.8 months they are the lowest they have been since 2021 when they were c.12.2 months.</p>   | <p><b>IPDC weighted avg. wait-time</b></p> <p><b>6.0months</b><br/>Weighted avg. wait-time</p> <p>•IPDC weighted avg. wait-times are improving continuously. At 6.0 months they are the lowest they have been since 2021 when they were c.8.0 months.</p>  | <p><b>GI Scope weighted avg. wait-time</b></p> <p><b>2.7months</b><br/>Weighted avg. wait-time</p> <p>•GI Scope weighted avg. wait-times are improving continuously. At 2.7 months they are the lowest they have been since 2021 when they were c.5.9 months.</p>   |
| <p><b>60% of hospitals have an weighted avg. wait-time of 5.5 months or less</b><br/>(across the three waiting lists types)</p>  |  |   |
| <p><b>OPD Maximum Wait-time<sup>1</sup></b></p> <p><b>66% of hospitals</b><br/>are meeting the 15month maximum wait-time target for OPD</p> <p>•66% of hospitals have 90% or more of their OPD patients waiting less than 15months.</p>  | <p><b>OPD Maximum Wait-time<sup>1</sup></b></p> <p><b>c. 89%</b><br/>Of OPD patients are waiting less than 15 months</p> <p>•89.0% of OPD patients are waiting less than 15 months for a 1<sup>st</sup> OPD appointment, an improvement of 19.0% from the c.70.0% in 2021</p>                        | <p><b>GI Scope Maximum Wait-time<sup>1</sup></b></p> <p><b>c. 96%</b><br/>Of GI Scope patients are waiting less than 9 months</p> <p>•96.1% of GI Scope patients are waiting less than 9 months for treatment, an improvement of 16.8% from the c.79.3% in 2021.</p>  |
| <p><b>Improvement in +2 years</b></p> <p><b>c. 90k</b><br/>Less patients waiting or at risk of waiting over 2 years compared to start of the year</p> <p>•c. 26.3 patients waiting over 2 years; c. 90.3k (c. 77%) reduction of all patients waiting or at risk at the start of the year (c. 116.6k)</p> | <p><b>OPD Waiting List Removals</b></p> <p><b>c. 57k</b><br/>More patients removed from OPD waiting list compared to 2023</p> <p>•c.57k (c.4.7%) more patients seen, treated &amp; removed* from OPD waiting list compared to 2023.</p>  | <p><b>HSE Additional Activity</b></p> <p><b>c. 107.5k</b><br/>HSE Additional Waiting List removals through non-recurrent Access to Care funding</p> <p>•OPD: c.76k, c.11.7k more than target<br/>•IPDC: c.18k, c.10.1k more than target<br/>•GI Scope: c.13k, c.3.6k more than target<br/>•National: c.107k, c.25.4k more than target</p> |
| <p><b>Total Waiting List Additions</b></p> <p><b>c. 96k</b><br/>more than 2023 Additions, and c.39.5k more than 2024 projected</p>   | <p><b>Waiting List Reduction</b></p> <p><b>c. 85%</b><br/>of all patients on the waiting list at the start of the year have been removed</p> <p>•85% of patients that were on the waiting list at the start of the year have been seen , treated and removed* (84% OPD; 85% IPDC; 98% GI Scopes)</p> | <p><b>New OPD Clinic Attendances</b></p> <p><b>c. +8.3%</b><br/>Increase in new attendances vs 2023</p> <p>•New Attendances : 1.122m New Att. in 2024, c.+8.3% (c. +86k) vs 2023</p>  |

\* Also includes patients removed through NTPF validation

Notes (1) **2024 Maximum wait-time Targets**: 90% OPD <15 months, 90% IPDC < 9 months, 95% GI Scope < 9 months

### 3. 2024 Year End Position

There were four overarching targets associated with WLAP 2024, as follows:

- Waiting List Volume: reduce the overall waiting list volume by 5.9% by year end, to a closing position of 632,086. The closing position achieved in 2024 was 673,962.
- Patients Waiting Over 3 years: reduce the number of patients waiting over 3 years or at risk of being over 3 years by 90%. The reduction achieved in 2024 was 73.2%
- National Service Plan (NSP) Maximum Wait Time targets: increase the proportion of patients who are waiting less than the NSP maximum wait time targets to 90%. The outcome in 2024 was 87.9%
- Sláintecare Wait Time Targets: reduce the number of patients breaching the Sláintecare wait Time Targets by 10%. The reduction in 2024 was 4.7%.

Progress made in 2024 against achieving these targets, despite higher than projected additions are set out in the following section.

#### 3.1 2024 Closing Waiting List Position

Through WLAP 2024 it was projected that c. 1.775 million patients would be added to the NTPF waiting list for either a first OPD appointment (c. 1.213 million), an IPDC procedure (c. 398.9k), or a GI Scope procedure (c. 163.3k). Through WLAP it was projected c. 1.814 million patients would be removed as a result of treatment, validation etc. from a waiting list in 2024, resulting in a net reduction in the total number of patients waiting for care of 5.9% by year-end.<sup>7</sup>

As of the end of 2024, there were c. 674.0k patients on the waiting list, an increase of c. 0.4% (c. 2.5k) since the start of the year. C. 1.812 million patients were removed from a waiting list, which was c. 74.7k (c. 4.3%) more than in 2023 and in line with WLAP 2024 projections. The total waiting list finished c. 6.6% (c. 41.9k) behind the target as additions to the list (c. 1.814 million) were c. 2.2% (c. 39.5k) higher than projected (c. 1.775 million)<sup>8</sup>. There were c.91k patients on the IPDC waiting list at the end of the year, which was 5.8k (6%) lower than the target closing position. See table 3.1 and figure 3.1 below for details and breakdown by waiting list type.

**c. 85%** of all patients on the waiting list at the start of the year have been removed.

<sup>7</sup> Source: [2024 Waiting List Action Plan](#)

<sup>8</sup> Source: NTPF 2024 Waiting List Tracking (AOV)

| Number of Patients Waiting for Care | Opening Position | WLAP 2024 Target Closing Position | Actual Closing Position |
|-------------------------------------|------------------|-----------------------------------|-------------------------|
| OPD                                 | 562.0k           | 511.8k (-8.9%)                    | 557.2k (-0.9%)          |
| IPDC                                | 85.8k            | 96.8k (+12.9%)                    | 91k (+6.2%)             |
| GI Scopes                           | 23.6k            | 23.5k (-0.6%)                     | 25.7k (+9.0%)           |
| <b>Total</b>                        | <b>671.4k</b>    | <b>632.1k (-5.9%)</b>             | <b>674k (+0.4%)</b>     |

Table 3.1: Total number of patients waiting for care - closing waiting list position<sup>9</sup>

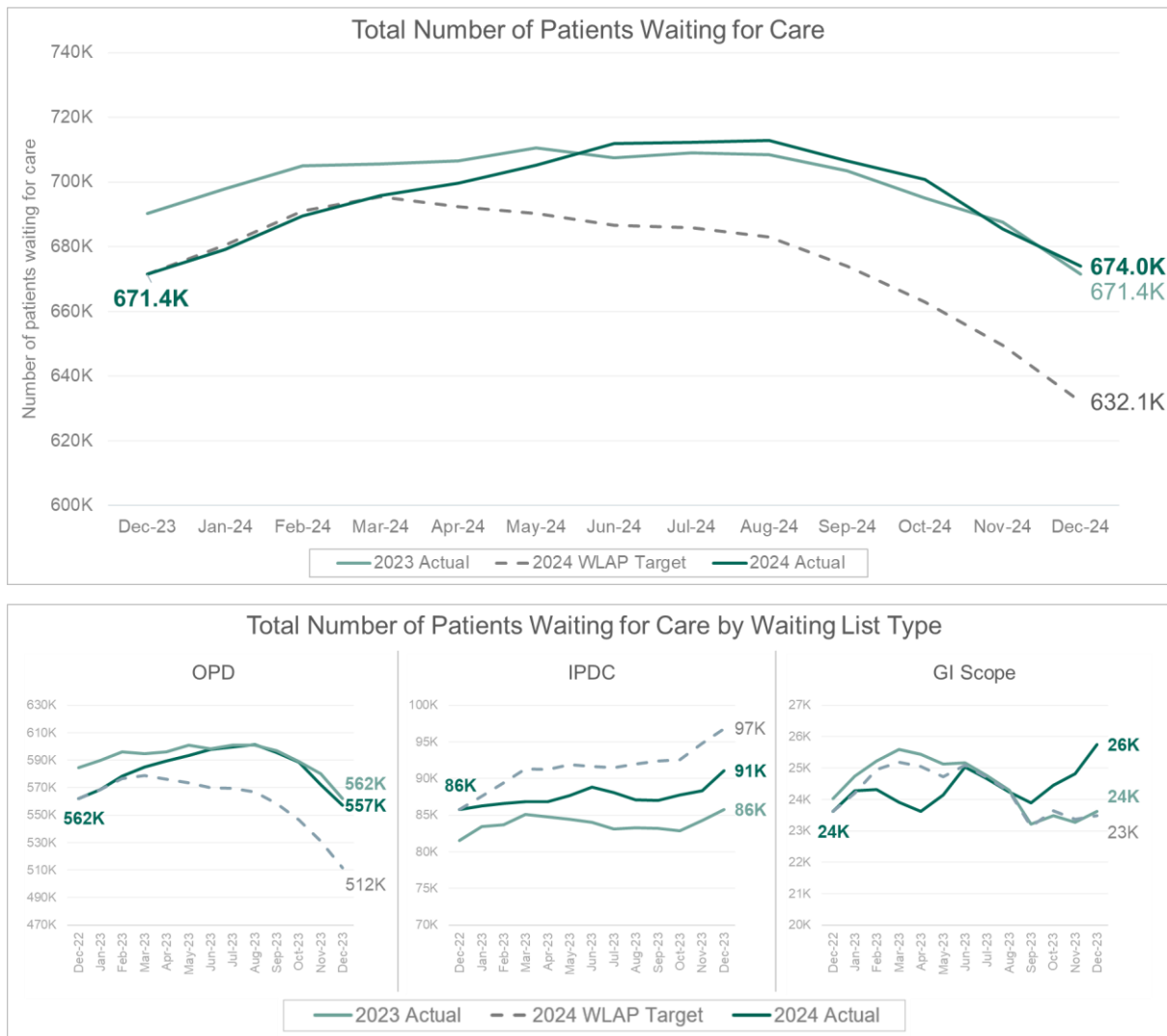


Figure 3.1: Total number of patients waiting for care

<sup>9</sup> Source: [2024 Waiting List Action Plan](#)

### 3.1.1 Removals from the Waiting List<sup>10</sup>

In 2024, c. 1.812 million patients were removed from a waiting list, this is c. 74.7k (c. 4.3%) more than in 2023 and in line with the target set in WLAP 2024. See table 3.2 and figure 3.2 for details.

**74.7k** more patients were removed from a waiting list in 2024 compared to 2023.

| Waiting List | # Patients Removed from a Waiting List |                  |               |                       |                              |
|--------------|--|------------------|---------------|-----------------------|------------------------------|
|              | 2023 Actual                            | WLAP 2024 Target | 2024 Actual   | Variance to 2023      | Variance to WLAP 2024 Target |
| OPD          | 1.202m                                 | 1.263m           | 1.259m        | +56.7k (+4.7%)        | -4.2k (-0.3%)                |
| IPDC         | 375.5k                                 | 387.9k           | 391.8k        | +16.2k (+4.3%)        | +3.9k (+1.0%)                |
| GI Scopes    | 159.6k                                 | 163.4k           | 161.4k        | +1.8k (+1.2%)         | -2.0k (-1.2%)                |
| <b>Total</b> | <b>1.737m</b>                          | <b>1.814m</b>    | <b>1.812m</b> | <b>+74.7k (+4.3%)</b> | <b>-2.3k (-0.1%)</b>         |

Table 3.2: 2024 waiting list removals (incl. removals through NTPF validation and commissioning)

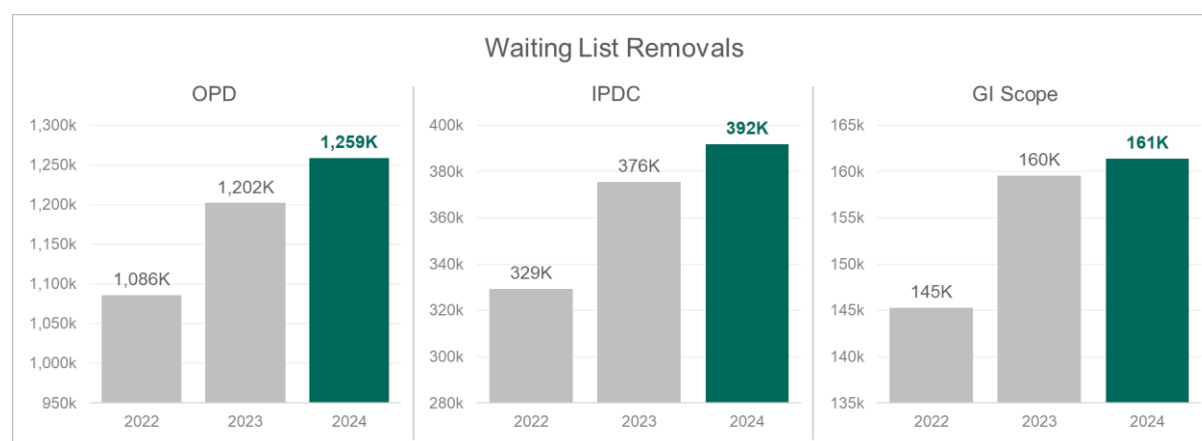


Figure 3.2: Trends in waiting list removals (incl. removals through NTPF validation and commissioning)

This increase in waiting list removals was achieved using a multi-pronged approach including<sup>11</sup>:

- Activity delivered through once off funding through additional clinics including weekend and blitz clinics, clinical validation, use of clinical insourcing, and accessing capacity from private hospitals. c. 107.5k additional activity was delivered by the HSE in 2024 which was c. 25.4k (c.31%) more than target.
- The HSE and the NTPF have worked closely to ensure coordinated approaches towards commissioning. c. 317k waiting list removals were delivered by the NTPF in 2024. This was c. 32.4k (c. 11.4%) more than in 2023 and c. 34.4k (c. 12.2%) more than target.

<sup>10</sup> Source: NTPF 2024 Waiting List Tracking (AOV)

<sup>11</sup> Source: NTPF 2024 Waiting List Tracking (AOV)

- Increases in Acute Hospital Core activity. HSE core removals were c. 50k (c. 3.7%) higher in 2024 when compared to 2023.

Without the implementation of the WLAP 2024 and delivery of HSE additional activity and NTPF removals, it is estimated that the waiting list would have increased by c. 64% to almost 1.1 million people in 2024 (figure 3.3).

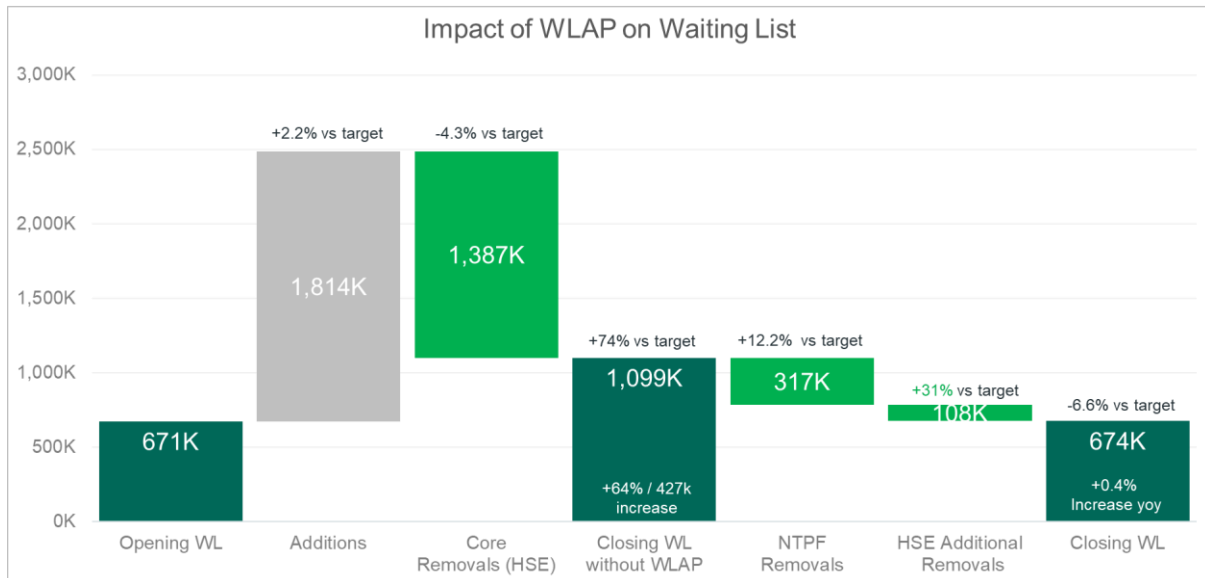


Figure 3.3: 2024 waiting list breakdown<sup>12</sup>

### 3.1.2 Additions to the Waiting List<sup>13</sup>

The number of patients added to a waiting list each year has been increasing since 2019 (figure 3.4). In 2024, c. 1.814 million patients were added to a waiting list, which is c. 5.6% (c. 96.1k) more than in 2023 and c. 2.2% (c. 39.5k) more than projected in WLAP 2024 (table 3.3).

| Waiting List | Waiting list Additions |                  |               |                       |                              |
|--------------|------------------------|------------------|---------------|-----------------------|------------------------------|
|              | 2023 Actual            | WLAP 2024 Target | 2024 Actual   | Variance to 2023      | Variance to WLAP 2024 Target |
| OPD          | 1.180m                 | 1.213m           | 1.254m        | +74.4k (+6.3%)        | +41.2k (+3.4%)               |
| IPDC         | 379.7k                 | 398.9k           | 397.1k        | +17.3k (+4.6%)        | -1.9k (-0.5%)                |
| GI Scopes    | 159.1k                 | 163.3k           | 163.5k        | +4.4k (+2.7%)         | +0.3k (+0.2%)                |
| <b>Total</b> | <b>1.718m</b>          | <b>1.775m</b>    | <b>1.814m</b> | <b>+96.1k (+5.6%)</b> | <b>+39.5k (+2.2%)</b>        |

Table 3.3: 2024 waiting list additions

<sup>12</sup> Source: NTPF 2024 Waiting List Tracking (AOV)

<sup>13</sup> Source: NTPF 2024 Waiting List Tracking (AOV)

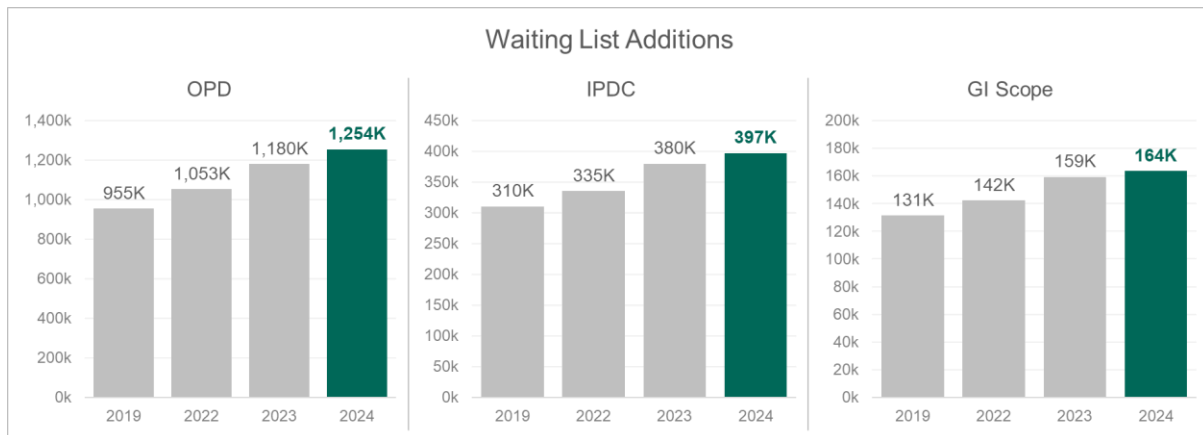


Figure 3.4: Trends in waiting list additions

## 3.2 Demand

An overview of healthcare demand identified the following potential drivers associated with the increase in healthcare demand:

- **Post COVID pent up demand:** The COVID-19 pandemic has led to pent-up demand for healthcare services, with long-term impacts, particularly on cancer care, chronic disease management, diagnostics, elective surgeries, and increased OPD referrals.
- **Growing and ageing population:** Projections indicate the population will reach 6.18 million by 2044.<sup>14</sup> Additionally those over 65 has increased by 36.5% since 2015, surpassing the EU average increase of 16.5% between 2014 and 2023. The number of people aged 65 years and over is set to reach over 1 million by 2030.<sup>15</sup>
- **Socio-economic factors:** Homelessness is associated with reduced access to primary care and an overreliance on acute care. Homelessness more than doubled since 2015 with more than 10k people in emergency accommodation at the end of 2022<sup>16</sup>. Consistent poverty rates are higher among those with poor general health<sup>17,18</sup>.
- **Immigration volumes<sup>19</sup>:** Immigration has impacted both demographic changes and the socio-economic makeup of Ireland in recent years. Higher migration volumes over the next 15 years could increase the population to over 6.2 million.
- **Expansion of services:** The introduction of free GP care to 500,000 newly eligible people, community diagnostics initiatives, new programmes (Enhanced Community Care,

<sup>14</sup> [Health in Ireland: Key Trends 2024](#)

<sup>15</sup> [Population and Labour Force Projections 2023-2057 - Central Statistics Office](#)

<sup>16</sup> [Homelessness and health-related outcomes in the Republic of Ireland: a systematic review, meta-analysis and evidence map - PMC \(nih.gov\)](#)

<sup>17</sup> [Poverty Indicators by Health Status - Survey on Income and Living Conditions SILC 2023 - Central Statistics Office](#)

<sup>18</sup> [Poverty Survey on Income and Living Conditions \(SILC\) 2023 - Central Statistics Office](#)

<sup>19</sup> [Population Projections, the Flow of New Households and Structural Housing Demand](#)

Integrated Eye Teams, Gynaecology Plan), and Public & Health Care Professional communications campaigns.

### 3.3 Reduction in Patients Waiting the Longest for Care

The HSE took a targeted approach to 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 Regions and Hospitals.

As a result, the following was achieved as at the end of 2024:

- **Patients waiting over 3 years for care:** The number of patients waiting or at risk of waiting over 3 years has decreased by c. 25.0k (c. 73.2%) since the start of 2024. As of December 2024, there were c. 9.2k patients waiting over 3 years (figure 3.5).
- **Patients waiting over 2 years for care:** The number of patients waiting or at risk of waiting over 2 years has decreased by c. 90.3k (c. 77.5%) since the start of 2024. As of December 2024, there were c. 26.3k patients waiting over 2 years (figure 3.5).<sup>20</sup>

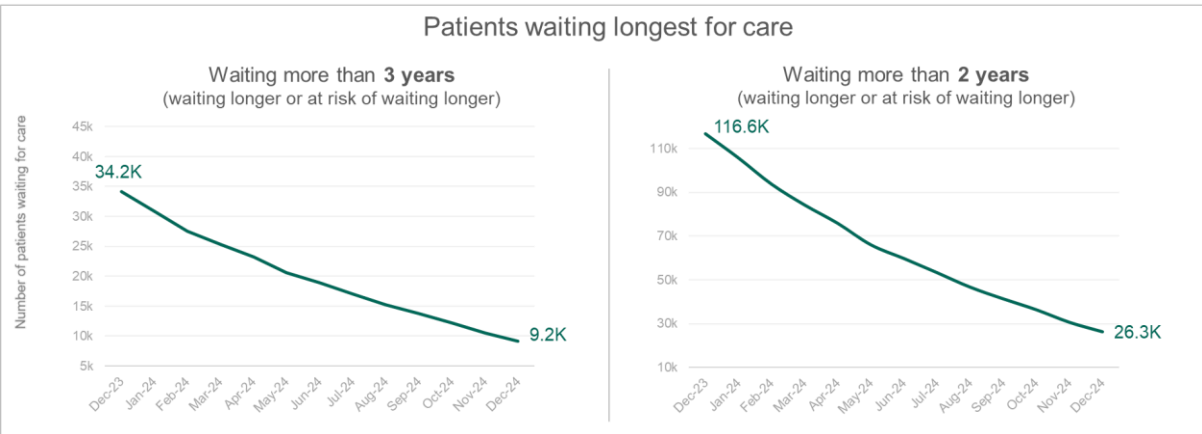


Figure 3.5: Reduction in the number of patients waiting longest for care in 2024<sup>21</sup>

Additionally, progress in 2024 continues a longer-term trend of reducing the number of patients with the longest wait times as shown in figure 3.6.

**59% reduction in the number of patients waiting more than 12 months for care since 2021.**

<sup>20</sup> Source: NTPF OP WCR All National Hospitals & Weekly National Comparison

<sup>21</sup> Source: NTPF OP WCR All National Hospitals & Weekly National Comparison



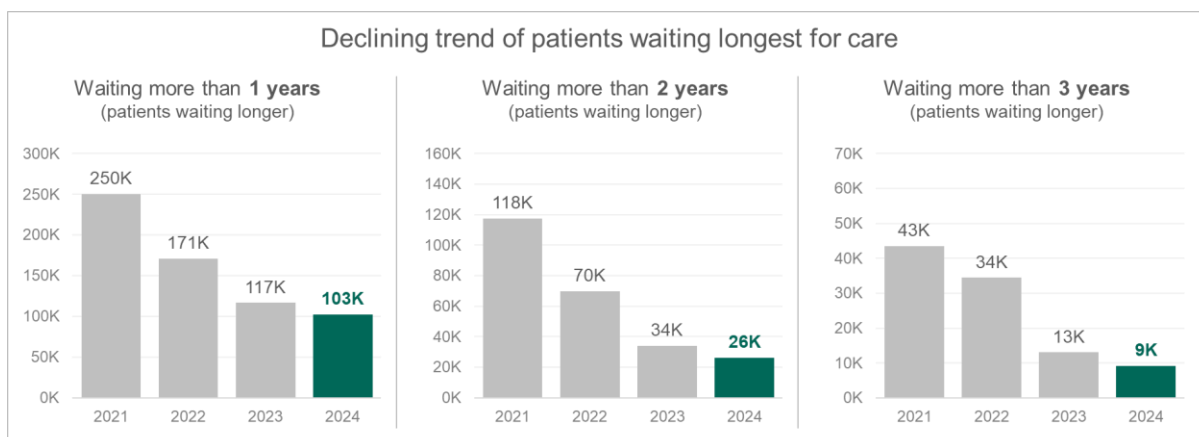


Figure 3.6: Long-term trend of patients waiting longest for care<sup>22</sup>.

### 3.4 NSP Maximum Wait Time Targets

In 2024, maximum waiting times (MWT) were defined in the 2024 HSE National Service Plan (NSP) as follows<sup>23</sup>:

- OPD: 90% of patients should be waiting less than 15 months for an OPD appointment.
- IPDC: 90% of patients should be waiting less than 9 months for an IPDC procedure.
- GI Scopes: 95% of patients should be waiting less than 9 months for a GI scope.

Progress has been made in 2024 towards achieving these wait times across all waiting list types. At the end of 2024, achievement of the MWT targets was at c. 87.9% across OPD, IPDC and GI scopes, with c. 592.5k patients waiting less than the target. This equates to c. 16.3k more patients waiting less than the maximum wait time targets compared to start of the year. This is broken down by waiting list type in table 3.4 below.

**60%** of hospitals have more than 90% of their patients waiting less than the maximum wait time targets.

<sup>22</sup> Source: [2024 Waiting List Action Plan](#)

<sup>23</sup> Source: [2024 Waiting List Action Plan](#)



| 2024 NSP Maximum Wait Time Targets        | % (#) Patients Meeting Target |                       | Change                |
|---|-------------------------------|-----------------------|-----------------------|
|   | Opening                       | Closing               |                       |
| <b>OPD</b> - 90% waiting < 15 months      | 86.6% (486.6k)                | 89.0% (496.1k)        | <b>+2.4% (+9.4k)</b>  |
| <b>IPDC</b> - 90% waiting < 9 months      | 78.2% (67.1k)                 | 78.7% (71.7k)         | <b>+0.5% (+4.6k)</b>  |
| <b>GI Scopes</b> - 95% waiting < 9 months | 95.1% (22.5k)                 | 96.1% (24.7k)         | <b>+1.0% (+2.3k)</b>  |
| <b>National</b>                           | <b>85.8% (576.2k)</b>         | <b>87.9% (592.5k)</b> | <b>+2.1% (+16.3k)</b> |

Table 3.4: Closing position against NSP Maximum Wait Time targets<sup>24</sup>

The progress in 2024 builds on improvements over recent years, with the percentage of patients waiting within maximum wait-time targets improving consistently since 2020 (see figure 3.7)

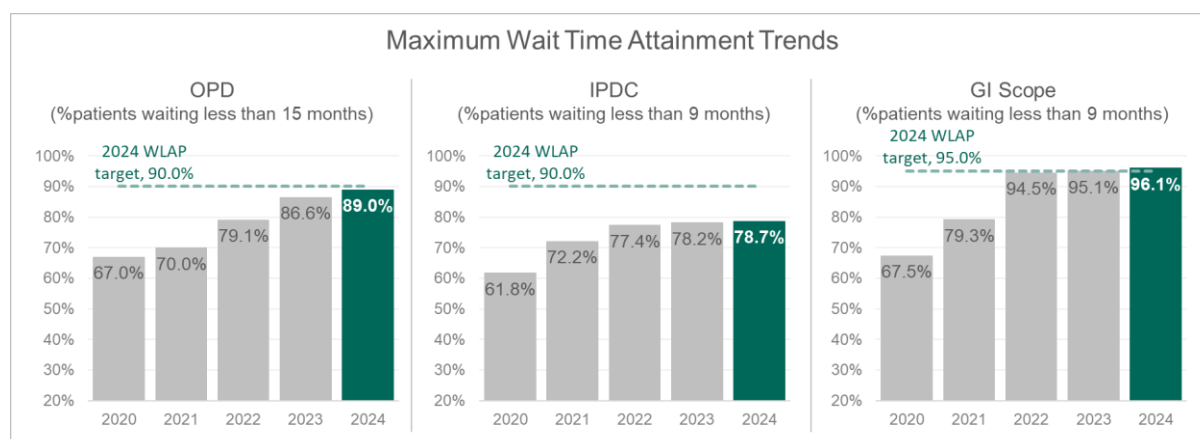


Figure 3.7: NSP Maximum Wait Time attainment trends<sup>25</sup>

### 3.5 Sláintecare Wait Time Targets

The 2017 Oireachtas Sláintecare Report called for an end to long wait times and set out wait time targets. The overarching goal of the multi-annual WLAP approach is to reduce the waiting list and waiting times progressing towards the Sláintecare wait time targets as set out below:

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

A key focus of WLAP 2024 was to continue to make progress towards the Sláintecare wait time targets, targeting a 10% reduction in the number of people waiting more than the Sláintecare wait time targets by the end of 2024. In 2024, a reduction of c.4.7% (c.21.6k) in the number of people waiting more than the Sláintecare wait time targets was achieved.

<sup>24</sup> Source: [2024 Waiting List Action Plan](#)

<sup>25</sup> Source: NTPF OP WCR All National Hospitals & Weekly National Comparison

In 2024, the percentage of patients waiting less than the Sláintecare targets has increased from c. 31.8% to c. 35.2%, this equates to c. 24.2k more patients waiting less than the 10 / 12-week targets than at the start of the year (table 3.5).<sup>26</sup>

| Sláintecare Wait Time Targets            | % Patients Meeting Target |                       | Change                |
|--|---------------------------|-----------------------|-----------------------|
|  | Opening                   | Closing               |                       |
| <b>OPD</b> 100% waiting < 10 weeks       | 28.9% (162.7k)            | 32.3% (180k)          | +3.4% (+17.3k)        |
| <b>IPDC</b> 100% waiting < 12 weeks      | 41.5% (35.6k)             | 44.1% (40.1k)         | +2.6% (+4.6k)         |
| <b>GI Scopes</b> 100% waiting < 12 weeks | 63.3% (14.9k)             | 66.8% (17.2k)         | +3.5% (+2.3k)         |
| <b>Total</b>                             | <b>31.8% (213.2k)</b>     | <b>35.2% (237.4k)</b> | <b>+3.5% (+24.2k)</b> |

Table 3.5: Progress against Sláintecare wait time targets<sup>27</sup>

### 3.6 Weighted Average Wait Time

The weighted average wait time is an approach to capture the “average” waiting time and takes account of both how long people are waiting i.e., the time band that people are waiting in, but also the amount of people waiting within each time band. The more people within a given time band, the more “weight” that time band has when calculating the average waiting time across all time bands. As such, the more people waiting in the longer time bands will contribute more to the overall weighted average waiting time calculation, which can be determined by adding the proportion of patients in each time band<sup>28</sup>.

Targeted efforts during 2024 towards Sláintecare targets, reducing people waiting more than NSP maximum wait time targets, and reducing the patients waiting the longest for care resulted in a decrease in the weighted average time. The weighted average wait time decreased by c. 0.7 months (c. -9.7%) from c. 7.2 months to c. 6.5 months in 2024 (figures 3.8, 3.9 and 3.10 show breakdown by waiting list type).

**6.5 months** weighted average wait time is the lowest since 2021.  
**60%** of hospitals are achieving a weighted average wait time of 5.5 months or less.

<sup>26</sup> Source: [Enhanced Waiting List Data - NTPF](#)

<sup>27</sup> Source: NTPF Sláintecare Extracts

<sup>28</sup> The Weighted Average Wait Time is calculated using “the number of patients waiting per monthly time band” divided by “the total number of patients waiting” multiplied by the midpoint of the wait time band associated with the number of patients time band.

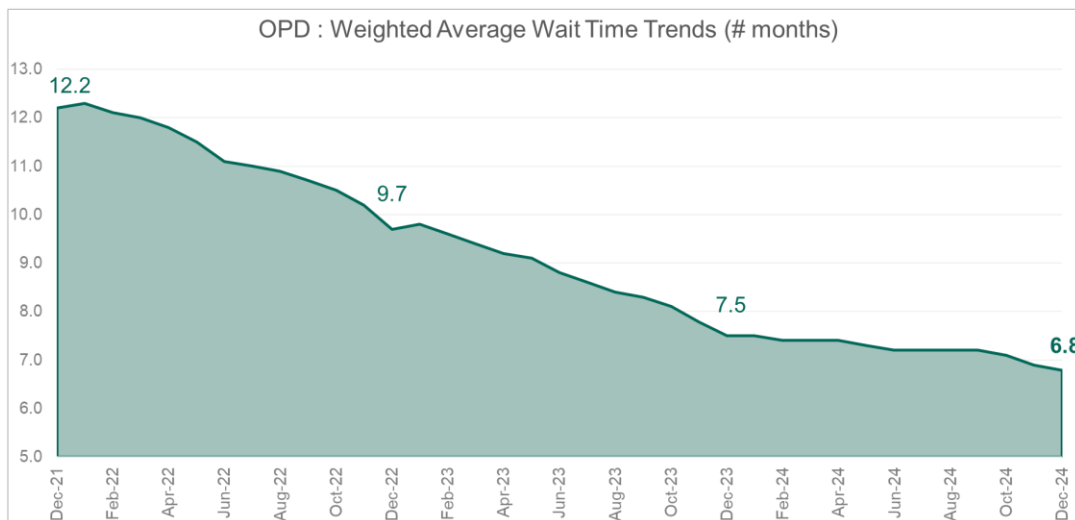


Figure 3.8: OPD weighted average wait time<sup>29</sup>

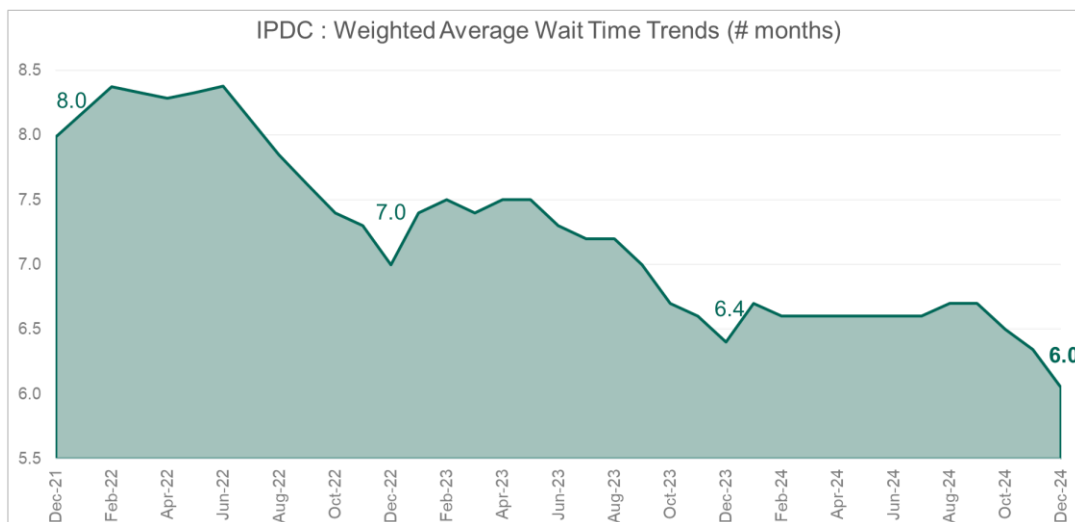


Figure 3.9: IPDC weighted average wait time

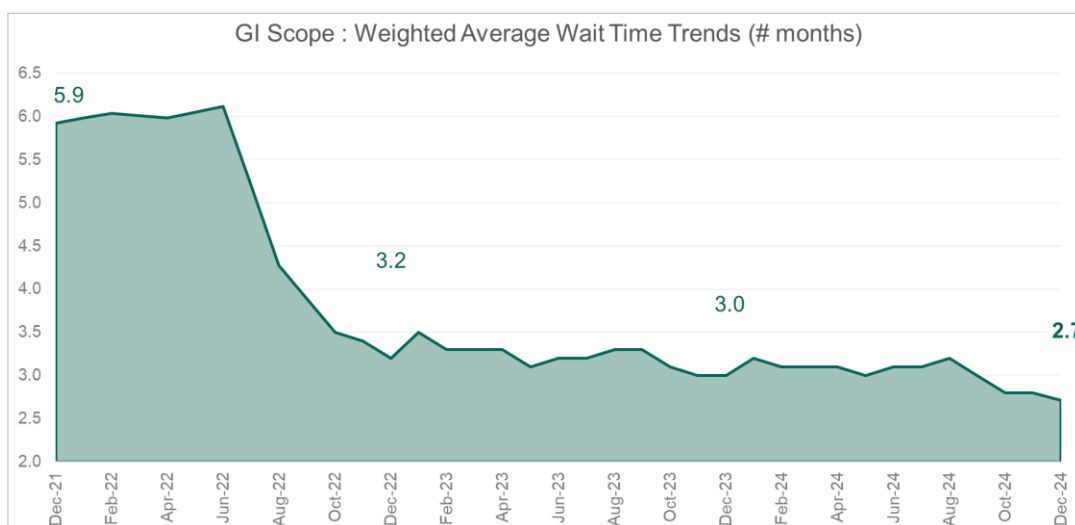


Figure 3.10: GI Scope weighted average wait time

<sup>29</sup> Source: NTPF OP WCR All National Hospitals & Weekly National Comparison

## 4. Delivering Capacity

Six actions were progressed in 2024 to deliver additional activity within the private and public system to support a reduction in the waiting list volume and waiting times. Table 4.3 at the end of this section provides a summary of the status of the six actions under Delivering Capacity.

### 4.1 HSE Capacity Optimisation

In 2024 the HSE progressed a hybrid model of insourcing and outsourcing to support the delivery of once off additional activity. As a result, c. 107.5k instances of additional activity were delivered through access to care once off funding in 2024, this was c. 25.4k ahead of target.<sup>30</sup>

**107.5k** HSE additional activity delivered through access to care once off funding in 2024; this is 25.4k more than target.<sup>30</sup>

- OPD: c. 76.2k additional OPD removals were delivered through additional access to care funding, c.11.7k more than WLAP target.
- IPDC: c. 18.1k additional IPDC appointments were delivered through additional access to care funding, c. 10.1k more than WLAP target.
- GI Scope: c. 13.2k additional GI Scopes appointments were delivered through additional access to care funding, c. 3.6k more than WLAP target.

#### 4.1.1 HSE Insourcing

In 2024 the HSE continued to develop insourcing pathways both within and across hospitals/Regions to support the achievement of waiting list targets and deliver additional activity. In 2024, seven access to care initiatives were stood up to facilitate cross site insourcing pathways. Examples include:

- Capacity is being provided across various sites and specialities within HSE West and North West to support the reduction in waiting lists at Galway University Hospital.
- The longest waiting pain relief patients from Cork University Hospital are being treated at HSE Midwest.

#### 4.1.2 HSE Outsourcing

In 2024, the HSE outsourced longer-waiting patients to private hospitals to support the delivery of additional capacity. Private hospital capacity was procured under the HSE Surgical Services

<sup>30</sup> Following the Waiting List Taskforce meeting in May, it was agreed the target and actuals related to recurrent activity will be taken out of the 'HSE Additional Activity' line in the AoV and added to the 'HSE Offs' line in the AoV. This took effect in week 21.

Tender and the HSE Outpatient Tender. This private capacity was made available to public hospitals via the Access to Care (ATC)/UAN portal. The ATC/UAN portal facilitates the referral of waiting list patients in public hospitals to participating private hospitals and the payment of claims to private hospitals.

In 2024 the following activity was delivered through the ATC UAN portal:

|                                     | OPD <sup>31</sup> | IPDC <sup>32</sup><br>(incl. GI Scope) | Total        |
|-------------------------------------|-------------------|--|--------------|
| Number of Patients Referred in 2024 | 7.1k              | 6.7k                                   | 13.8k        |
| Number of Patients Treated in 2024  | 4.1k              | 6.6k                                   | <b>10.7k</b> |

*Table 4.1: Patients referred and treated via ATC/UAN portal 2024*

## 4.2 NTPF Capacity Optimisation - Commissioning and Validation

119,977 OPD patients were facilitated by the NTPF, 39,247 treatments were arranged for patients on the IPDC waiting list and 26,190 patients on the Endoscopy waiting list had treatment arranged during 2024. In all cases the NTPF exceeded targets which was made possible due to the availability of additional funding from the Department of Health.

The 2024 validation target of 117,692 was exceeded by 13%. In total, 132,951 patients from across OPD and IPDC waiting lists were removed due to NTPF validation. Achievement of the target was supported by onboarding of the RCSI Hospitals (Drogheda, Louth, Cavan/Monaghan & Beaumont Hospitals). In addition, 3,986 patients were clinically validated across Endoscopy including the surveillance list supported by NTPF funding.

## 4.3 Capacity Development Surgical Hubs

The development of six surgical hubs nationally was progressed throughout 2024 with each surgical hub now at varying stages of development.

- The construction of the HSE Dublin South Surgical Hub was completed in December 2024 and is scheduled to open in early 2025. Staff recruitment for this hub progressed in 2024 and all staff are now either recruited or at an advanced stage of recruitment.
- Construction of the Dublin North Surgical Hub is progressing well.

<sup>31</sup> Source : HIPE - OP UAN Activity by week and YTD (2024 week 52)

<sup>32</sup> Source : HIPE - UAN Activity by week and YTD (2024 week 52)

- Construction of Galway Hub commenced in mid-2024 following receipt of revised planning permission and is due to open in early 2026.
- Planning permission for the Cork, Waterford and Limerick Surgical Hubs was received in 2024 and construction commenced in Waterford and Limerick in Q4 2024. These three Hubs are due to open on a phased basis in 2026.

## 4.4 Capacity Development Community Activity

Community initiatives were successfully delivered in 2024, exceeding planned activity across all targets. Budget 2024 allocated €77 million to provide a range of additional services in acute and community to increase patient access. This funding contributed to positive outcomes in various community-based healthcare services, exceeding the projected activity levels. The primary focus on initiatives in community services are detailed in table 4.2 below.

### 4.4.1 CAMHS

A dedicated allocation of €3 million to improve Child and Adolescent Mental Health Services (CAMHS) waiting lists has proven particularly effective. This investment led to significant removals from CAMHS wait lists, surpassing the planned targets.

### 4.4.2 Primary Care

The dedicated funding of €5 million for Psychology and for Children and Young People and the €3.75 million for Orthodontics and Orthognathic surgery waiting lists in 2024 exceeded the targets set for the year. In addition, a programmatic approach to monitoring primary care waiting lists has been effective in ensuring effective implementation and monitoring of progress.

The success of community initiatives in 2024 highlights the importance of an integrated, cross-system approach to healthcare. By strengthening CAMHS, Primary Care and community services, the plan effectively addressed waiting lists and improved access to timely and appropriate care for patients.

| Initiative   | YTD Target Removals | YTD Actual Removals  | YTD Activity against Target | Year End Target Removals |
|--|---------------------|--|-----------------------------|--------------------------|
| Orthodontics<br><i>Orthognathic Surgery (Initiative completed)</i>                               | 577                 | 588 <sup>33</sup><br>(77 Orthognathic Surgery <sup>34</sup> cases completed YTD) | 11 (+1.9%)                  | 577                      |
| Primary Care Child Psychology (Children waiting over 12 months)<br><i>(Initiative completed)</i> | 3,088               | 3,088  | 0                           | 3,088                    |
| CAMHS  | 1,250               | 1,475  | 225 (+18%)                  | 1,250                    |
| Overall Additional Activity Delivered  | 4,915               | 5,151  | 236 (+4.8%)                 | 4,915 <sup>35</sup>      |

Table 4.2: Delivery of 2024 community targets

| Delivering Capacity 2024                      |   |   |
|---|---|---|
| (RAG Rating for Status details in Appendix I) |   |   |
| #   | Action Title (Action lead)                        | Status                                    |
| 1   | Capacity Optimisation – Additional Activity (HSE) | Completed on or ahead of target           |
| 2   | Capacity Optimisation – HSE Insourcing (HSE)      | Progressed in line with plan (multi-year) |
| 3   | NTPF – Commissioning                              | Completed on or ahead of target           |
| 4   | NTPF – Validation & Triage                        | Completed on or ahead of target           |
| 5   | NTPF – Triage & Clinical Validation               | Completed on or ahead of target           |
| 6   | Capacity Development – Surgical Hubs (HSE)        | Progressed in line with plan (multi-year) |

Table 4.3: Delivering Capacity in 2024, progress update

<sup>33</sup> Orthodontics funding is divided across two streams; €2m for Orthodontics equals 500 patients and €1.35m for Orthognathic Surgery equals 65 patients.

<sup>34</sup> Orthognathic Surgery: Revised Target; Target cases for €1.35 = 65, some surgeries less complex, therefore funding will be used for more cases to be treated. Expected Total cases for 2024 will be 77.

<sup>35</sup> Please note the constraints in these data sets which are manually collected monthly 'counts' and have no underpinning patient identifiable data sets and therefore data sets cannot be connected for more sophisticated analysis. The waiting list initiative additional removals numbers as a result of the investment are collected separately by the teams involved and submitted within 10 days of month end.

## 5. Reforming Scheduled Care

Seven actions were progressed for medium-to-longer term reforms to fundamentally address underlying barriers to the timely delivery of scheduled care. Table 5.6 at the end of this section provides a summary of the status of the seven actions in Reforming Scheduled Care.

### 5.1 Modernised Care Pathways

At the end of 2024, 32 Modernised Care Pathways areas were operational in 114 acute hospital and community-based sites across 16 specialties. An additional 15 sites have resources funded and are expected to operationalise in 2025. Delays in operationalisation are due to recruitment challenges towards the end of 2023, and the introduction of the Pay and Number Strategy. Recruitment has progressed throughout 2024. A total of 256.97 WTEs were funded for the MCPs in 2023 and 2024. As of the 2nd of December 2024, 221.35 WTEs (86%) have been onboarded, representing a spend of €22.5m (January 1st to November 30th cost of the onboarded WTEs).

Due to additional Consultant posts secured through PNS 2024 and additional sites expected to operationalise, initial targets for 2024 were revised upwards. The below table (table 5.1) outlines the activity achieved against each of the 2024 targets.

| Waiting List                       | 2024 Target   | Revised 2024 Target | 2024 Activity Delivered | Variance             |
|------------------------------------|---------------|---------------------|-------------------------|----------------------|
| New patient OPD wait list removals | 6,000         | 14,360              | 24,857                  | 10,497 (+73%)        |
| New patient activity               | 21,000        | 38,370              | 78,967                  | 40,597 (+105%)       |
| Review activity                    | 49,500        | 75,694              | 86,417                  | 10,723 (+14%)        |
| <b>Total</b>                       | <b>76,500</b> | <b>128,424</b>      | <b>190,241</b>          | <b>61,817 (+48%)</b> |

Table 5.1: Delivery of 2024 Modernised Care Pathways targets

### 5.2 Paediatric Orthopaedics

Building on plans since 2022, additional capital capacity and recruitment has been achieved to address spinal surgery waiting lists. Children's Health Ireland (CHI) established the Paediatric Spinal Services Management Unit (SSMU) team, which is responsible for ensuring the delivery of high-quality care, implementing strategies to drive continuous improvement and addressing any challenges within the service. Further information on spinal services at CHI is available at <https://www.childrenshealthireland.ie/news/spinal-surgery-updates/>.



Throughout 2024 improvements have been achieved through a paediatric spinal care programme of work. This includes:

- Improving waiting times to access to spinal services.
- Providing additional OPD sessions at weekends.
- Extended operating theatre day to increase procedures being carried out.
- Protected theatre access for spinal surgery.
- Outsourcing and insourcing options for clinically suitable children.
- Improved access to MRI preoperatively.
- Dedicated pathway for the GPs to order x-ray for query scoliosis patients.
- Cross-site Quality and Patient Safety initiative for patients with specific care needs.
- Developing a dedicated Paediatric Spinal Service for the new children's hospital.
- Data Quality Coordinator appointed to ensure spinal waiting lists are validated monthly.
- Improved communications for patients and families.

CHI and the Mater Misericordiae University Hospital continue work on developing a Transitional Adolescent Scoliosis surgery service.

Targets and activity delivered are outlined in table 5.2 below. This includes services delivered in CHI (423) and in the National Orthopaedic Hospital Cappagh (24). In addition to the activity delivered below, a further 51 procedures were delivered through outsourcing to Blackrock and Galway (51), and outside of Ireland (15).

| Additional Activity         | 2024 Target <sup>36</sup> | 2024 Actual | Variance (vs. target) |
|-----------------------------|---------------------------|-------------|-----------------------|
| Spinal Fusion               | 208                       | 212         | + 4 (+ 1.9%)          |
| Spinal Other                | 274                       | 235         | - 39 (-16.6%)         |
| <b>Total Spinal Surgery</b> | <b>482</b>                | <b>447</b>  | <b>- 35 (- 7.8%)</b>  |

Table 5.2: Delivery of 2024 Scoliosis / Spina Bifida targets

## 5.3 Gynaecology

WLAP 2024 set out the initiatives to be progressed across Gynaecology services to deliver access to timely care for women. The plan looked to deliver 4,100 new OPD appointments and 1,000 IPDC procedures in 2024, table 5.3 sets out achievement against these targets.

<sup>36</sup> 2024 revised target

| Additional Activity           | 2024 Target | 2024 Actual | Variance      |
|-------------------------------|-------------|-------------|---------------|
| 4,100 OPD appointments (WLAP) | 4,100       | 3,543       | -557 (-13.6%) |
| 1,000 IPDC procedures (WLAP)  | 1,000       | 1,583       | +583 (+58.3%) |

*Table 5.3 Delivery of 2024 Gynaecology targets*

This is in addition to a number of initiatives implemented by The National Women and Infants Health Programme (NWIHP) to support the reduction in waiting times and waiting lists such as the roll out of ambulatory gynaecology sites, the activity delivered through this service in 2024 is shown in table 5.4.

| Additional Activity   | 2024 Target | 2024 Actual |
|---|-------------|-------------|
| OPD appointments through ambulatory gynaecology service (NWIHP) | 18,000      | 20,284      |

*Table 5.4 Delivery of 2024 Ambulatory Gynaecology targets*

Reductions in the number of patients waiting for care and the length of time patients are waiting for care across Gynaecology services were achieved in 2024:

- OPD: The number of patients waiting less than the MWT target (15 months) increased by 1.9%, and those meeting Sláintecare targets (10 weeks) increased by 4.6%.
- IPDC: The number of patients waiting less than the MWT target (9 months) decreased by 1.5%, and those meeting Sláintecare targets (12 weeks) increased by 5.5%.

## 5.4 The Overweight and Obesity Pathway

WLAP 2024 aimed to build on the previous year's progress in implementing the Overweight and Obesity pathway. The focus was on improving access to specialist treatment of complex obesity for children, young people, and adults. The plan included the delivery of 562 additional new OPD appointments, 224 additional inpatient surgeries and 990 clinical validations supported by 50.9 WTE that have been onboarded (out of a total of 52.4 approved WTE). Table 5.5 below provides an overview of the 2024 activity delivered.

| Additional Activity      | 2024 Target | 2024 Actual | Variance      |
|--------------------------|-------------|-------------|---------------|
| Clinical Validation      | 990         | 419         | -571 (-57.7%) |
| New Patient Clinic (OPD) | 562         | 311         | -251 (-44.7%) |
| Bariatric Surgery (IPDC) | 224         | 173         | -51 (-22.8%)  |

*Table 5.5: Delivery of 2024 Overweight and Obesity Pathway targets*

Some examples of the impact of WLAP 2024 funding to improve bariatric patient care are outlined below:

- Additional staffing funded through WLAP (Medical and ANP) in St. Columcille's Hospital enabled the development and implementation of an integrated care pathway to provide access to care in community for 36 patients waiting for specialist services.
- The addition of 0.8 WTE principal psychologist specialist in Galway University Hospital resulted in 80 additional patients removed from psychology waiting list in 2024.
- In the CHI service there is quicker access to specialty care for those children with the greatest need. Waiting times are now less than 12 weeks through direct GP to tertiary care access compared to greater than 12 months via the GP to general paediatrics to obesity pathway in the past.

## 5.5 The National Perioperative Patient Pathway Enhancement Programme (NPPPEP)

The National Perioperative Patient Pathway Enhancement Programme (NPPPEP) since inception is now rolled out in HSE South West (pilot region), HSE West and North West, HSE Dublin and South East and has commenced engagement with HSE Dublin and Midlands. This phase of the programme was rolled out to 54 operating theatres in eight sites, across three Regions. Each of these participating sites has:

- Embedded a Theatre Measurement Model (TMM) using nationally agreed time stamps which provides dashboard visualisation of a suite of theatre capacity, access, and flow metrics.
- Established a core multidisciplinary team including nominated surgical, anaesthetic, nursing and operations leads and a structure for routine review and drill down into the routinely generated metrics.
- Agreed an initial SMART Goal(s) targeting early opportunities for improvement identified from ongoing review of data. To date over 23 targeted throughput initiatives have commenced across 8 sites.
- Applied an improvement methodology to progress a cycle of improvement to achieve initial goal(s) and provided feedback on progress.
- Agreed system-wide, multi-stakeholder goal(s) to target the identified opportunities with the greatest potential to increase surgical access and throughput with a structured plan to implement.
- Phase 2 sites (HSE Dublin and South East) have analysed current procedures undertaken and identified potential for Shift Left from Model 4 to Model 2 hospitals and within hospitals from GA theatres (IPDC) to Minor Procedure rooms in line with Slainte Care recommendations of Right Procedure Right Place.

- Phase 2 sites have identified potential throughput that could be achieved per specialty within existing resourced theatre capacity using the Target Theatre Optimisation Model (TTOM) which uses outputs from the TMM on case duration, throughput per theatre session, Inter Operative Interval, case complexity and theatre time available per specialty.

A selection of sites who engaged in the programme to date have demonstrated 5% to 20% increase in throughput. Several factors have contributed to this increase, including setting of local goals, tapping into unused capacity, using the data (TMM outputs) to monitor the flow of patients into and out of operating theatres/rooms and general heightened awareness of operations management of its resources. The current 8 sites (54 Theatres) have commenced over 23 initiatives with a predicted increase in throughput of 3,680 surgical patients annually. The project team are predicting between 4% and 8% (average) opportunity to increase patient throughput in phase 2 sites once the local teams operationalise the potential identified through the Target Theatre Optimisation Model (TTOM).

## 5.6 High Volume Specialty Focus

In 2024, three working groups were established to deliver sustainable care in Dermatology, Otolaryngology and Ophthalmology. All three working groups were operational by May 2024, and comprised clinical and operational representatives from across the care continuum, as shown in the figure below:



*Figure 5.1: High Volume Specialty working group representation*

Each working group delivered a programme of work that focused on driving sustainable care across their respective specialities. This included:

1. The completion of a detailed current state analysis of each specialty which identified the variation in performance, ranging from several exemplar, high performing sites in all three specialities to a small number of challenged sites.
2. The development of the priority site approach for those sites requiring focused improvement. On-site engagement commenced in November 2024 and will continue in Q1 2025 to identify and prioritise improvement initiatives to be actioned through 2025.
3. The sharing of learnings, insights and data from teams that have achieved success in the management, delivery and integration of services, and the optimisation of the care pathway to improve the patient and staff experience. Recommendations were also shared for the further development of existing and new resources.
4. The development of an integrated patient care continuum illustrating clinical and operational initiatives that impact patient experience along their care journey.

A high-level timeline of activities undertaken as part of this programme is illustrated in the figure below.

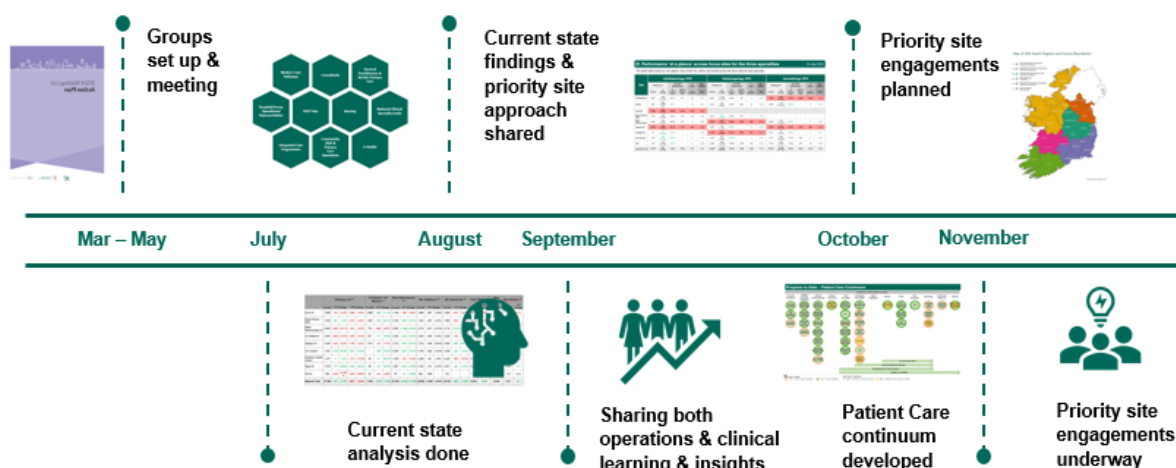


Figure 5.2: High Volume Specialty programme activities

At the end of 2024, all three specialties had achieved an increase in the percentage of patients waiting less than 15 months for an OPD appointment, moving closer to the 90% target. 11 of the 16 Ophthalmology teams, 17 of the 24 Otolaryngology teams, and 17 of the 27 Dermatology teams across the country were achieving or exceeding the 90% target at year end. Of note, the Otolaryngology/ENT service in Tallaght University Hospital saw an improvement of over 30% to 95%. This was achieved through a focused target on longest

waiters; the introduction of two SMS reminder texts, and continued NTPF validation of the waiting list combined with the option of attending an NTPF funded appointment elsewhere.

WLAP 2025 will drive sustainable care through a set of actions which will focus on reducing the length of time patients are waiting for care by reforming and enabling the delivery of services in conjunction with regional and national stakeholders. The delivering sustainable care groups will continue to meet regularly in 2025 to highlight success and shared learnings, and to collectively work towards the agreed priorities and improving patient outcomes.

## 5.7 Productivity & Efficiency (CR and PIR)

As part of WLAP 2024, key reform initiatives were packaged to deliver a comprehensive approach to operational efficiency and to align with the Productivity & Savings Taskforce.

### 5.7.1 Centralised Referrals (CR)

The WLAP 2024 target was to achieve 80% roll-out of CR in the six priority hospitals in the specialties of Ophthalmology, Dermatology and ENT. At the end of 2024, CR was implemented in Ophthalmology, Dermatology and ENT in four of the priority sites (University Hospital Waterford, Royal Victoria Eye and Ear Hospital, Galway University Hospital and Tallaght University Hospital). CR was also partially implemented in Mater Misericordiae University Hospital (MMUH) and South Infirmary Victoria University Hospital (SIVUH), with ENT and Dermatology in SIVUH and Dermatology in MMUH complete and the remaining specialties in progress. WLAP 2024 also outlined that CR would be rolled out across Gynaecology services in 20 sites. At the end of 2024, CR was implemented in Gynaecology in a total of 31 sites. In addition, there was also broader progress in the rollout centralised referrals in all clinically appropriate specialties across all hospitals. At the end of 2024, 80% roll out of centralised referrals was achieved in this context.

### 5.7.2 Patient Initiated Review (PIR)

In WLAP 2024, PIR was mandated in all Hospital Groups for all specialties, subject to the appropriate clinical qualifications. A programme of work around enabling each Health Region was progressed in 2024 and is now complete, this included the provision of communication packages, guidance documentation and training delivered to all sites.

Although full roll out of PIR was not achieved, at the end of 2024, there were 23 specialties providing PIR services to patients across 25 hospitals. A total of 109,853 patients attending clinics in appropriate specialties were assessed for suitability for PIR in 2024, and 2.3%

(2,549) of these patients were identified as suitable and subsequently enrolled. This resulted in 1,623 clinic slots subsequently made available to new patients. The HSE will continue to progress with PIR and monitor its impact in 2025.

| <b>Reforming Scheduled Care</b>               |   |                                 |
|---|---|---------------------------------|
| (RAG Rating for Status details in Appendix I) |   |                                 |
| #   | Action Title (Action lead)                              | Status                          |
| 7   | Modernised Care Pathways (HSE)                          | Completed on or ahead of target |
| 8   | Paediatric Orthopaedics (Spina Bifida/ Scoliosis) (HSE) | Completed behind target         |
| 9   | Gynaecology (HSE)                                       | Completed on or ahead of target |
| 10  | The Overweight and Obesity Pathway (HSE)                | Completed behind target         |
| 11  | NPPPEP (HSE)  | Completed on or ahead of target |
| 12  | High Volume Specialty Focus (HSE)                       | Completed on or ahead of target |
| 13  | Productivity & Efficiency (HSE)                         | Completed on or ahead of target |

Table 5.6. Reforming Scheduled Care in 2024, progress update

## 6. Enabling Scheduled Care Reform

Finally, six actions to progress key policy, process and technology enablers supporting a whole of system reform approach to improve access to scheduled care were progressed. Table 6.1 at the end of this section provides a summary of the status of the six actions in Enabling Scheduled Care Reform.

### 6.1 Integrated Patient Management System (IPMS)

WLAP 2024 outlined key technical enablement to be developed and progressed for IPMS in order to support and enable the delivery of scheduled care and support the reform initiatives.

A number of initiatives were progressed during 2024, including:

- **Electronic referrals:** Implementation of electronic referrals was completed in Our Lady of Lourdes Hospital Drogheda and is currently being progressed in Midland Regional Hospital Portlaoise.
- **SMS text messaging:** SMS text messaging was enabled in four further instances of IPMS in 2024, with an increase in usage of SMS text messaging from 35,000 messages in 2023 to 185,000 messages in 2024.
- **ECC:** Project progress in 2024 included scoping activities and identification and achievement of early milestones.

### 6.2 Endoscopy Reporting System (ERS)

The Endoscopy Reporting System (ERS) will enable a standardised approach to management of endoscopy procedures across all implementation sites. The HSE Acute Operations Endoscopy Programme working in collaboration with Technology and Transformation in 2024 have progressed work towards the roll out of the nationally procured ERS following the conclusion of contract negotiations in Q4 2023.

As part of the design element of the ERS the solution underwent an extensive review by both Gastroenterology and Respiratory Clinical Working Groups. This process led to a range of design requirements being identified and completed by the vendor in December 2024. This year will focus on the implementation of the ERS across five sites nationally.

### 6.3 Integrated Information Service (IIS)

WLAP 2024 outlined a number of key developments planned for the IIS Platform, including the introduction of planned procedures, scheduled care activity and enhanced referrals data. Progress was made across the below areas in 2024:



- **Planned Procedures:** Data was published on the scheduled care dashboard.
- **Scheduled Care Activity:** OPD activity was added to the scheduled care dashboard and work is ongoing to validate this data before being published.
- **Referrals Data:** Progress is ongoing to enhance the referrals data, and this will be available in early 2025.

## 6.4 HPVP Productivity Tool

Currently, the publicly available HSE OPD attendance dashboard contains information from 40 specialties across 28 sites. Work is underway to include data from additional sites as part of this dashboard. One region in particular to highlight is HSE South West, where HPVP has been successfully deployed to assist with service improvements.

In line with Department of Health priorities, the focus has been on achieving go-live of OPD Attendance functionality in the first instance. The prioritisation of this work has underpinned the provision of the publicly available HSE OPD attendance dashboard which was delivered in 2024. In 2024, the HPVP tool was implemented in a further seven sites, bringing the total number of sites where HPVP is in place to 28. Implementations are currently under way in a further three sites.

## 6.5 Robotic Process Automation (RPA)

RPA is intended to increase efficiency and reduce time spent on high volume administrative tasks. WLAP 2025 set a target of five hospitals for RPA implementation. In 2024, the HSE progressed the implementation of RPA in batch suspensions of patients who are being outsourced. Eight hospitals are currently live with automations and nine other hospitals are in progress and due to be complete in early 2025. 22,420 such suspensions were carried out in 2024, releasing 994 hours of manual administrative effort.

## 6.6 Updates to HSE.ie

In 2024 a new service was delivered on HSE.ie to enable patients, the public and GPs to access more detailed information about estimated wait times for different specialties in individual hospitals. This can be accessed on the HSE website at [Waiting for care - HSE.ie](#)

Work is underway to build on this service in 2025 through the HSE app. Patients that log into the app will see what waiting lists they are on, an estimated wait time and information about their options for care.

## Enabling Scheduled Care Reform

(RAG Rating for Status details in Appendix I)

| #  | Action Title (Action lead)    | Status                           |
|----|-------------------------------|----------------------------------|
| 14 | <b>IPMS (HSE)</b>             |                                  |
|    | e-referrals                   | Completed on or ahead of target. |
|    | SMS Text Messaging            | Completed on or ahead of target. |
| 15 | <b>ERS (HSE)</b>              | Progressed but not complete      |
| 16 | <b>IIS (HSE)</b>              |                                  |
|    | Planned Procedures            | Completed on or ahead of target. |
|    | Scheduled Care Activity       | Progressed but not complete      |
|    | Referrals Data                | Progressed but not complete      |
| 17 | <b>HPVP Productivity Tool</b> | Progressed but not complete      |
| 18 | <b>RPA (HSE)</b>              | Completed on or ahead of target. |
| 19 | <b>Updates to HSE.ie</b>      | Completed on or ahead of target. |

Table 6.1. Enabling scheduled care reform in 2024, progress update

## 7. Financial Update

The Government approved funding of €437 million to the HSE and NTPF to support continued reduction in waiting lists and waiting times in 2024.

This encompassed €360 million directly to the WLAP for initiatives in acute hospitals, including:

- €80 million once-off (non-recurrent) funding for the HSE to implement additional short-term measures to address acute scheduled care waiting list in 2024.
- €101 million recurrent funding for the HSE to fund posts that were onboarded in 2023 as part of Enhancing Hospital Capacity, Priority Areas and Modernised Care Pathways.
- €179 million allocated to the NTPF to procure additional capacity to reduce waiting lists.

Separately, funding of €77 million was provided to progress specific initiatives in the community lists.

### 7.1 HSE Non-Recurrent Funding

WLAP 2024 allocated €80 million in once-off funding. The tables below provide an update on spend as at year end.

| Additional Activity        | WLAP Allocation           |              | Actual Reported   |               |
|----------------------------|---------------------------|--------------|-------------------|---------------|
|                            | Expenditure<br>€m         | Activity     | Expenditure<br>€m | Activity      |
| OPD                        | €28.2                     | 64.5k        | €29.1             | 79.6k         |
| IPDC                       | €39.2                     | 8.0k         | €77.3             | 21.4k         |
| GI Scope                   | €7.0                      | 9.6k         | €10.8             | 13.2k         |
| UAN Accruals <sup>37</sup> | -                         | -            | €3.9              | -             |
| Reform                     | €1.0                      |              | €0.5              | 4.6k          |
|                            |                           |              |                   |               |
| HPVP                       | €3.0                      | -            | €3.0              | -             |
| NPPPEP                     | €1.6                      | -            | €0.8              | -             |
| <b>Total</b>               | <b>€80.0<sup>38</sup></b> | <b>82.1k</b> | <b>€125.3</b>     | <b>118.8k</b> |

Table 7.1: Non-recurrent spend 2024.

<sup>37</sup> UAN expenditure and activity targets are included in the OPD, IPDC and GI scope totals, except for accruals

<sup>38</sup> Funding of €80 million was set out in the WLAP, however, the HSE was provided with additional funding for 2024, resulting from the replacement of budgets with financial limits. This equated to €124.5 million.

## 7.2 HSE Recurrent Funding

WLAP 2023 allocated €101 million in recurrent funding, to fund posts onboarded in 2023 and in previous years under enhancing hospital capacity, priority areas and modernised care pathways. The table below provides an update on spend as at year end.

| Additional Activity  | WLAP Allocation   |                | Actual Reported   |                    |
|--|-------------------|----------------|-------------------|--------------------|
|  | Expenditure<br>€m | Activity       | Expenditure<br>€m | Activity           |
| Enhancing Hospital Group Capacity                                  | €45               | 33k            | €40.1             | 23.8k              |
| Priority Areas (Spina Bifida / Scoliosis, Bariatrics, Gynaecology) | €26               | Incl. in above | €27.9             | 9.9k <sup>39</sup> |
| Modernised Care Pathways   | €30               | 6k             | €24.8             | 27.8k              |
| <b>Total</b>   | <b>€101</b>       | <b>39k</b>     | <b>€92.8</b>      | <b>61.6k</b>       |

Table 7.2: Recurrent spend 2024.

<sup>39</sup> Priority Areas activity includes activity reported from Gynaecology Advanced Clinical Prioritisation (ACP).

## 8. Conclusion

Building on progress made in 2023, the HSE has progressed the multi-annual approach to tackling waiting lists through WLAP 2024 by further reducing overall waiting times this year despite additions to the waiting list being c.5.6% (c. 96.1k) higher than 2023. Key successes this year include:

- c. 1.812 million total removals from the waiting list, an increase of c.4.3% (c. 74.7k) compared to 2023
- Reduction in waiting times – this is demonstrated through:
  - Reduction in patients waiting over 3 years: The number of patients waiting or at risk of waiting over 3 years decreased by c. 25k (c. 73.2%) in 2024. As at the end of December 2024, there were c. 9.2k patients waiting longer than 3 years.
  - Reduction in patients waiting over 2 years: Furthermore, there has been significant improvement in the number of patients waiting over 2 years for care. The number of patients waiting or at risk of waiting over 2 years has decreased by c. 90k (c. 77%) in 2024. As at the end of December, there were c. 26k patients waiting longer than 2 years.
  - Progress against MWT targets: There was a c. 2.1% improvement in attainment during 2024, from c. 85.8% as at the end of 2023 to c. 87.9% at the end of 2024. OPD attainment increased by c. 2.4%, from 86.6% as at the end of 2023 to c.89.0% as at the end of 2024.
  - Progress against Sláintecare targets: There was a c. 21.6k reduction in number of patients exceeding Sláintecare wait-time targets since 2023, from c. 458k patients as of December 2023 to c.437k at the end of 2024. In 2024, the percentage of patients waiting less than the Sláintecare targets increased from c. 31.8% to c. 35.2%, this equates to c. 24.2k more patients waiting less than the 10 / 12-week targets than at the start of the year.
  - Reduction in weighted average waiting times: Weighted Avg. wait-time reduced by c. 0.7 months during 2024 from 7.2 months at the end of 2023, to 6.5 months at the end of 2024.
- Progress against key objectives in enabling scheduled care reform and across the three priority areas.

Healthcare demand in 2024 exceeded the projections set out in WLAP 2023 by 2.2%, this resulted in not all targets being met. However, the results achieved in 2024 provide a strong basis for further sustained progress in 2025. There is further work to be undertaken through

WLAP 2025 to meet the ambitious targets and build on the positive developments delivered in 2024.

As with the 2024 Plan, the key principle of the 2025 Plan is to reduce waiting times and move closer to delivery of Sláintecare recommended maximum wait times. This will be done through the utilisation of additional funding to deliver additional activity and enable key scheduled care reform. The key actions to continue the progress made will be outlined in WLAP 2025, available [here](#).

## 9. Appendix

| 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 progressed  |

*Table 9.1: Status categories for actions to determine outcome in 2024*