

HSE

In-patient and day-case waiting list plan 2017

5th May 2017

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1. High level summary

IPDC Activity	Number of patients
No. patients waiting ≥ 15 mths at 30.03.17	10,368
Projected no. of patients who would be waiting ≥ 15 mths by end Oct '17 (projection at Feb 2017)	38,991
No. of patients waiting ≥ 15 mths to be treated by public hospitals through existing HSE Service Plan funding (between Feb – Oct end)	22,838
Projected no. of patients waiting ≥ 15 mths remaining at end Oct 2017 after Service Plan funded activity is carried out	16,153
Projected no. of additional patients expected to be treated through NTPF funding in private hospitals	4,000
Projected no. of additional patients expected to be treated through NTPF funding in public hospitals, over and above Service Plan funded activity	3,000
Projected no. of patients who will have come off the waiting list as a % of the total no. of patients who would be waiting ≥ 15 mths by end October	75% (approx 29,000)
Projected no. of patients ≥ 15 mths remaining by end Oct '17 taking into account Service Plan funded activity and additional NTPF funded activity	9,153

2. Context

The purpose of this document is to set out a plan to reduce the number of patients currently waiting or who will be waiting 15 months or more for in-patient or day-case treatment by the end of October 2017.

Analysis of waiting lists by the NTPF, as of February 2017, identified that 38,991 patients will be waiting greater than 15 months at the end of October 2017. The HSE estimates that by the end of October 2017, approximately 23,000 of these patients will come off the waiting list through treatment in public hospitals or waiting list reviews, supported by existing HSE Service Plan funding. This level of activity would mean that 60% of the total number of patients waiting longer than 15 months by October (i.e. 60% of the 39,000) would come off the waiting list. Latest figures show that the HSE has already progressed treatment for over 9,105 patients (i.e. 23% of the target group) that would have breached 15 months at the end of October, 2017. Reducing waiting times for the longest waiters is a priority for the Government. It is for this reason that in Budget 2017 €15m was allocated to the NTPF for patient treatment.

In addition to HSE funded activity, this plan also sets out how an additional 7,000 patients will receive treatment through NTPF supported activities for 2017, comprising a combination of public insourcing and private outsourcing.

Under this Plan, through a combination of Service Plan funded hospital activity, public insourcing

and private outsourcing, over 29,000 patients or approximately 75% of the total number of patients who would be waiting 15 months or more by October will have come off the waiting list, through treatment or waiting list reviews.

It is important to remember that these targets are set against a considerable increase in demand for acute hospital services in recent years. Our hospitals are now carrying out four-times more procedures in patients aged 65 years and over, and twice as many in the under 65 age group since 2000. Last year alone there was a 2% increase in inpatient and day-case activity over 2015, and in 2016 almost 1.69 million patients received inpatient or day-case treatment in our hospitals, an increase of almost 40,000 on the previous year.

3. Phased Approach

- The approach to addressing long wait times requires public hospitals to meet a significant proportion of the target (60%) within their normal operation. Work in this regard is already underway, and to date over 9,000 patients that would have breached 15 months at the end of October 2017 have been treated in the public system.
- A phased approach to tackling the remaining patients that will breach 15 months is being progressed based on available funding and will be targeted at the longest waiters:
 - Firstly, it has been agreed by the Department of Health (DOH) that €5m of the funding allocated to the NTPF in 2017 will be utilised to support immediate reductions in day-case numbers, for those waiting longest for treatment, through out-sourcing. The first patients are currently being scheduled for treatment by the NTPF and it is expected that over 2,000 patients awaiting day-case procedures will receive treatment from this funding.
 - A further €10m has been allocated by the DOH to the NTPF in 2017 to support treatment for those patients waiting longest. The DOH has identified that this funding should be utilised to purchase additional capacity in both public and private hospitals. The HSE has identified initial proposals that will allow the NTPF to purchase additional capacity in the public system to treat those patients waiting longest across a number of specialties including Orthopaedics, Ophthalmology, Gynaecology, Cardiology, General Surgery and ENT. The DOH has agreed that up to €5m will be targeted immediately at these in-sourcing proposals. It is proposed that the remaining €5m will be used by the NTPF for outsourcing to support treatment of longest waiters in areas that will not benefit from public in-sourcing initiatives. The approach to the use of this funding will be closely monitored and adapted as necessary to ensure timely treatment is made available for the maximum number of patients as the initiatives progress throughout the year.
- The Minister for Health has identified that particular focus should be placed on Cardiology and Gynaecology waiting list in the South-South West Hospital Group (SSWHG). In this context, a specific targeted intervention for Cardiology is already being progressed by the SSWHG at a cost of €158,000. The HSE Women and Infants Health Programme has been engaging with the SSWHG to identify an action plan for Gynaecology waiting lists which has

been agreed. It is recognised that this relies on additional short term funding of €390,000. It has been agreed by the DOH that funding for these initiatives will be supported through the funding available to the NTPF.

- Waiting list data shows that a significant proportion of the longest waiters are within Saolta Hospital Group. It is within this context that University Hospital Galway received additional support through the HSE under the winter initiative to allow for day case capacity to be re-opened in early 2017. Some in-sourcing proposals have been identified that are specifically targeted at those waiting for treatment in Saolta. Also, a significant proportion of the funding available for out-sourcing will be targeted at this area given the volume of long waiters.
- It is recognised that there are a small number of specialties where immediate treatment options may not be readily available within the private system and where capacity or structural issues have militated against making treatment available in the public system. Ongoing assessment will be required by the NTPF and the HSE in relation to these patient cohorts to isolate volumes and treatment requirements. Examples of such areas are degenerative spinal cases, patients awaiting spinal cord stimulators and complex paediatric cases.
- The Director General of the HSE has set a target that no patient should wait more than 4 months for scoliosis surgery. A significant review of the requirements to enable the achievement of this target has been undertaken. A specific, costed plan has been submitted to the Department of Health in this regard.

4. Steps to support achievement of targets

- HSE formal communication of revised waiting list targets to Hospital Groups
- Hospital Group's required to ensure continued focus on:
 - a. Chronological scheduling
 - b. Validation of IPDC waiting lists particularly longest waiters.
 - c. Capacity to deliver extra public capacity to meet waiting list targets.
 - d. Pathway of care for patients waiting >36 months.
- Hospital Groups to focus on relocation of high-volume low complexity surgeries to smaller hospitals
- Shifting appropriate work to day-case
- Ensure a designated scheduled care lead is in place for each hospital group
- Bi- weekly teleconference with Group leads supported by relevant data from NTPF
- Escalation of relevant issues, including high level issues identified through NTPF audits, to Group performance meetings.
- Adherence to the NTPF national management waiting list protocol which will be audited on an ongoing basis.
- Central oversight and reporting by the HSE and NTPF through the Department of Health

5. Proposed approach to purchase of additional work

- All available funding for purchase of additional work to be directed to NTPF unless otherwise agreed with the DOH
- NTPF to provide patient level tracking through use of case authorisation numbers (CAN) to ensure that funding is targeted at the longest waiters.
- Additional funding will only be used to treat the longest waiters as identified by the NTPF.
- No block funding will be allocated, funding will only be released on the basis of patients treated.
- In relation to additional work purchased through the public system the HIPE data set already has a field to record work completed for the NTPF. This will be used to track all additional work completed under waiting list initiatives in public hospitals.

6. Key challenges in meeting elective demands

Hospitals face the following challenges in managing elective waiting lists in the context of other competing demands:

- 5% growth in emergency attendances in 2015 into 2016 and 2015 into 2016, escalation directive
- Increase in the >75 cohort with significant consumption of resource and LOS increase
- Emergency Discharges are up by 4% 2016/2015 (15,762)
- Elective Discharges are down by 1% (1,247)
- Day Case Discharges are up by 2% (17,620)
- Bed days lost to Delayed Discharges having an impact of ability to manage both emergency and elective workloads
- The Industrial Relations climate
- Staffing shortages, bed closures
- Data and system limitations including absence of unique identifier.

7. Performance Reporting and Monitoring

- Implementation of service level agreements (SLAs) between the NTPF and individual public hospitals will be agreed to support the treatment and management of patients via in-sourcing initiatives
- HSE and NTPF will monitor and oversee SLAs and ensure that appropriate escalation steps are taken as required if the SLAs are not adhered to.
- HSE will monitor IPDC normal elective work volumes by Hospital and focus on reduction of longest waiters and ensure activity volumes remain in line with 2016 levels. HSE will use HIPE coding to capture additional activity.
- Progress against the approach outlined above will be reviewed in June 2017 with a view to identifying any additional targeted steps that may need to be taken. Bi-monthly monitoring review meetings will be held to assess progress being made on the initiatives identified. If these monitoring processes identify any deficits in achieving patient treatment targets, in either public or private hospitals, decisions will be made by the HSE, NTPF and Department of Health regarding the redirection of monies to ensure maximum numbers of patients are treated and best “value for money” is achieved.

- Robust and regular monitoring processes will be implemented by the DOH to oversee delivery by the HSE and NTPF on the IPDC waiting list action plan target. This will consist of fortnightly tripartite performance monitoring meetings with the HSE and NTPF and monthly meetings with the Minister.