

ACCESS

accelerator

REDUCING WAITING TIMES TOGETHER

ENT



Rochtain & Imeachadh
Access & Integration

Spark



An Roinn Sláinte
Department of Health



Supporting ENT services through innovation and integration

The **Access Accelerator** initiative is a new funding call from HSE Access and Integration in collaboration with HSE Spark and the Department of Health. It is designed to support teams working in ENT to tackle long waiting times in their clinical area through innovation.

As Ireland progresses with the development of **Regional Health Areas** and the implementation of the **Sláintecare vision**, the focus is on delivering integrated care pathways that ensure people can access the right care, in the right place, at the right time. The Access Accelerator supports this direction by **seeking frontline-led innovations** that not only deliver measurable reductions in waiting times but also demonstrate a clear path to scaling across the wider health system.

Why this matters: Supporting patients to access

timely care is a shared priority across our health service. Long waits can make it harder for people to move smoothly through their care journey and add to the pressures already faced by clinical teams. **The Access Accelerator is designed to back clinical teams in developing and delivering solutions that work in real-world healthcare settings.**

By focusing on practical approaches with the potential to be applied across services nationwide, this call aims to give clinical teams the support, tools, and resources they need to deliver care in ways that benefit both patients and staff.

We know that reducing waiting times requires different types of innovation, from optimising what we already do to reimagining how services are delivered. That's why this call is seeking projects that address challenges across different categories.



Category 1 Projects: Building on proven success – sustaining tried and tested solutions

This category targets innovations or interventions that **have already been successfully tested at a local level** and demonstrated measurable impact.

We want to hear from teams who have **evidence of success in reducing waiting times** in ENT and are ready to explore how their project could be supported to be sustained at their site and to spread to other clinical sites across the country.

Key expectations:

- Clear evidence that the project has already been tested and delivered positive results

- Strong potential to transfer the model to other clinical sites
- Clarity on what resources or supports are required to enable adoption elsewhere

Why this matters: Proven local innovations represent valuable learning for the wider health service. By supporting these projects to be sustained in their point of origin and to move beyond their original site, we can stabilise what already works and accelerate access for patients in other parts of the system.



Category 2 Projects: Optimisation - limited disruption to existing models of care

This category targets innovations that can be **readily integrated into existing care pathways** with minimal system change.

Examples include:

- Medical devices or diagnostic tools to support current models of care delivery
- 'Off the shelf' digital solutions
- Service design adjustments to improve flow or efficiency

Key expectations:

- A clear description of how the solution integrates into current care pathways with minimal disruption
- Demonstrated link to reducing waiting times in ENT services
- Practical plan for implementation and spread within existing workflows

Why this matters: These “bolt-on” solutions enhance current practice and can be adopted quickly without major reconfiguration of services.



Category 3 Projects: Transformative – reimagining healthcare delivery

This category is focused on innovations that **challenge current models of care** and will require system-level changes to succeed at scale. Projects in this category will test innovative approaches that may challenge how things are currently done but could deliver major benefits if the system evolves to support them.

The goal is not only to prove that the project works, but also to identify what structural, policy, or governance changes would be required for it to succeed on a larger scale. These projects help us uncover where the health system can enable real transformation of services.

Examples include:

- Changes in where care is delivered, or by whom it is delivered

- New governance or clinical oversight arrangements
- Supportive infrastructure or service components
- Adjustments to funding or remuneration models

Key expectations:

- Clear articulation of how the idea could improve care or outcomes, even if it can't yet fit neatly within existing systems
- Specific identification of what system changes/ supports are required to enable the changed work flow

Why this matters: Transformative change often requires the health system to adapt for innovation. Projects in this category have the potential to change the way we deliver our health service.

What's in it for me?

The **Access Accelerator** is more than just a funding opportunity, it's a way to gain support for delivering the solutions you know will have the greatest impact on patient access and care. It gives you the chance to combine your deep clinical expertise with your knowledge of how the wider health system works, ensuring your ideas are both practical and scalable.

Along the way, you will develop new skills in Human-Centred Design, leadership, systems thinking, innovation theory, and pitching ideas with a professional pitch deck; equipping you not only to deliver your project but to strengthen your role as an innovator in healthcare.

What we're looking for

All projects must:

- **Be clinician-led** (teams comprising of multiple clinical disciplines and non-clinical teams encouraged)

- **Clearly target a reduction** in waiting times or an increase in access
- **Provide clear, tangible evidence of scalability** after the testing stage (not just a statement of intent)

Funding

Applicants can apply for funding of up to:

Funding limit A – Projects up to €50,000

Funding limit B – Projects up to €100,000

Funding limit C – Projects €100,000+

Eligible costs may include:

- Equipment and consumables
- Prototyping and technical development
- Service Design
- Temporary staffing linked to the innovation (for the duration of the testing phase only)

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Funding will be allocated within three threshold levels:



What you need to know

Who can apply?

- HSE staff from all disciplines working in the public health system (HSE or Section 38 employees)
- Clinician-led teams (which may include non-clinical members and operational staff)
- Applications from single sites or collaborations across sites are welcome

Application process

1. Read this guidance carefully and attend our optional webinar for any further information you require
2. Complete the online application form before the deadline
3. Shortlisted applicants will be invited to present their project at a virtual pitch session
4. Funding decisions will be communicated to applicants

Evaluation criteria

Applications will be assessed on:

- Impact or potential impact on waiting times
- Scalability potential beyond the initial test site
- Fit with the clinical delivery of ENT services in Ireland
- Demonstrated understanding of system dependencies
- Innovation quality and originality
- Feasibility within proposed timeframe and budget

Support available

- Optional pre-application webinars to explain the call and answer questions
- Access to Spark mentors to discuss the feasibility of your project

Contact

For queries, please contact: Spark@hse.ie

Key dates

1

Call opens
23rd October

2

Information webinar
7th November

3

Deadline for applications
19th November

4

Shortlisting
20th - 28th November

5

Pitch sessions
Week of 8th December

6

Funding decisions
19th December

APPLY HERE

Call opens
23rd October



Frequently asked questions

Do I need to be working in ENT to apply? No.

There are also dedicated calls for Plastic Surgery, Ophthalmology, and Dermatology. If your idea is relevant to any of these areas, we encourage you to apply.

What will I be required to do at the pitching phase? You will be asked to prepare a recorded four minute pitch where you will outline the problem space you are addressing, your proposed solution and what you would need to develop and implement your solution. Guidance on creating and uploading your video will be provided.

What do I do if I'm not sure which category my proposal fits under? It doesn't matter if you're not sure. Select the one you feel best fits your proposal and we can clarify the details with you as necessary during the shortlisting process.

Can I collaborate with colleagues from another site or discipline? Yes. Collaborative applications are welcome and multidisciplinary teams are encouraged.

What is meant by "scalability" in this call? Scalability refers to the potential for an innovation to be replicated in other sites beyond the initial test or pilot.

CATEGORY 1 PROJECTS – BUILDING ON PROVEN SUCCESS

What counts as "proven success"? A project that has already been implemented at a site level, delivered measurable impact on waiting times, and generated evidence that can support wider adoption.

My project was piloted previously but paused due to lack of local funding. Can I apply? Yes. Projects that have demonstrated impact but lacked sustainability support are eligible. This category is designed to help those projects gain visibility and support for spread.

Do I need published data to prove my success?

No. Evidence can be quantitative or qualitative, but it must clearly demonstrate patient or service impact.

Can my project be adapted for other clinical domains? Yes. If your intervention has potential relevance beyond ENT, you should highlight this in your application.

CATEGORY 2 PROJECTS – OPTIMISATION

What types of innovations are best suited to this category? "Bolt-on" solutions that can be integrated into existing pathways with minimal disruption. This might include equipment, medical devices, AI tools, automation, or small service design changes.

How do I prove that my solution can scale without disruption? Provide evidence such as similar pathways in other settings, comparable examples from other sites, or pilot data showing integration into current workflows.

What evidence of scalability is expected? A compelling case that the solution can be adopted across multiple clinical sites, not just a statement of intent.

How long are projects expected to run under this category? Typically 3–6 months, with the expectation that projects are designed for rapid testing and spread.

CATEGORY 3 PROJECTS – TRANSFORMATIVE PROJECTS

What makes an idea "disruptive"? A disruptive project challenges current models of care and may require changes in where care is delivered, who delivers it, or how it is governed or funded.