

Scheduled Care Network Webinar

Waiting List Action Plan – ‘Beyond the Wait’

Wednesday April 30th 2025

Ms Sheila McGuinness

Director of Access Programme



Waiting List Action Plan 'Beyond the Wait' Welcome to our Second Webinar



The Waiting List Action Plan 2025 'Beyond the Wait'

Join our webinar to discover how services are reforming scheduled care

Register now



Wednesday 30 April 2025
12:00pm - 1:00pm

Waiting List
Action Plan
2025

[Link to Waiting List Action Plan 2025](#)

Ms Ide O'Shaughnessy

Access Programme



Timing	Agenda Item	Speaker
12.00 – 12.10	Introduction	Ide O'Shaughnessy Access programme
12.10-12.20	Appropriate utilisation and creation of additional OPD capacity	Professor Michelle Murphy South Infirmary University Hospital
12.20 – 12.30	Benign Gynaecology OPD Improvement Journey – NMH,SCH,SMH, SVUH & Improvement Team HSE Dublin & South East	Hilda Dowler Dublin South East Helen Thompson CNM ₃ NMH
12.30 – 12.40	The growth of Community Specialist Teams and Respiratory Integrated Care in CHEast: stakeholder experience and learnings	Dr Alessandro Franciosi- St Vincent's University Hospital
12.40 – 12.55	Q&A	All Speakers
12.55 – 13.00	Thank you & next Steps	Ide O'Shaughnessy



Please note that this session will be recorded



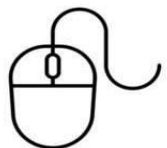
Please remain muted during the presentation



Please **Type questions** to our Q&A feature
We will do our best to answer any questions during the session and at the end.



Please complete the **survey** at the end of Webinar to tell us what you need to know in Scheduled Care



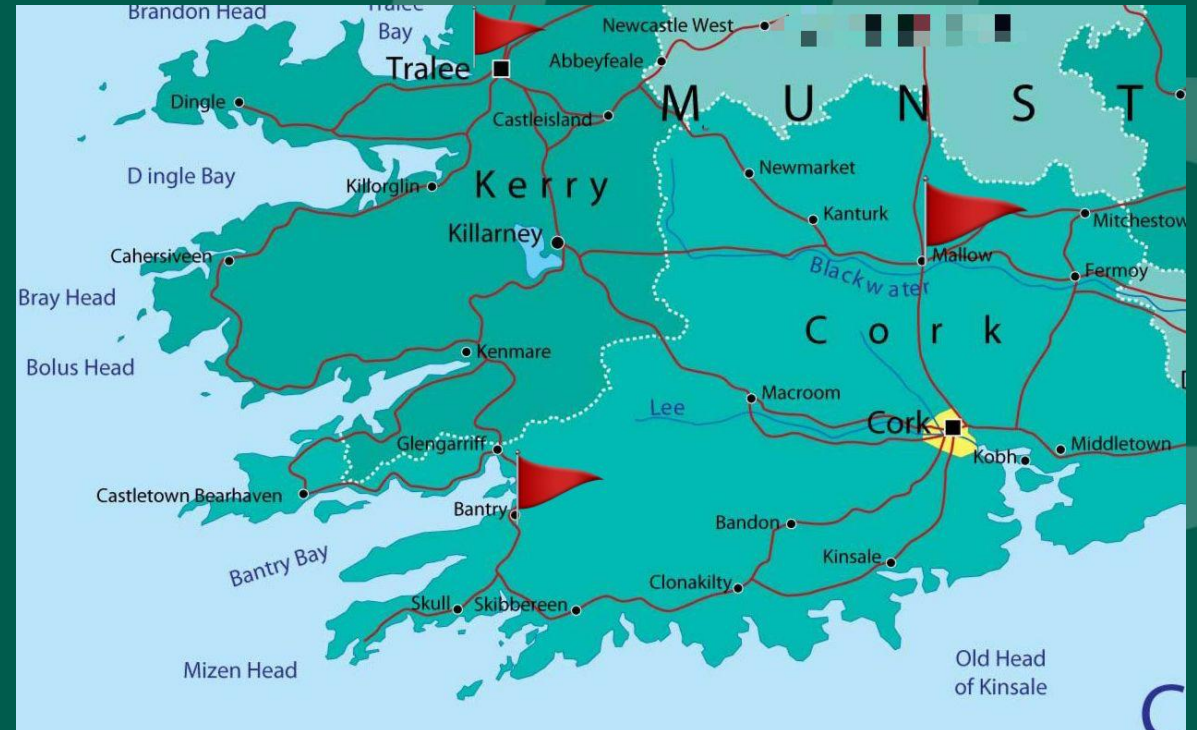
Access.Programme@hse.ie

Appropriate utilisation and creation of additional OPD capacity

Professor Michelle Murphy

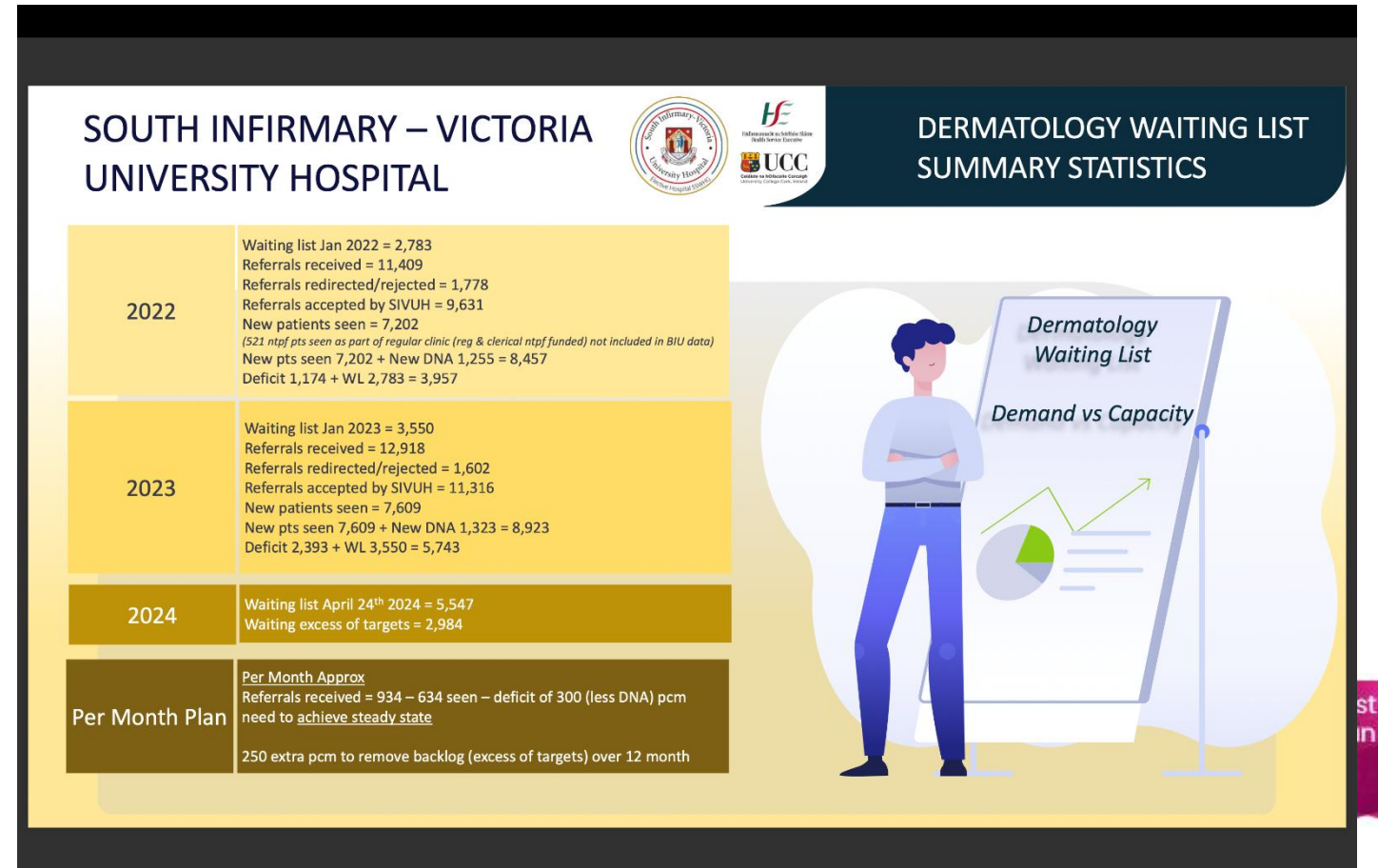
DERMATOLOGY SOUTH

Base in SIVUH , outreach clinics in
CUH, UHK, BGH & MGH



Dermatology South

17,000 Dermatology referrals
across the region
Mismatch between capacity &
demand
Measure the problem ; identify
immediate, short term & long
term solutions
5 sites –need a bespoke solution
for each site
Varying patients & needs






[Link to Waiting List Action
Plan 2025](#)

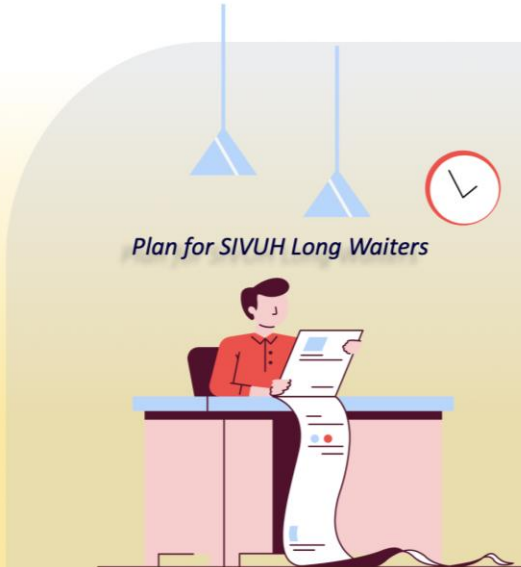
Eating the Elephant !

- Insourcing : weekend clinics in SIVUH, UHK & BGH
- Built in follow-up clinics both F2F & Virtual
- Procedures on the day
- Many more patients taken off waiting list than seen
- Triage category honored 80% soon/20% routine
- Lean processes- greater utilization of skill mix
- T-pro

**SOUTH INFIRMARY – VICTORIA
UNIVERSITY HOSPITAL**



LONG WAITERS IN SIVUH



Plan for SIVUH Long Waiters

- ❑ Within Monday to Friday ; 100 see & treat pcm. Slots identified and look to see if consultants can cover
- ❑ Waiting list/Mat leave locum (Due to start 9th Sept) 20 long waiters week — 100 pm (removed from w/l) –no on call/consults –pick up holiday clinics etc
- ❑ Post 8 general clinic 20 long waiters (12/12 only) 100 pm
- ❑ 300 extra - increasing to 1000 new patients pm -12000 pa
- ❑ Insourcing clinics
- ❑ Weekend 300-350 long waiters patients seen per month –see & treat –biopsies/excisions on the day -400 removed (at least) from waiting list - built in follow -up capacity , virtual weekend follow -up clinic- holiday slots fu clinic
- ❑ Needs to be genuine extra capacity – not just supplanting one set of patients for another with lesser clinical need
- ❑ Referral mgt ; exclusion letter , adv triage etc

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Eating the Elephant 2

Monday to Friday

See & treat clinics – letters selected as suitable – consultant supervision –

Locum consultant – identify holiday slots & populate with new patients –aim for 800 pa –like wise minor surgery slots.

Minimise follow up- e.g. write to patients with results

10% virtual OPD return follow up –aim for 20% this year

New consultant – we aim for 800 -1000 new patients as per clinical programme

NTPF funding for a paed dermatology clinic Friday PM CUH

Demand Mgt

Remind all consultants of 'referral exclusion letter'

PIR

Remove barriers to urgent patients been seen as 'ad hoc'

Deliver as much healthcare at single visit as possible –minimize returns for bx, nurse ed etc.

Plan to start advance triage for paed dermatology in July

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And...

- Multiple parallel approaches to tackle waiting list
- Involve all of the team, explain the problem & how we hope to tackle it
- Principles : Patient centred, focusing on those with most urgent triage categories, maximising healthcare delivery at one visit

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What worked best

- Physically going through referral letters to find patients suitable for S&T
- Ringing patients to offer appointment, if not available offering second date & if declining both, remove from waiting list
- Helping to change culture to focus on access & try to minimise adding complexity without adding value.
- Fill every slot : if cancellation, 'hitlist' of patients to be contacted.
- Working with admin, HR, OPD booking, minor theatre bookings –
- *'If there is any empty clinic space or theatre, derm want it'*

Conclusion

- No single 'quick fix' - patients have different needs & levels of complexity –need a suite of different approaches.
- Think about this as a change initiative : stay focused on the shared purpose of increasing capacity & decreasing waiting lists – give people confidence to try various ways & to tweak if not working
- Work with the clinicians, avoid 'managerialism v. professionalism'
- Focus on genuine extra capacity, need built-in plan for follow-ups
- Harness technology, virtual follow up, provide support

Avoid nihilism –this is doable!

A purple and pink geometric logo with the text "Waiting List Action Plan 2025" in white.

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**Benign Gynaecology OPD Improvement Journey –
National Maternity Hospital
St Columcille's Hospital
St Michael's Hospital
St Vincent's University Hospital &
Improvement Team HSE Dublin & South East**

Dublin South East

Where we started – ‘As is’ / Current state October 2023

4 Benign Gynae OPD
4 hospital sites
3 IT systems

Outpatients
Department 

Circa 4k per annum
12 subspecialties
NMH –70%



Referral forms/letters
Missing minimum dataset
7 modes of referral



Clinical Prioritisation
KPI (within 5 days)
0 - 34 days



Redirection of referrals
between 4 sites
19 - 53 days



OPD Appt letters
- Sites variation to
Protocol templates



DNA/CNA* process
- Site variation
- Limited/No 2 way texting

Est. DNA Costings Jan - Aug 2023
circa €207k



OPD Appt Duplication
Same pt. referred to
multiple Benign
Gynae OPD's



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The Journey – Rapid Improvement Event to 90 days post event Mar 2024

4 Benign Gynae OPD
Standardisation of
processes across sites

Outpatients
Department 

Referrals will be
centralised to 1 site
via HealthLink/email



One standardised referral
form via one approved
route



Clinical Prioritisation
KPI (within 5 days)
↑85% (22% - Jan 2023)



Referrals Redirection
- All HealthLink
referrals now
redirected to NMH CRO



Standardised OPD Appt
letters to Protocol
templates
121 (89%) staff completed
HSE land OPD protocol



DNA/CNA*
Sites agreement with OPD
protocol
2 way texting on 3 sites



OPD Appt Duplication
Agreed establishment
of Central Referrals
Office (CRO)



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Central Referrals Office: 4 Hospitals, 1 Location at the National Maternity Hospital

Project Aim

- Centralise benign gynaecology referrals
 - The National Maternity Hospital
 - St. Vincent's University Hospital
 - St. Michael's Hospital
 - St. Columcille's Hospital
- Single pathway for referral from GP/ hospital consultant
- Timely and equitable access to service
- Reduce waiting list

CRO Function

- Coordination of referral process
 - Receipt
 - CPC/Triage
 - Pooled Waiting list management
 - Appointment scheduling **or** Transfer to SMH/SCH/SVUH for scheduling
 - Communication

'Right Care, Right Place, Right Time, First Time'

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The Referral Journey

Referral Letter



- Standardised format
- Healthlink – CRO only option for gynae referral
- GP communication
- NMH website

Clinical Prioritization



- KPI < 5 days
- 2 consultants
- Right clinic, right site, first time
- Triage Record
- IPIMS – pooled WL

Pooled Waiting List



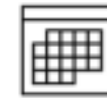
- Chronological order
- Clinic capacity NMH weekly review
- Communication SMH/SCH/SVUH future capacity
- Safe electronic transfer referrals
- Patient Communication

Appointment Allocation



- Chronological order
- Scheduling on each site
- Patient communication
 - Appt. Notification
 - Two-way texting
- DNA /CNA policy
- Minimum 'new capacity' all clinics monitored

Attendance & Outcome



- Return appts. scheduled locally
- DNA managed as per National Protocol
- Audit

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Challenges & Next Steps

Challenges

- CRO location @ NMH
- Administrative management & support
- Waiting lists – SVUH/SMH/SCH
- Technology integration
- The Unknown – impact on waiting list
- Access to diagnostics

Next Steps

- Two way texting
- Patient centred booking arrangement
- Advanced Clinical Prioritisation
- Patient Initiated Review
- EMT review & formalise project
- Role of scheduled care lead
- Continued focus WLAP targets
- IT solutions

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Monitoring Activity & Improvement

Referrals Received

- January - March 2024 = 692
- January – March 2025 = 842

Increase 150 / 22%

Transfer of Referrals

- 2024 - 28 Referrals SMH
- January – March 2025
 - SMH = 102
 - SCH = 53
 - SVUH = planned May 25

Total 155

Audit

- National Outpatient Protocol Training
 - 100% complete
 - CPC /Triage Timeline < 5 days
 - 85% January 2025 (22% January 2023)
 - DNA Rate < 10%
 - Jan – March 2025 = 9.5 %
 - New = 3.5%
 - Review = 6%
- (May '23 DNA Rate 17%)

WLAP Targets

2024

- Average wait time 3.9 months
- 98.8% waiting < 15 months

(DSE report Dec 25–NMH)

2025

- NTPF WL - 3040 (1707 benign gynae clinics = 56%)
- Weighted wait time 4.16 months
- 40% first new appt. < 10 weeks
- Urgent appt. < 4 weeks = 76.3% (KPI – 85.8%)

(NMH IIS dashboard April, 2025)

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Dr Alessandro Franciosi

**The growth of Community Specialist Teams
and Respiratory Integrated Care in CHEast:
stakeholder experience and learnings**

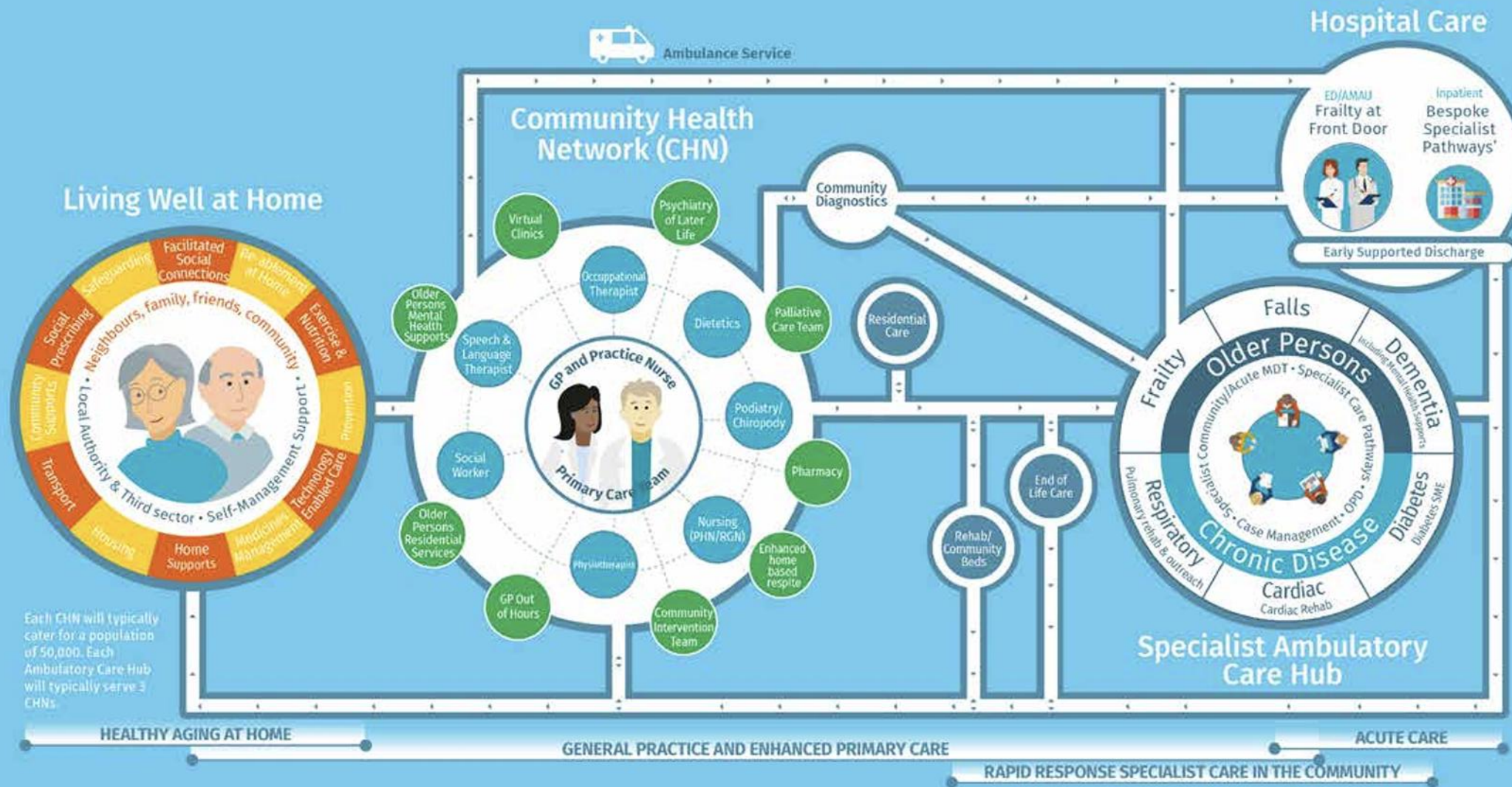


Older Persons/Chronic Disease Service Model



Shift Left of
Resources & Activity

Least Intensive Setting / Care / Interventions

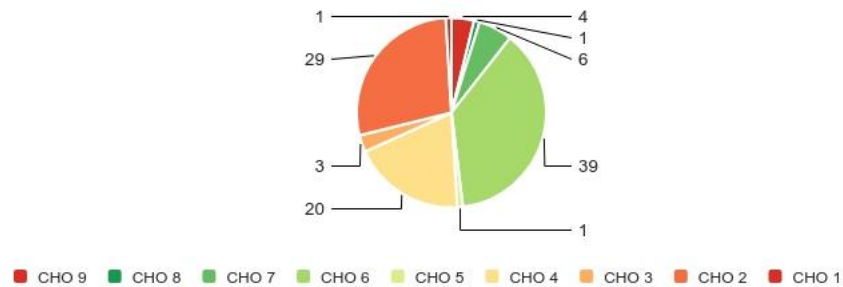


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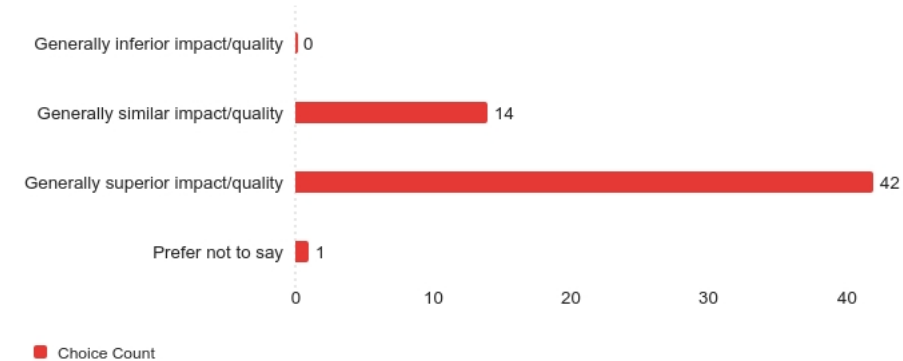
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Chronic Disease Hubs / Community Specialist Teams – GP experience nationally

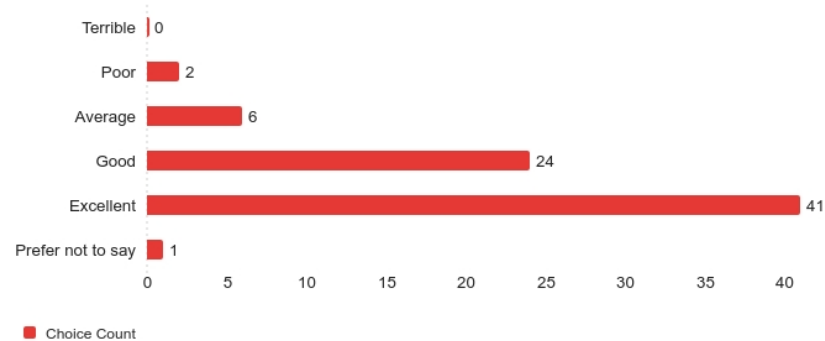
Q16 - What HSE Community Health Organisation (CHO) area do you practice in currently? (if multiple please select the majority commitment)



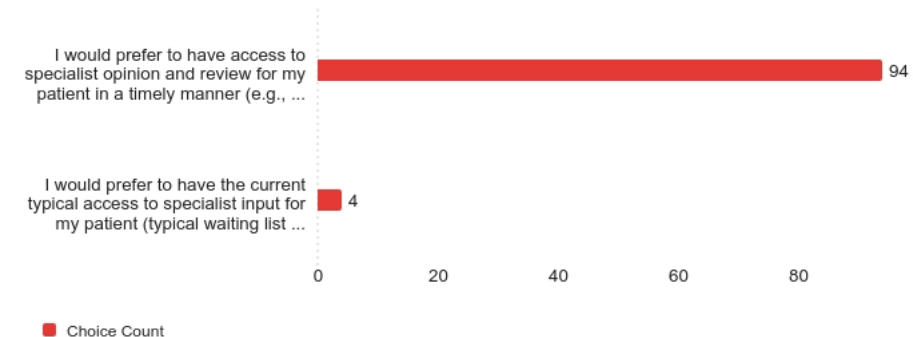
Q42 - What is your experience of the quality of service delivered by clinical nurse specialist-led clinics compare to traditional hospital OPD (NCHD/Consultant) reviews?



Q32 - What has been your overall impression of the service provided by the Integrated Care team you have had access to so far?



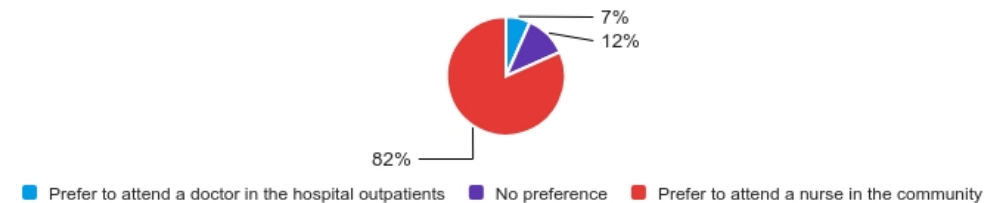
Q25 - Given a choice between the following options which would be your preference regarding your asthma/COPD patients?



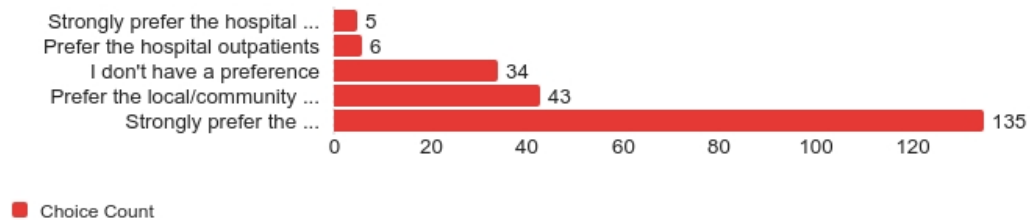
Chronic Disease Hubs / Community Specialist Teams – Patient experience in CHEast

- 259 responses from 1400 South Dublin/Wicklow CST service users 2023-2024.

Q26 - Given a choice to have most of your consultations provided by a nurse specialist in the community, or a doctor in the hospital outpatients, which would you prefer?



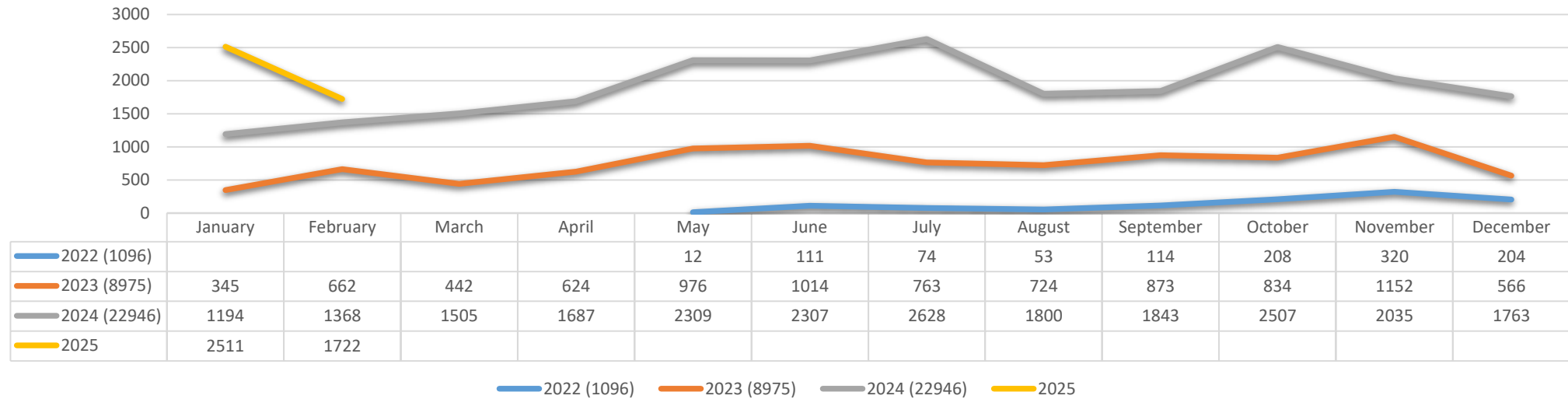
Q18 - Which setting is preferable for you in terms of where you have received your specialist outpatient care?



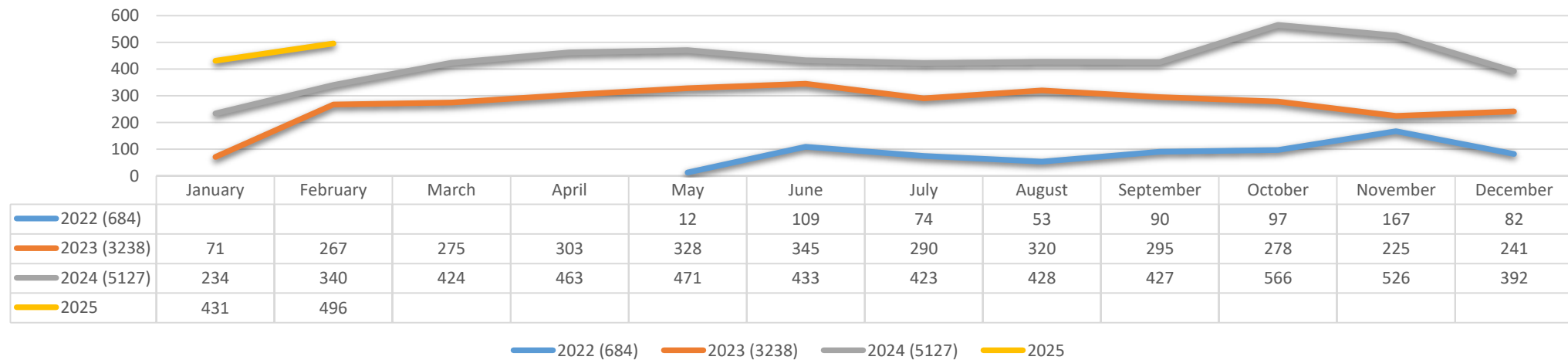
Q43 - How satisfactory was your experience with the community Respiratory Integrated Care service?



ICH Bray & Clonskeagh Monthly Contacts (Note: 68% increase YOY, first two months of 2025)



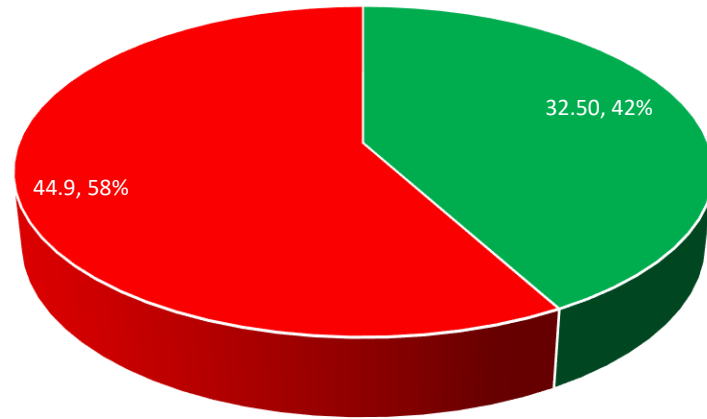
ICH Bray & Clonskeagh Monthly Referrals (Note: 65% increase YOY, first two months of 2025)



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Chronic Disease Hubs Bray & Clonskeagh
Overall Recruitment (77.4 WTE)



■ Filled ■ Vacant Post WTE

	Number Waiting 0 - 2 Weeks	Number waiting 2 - 4 weeks	Number waiting 4 - 6 weeks	Number waiting >6 weeks	Total Feb-25	Sep-24	</>
Total Number Waiting By Stream CDH Bray & Clonskeagh							
Cardiology	22	20	1	90	133	175	-42
Diabetes	54	66	38	369	527	540	-13
Respiratory	67	67	73	444	651	568	83
Total Number Waiting By CDM Hub							
Chronic Disease Hub Clonskeagh	9	13	8	45	75	99	-24
Chronic Disease Hub Bray	134	140	104	858	1236	1184	52

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Final thoughts

- Significant investment has been made in providing GPs with infrastructure and access to diagnostics for CDM.
- The early evidence is that **patients and GPs find these services to be superior and preferable to traditional OPD systems**. This success should be celebrated.
- However, confidence in independently utilizing these resources has not been addressed, and GPs have not been supported in this regard.
- Left unaddressed, community CDM services can continue to improve quality of care but **will not** reduce the growing rate of referrals onward to outpatient clinics (whether acute site or community).
- A dedicated, tailored system for CPD in CDM that supports GPs to improve mastery of these conditions is needed.

Q20 - How confident are you about your knowledge of current asthma management guidelines?



Q21 - How confident are you about your knowledge of current COPD management guidelines?



Q42 - On a scale of 0-10 how informed do you feel about the indications for pulmonary rehabilitation?



Q46 - On a scale of 0-10 how informed do you feel about the indications for ambulatory or long term domiciliary oxygen?



Questions ?



News Items

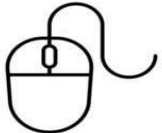
IIS Scheduled Care Dashboard Demos: please select meeting link on the date/time that suits you to attend, or contact **Jennifer.hogan2@hse.ie**

Day	Date	Time
Tuesday	27/05/2025	1200 – 1300
Wednesday	18/06/2025	1000 – 1100
Friday	27/06/2025	1100 – 1200
Monday	21/07/2025	1600 – 1700
Thursday	21/08/2025	1400 - 1500

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Thank-you and Next Steps

- Thank-you for attending today
- We look forward to your feedback contained in our survey which can be filled out immediately after this Webinar.
- A copy of this Webinar will be made available on [Waiting List Improvements](#) and the link shared with all of you post Webinar.
- **Dates for your diary:**
 - ***May 27th Tuesday WLAP 25 Enabling Scheduled Care***
 - ***June 24th Tuesday WLAP 25 Improving Capacity Scheduled Care***
-  Access.Programme@hse.ie

