



Scheduled Care Network Webinar

Waiting List Action Plan- 'Beyond the Wait'

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





Sharon Geraghty Access Programme



This month's webinar will feature two inspiring integrated initiatives:

- HSE National OA Hip and Knee Pathway
- Cardiology Integrated Care

Register now



Wednesday 10 Sept 2025
12:00pm - 1:00pm



Housekeeping



Please note that this session will be recorded



Please remain muted during the presentation

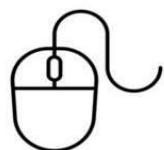


Please **Type questions** to **our Chat Box**

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



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



Agenda

Chat Box
for
Questions!

Timing	Agenda Item	Speaker
12.00– 12.05	Introduction	Sharon Geraghty
12.05-12.15	HSE National OA Hip and Knee Pathway	Mr Alan Walsh/Ms Ruth Kiely
12:15-12:20	Q&A	
12.20 – 12.40	Cardiology Integrated Care at University Hospital/ Galway City Hub	Dr Susan Connolly
12:40-12:50	Q&A	Speakers and panellists: <ul style="list-style-type: none">• Ms Ruth Kiely• Dr Noel Howard
12.50 – 13.00	Thank you & next Steps	Sharon Geraghty



HSE National OA Hip and Knee Pathway

Mr Alan Walsh/Ms Ruth Kiely

HSE Scheduled Care Network Webinar – Reducing Patient Waiting Times

Testing of a National Osteoarthritis (OA) Hip and Knee Pathway

Mr Alan Walsh

Consultant Orthopaedic Surgeon –
Our Lady's Hospital, Navan



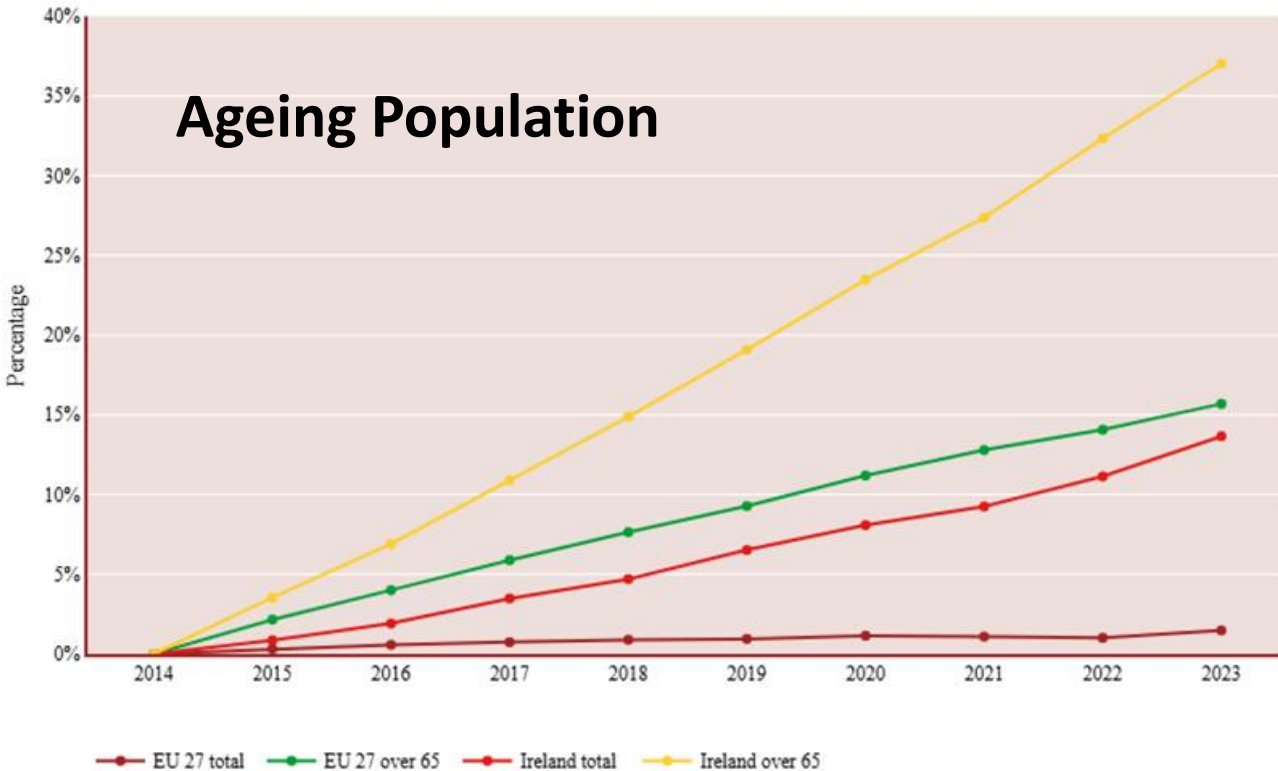


The Challenge

Census 2022:

5.1 Million people → 6.1 Million (2042)

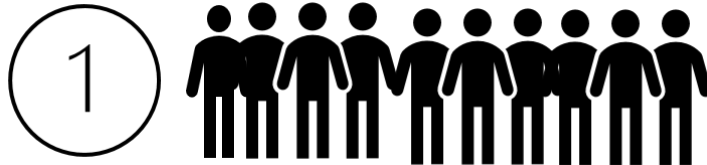
Ageing Population



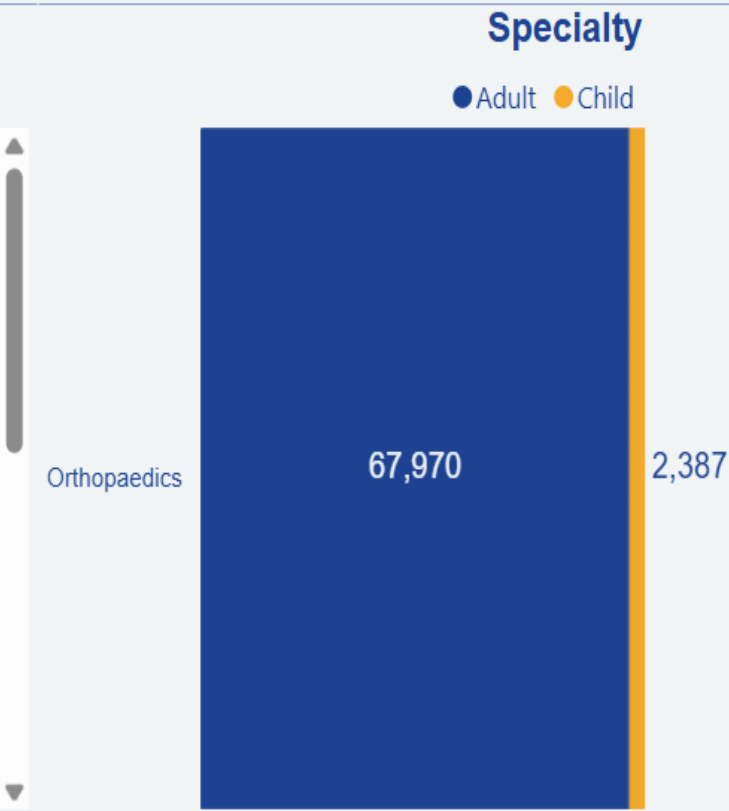
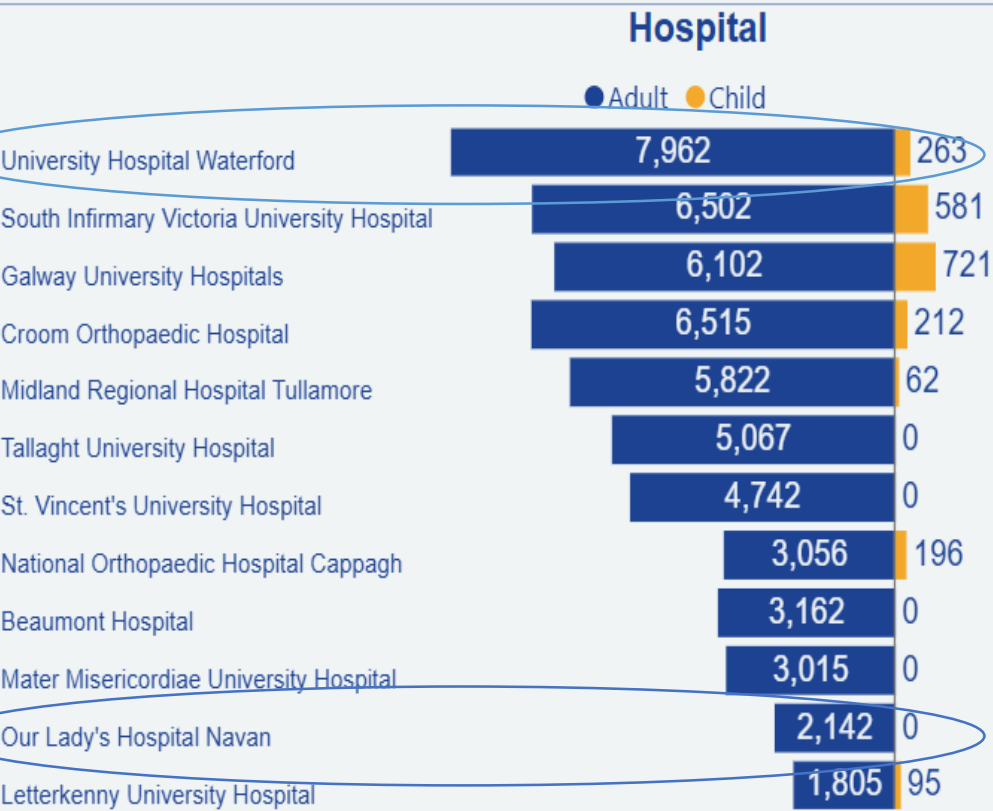
41% of population live with a long term diagnosed health condition. Arthritis accounts for 6% of this population. (HI Survey 2024)



French et al (2016) using Wave 1 TILDA data reported a prevalence of **12.9%** of self-reported OA in a sample of 8,175 people



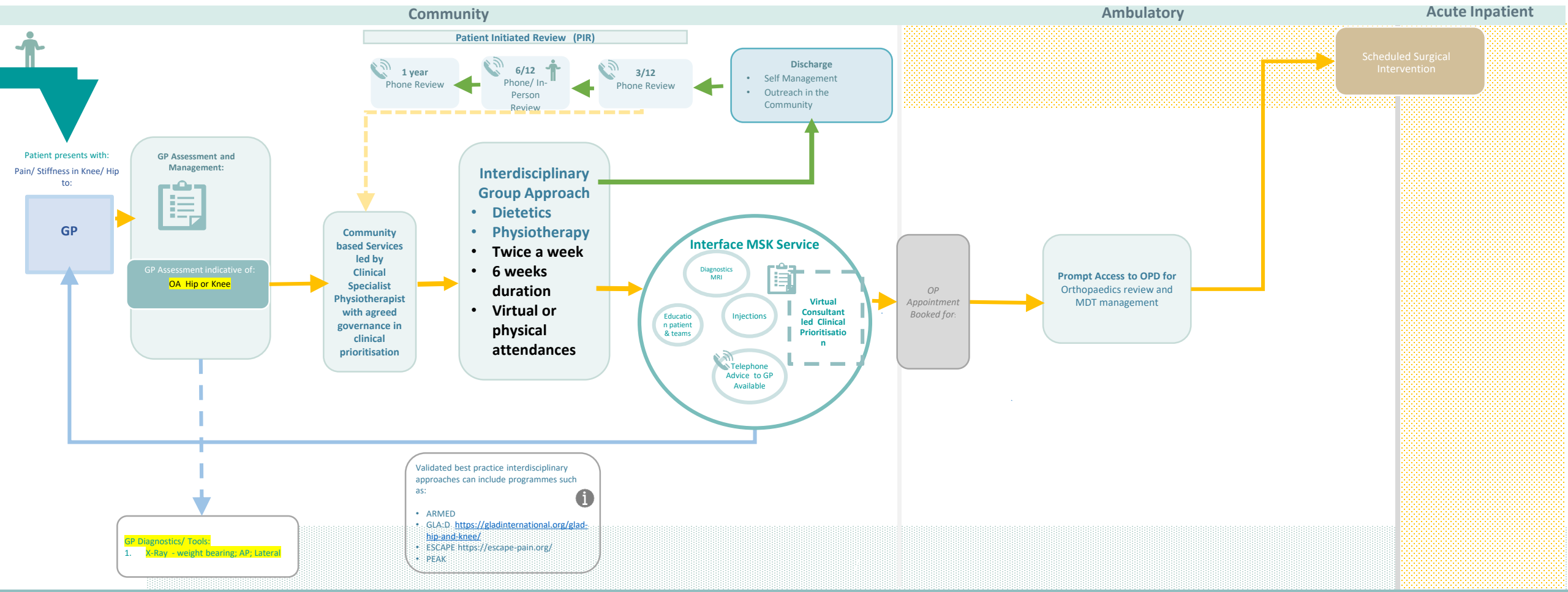
Increased Demand for Orthopaedic Services



Suitable Patients:
1. Patients aged > 50 years
2. Diagnosis of OA

Unsuitable Patients:
1. History of Trauma
2. Aged under 50 years

The Solution



Pilot Sites

Carlow/Kilkenny Team (Waterford)



Helen Fitzgerald 0.6 WTE
Clinical Specialist Physiotherapist



Ruth Loughlin 1.0 WTE
Senior Physiotherapist



Paul Bolger 0.4 WTE
Private Practitioner
(March 24 – June 25)



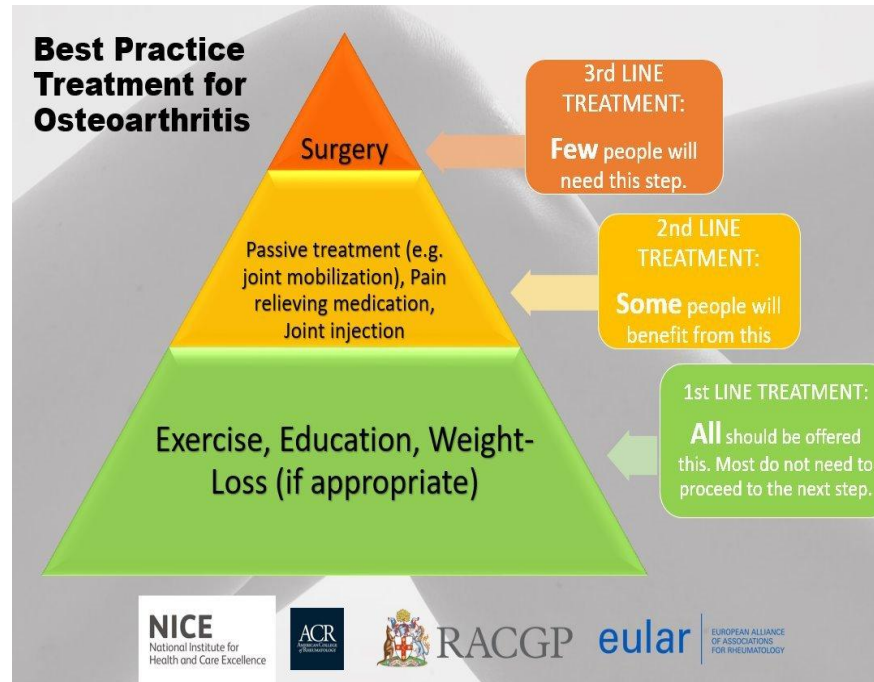
Vacant position 1.0 WTE
Senior Dietitian



Sarah Kennedy, 0.5 WTE
Administrative Support
(Waterford based)



Clinical Advisor
Alan Walsh
Consultant Orthopaedic Surgeon



Meath Team (Our Lady's Hospital, Navan)

Pauline Robinson 0.8 WTE
Clinical Specialist Physiotherapist



Keelan O'Connor 1.0 WTE
Senior Physiotherapist



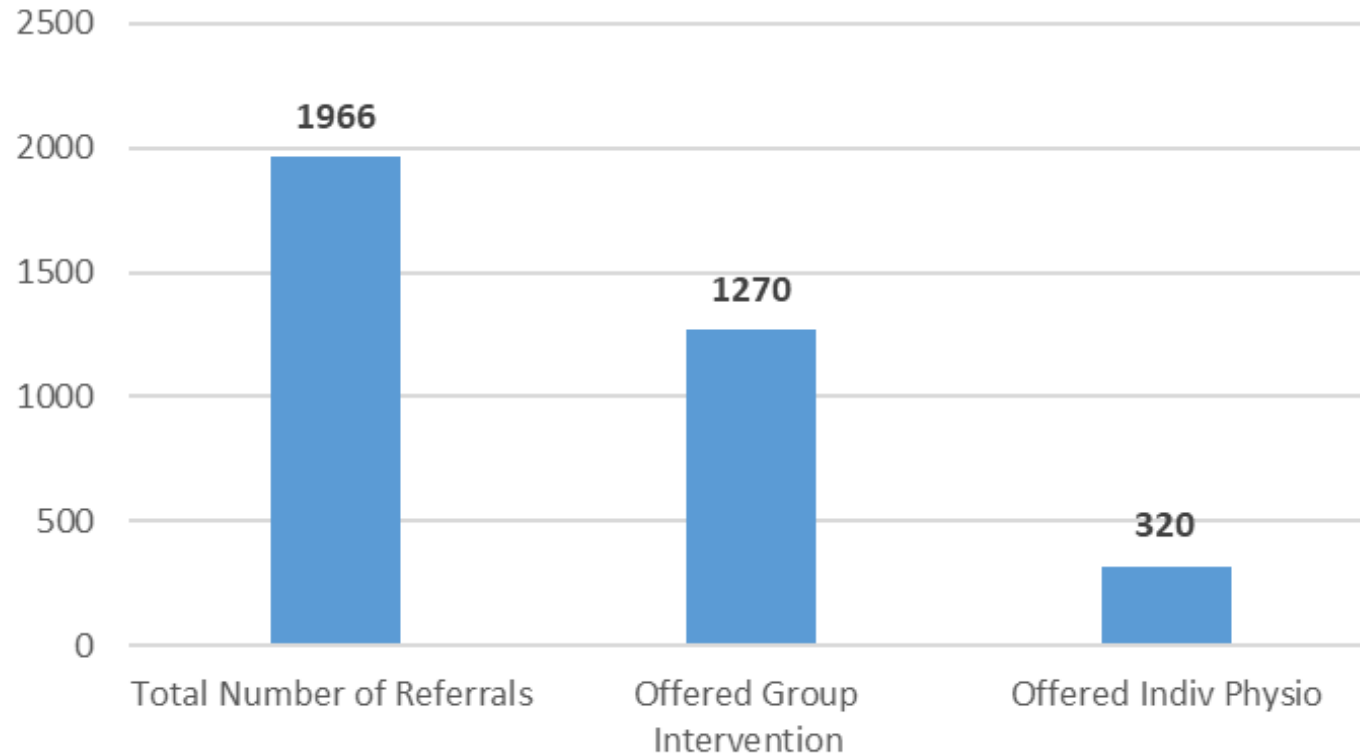
Kathleen Bradley, 1.0 WTE
Senior Dietitian



Diane Doherty 0.5 WTE
Administrative Support

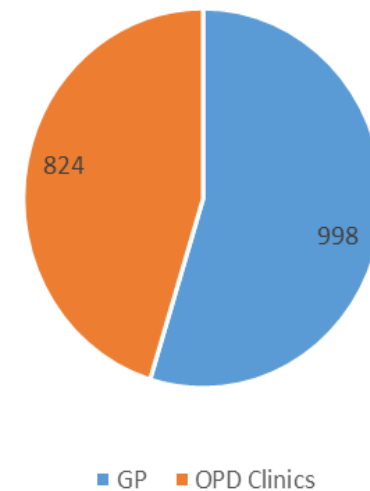


Pathway Activity April 2023 - April 2025



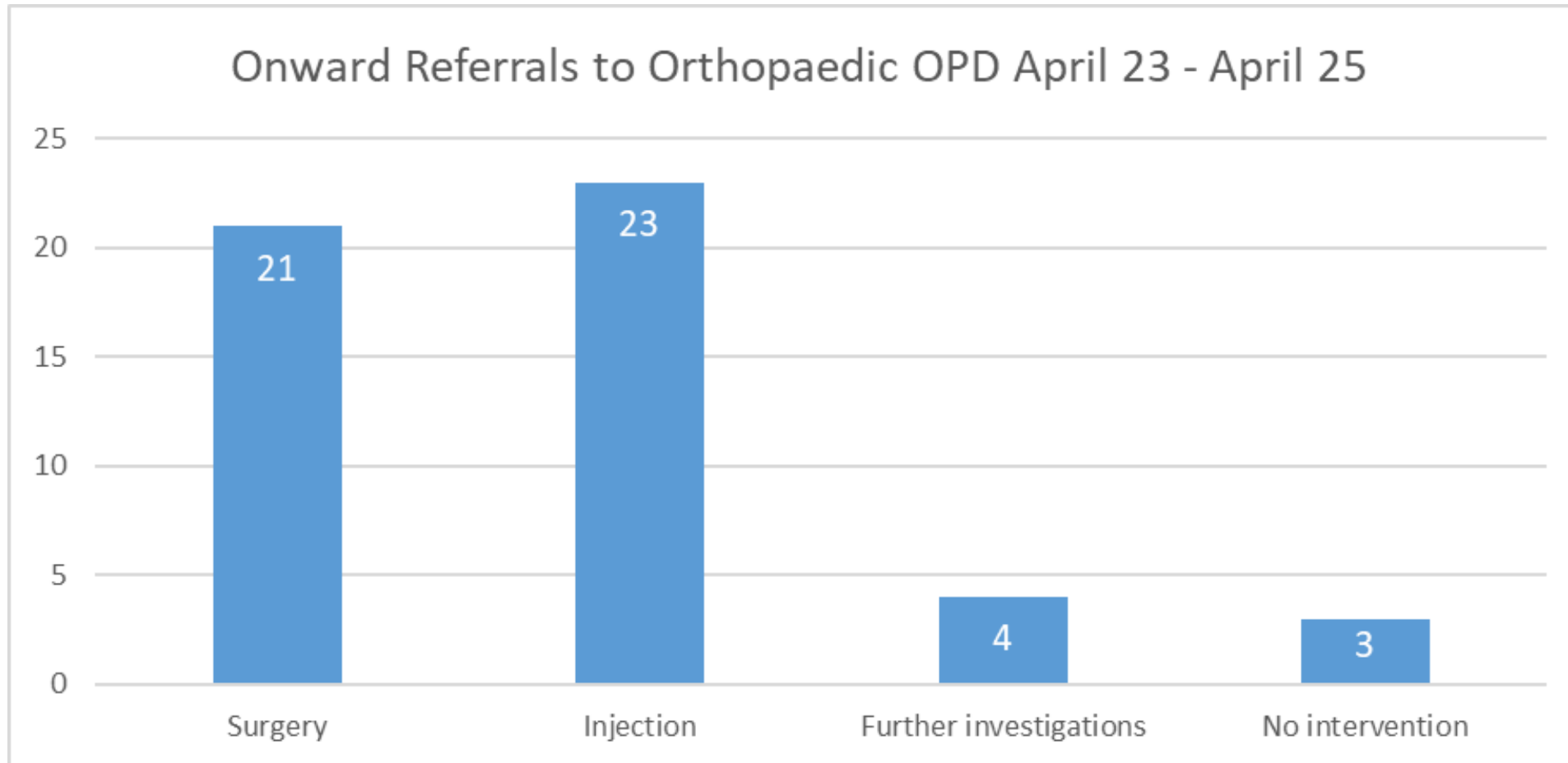
**51% GP Referral Rate to
Pathway
1,915 OPD Appointments
saved**

Source of Referral to Pathway



Results

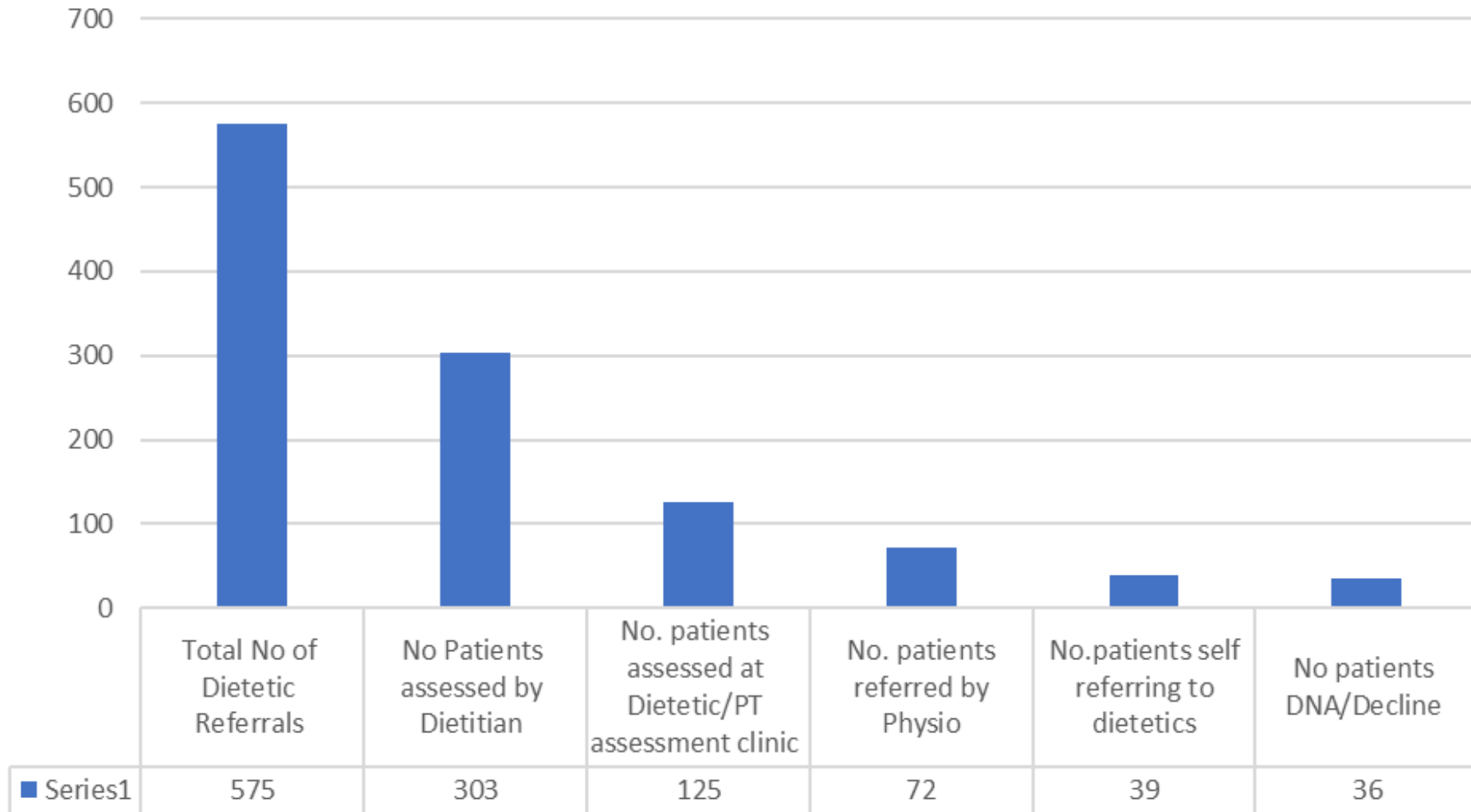
Conversion for Specialist Orthopaedic Opinion



**51 patients
(2.59%)
referred for a
specialist
opinion
1% required
surgical
interventions**

Results – Dietetics

Dietetic Activity Jan 2024 - June 2025



29% of patients referred to Senior Dietitian for individual consultations

22% of patients jointly assessed with physiotherapists

7% of patients were self referrals

The exercises have been brilliant, what if I don't remember them?

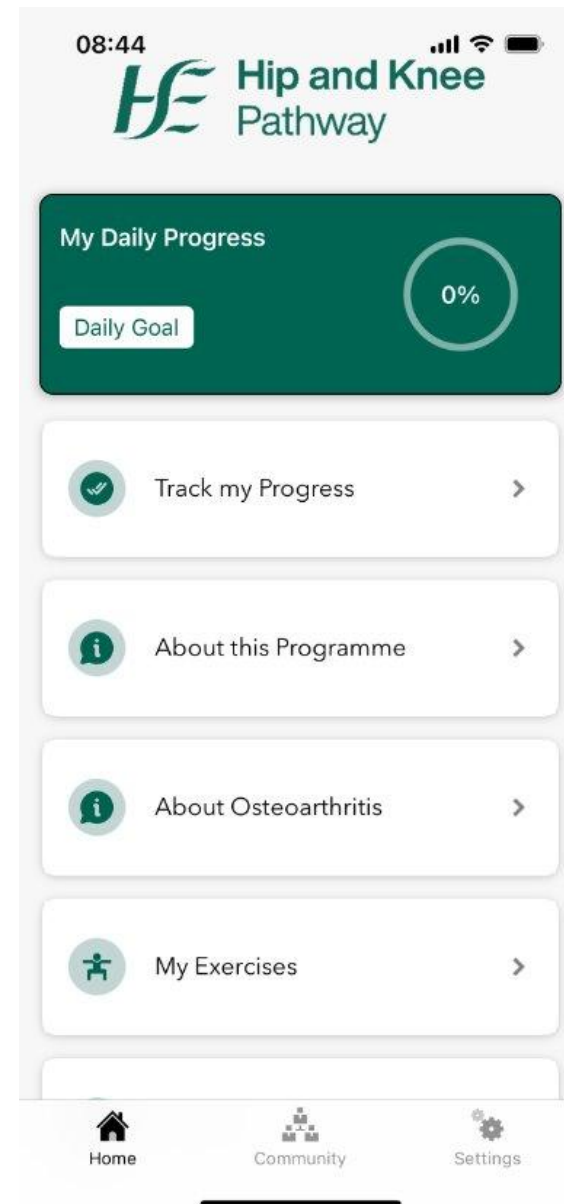
How can we support patients to understand their condition and self-manage?

I'll really miss the group, Where do I go from here?

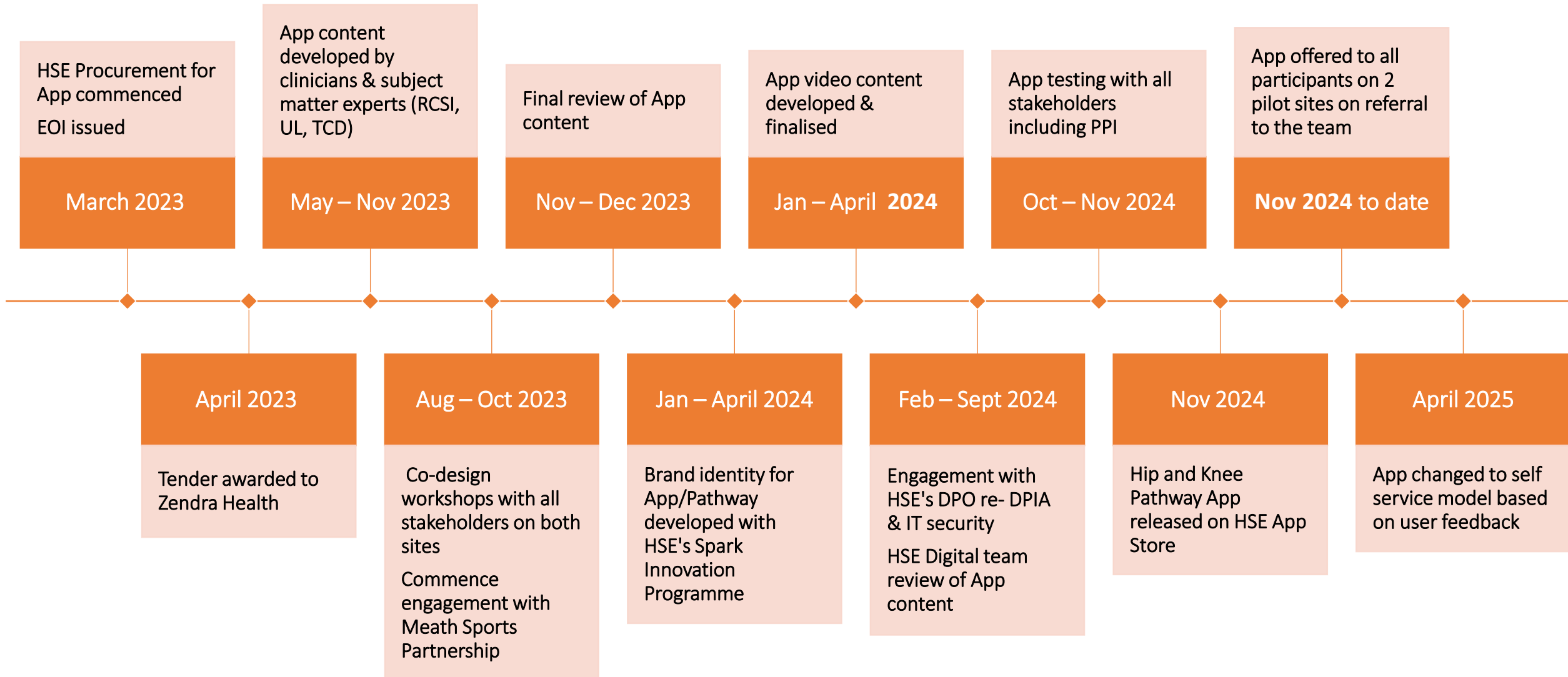
What if my symptoms get worse? Will I have any follow up?

How can we signpost safely to community resources?

How do I get in contact if I need to?



Development of Patient Hip and Knee Pathway App



App development co-design Process



Innovation Programme



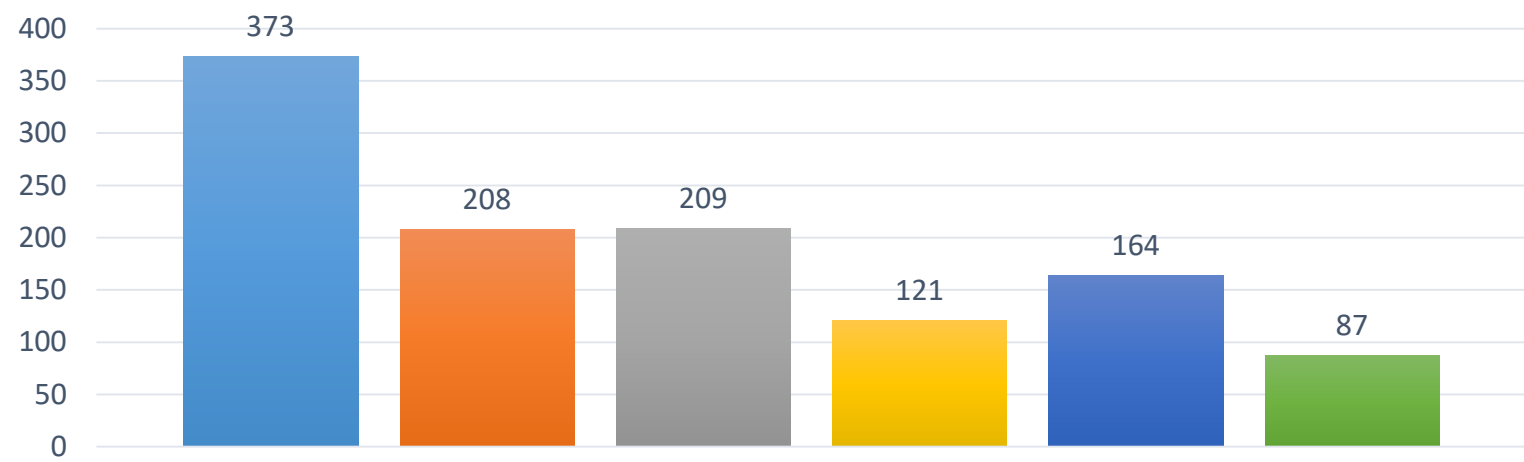
An Roinn Sláinte
Department of Health



Zendra
HEALTH

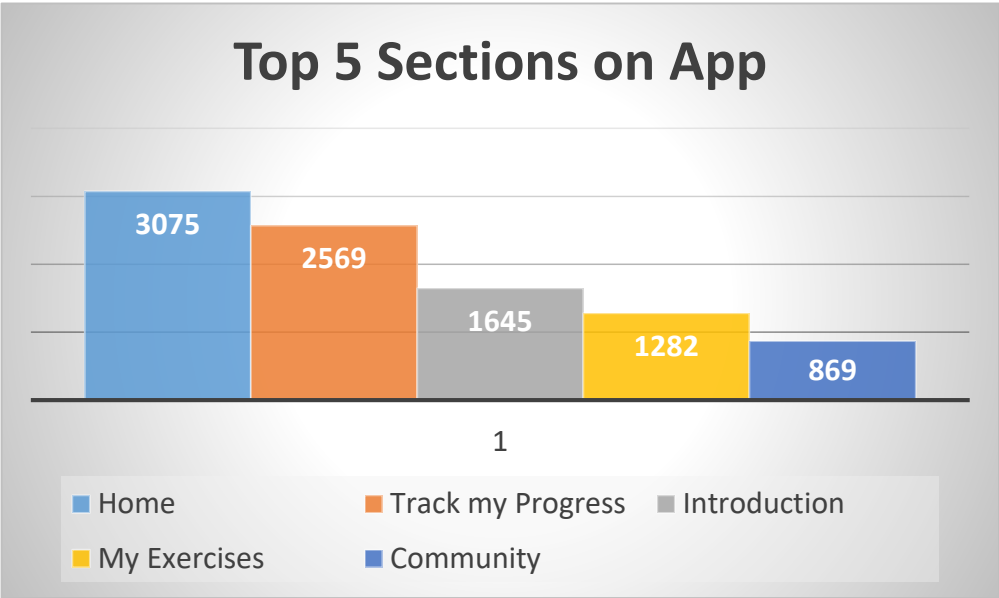


App Utilisation November 2024 – August 2025



- Total Invited to App - both sites
- Total Users signed into App - both sites
- Total Invited to App - Carlow/Kilkenny
- Total Users signed into App - Carlow/Kilkenny
- Total Invited to App - Navan
- Total Users signed into App - Navan

1



1

Project Impact

Cost Effective

Initial Sláintecare Budget Allocation	Dec 2022	€1,159,640
Revised Budget Allocation (2023)		€1,023,898.94
Actual cost of implementation (pathway & app)		€ 904,701.166



Impact on Waiting Lists

Reduction from 63 weeks (UHW) and 27 months (Navan) to 8 – 10 weeks

Impact on Patients and all stakeholders

- ✓ High levels of patient satisfaction
- ✓ Click the link to hear their stories

<https://youtu.be/0lcz59o318E>



Hip & Knee OA Group Classes Feedback

So reassuring to be with other people who understand my pain

I came with knee pain and stiffness and left feeling so much better all around



It's only week 3 and I haven't needed my pain medication this week. I'm thrilled!

It's given me the confidence to be more active than I thought was possible at my age

I've stopped panicking that I need surgery every time my knee gets sore or stiff. I know what to do and how to get it to settle down



Mr Paddy Kenny
Mr Finbarr Condon, Mr Tom McCarthy
Irish Institute of Trauma and Orthopaedic
Surgery (IITOS)
Mr Alan Walsh (OLHN)
Mr Terence Murphy (UHW)
Ms Ita Hegarty (HSE)
Dr Sarah Casserley-Feeney
Ms Niamh Keane
Ms Siobhan Corcoran
Dr Brenda Monaghan
Ms Ciara Rowe (OLHN)
Ms Jennifer O'Toole (OLHN)
Ms Eileen Long (UHW)
Ms Sinead Gavin (Carlow PC)
Ms Catherine Farrell
Ms Edel Callanan
Mr John O'Hora
Ms Grace Rothwell /Ben O'Sullivan (UHW)
Ms Anne Brennan (OLHN)
Ms Stacey Grealis
Ms Aislinn Gannon HSE
Ms Niamh Sneyd HSE



Dr Helen French (RCSI)
Dr Helen O'Leary/Dr Clodagh Toomey (UL)
Ms Marcella Kenny, Ms Marianne O'Connor, Ms
Susan Curtis (HSE PIR)
Ms Lorraine Smyth e- enabler HSE
Karen Gaynor (PM Obesity NCP)
Niamh Keane
Pauline Robinson
Helen Fitzgerald
Keelan O'Connor
Kathleen Bradley
Diane Doherty
Ruth O'Loughlin
Paul Bolger
Sarah Kennedy
Finance teams Navan & UHW
Amy Lowther & the Pobal Team
Mr Kieran Ryan (RCSI)
Thomas Coleman (Zendra Health)
Dermot Burke (Spark Innovation Programme)
Oxford Outcomes Centre
Department of Health
Sláintecare Integration Innovation Fund



Questions ?



Chat Box for Questions !



Cardiology Integrated Care at
University Hospital/ Galway City Hub

Dr Susan Connolly



Context

The Integrated Care Programme for the Prevention & Management of Chronic Disease (ICPCD)

Focuses on the prevention, early diagnosis and proactive management of chronic disease (GP-led in primary care and chronic disease community specialist teams in the integrated care hubs) with the ultimate aim of providing end-to-end care for individuals living with chronic disease and multimorbidity in the community.

Consultant Led Modernised Care Pathways (MCP) for Chronic Disease

An important enabler of the ICPCD is timely access to specialist opinion in a flexible, efficient and patient-centred manner. The IC Cardiology Consultant supported by the CD-CST is responsible implementing the MCPs across their hospital and hub for

1. Deteriorating/Worsening heart failure
2. First presentation Atrial Fibrillation
3. Heart Murmur
4. Undifferentiated Dyspnoea



6

- Face-to-face clinic
- Specialist Nurse-/HSCP- led clinics
- Virtual clinic: Consultant to GP
- Virtual appointment: Consultant to patient
- Clinical queries (letter/email with advice)
- Direct access echo



ECC and Waiting List Action Project 2024-2025



Objectives

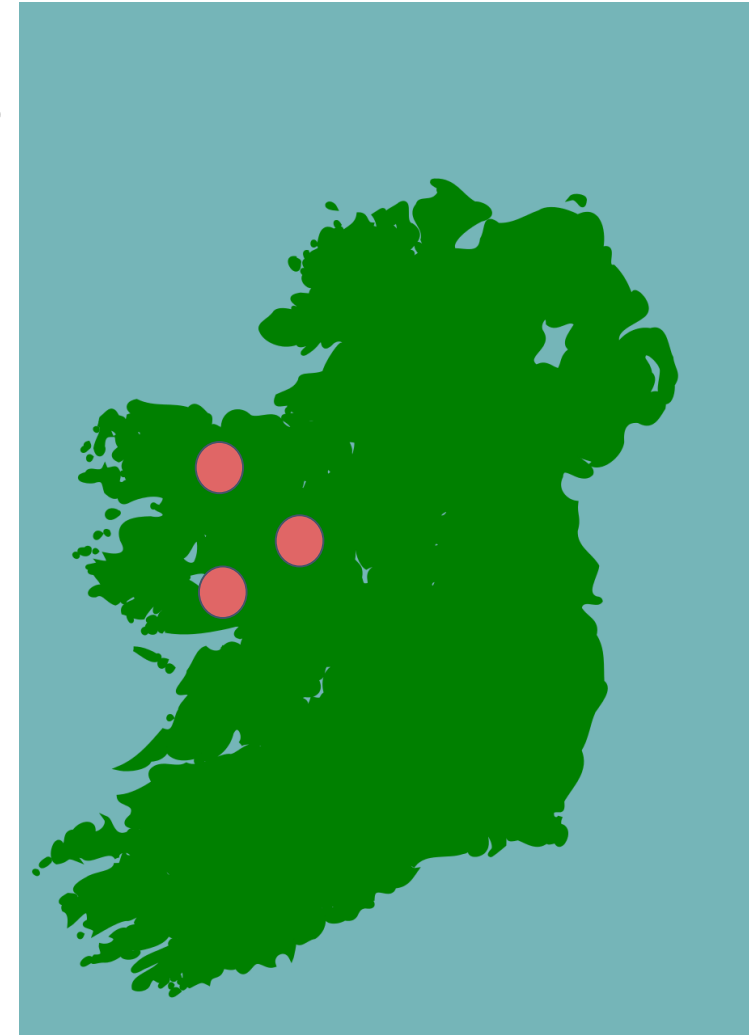
1. To demonstrate the potential impact of the IC Consultant/team on the existing hospital OPD list using the MCP approach for all referrals
2. To develop a SOP across acute and hub to (i) sustain improvements and (ii) that would be adopted/adapted by other acute/hub services
3. To identify the barriers and facilitators to enable scale up across other hospital and aligned hub teams





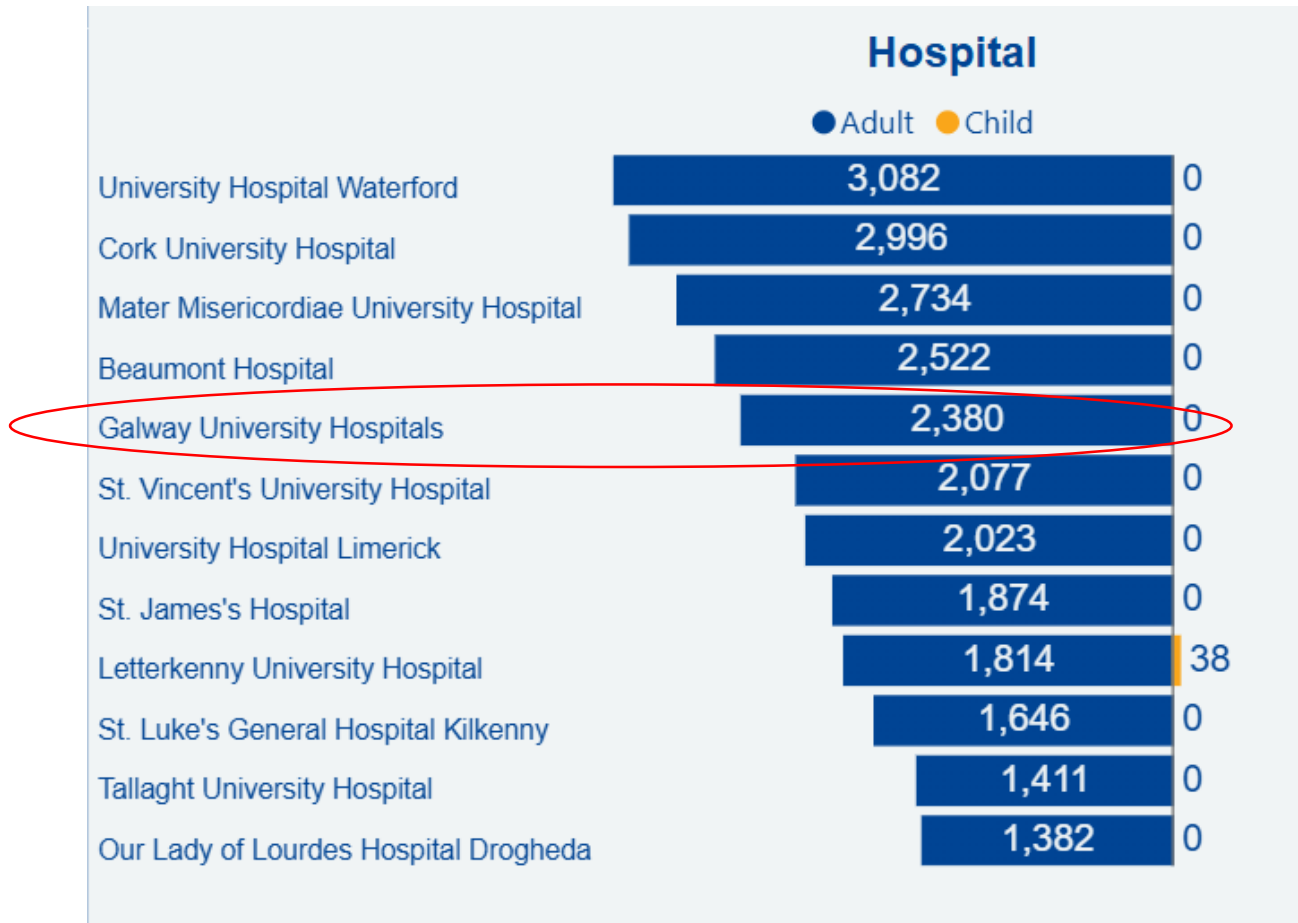
ECC and WLAP Project: Methods

- Joint approach with National Services & Schemes, Access & Integration & ICPCD at national level
 - Working group established: Chaired by ICPCD, Acute (GUH WL Office/Admin/Business Support), IC Consultant, Hub, iPMS team
 - Funding provided by National Services & Schemes for WL investigations (echo)
 - 2 phases
 - (1) Retrospective validation of existing OPD WL June-August 2024
 - (2) Prospective single consultant triage of all cardiology OPD and hub referrals November 2024-June 2025
- Streaming of all referrals into alternative pathways, including palpitations super clinic (Phase 1)





Baseline Analysis May 2024 Cardiology OPD Wait List



Total number waiting n=2384

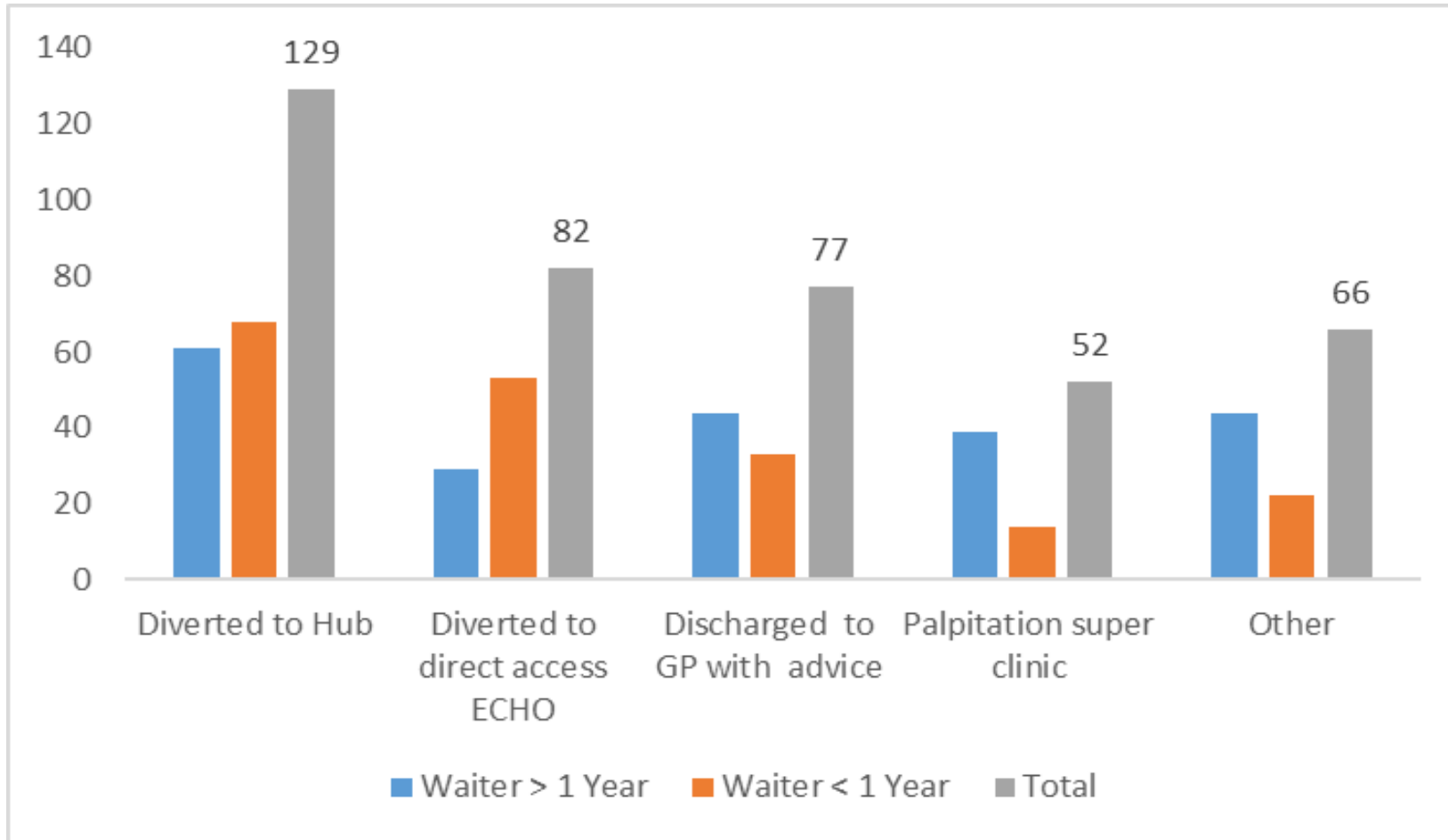
Waiting > 1 Year n=237 (~10%)

Average 65 referrals per week
(~3400/year)

Weekly core capacity n=40
(1840/year)



Results Phase 1 (June-August 2024) Retrospective Validation and Use of Alternative Pathways



N=744 retrospectively clinically validated

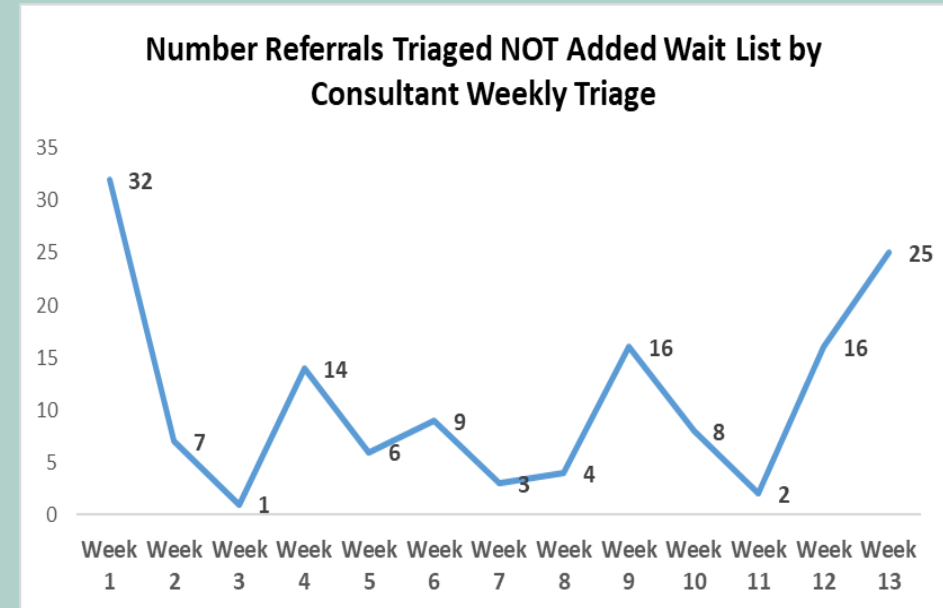
N=403 removed from WL by using alternative pathways (1/3 to IC Hub)

54% reduction in number of individuals waiting ≥ 12 months



Phase 2: Rationale for Move to Single Consultant Triage November 2024-June 2025

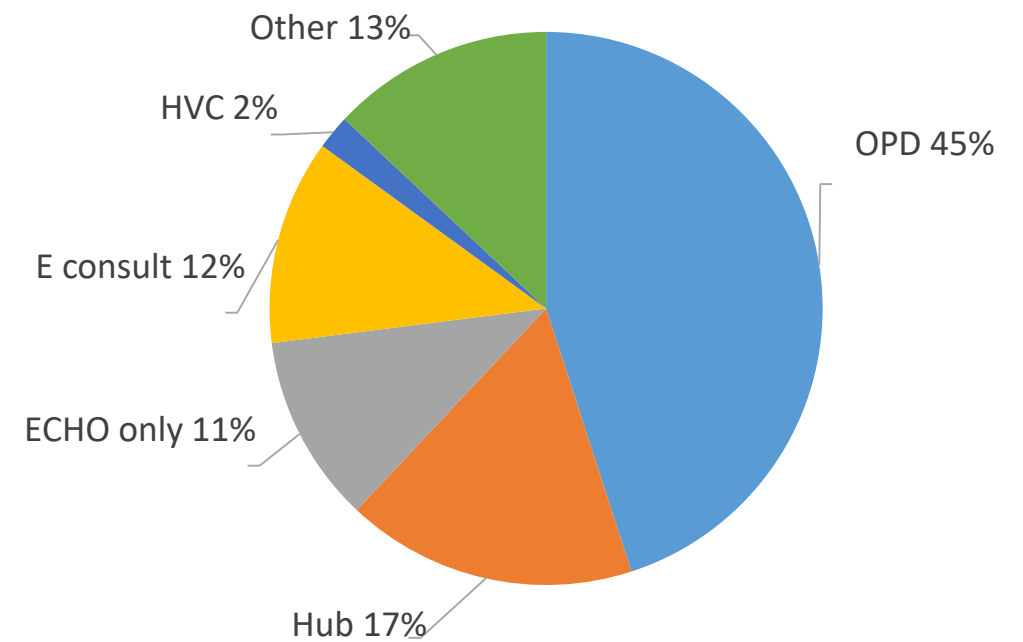
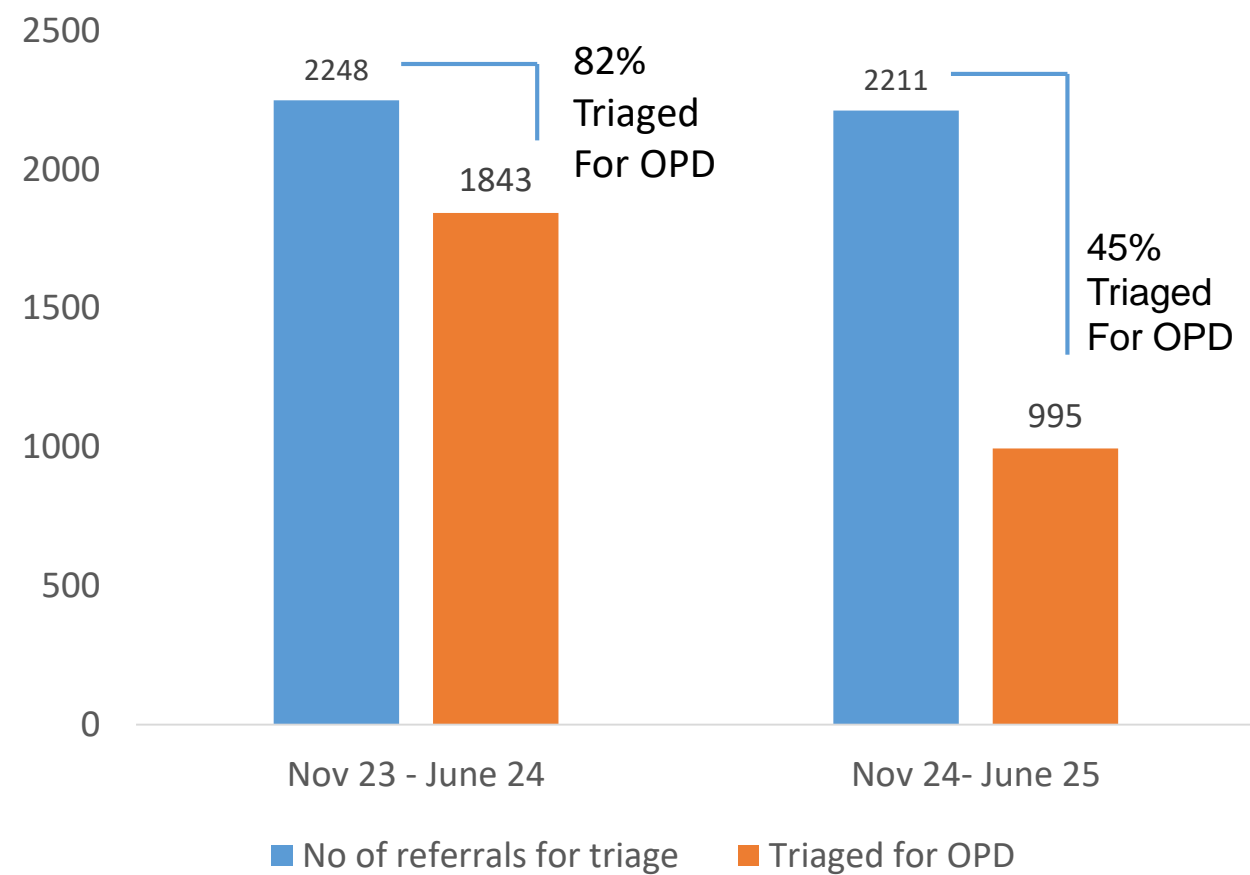
- Large referral folder given to different consultant each week
- Unpredictable, no dedicated time in work plan
- Full referral review requires opening hospital record (Evolve)
- Referral information sometimes incomplete (e.g. 12 lead ECG, NT BNP result)
- Communication back to GP requires dictation
- Significant variation in numbers triaged to WL by consultant





Results Phase 2: Single Consultant “Advanced” Clinical Triage

Nov 24 to June 25



Use of Alternative Pathways and Advanced Clinical Triage



Overall Impact on Cardiology OPD Waiting List

Impact

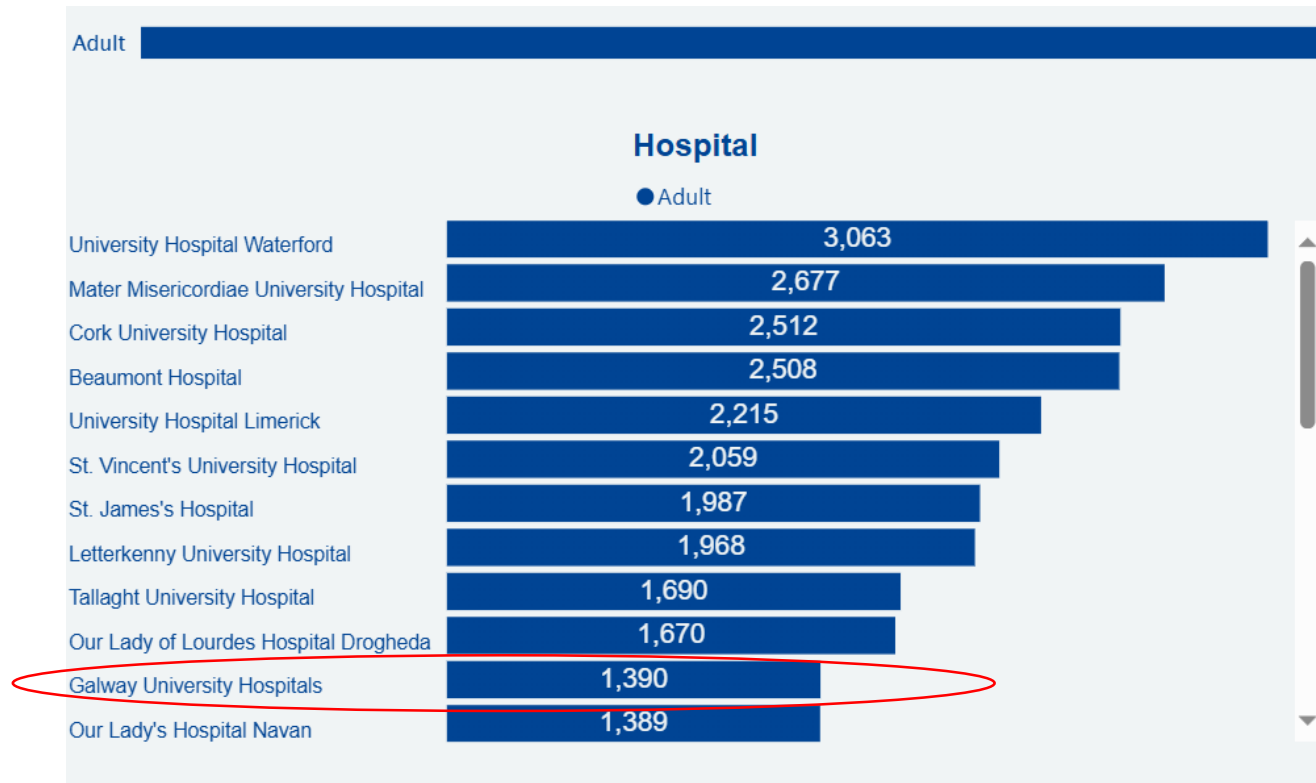
↓42% overall WL

↓94% in number of individuals waiting ≥12 months

GUH has moved from 4th highest WL to 11th place

Since Jan 25 the % waiting <10 weeks has gone from 27% to 48%

OPD Cardiology WL By Hospital Jun 25





Key Enablers to Support Broader Scale-up of this Model

- **Collaboration:**
 - Scheduled Care Working Group with Scheduled Care Lead & senior decision-makers in community & the aligned acute hospital
- **Sharing of clinical information:**
 - Hub team have access to clinical patient information e.g. patient record, labs, radiology
- **Sharing of patient administrative information:**
 - Hub team have access to patient administrative & waiting list information e.g. access to acute hospital Patient Administration System (PAS)
- **Access to diagnostics e.g. echo:**
 - This a key enabler to reduce waiting times and access must be enabled across acute and hub services to reduce waiting times



Sustainable Solutions to WL Management

1. Enable Advanced Clinical Triage

- ✓ Electronic triage system with ability to communicate with GP
- ✓ Dedicated work plan time for consultant triage (takes 3-4 hours per week)
- ✓ E-consults should be formally recorded as new patient activity
- ✓ Standardise consultant triage approach to common referrals

2. Support Staffing Integrated Care Hubs

1/3 Acute Referrals Suitable for Same

Full resourcing of the Community Specialist Team supports direct GP access to hub services using Healthlink, bypassing OPD waiting list

3. Maximise core OPD capacity

3. Collective Ownership to Sustain the Changes



Acknowledgements

GUH Team

Jean Boyle	Business Manager, Waiting List Office	Connie Lambert	Cardiac Investigation Secretary
Tim Cameron	Outpatient & Inpatient Waiting List Manager	Rachel Letsome	Line Manager, Medical Directorate
Beata Czegledi	Clinic coordinator & Medical Secretary	Kathleen McDonnell	Cardiac Investigation Waiting List Co-ordinator
Ann Dooley	Directorate Business Manager, Medical Directorate	Eileen Nee	Medical Secretary
Carrie Fletcher	Scheduled Care Transformation Programme Manager	Caroline Nolan	Cardiac Investigation Receptionist
Nuala Harlowe	Staff Officer, Waiting List Department	Liz O'Reilly	Chief Cardiac Physiologist

Integrated Care Programme Chronic Disease Team

Marcella Feeley Project Officer, ICPCD, Galway City Integrated Hub

Siobhan Woods, Interim Operational Lead, ICPCD, Galway City Hub

Sinead Duke, Acute CVD CNS, Galway City Hub

National Support Team

Dawn Fletcher	ICT Applications Lead, ICT & Digital Health	Maria O'Brien	Service Improvement Lead, ICPCD
Mary Garvey	General Manager, I/Scheduled Care Lead	Scott Anderson	Senior Manager, Business Services Support Team
Mairead Gleeson	General Manager, NCAGL for Chronic Disease, Clinical Design & Innovation	Maeve Domican	Senior Manager, Business Services Support Team
Lorna Hurley	Change Manager, ECC, ICPCD	Brendan Fitzgerald	Resolver, Business Services Support Team
Dr. Sarah O'Brien	National Clinical Advisor & Group Lead for Chronic Disease	Ciaran Ward	Mobiliser, Business Services Support Team



Questions for all
panelists



Chat Box for Questions !



News Items

- Please see the link below which links to the Integrated Conference on September 4th which featured today's Cardiology Project and a previous presentation on the Benign Gynaecology Improvement Journey in Dublin South East.

[Integrated Healthcare Conference 2025](#)

- Waiting List Action Plan 2026 is in development and we will keep you up to date

A graphic with a pink and purple geometric design. The text 'Waiting List Action Plan 2025' is written in white, with '2025' in a larger, bold font.

Waiting List
Action Plan
2025

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:**
 - October 1st
 - November 5th
 - December 3rd
- **Access.Programme@hse.ie**

