National Women & Infants Health Programme

IMPLEMENTATION OF THE AMBULATORY GYNAECOLOGY MODEL OF CARE

A FIVE – YEAR REVIEW 2020 - 2024

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NOTE

Every effort has been made to ensure the accuracy and reliability of the data presented in this report. Information has been obtained from HSE sources including the Business Intelligence Unit (BIU), the Health Pricing Office (HPO) as well as the National Treatment and Purchase Fund (NTPF). However, it is important to acknowledge that some gaps, inconsistencies, and limitations exist in the historical data due to variations in reporting standards, availability, and completeness over time. These discrepancies may affect certain analyses and should be considered when interpreting the findings.

For example, the National Maternity Hospital Data in relation to referrals and waiting lists has been excluded from graphs and analyses as this data was unavailable for 2020-2021.

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EXECUTIVE SUMMARY

Over the past five years, significant strides have been made in improving access to gynaecological care and reducing patient waiting times, driven by a series of targeted work programmes and strategic investments. This report focuses on the development and implementation of the **Ambulatory Gynaecology Model of Care (2020)** and outlines the key achievements, highlights the impact of this and other initiatives, and sets the stage for further enhancing gynaecology services in the years ahead.

Key Achievements include:

- **18 Ambulatory Gynaecology (AG) services** established, delivering over **20k new patient appointment** during 2024.
- Targeted investment in multidisciplinary staffing and training has been central to these improvements. Over **126 WTE** additional health care professionals have been recruited and upskilled.
- Over **€9.5 million in recurring funding** has been provided to roll out the AG MoC. An additional **€6.5 million has been provided on a once-off basis** to enable services to support the required refurbishment and equipping of new ambulatory gynaecology clinical spaces.
- Despite gynaecology referrals almost doubling in the period 2020-2024, there has been a circa **9.5% decrease** in the overall number waiting for access to gynaecology services.
- Since the introduction of ambulatory gynaecology services in 2020, the number of women waiting over **six months has decreased by 65%**, and those waiting over **12 months has reduced by 89%**.
- As of December 2024, **82% of women were waiting less than 6 months** for outpatient gynaecological care, compared to 53% at the end of 2020.

The successful implementation of this MoC would not have been possible without the dedication and hard work of the frontline clinical teams delivering care, as well as executive and clinical management teams in individual services who enabled and supported this change.

Looking forward, the HSE's ambition is to continue to build on these improvements in gynaecological care, supporting the establishment of a minimum of two additional AG services, as well as seeking to further bolster the multidisciplinary teams available to comprehensively and holistically care for women.

INTRODUCTION

Outpatient gynaecology services are an essential component of women's healthcare in Ireland, providing critical services such as the management of, for example, menstrual disorders, pelvic pain, urogynaecological issues, and endometriosis. The HSE is driving improvements in these services, working with clinical and executive management teams to ensure that care is accessible and timely for all women. A significant development in this area has been the introduction of the Ambulatory Gynaecology (AG) Model of Care (MoC) in 2020, which aimed to address long-standing issues of access, capacity, and waiting times. Further specialist services have since developed, including the establishment of complex menopause clinics, dedicated specialist endometriosis services, and fertility hubs.

This report reviews the implementation of this AG model of care as well as the development of other specialist gynaecology services, while examining the demand and capacity of public gynaecology services during this five-year period 2020 – 2024.

BACKGROUND - DEFINING THE PROBLEM

In the period leading up to 2020, access to gynaecology was becoming a significant problem. At that stage, general gynaecology outpatient waiting times were in the region of 24 months for routine referrals. This accessibility issue was compounded by the increase in demand in gynaecology services that could potentially be attributed to heightened public and professional caution in the aftermath of challenges experienced within the Cervical Check Programme. The system was further challenged given that wait times to general gynaecology before and at this time were in the region of 24 months for routine appointments. The Irish health system has of course experienced the impact of the Covid-19 pandemic that saw many services suspended or operating with reduced capacity for much of 2020 and some of 2021. Around this time, waiting times of up to 24 months was common for routine referrals.

An initial and expected decrease in gynaecology referrals in 2020 was following by a sharp spike, with a **36% increase in general gynaecology referrals** observed in 2021.

While referrals again increased in 2021, the overall waiting list also grew during this period by over 3%. Most concerning, the number of women waiting over 12 months, defined as long waiters, increased by 58% between 2018 and the end of 2020.

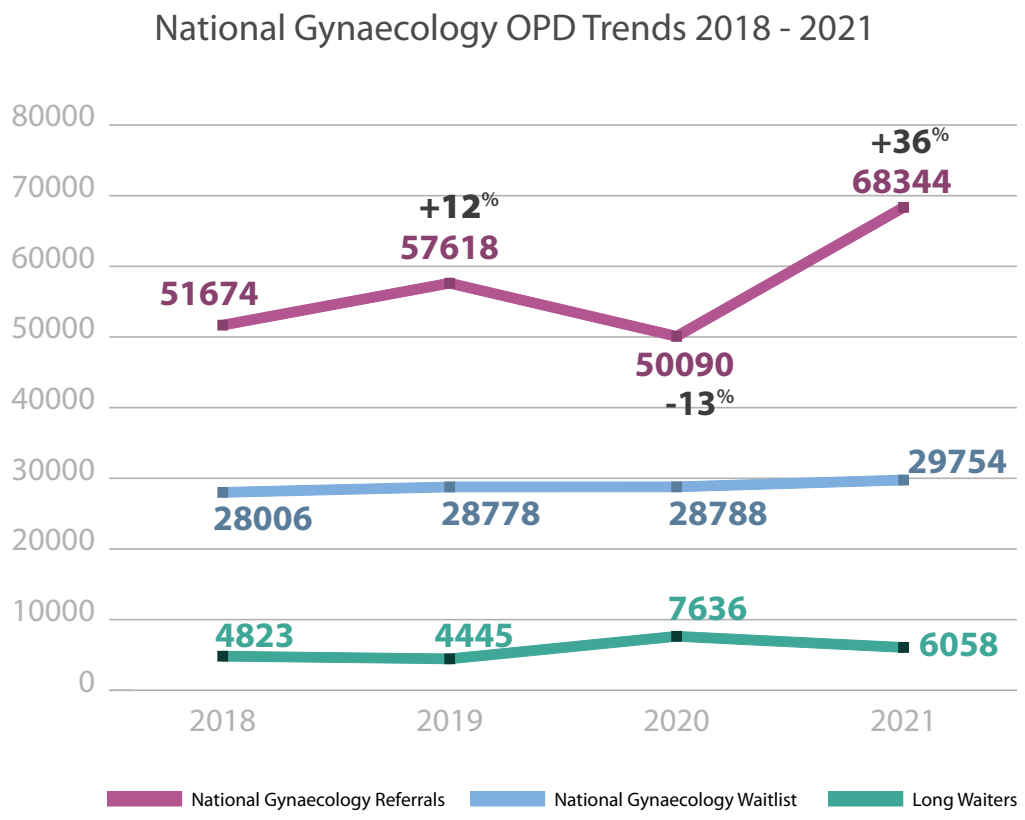

Figure 1 *National Gynaecology Trends 2018 - 2021*

While it is generally accepted that the system has now absorbed much of the impact of the pandemic, gynaecology referrals continue to rise at a rate not experienced by most other specialities. A further 13% increase was evident from the period 2021-22, whilst an additional annual increase of 12% was observed during the period 2022-23. There has been a net increase of 9.8% in outpatient gynaecology referrals from 2023 to end of 2024. Cumulatively, this has resulted in a 90% increase in referrals from 2020 to 2024.

There are a multitude of factors, demographical, societal and cultural, likely contributing to the increase in gynaecological referrals. Firstly, population changes driven by natural increase and net migration has led to an increased number of women potentially requiring gynaecological care. Population estimates from the CSO for the period 2016 to 2024 project an overall 13% increase in the female population, with a 21% increase being estimated in relation to women aged over 30 years, and a 32% increase being reported in relation to women aged over 65 years[1].

Secondly, enhanced public awareness, discourse and education regarding women's health and the associated services available secondary to recent healthcare policy, has likely resulted in a shift in norms regarding healthcare-seeking behaviours, adding to demand.

Beyond expectant demand, there are other human and systems factors that can contribute to growing waiting lists such as duplication of referrals, inappropriate referrals, inconsistent waiting list validation processes and variable application of Do Not Attend policies across services.

1. https://www.cso.ie/en/releasesandpublications/ep/p-plfp/populationandlabourforceprojections2023-2057/

DEVELOPMENT OF THE AMBULATORY GYNAECOLOGY MODEL OF CARE

The need to rethink the way in which gynaecology services were being delivered in Ireland led to the design and development of the Ambulatory Gynaecology Model of Care (MoC) by the HSE's NWIHP. The MoC (2020) sought to increase the capacity of gynaecology services while also seeking efficiencies in the organisation and delivery of these services from both the healthcare provider and the woman's perspective.

In developing this MoC, NWIHP were influenced by the progress made in Mayo University Hospital, with MUH leading the way for this new mode of service delivery with similar pathways successfully in operation since 2009.

Ambulatory Gynaecology (AG) clinics seek to provide a complete episode of gynaecological care in a single visit or as few as possible. This approach offers numerous benefits to both patients and to individual services by providing timely, efficient care for a wide range of non-emergency, gynaecological conditions without the need for hospital admission or an overnight stay. Designed as a 'one stop shop' as appropriate, these clinics enhance efficiency by combining diagnostics and treatment, such as ultrasound scans, hysteroscopies, and biopsies, into a single visit. While reducing times to access care and the overall timeline for a patient to complete a comprehensive episode of care, an ambulatory approach to care also reduces the burden on hospital resources by decreasing the number of inpatient admissions and day case/inpatient procedures performed in theatre.

In 2020, it was estimated that approximately 50-70% of gynaecology referrals may be suitably directed to AG Clinics once all are established and operating at full capacity, with the most common presenting symptoms referred to general gynaecology services at the time of developing the MoC being abnormal uterine bleeding, followed by pelvic pain.

The AG MoC describes the establishment of two levels of AG service:

1. A level one service, based in tertiary sites, is designed to operate full-time and at maximum capacity manage up to 3,000 patients per year. This throughput is based on the availability of two, dedicated clinic rooms operating full time and five days per week.
2. Level two services, based in regional gynaecology services are designed to operate up to 2 – 4 days per week and have the capacity to manage between 1,000 – 1,500 appointments per year.

NWIHP, with the support of the DoH, has overseen the planning and development of 20 ambulatory gynaecology clinics to date. The initial 3 services deployed during the course of 2020. As of December 2024, 16 services are deployed across the country. As of June 2025, 18 AG services are operational, with work continuing to deploy the remaining two within dedicated community-based women's health hubs. Please see Appendix A for details regarding the location and current status of the clinics identified in the MoC.

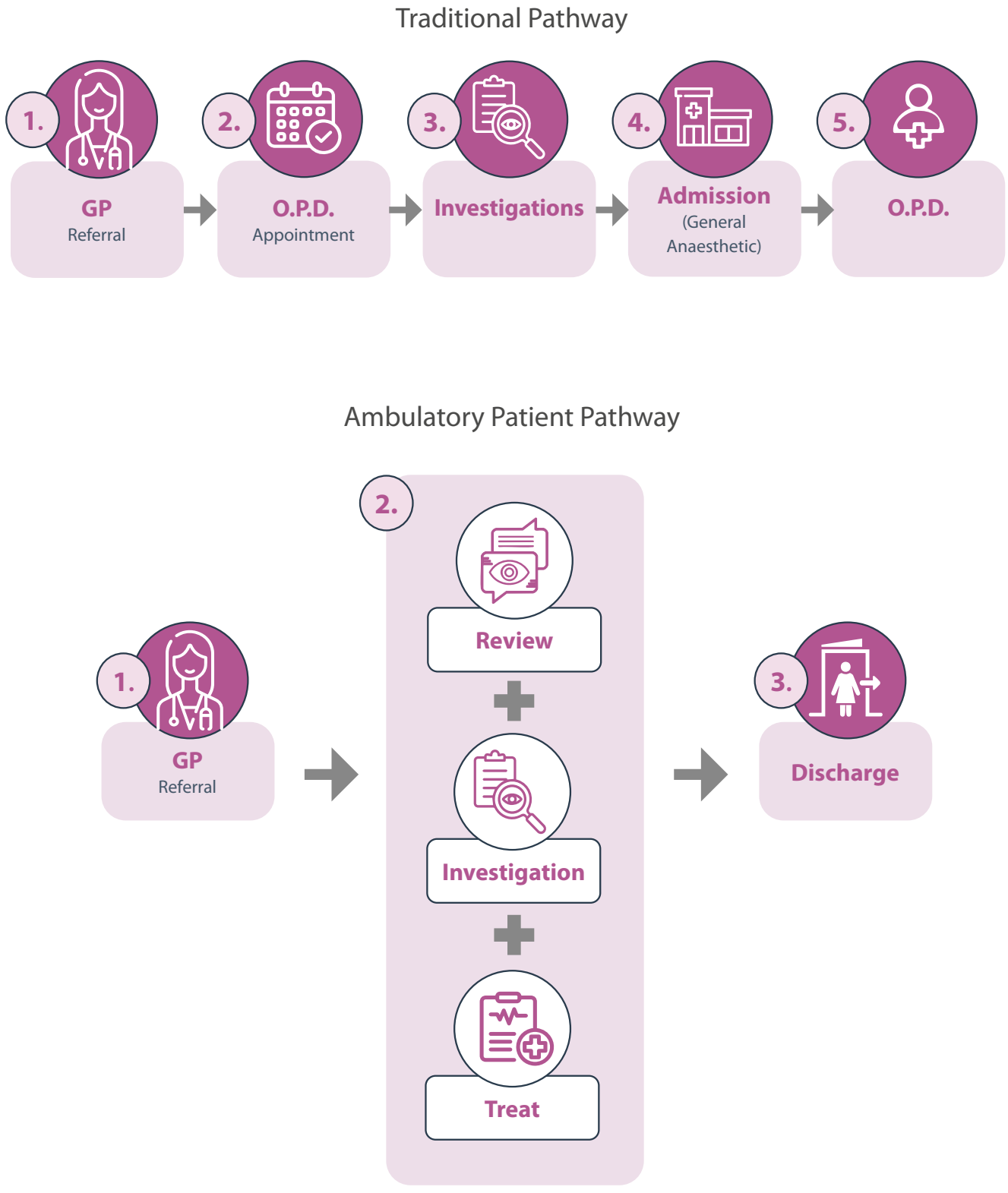

Figure 2 *Traditional versus Ambulatory Patient Pathway*

FUNDING AND RESOURCES

The transition from traditional outpatient and day case pathways to this new ambulatory approach as depicted in Figure 2 represented a significant change for services. Prior, the vast majority of hysteroscopies were performed in theatre. Recognising this, services were encouraged to adopt this new approach via the strategic allocation of additional, multidisciplinary resources. The roll out of the AG MoC involved multi-annual investment. In totality, **126.0 WTE multidisciplinary resources** have been funded via the phased implementation of the AG MoC (Table 1). The range of healthcare professionals funded across services include:

AG Service	WTE Funded
Level One AG Services **Team includes:** • Consultant Obstetrician and Gynaecologist • Advanced Nurse Practitioners • Clinical Specialist Physiotherapist • Staff Nurse • Administrative Support • Health Care Assistant	**47.5 WTE**
Level Two AG Services **Team includes:** • Advanced Nurse Practitioners • Clinical Specialist Physiotherapist • Staff Nurse • Administrative Support • Health Care Assistant	**78.5 WTE**
Total WTE	**126.0 WTE**

Table 1 *Breakdown of Funded Posts for AG MoC*

Note: Some posts funded were impacted by the Pay and Number Strategy and were subsequently delimited.

In designing the staffing profile for each AG clinic, NWIHP engaged closely with individual sites to ensure the full range of resources required to roll out this new development were available. While generally the package of posts funded was standardised as detailed in Table 1, additional resources were given to some services based on proportionality and demand.

Advanced Nurse Practitioner

Each AG service has funded an Advanced Nurse Practitioner. The rationale for this investment was to ensure that the AG services are built upon solid foundations, with the ANPs acquiring the necessary skills and education to independently undertake investigations and therapeutic interventions thereby, directly case loading patients. The competency profile for the AG ANP includes attaining the qualifications to prescribe, as well as the certification to independently perform both diagnostic and therapeutic hysteroscopies. ANPs will also undertake the necessary training to competently and independently perform investigative ultrasound.

The introduction of a permanent senior clinical presence within each AG clinic enhances clinical governance by ensuring consistent leadership, oversight, and accountability for standards of care. Moreover, ANP involvement supports the long-term sustainability of services by facilitating training and mentorship of junior staff, and contributing to the overall development of the AG services.

Physiotherapy

In terms of physiotherapy, the AG MoC recognised the critical need and low availability of this specialist resource. Physiotherapists contribute significantly to assessing and treating women with gynaecological conditions within a multi-disciplinary approach. Their role in women's health is wide-ranging and includes conservative management of bladder and/or bowel dysfunction, prolapse, treatment of sexual issues related to pelvic floor muscle dysfunction and pelvic floor pain, postpartum recovery to prevent and manage pelvic floor dysfunctions, and to prepare or aid recovery after gynaecological surgery. While physiotherapy does not fit within a 'one stop' approach to gynaecological management, the uplift of these specialists across services nationwide improved access, making physiotherapy input par and course of a woman's episode of care when needed as opposed to a luxury.

Working with the physiotherapists funded via the AG MoC, the HSE has devised a National Framework for the Implementation of Physiotherapy-Provided Gynaecology Pathways[2]. This Framework describes pathways designed for those women who would benefit from having their care managed either entirely by a physiotherapist or by a physiotherapist in conjunction with a consultant gynaecologist at secondary level, provided in a more timely and efficient manner.

Funding

A significant investment for HCAs and administrative support recognised the pivotal role these professionals play in both patient care and the operational components of running a service.

The investment profile for the AG MoC as of the end of 2024 correlates to **over €9.5 million in recurring funding**. An additional **€6.5 million has been provided on a once-off basis** to enable services to support the required refurbishment and equipping of new ambulatory gynaecology clinical spaces.

The funding provided for the refurbishment and design of clinical spaces is an additional feature of this MoC, recognising the importance of and the value placed on the physical environment in terms of overall patient and staff experience. Functional, well-equipped and dedicated footprints have been designed, with the clinical spaces also focused on comfort and a more dignified, patient-centred experience.

2. www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/gynaecology/national-framework-for-the-implementation-of-physiotherapy-provided-gynaecology-care-pathways.pdf

Figure 3 *AG Clinical Room Designs*

MONITORING THE IMPACT OF CHANGE

AMBULATORY GYNAECOLOGY ACTIVITY

In order to monitor the impact of the AG MoC and associated investment, a suite of activity metrics was collaboratively developed with robust reporting structures established to monitor demand, capacity and throughput of these newly established services. The metrics and resultant data are critical in assessing the effectiveness of the originally designed MoC but also provide essential information as regards any shifts or changes in overall trends.

Since 2020, ambulatory gynaecology services have significantly expanded, creating additional capacity with approximately 10,000 new appointments delivered in 2022, which grew to 16,000 in 2023. In 2024, **over 20k new patient appointments were provided** via the ambulatory gynaecology clinics. This exceeds the 2024 annual target of 18k appointments by **13%**[3] and is an increase of almost **27%** from 2023 AG activity (See Figure 4).

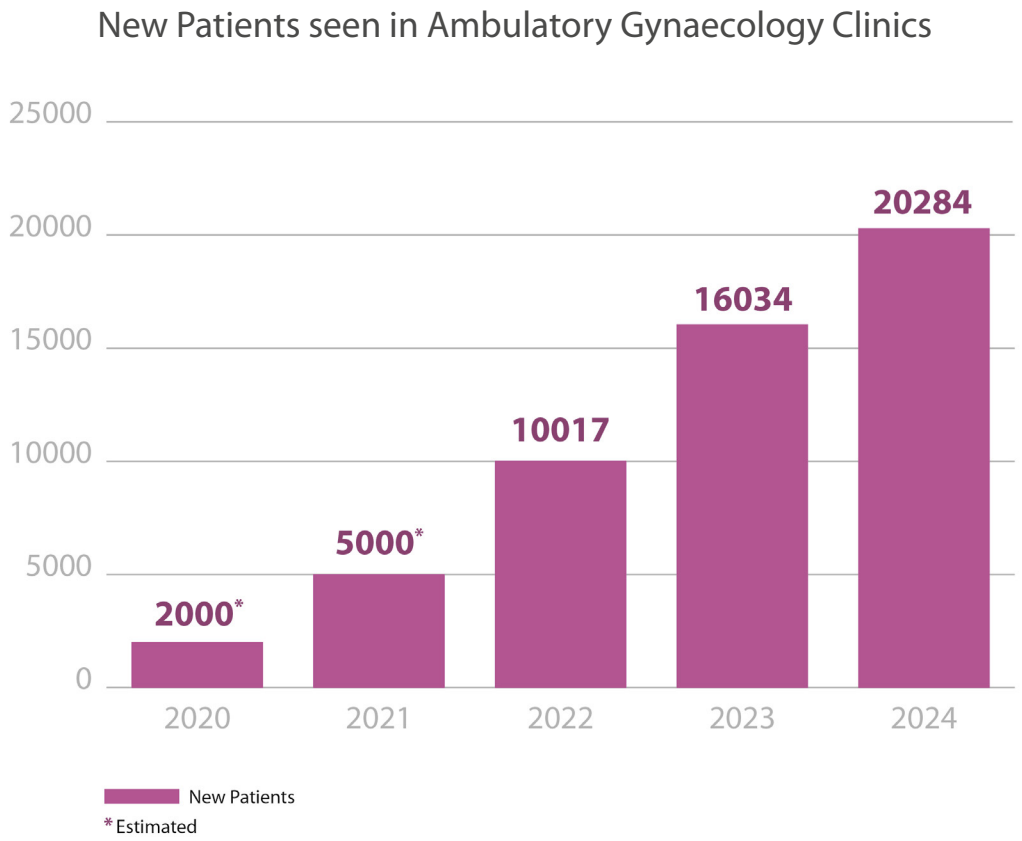

Figure 4 *New Patient AG Attendances 2020 - 2024*

3. https://www.hse.ie/eng/about/who/acute-hospitals-division/waiting-list-action-plans/2024-waiting-list-action-plan-end-of-year-report.pdf

While the impact of the introduction of AG clinics was gradual, representing just under 5% of all new patient gynaecology attendances in 2020, Figure 5 below demonstrates that by the end of 2024, almost one quarter (24.2%) of all new gynaecology attendances nationally were delivered via AG clinics. In the original MoC, it was predicated that 50-70% of general gynaecology referrals could be directed to AG services in a well established system. However, it is likely that the increased heterogeneity of referrals now received by gynaecology services subsequent to more specialist services being developed, that the proportion now suitable for AG is likely in the region of 30-40%.

Interestingly, Figure 5 shows that particularly during the period 2021 – 2023, AG clinics accounted for the additional activity observed in terms of new patient attendances, with the total number of new attendances for 'other' gynaecology services remaining relatively stable during this time. In 2024, while the contribution from AG services is very significant, a general increase is observed across all gynaecology services, likely attributable to complementary progress and reform initiatives implemented across the system[4].

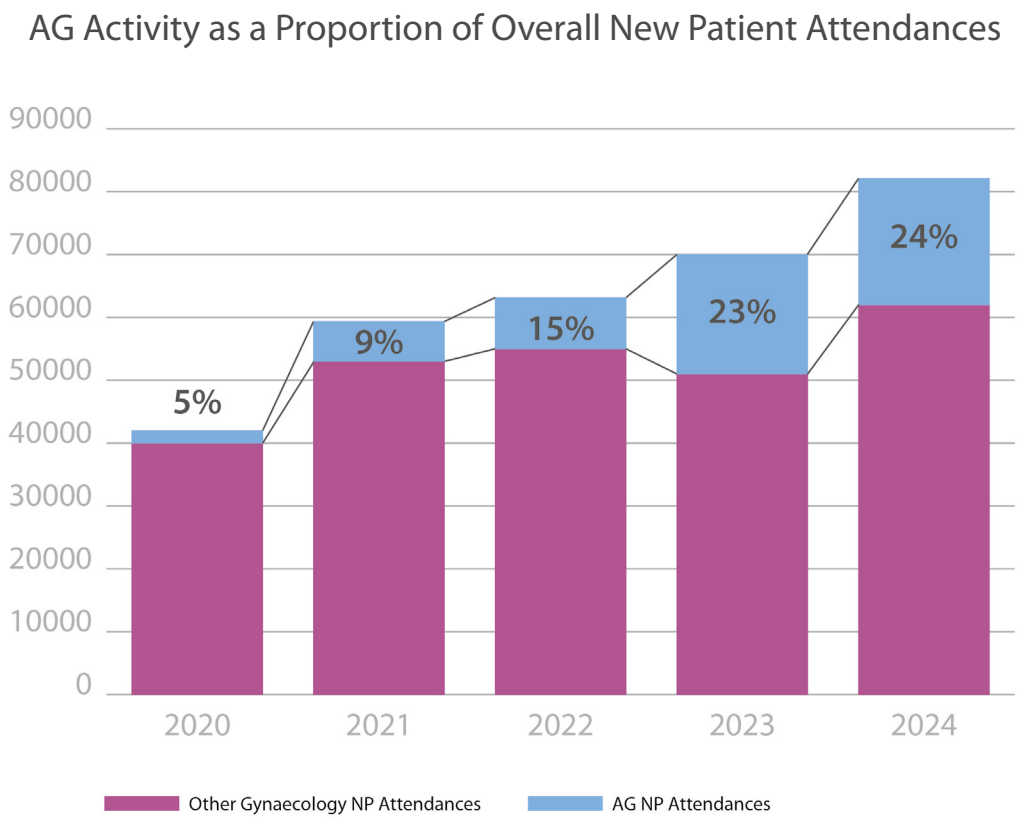

Figure 5 *Gynaecology Activity 2020 - 2024*

4. https://www.hse.ie/eng/about/who/acute-hospitals-division/waiting-list-action-plans/2024-waiting-list-action-plan-end-of-year-report.pdf

MEASURING THE EFFECTIVENESS OF A 'ONE STOP' APPROACH

Providing safe care in as few visits as possible is a fundamental concept of the AG MoC. Reducing the volume of review outpatient appointments allows for a more efficient allocation of clinical resources, thereby creating additional capacity to address new referrals and facilitate the timely removal of patients from waiting lists, with this timeliness ultimately yielding improved patient outcomes and experience.

While many women accessing AG clinics receive a comprehensive and complete episode of care in a single visit, some women for one or more of a multitude of reasons may have a return or review visit within the AG service. An additional **4,895 review appointments** were provided to women via the AG clinics in 2024. While these review visits include some patients who require a second AG visit to complete their episode of care, many constitute internal referrals from other subspeciality services e.g. fertility, recurrent miscarriage etc. While the latter are review patients to the service as a whole, they are de facto new patients to the AG service.

Nationally, the new to review ratio within the speciality of gynaecology was 1:1.4 for the year 2024. However, it is recognised that this ratio does not fully encompass all patient attendance e.g. radiology, phlebotomy etc. This is markedly lower for the AG services, with a new : review ratio of just 1:0.4.

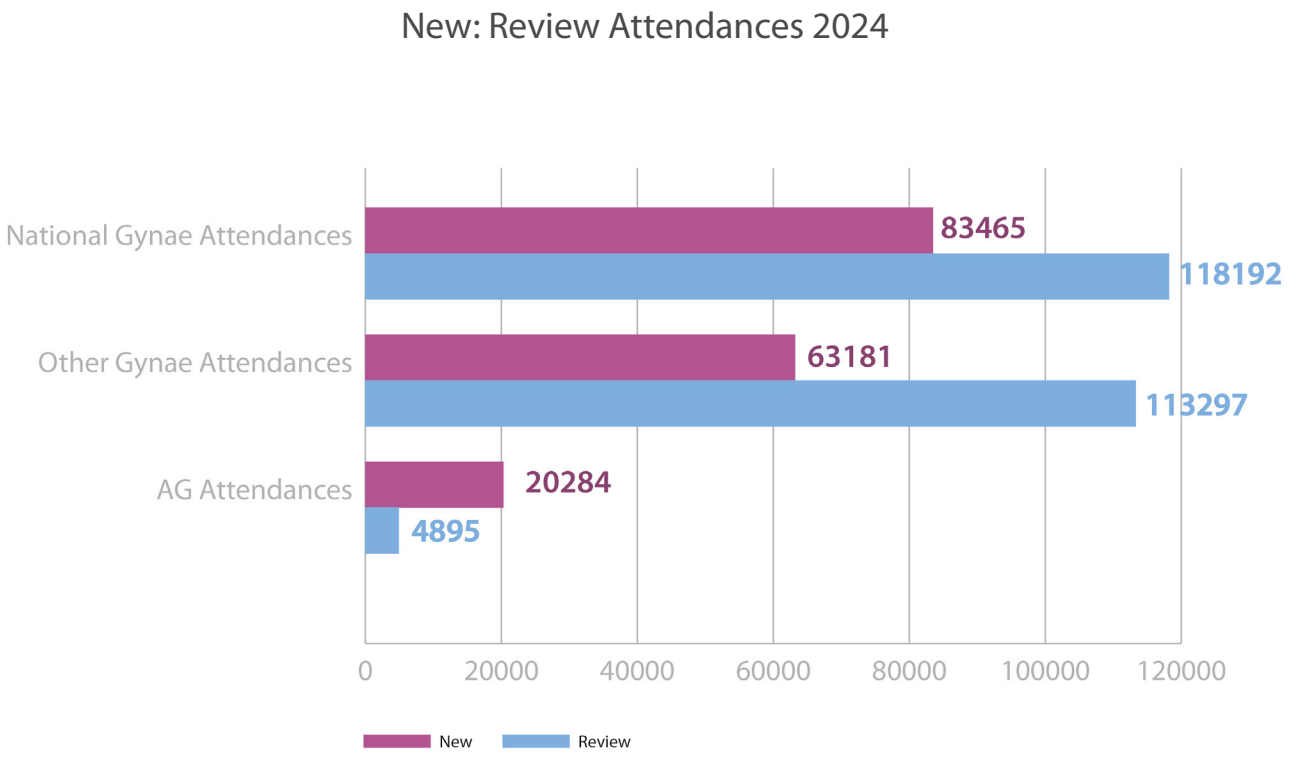

Figure 6 *New: Review Attendances 2024*

This ratio signifies the effectiveness of this model of care in providing a **one-stop approach** to gynaecological care where appropriate, while also demonstrating flexibility and individualisation of each case, with services providing a review or follow up appointment as indicated whilst supporting other gynaecology services and teams on their site.

Notably, the national gynaecology new to review ratio has **decreased** overall from 1:1.7 in 2020 **to 1:1.4** by the end of 2024. The impact of AG in reducing this national ratio is further evidenced in assessing the new versus review attendances for all other gynaecology services – with this ratio remaining at approximately 1:1.7 (Figure 6).

IMPACT ON ACCESS TO CARE – OUTPATIENT SERVICES

Nationally, despite an almost **doubling in demand** for outpatient gynaecology services from 2020 to 2024 as measured by referrals, the national waiting list for gynaecology services has **reduced by circa 9.5%** (Figure 7).

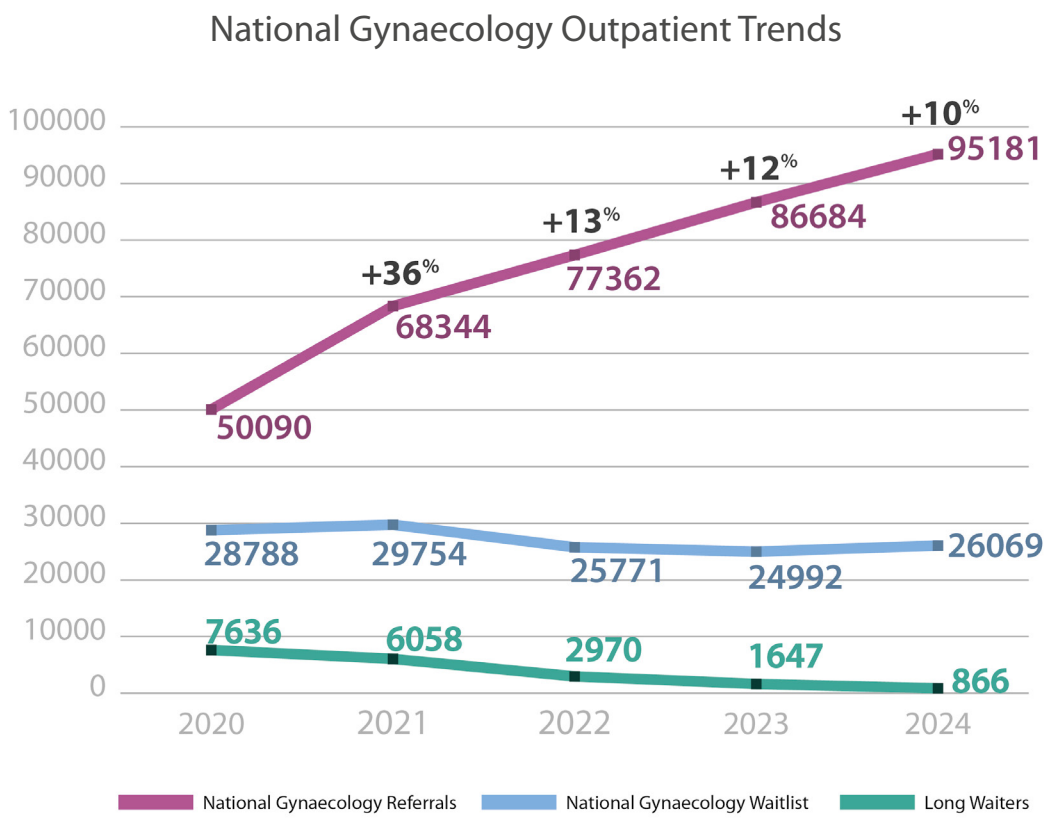

Figure 7 *National Gynaecology Outpatient Trends 2020 - 2024*

In terms of waiting times, significant progress has been made. From 2023 to 2024, there was a 20% reduction in women waiting longer than six months, and a 47% decrease in those waiting for over 12 months.

Since the introduction of ambulatory gynaecology services in 2020, the number of women waiting over **six months has decreased by 65%**, and those waiting over **12 months has reduced by 89%**.

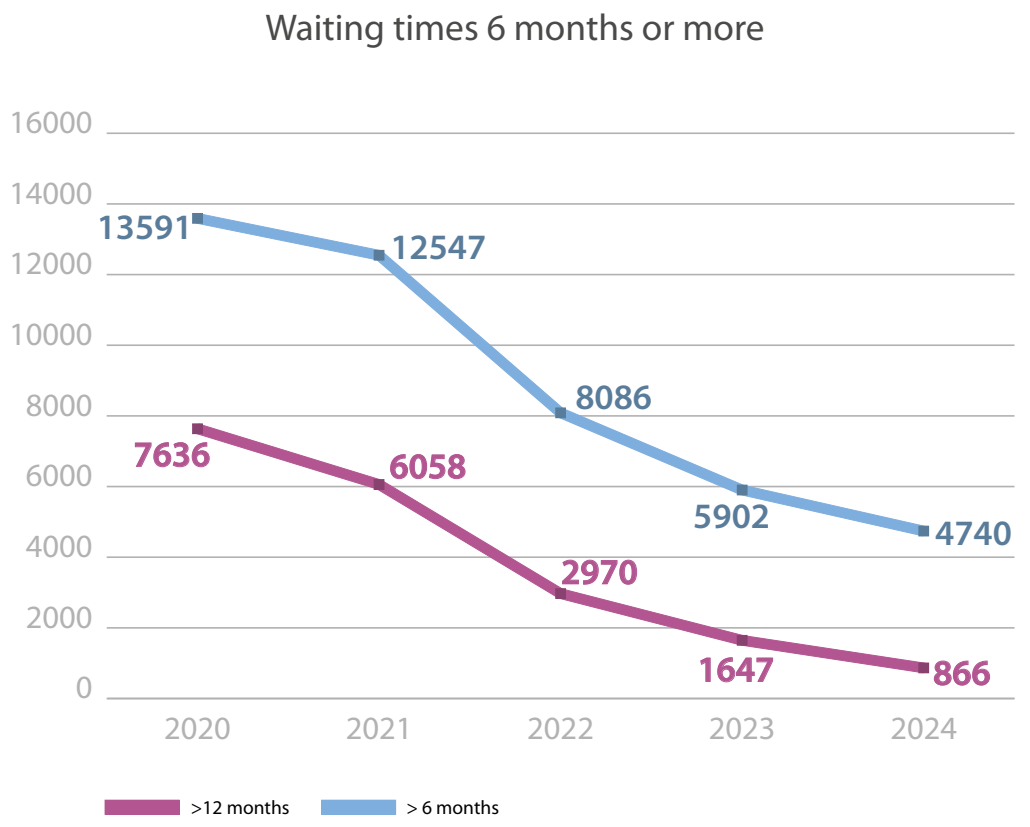

Figure 8 *Number Waiting 6 Months or Longer*

This is the result of annual, incremental improvements, with the absolute number waiting in both time bands reducing year-on-year. As of December 2024, **82% of women were waiting less than 6 months** for outpatient gynaecological care, compared to 53% at the end of 2020.

When assessing access to care, it is prudent to consider the Sláintecare outpatient recommendation that all patients referred for outpatient health services will wait no longer than 10 weeks for their first appointment.

In this context, the HSE has implemented annual targets detailed within the National Service Plan to incrementally work towards this recommendation.

Table 2 outlines the relevant targets for the five-year period 2020-2024 and details the performance of the gynaecology speciality in this regard, as assessed by end of year waiting list time bands for the speciality. This table again highlights the significant progress that has been made in terms of access to gynaecological care.

Year	Maximum Waiting Time Target	Performance Goal measured by % of patients to be seen within timeframe	Gynaecology Speciality % Achievement measured by waiting list as of year end	Target Result
2020	52 weeks *(12 months)*	80% of patients to be seen	74.5%	Minus >/=5%
2021	52 weeks *(12 months)*	75% of patients to be seen	79.7%	Achieved
2022	18 months	98% of patients to be seen	94.7%	Minus < 5%
2023	15 months	90% of patients to be seen	96.4%	Achieved
2024	15 months	90% of patients to be seen	98.3% Sláintecare achievement rate = 47.6%	Achieved

Table 2 *Gynaecology Performance against NSP Targets 2020-2024*

INPATIENT AND DAY CASE TRENDS

In terms of access to care for inpatient and day case procedures, significant and measurable improvements have also been realised. Since 2020, there has been a **54% reduction in those waiting over 12 months** for an inpatient / day case gynaecological procedure (Figure 9). This improvement is mirrored in the number waiting 6 months or over, with a **20% reduction** observed between end of year 2020 and 2024.

The trends observed as regards inpatient and day case wait times are likely attributable to several factors. However, due to the integrated nature of both outpatient and inpatient / day case gynaecology services, it is likely that the improvement seen in outpatient services has generated a ripple effect, driving enhancements across the entire public gynaecology service.

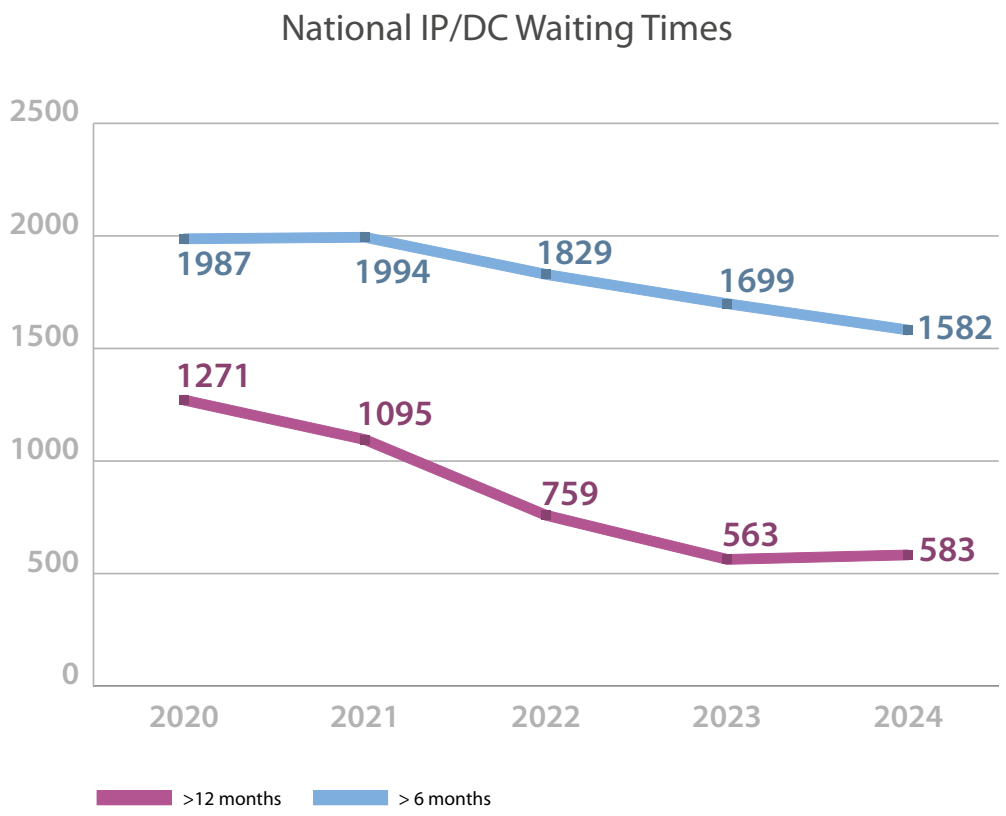

Figure 9 *National IP / DC Waiting Times 2020-2024*

This synergy across the speciality is also reflected in an overall increase in inpatient gynaecological activity, equating to a **41% increase** from year end 2020 to 2024. Historically a low-visibility service that struggled to attract resources as required, the significant investment made in the establishment of AG services in tandem with gynaecology being identified as a priority area for improvement by the Government, has likely increased the profile and priority of public gynaecology services. A seismic shift has been observed in terms of the importance of this speciality on the ground and the importance of considering the service independent of maternity as opposed to competing with maternity service and theatre needs. This change has been advocated for by strong local clinical teams and executive management, while supported by the HSE at a national level.

MAINSTREAMING THE MODEL OF CARE

A key element of an effective model of care is its ability to adapt to the evolving healthcare landscape. Since the roll out of the AG MoC, the HSE's NWIHP has sustained engagement with services nationwide to support the integration of these new patient pathways into existing services. A two-pronged approach, whereby data is routinely analysed in conjunction with attaining direct qualitative feedback from services, has contributed to ongoing actions taken to optimise service provision.

In terms of optimising the referral pathways, in 2022, NWIHP led on the multi-stakeholder development of the first national electronic gynaecology referral via Healthlink. This collaborative e-referral design facilitates the timely clinical prioritisation of gynaecology referrals, with a 'red-flag' system used to efficiently identify high-risk, urgent referrals. Similarly, referrals suitable for redirection to AG Services based on the patients' symptoms can be triaged appropriately. This ensures a woman

is directed to the most appropriate service, first time. **The national gynaecology e-referral** has been widely adopted and, in many services, is the only accepted method of referral. A standardised referral process reduces duplication and improves the overall quality of referrals received.

In 2024, NWIHP secured funding for an additional AG service based in Connolly Hospital. This was a direct response to an identified need in the North Dublin region – bringing the total number of AG services identified to 20 and conversations ongoing in relation to the need for one more. This service commenced AG clinics in 2025 and working collaboratively with the Rotunda, will provide a cross-site solution to outpatient gynaecological demand in the region.

As with the introduction of any new service, AG services required time to become fully established, with hospitals needing to realign their practices to accommodate this new approach to gynaecological care. It is important to acknowledge that the implementation of AG clinics has varied across sites, influenced by each service's unique contextual factors and infrastructural capacity. With that, during the course of 2024, NWIHP undertook a series of site visits in order to engage directly with services, and their clinical and executive management teams and ascertain what measures have supported the implementation of AG clinics and how services have addressed particular challenges. The findings of these visits culminated in the development of an **AG Good Practice report**[5], published in 2025. This report supports sites in optimal service provision. Furthermore, and secondary to this engagement, additional once-off equipment funding has been provided to services based on need, ensuring that each service continues to be resourced adequately. While this once-off funding contributes to the sustainability of services, it is vital that funded resources and infrastructure remain ring-fenced for AG and where vacancies occur, that they are filled in a timely manner.

The HSE have developed a national AG patient experience survey to collate the qualitative experience of women attending AG clinics and to ensure that services continue to be effective, patient-centred and remain responsive to the needs and preferences of women. This will be rolled out and collated twice yearly commencing in Q3 of this year.

5. https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/gynaecology/review-of-ambulatory-gynaecology-services.pdf

STRATIFICATION OF OUTPATIENT GYNAECOLOGY SERVICES

Extending beyond the AG MoC, the HSE have developed a strategic approach to reforming the delivery of outpatient gynaecological care, with the overall aim of ensuring timely access. This reform is based on the decanting of proportions of general gynaecology referrals and redirecting as appropriate to **specialist gynaecology services**, namely, complex specialist menopause services, specialist endometriosis services, and fertility services.

At a high-level, this strategy involves the funding of individual speciality gynaecology services with structured patient pathways across the continuum of care. The approach is underpinned by clear referral pathways, initiating with a woman visiting her GP and a referral being triggered by the GP as required and then onwards to secondary level acute gynaecology services, starting at local level and up to specialist tertiary care as indicated (See Figure 10). Critically, services have been enabled via recurring multidisciplinary pay-related funding, as well as once-off non-recurring funding to deliver these services. This referral trajectory is grounded in the principle of safe care being provided to women at the lowest level of clinical intervention appropriate, and as close to home as possible.

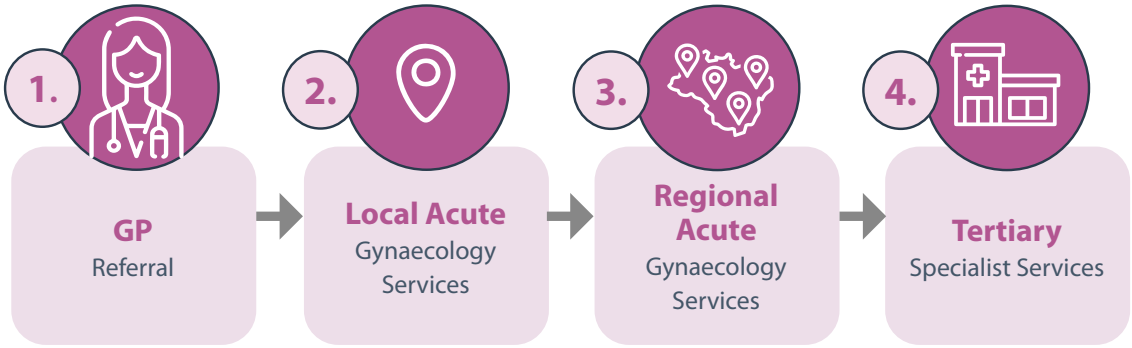

Figure 10 *Structured Patient Pathway to Specialist Gynaecology Services*

The establishment and roll out of these specialist services has been enabled and supported by the development of clear access and referral criteria for each level of service. This facilitates an awareness amongst both referrers and women of how and when a referral for care should be triggered and which level of service the referral should be directed towards. In addition, **Clinical Guidelines** in the areas of Endometriosis[6] and Fertility[7] have been completed while a Menopause Guideline is in active development. These Guidelines will support the implementation of the relevant specialist patient pathways by offering evidence-based recommendations that promote consistency, safety, and quality of care across services.

The HSE's NWIHP has established numerous Professional Networks aligning to the development of the specialist services. These networks, including representation from primary care to specialist, tertiary level care, provide a platform for information sharing and ongoing engagement amongst

6. https://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/assessment-and-management-of-endometriosis-2025-.pdf
7. http://www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/clinical-guidelines/ncpg-fertility-investigation-guideline.pdf

peers. Importantly, these forums further promote awareness of the associated access and referral criteria for specialist services and corresponding patient care pathways.

Table 3 below outlines the other specialist services that have been developed as part of this overall strategy, while the locations of these services is depicted in Figure 11.

Specialist Gynaecology Service	Description	New Patients 2024
Specialist Complex Menopause Services	Management of women experiencing severe and/ or complicated symptoms of menopause	**1,750**
Specialist Endometriosis Services	Multidisciplinary management of women with confirmed moderate endometriosis (regional hub services) or severe endometriosis (supra-regional service).	**1,150**
Fertility Services	Management of couples experiencing fertility challenges *Note within Fertility Services, a new patient constitutes a couple.	**3,128***

Table 3 *Overview of Specialist Gynaecology Services*

These services have been strategically co-located within the six regional maternity and gynaecology networks, such that there is equitable access across the six health regions, as depicted in Figure 11 opposite.

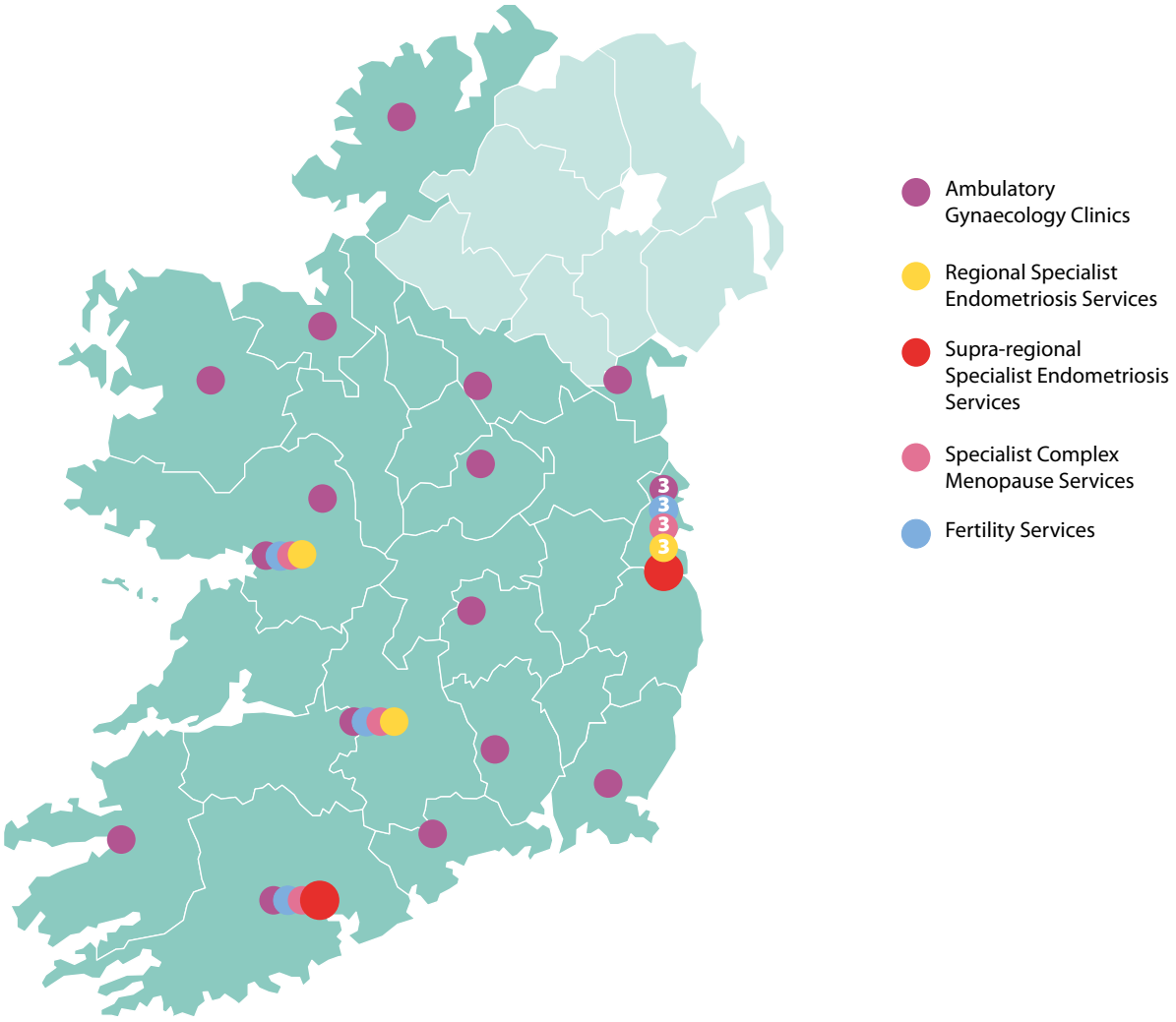

Figure 11 *Location of Specialist Gynaecology Services*

OVERALL IMPACT OF GYNAECOLOGY STRATEGY

Total Activity

With reference to the specialist services discussed above and the AG services nationwide, these services constituted **33% of all new gynaecology attendances** recorded during 2024. This has increased from 27% in 2023, with services being more impactful and having a greater reach throughout 2024.

As highlighted throughout this report, the introduction of the AG MoC and additional speciality services as part of an overarching reform strategy has had a significant impact on reducing waiting times.

Based on available data and waiting lists at the time of reporting, in the absence of these specialised services and the extra capacity they provide, the number of women waiting for gynaecological care as of the end of 2024 could have been more than three times higher. In other words, the implementation of these specialist services, including ambulatory gynaecology, **has decreased the potential overall gynaecology outpatient waitlist by over 67%** (Figure 12).

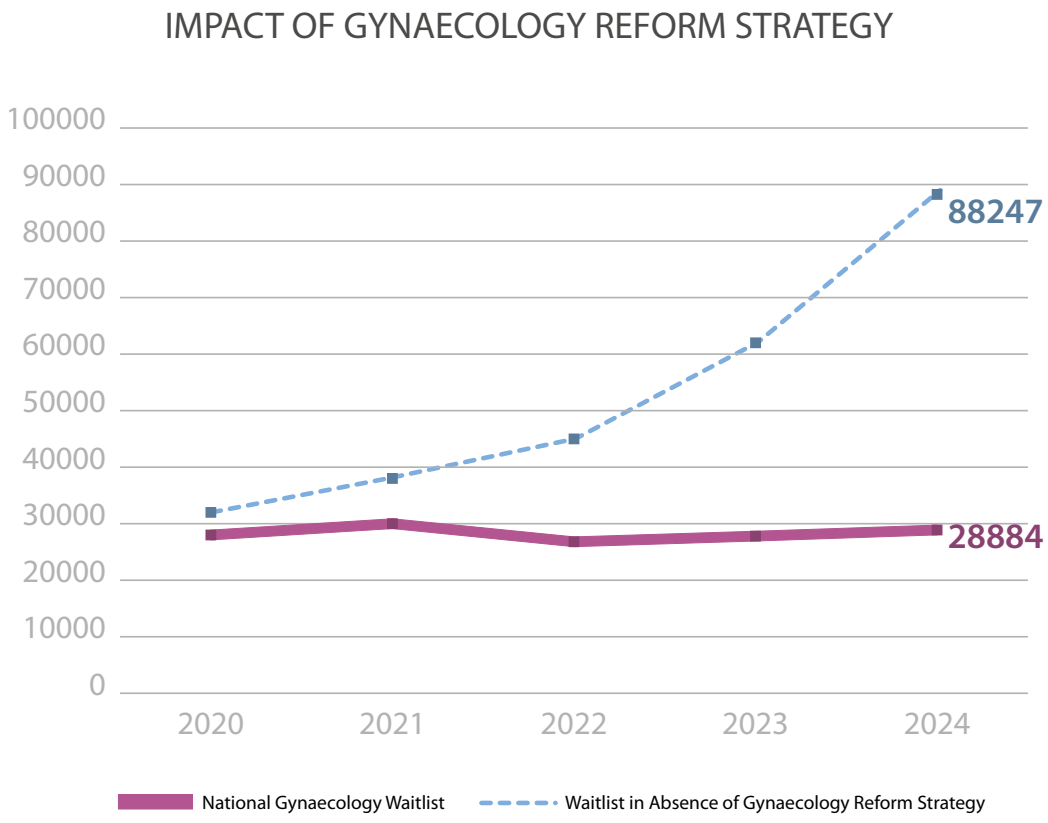

Figure 12 *Impact of Gynaecological Strategy on National Outpatient Waiting List*

NEXT STEPS IN MANAGING GYNAECOLOGY

Looking to the next five years, in terms of determining where further improvements can be realised in the delivery of gynaecological care, it will be essential to gain a more detailed understanding of the factors influencing continuously increasing demand.

A detailed analysis regarding the need and delivery of gynaecology services is required, particularly in the context of meeting Sláintecare targets and providing consistently timely care for women. Such planning requires the assessment of demographic and epidemiological trends, applying forecasting models and consideration of the reforms, both from a practical and policy perspective, happening within the public health system.

In addition to being timely, a further focus is required to ensure that care is delivered where possible and appropriate out of the acute setting and embedded within the community. Restructuring services traditionally provided in the acute setting to a local setting increases both equity and accessibility, while reducing the burden on hospitals.

This transition of care has commenced with the conception of **'Women's Health Hubs'**. These community-based facilities are designed to cater to a range of women's health services, including but not limited to, antenatal and postnatal care, ambulatory gynaecological care, contraception clinics etc. A number of other gynaecology services leading on this transition of care off level 3 and level 4 hospital sites and into level 2 hospital or community sites including CUMH, Cavan, Limerick and the Rotunda. Other sites are actively pursuing this model of service delivery e.g. Kerry, due to deploy by year-end 2025.

While the investment over the last five-years has seen the development of multidisciplinary teams, the HSE's ambition is to continue to build on the quality of care a woman receives adopting a whole-person and trauma-sensitive approach to care. This includes advocating for psychosexual counsellors and occupational therapists to bolster the interdisciplinary teams already established and ensure that woman-centred care includes consideration of the interplay between sexual health, psychological well-being, quality of daily life and gynaecological conditions.

CONCLUSION

In summary, this report looks at the roll out of the Ambulatory Gynaecology Model of Care over the five-year period 2020-2024. It has described the impact of 18 deployed services to date, with a further two and perhaps three services in development. The AG MoC was developed at a time where demand completely outstripped capacity, with gynaecology services often losing favour in terms of prioritisation and by virtue of competing with maternity services and the associated theatre demands.

Despite the consistent, yearly increase in referrals, the national outpatient gynaecology waiting list has reduced and most significantly, access for women to gynaecological care has greatly improved. Moreover, the quality of care has been enhanced with significant investment and resources delivered via the AG MoC to provide comprehensive, multidisciplinary care.

Five years on and further to successful implementation, the MoC has been embedded into organisational processes and is now an established component of regular service delivery.

APPENDICES

APPENDIX A

	Hospital	Site	Level	Status as June 2025
1	**Galway**	On Site	Level **1**	Deployed
2	**Cork**	On Site	Level **1**	Deployed
3	**Rotunda**	On Site	Level **1**	Deployed
4	**Limerick**	Nenagh Women's Health hub	Level **1**	Deployed
5	**Coombe**	On Site	Level **1**	Deployed
6	**NMH**	On Site	Level **2**	Deployed
7	**Letterkenny**	On Site	Level **2**	Deployed
8	**Portlaoise**	On Site	Level **2**	Deployed
9	**OLOL**	On Site	Level **2**	Deployed
10	**Waterford**	On Site	Level **2**	Deployed
11	**Mayo**	On Site	Level **2**	Deployed
12	**Wexford**	On Site	Level **2**	Deployed
13	**Sligo**	On Site	Level **2**	Deployed
14	**Kilkenny**	On Site	Level **2**	Deployed
15	**Mullingar**	On Site	Level **2**	Deployed
16	**Cavan**	On Site	Level **2**	Deployed
17	**Portiuncula**	On Site	Level **2**	Deployed
18	**Connolly**	On Site	Level **2**	Deployed
19	**Kerry**	Off Site - Tralee	Level **2**	New community-based location under development – projected completion Q4 2025
20	**Tallaght**	Off Site	Level **1**	Location pending
21	**STGH**	On Site	Level **2**	Under consideration

Table 4 *Location and Current Status of AG Clinics*

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