2022 Waiting List
Action Plan

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Foreword

I am very pleased to be publishing this Waiting List Action Plan today. It is a roadmap for tackling our waiting lists, which were unacceptable before the COVID-19 pandemic and have worsened since.

Hundreds of thousands of men, women and children are on waiting lists. I have met and spoken to some of these patients and their families during my time as Minister for Health. The long waits cause enormous distress, pain and discomfort. We have a responsibility to do better and that is why I decided to establish a Waiting List Task Force.

We have a twin-track approach of investment and reform. Targeted investment aims to get many more people treated as quickly as possible. At the same time, we are reforming and investing in our public health service to eradicate the gap between demand and permanent capacity.

This year our health service will receive €21.7 billion in net funding. On top of large levels of investment we are doing everything in our power to make sure that we have even more clinicians on the front line. We are investing in more beds, equipment and technology, while reforming clinical pathways and providing more care in the home and the community. We must ensure that backlogs do not keep recurring in our public health service.

Our Waiting List Plan, which is supported by dedicated funding of €350 million, has been developed with expert input from clinical leaders. This plan outlines how that money will be used. We are not trying to reset to where we were before the pandemic, when our waiting lists were unacceptably high. We want to improve and transform access to elective care.

The challenge ahead is significant, but it is not insurmountable.

We had 75,000 patients on active inpatient and day case waiting lists at the end of 2021. We aim to have treated almost all those patients by the end of 2022.

We are introducing a new measure that will ensure that those waiting longer than six months on inpatient or day case waiting lists, for 15 specific high-volume procedures, will be offered treatment via the National Treatment Purchase Fund. This will include, but is not limited to, those waiting on cataract procedures, hip and knee replacements, as well as cystoscopies.

All of these measures will make a huge difference, but they won't be enough. In addition to the large numbers on waiting lists today, we know that a lot of people very understandably stayed away from the health service during the pandemic and did not come forward for the care they needed. Others were unable to access non-urgent care. We want these people to come forward. When they do, that will place huge additional demand on our health service.

We estimate that over 1.5 million patients will be added to active waiting lists this year. This plan details how we intend to ensure that an even higher number, 1.7 million, are treated and removed from waiting lists.

Much of our waiting list funding will be directed to public hospitals, where additional elective activity will take place. We will also make greater use of the independent sector, so we can help patients to get faster access to care.

We aim to bring the number of patients on active waiting lists to its lowest point in five years. While our targets are ambitious, I also need to be honest about what is achievable over the coming months. Our waiting list crisis has been building up for very many years and there are no instant fixes.

Maximum Wait Time Targets are being introduced. We want to ensure that patients do not have to wait more 12 months for any hospital procedure, or 18 months for an initial assessment, by the end of this year.

No group of workers has felt the burden of the pandemic more than our health and social care professionals. In spite of enormous challenges, including a cyber-attack in the midst of a pandemic, we had one of the fastest and most successful vaccine rollout programmes in the world. Our fatality rate from Covid remains one of the lowest in Europe.

Our healthcare workers responded with determination and distinction during the pandemic. Our waiting lists are unacceptable, but we will overcome this challenge too - and deliver immediate and long-lasting improvements for our healthcare professionals and patients of the future.

Minister for Health
Stephen Donnelly TD

Executive Summary

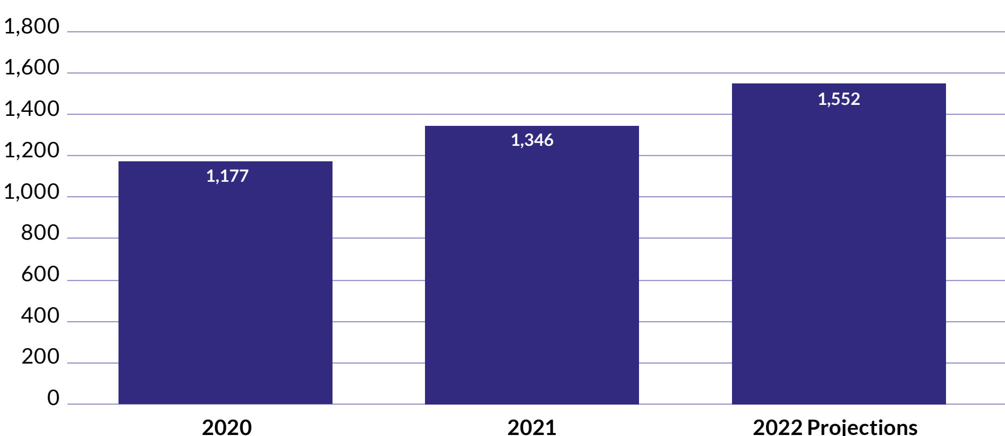
Waiting Lists Context

It is widely acknowledged that waiting lists have been a challenge for the Irish healthcare system for decades and require significant long-term reform. Over the past five years, waiting lists for acute hospital scheduled care have increased by 20 percent (from end-2017 to end-2021) – across hospital outpatient consultations, inpatient/day case (IPDC - surgery or procedure) and gastrointestinal endoscopy (GI scope) procedures.

Unfortunately, disruption to elective activity during the COVID-19 pandemic and the HSE cyber-attack in 2021 have created additional pent-up demand for services. As of the end of December 2021, 720,056 patients were waiting for acute hospital scheduled care services across Ireland.

The graph below illustrates the number of people added to active waiting lists for acute scheduled care in 2020 and 2021, as well as the projection for 2022, which takes account of the impacts of pent-up demand as well as demographics (i.e. providing healthcare to a growing and ageing population in Ireland).

Waiting List Additions, 2020–2022 (in '000)



Executive Summary cont.

The 2022 Waiting List Action Plan

The 2022 Waiting List Action Plan (henceforth referred to as 'the Plan') is the product of extensive engagement between the Department of Health (DoH), the Health Service Executive (HSE) and the National Treatment Purchase Fund (NTPF), cognisant of population health needs as well as the current and desired patient experience.

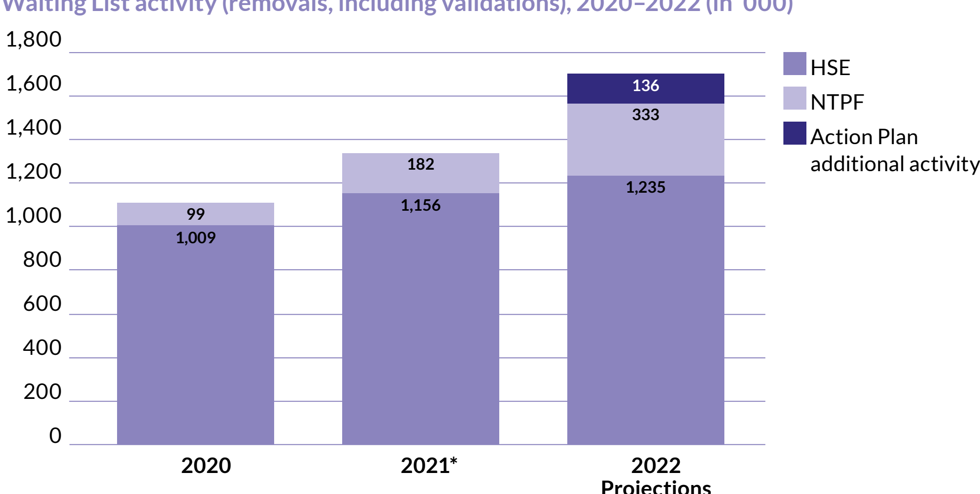
It is a clear comprehensive plan with a dual approach. Firstly it involves an immediate, targeted response to further stabilise and reduce the current waiting list backlog, with a particular focus on those waiting longest. Secondly, in tandem it will also address the much needed and overdue longer-term reforms needed to enhance capacity and build towards the Sláintecare vision of equal, timely access to safe quality healthcare for all.

The Plan focuses on delivering immediate reductions in acute hospital scheduled care waiting lists through increased activity to impact volumes, while building on the work done in 2021 to lay the foundations for longer-term reforms. This Plan is therefore the first stage of a comprehensive multi-annual reform programme of work to deliver sustained reductions in waiting lists numbers and waiting times so that people in Ireland receive the healthcare they need within defined timeframes.

It is projected that in 2022 c. 1,575,000 patients will be added to active waiting lists ('additions') for either a first hospital outpatient consultation (c. 1,075,000), IPDC surgery or procedure (c. 350,000) or a GI scope (c. 150,000). Under the 2022 Waiting List Action Plan, the Department HSE and the NTPF propose to deliver services to remove more than 1,700,000 patients from active waiting lists ('removals') resulting in a net reduction in these waiting lists of more than 130,000 (net of additions and removals), so that by the end of 2022, the number of patients on active waiting lists will be at its lowest point in five years.

The graph opposite illustrates this significant level of activity that will be undertaken in 2022 to remove people from waiting lists for acute scheduled care, which is a significant ramp up of what was able to be provided in 2020 and 2021 under the constraints of the pandemic. This Plan enables additional activity to be delivered by the NTPF and HSE that can address existing backlogs as well as servicing the surge in additions to waiting lists forecast for 2022, as per previous graph.

Waiting List activity (removals, including validations), 2020–2022 (in '000)



*This figure includes the 41,000 patients removed from waiting lists as a result of the short-term Waiting List Action Plan (September–December 2021)

To systematically address waiting lists in 2022, the Plan has been developed by focusing on four key areas, under which 45 short, medium, and long-term actions will be to deliver the projected reductions in waiting lists and continue laying the foundations for, and begin the implementation of, reform actions:

1. Delivering Capacity in 2022

Immediate delivery of additional activity within the private and public system to address the current waiting lists backlog.

2. Reforming Scheduled Care

Medium-to-longer-term reform measures to fundamentally resolve underlying barriers to the timely delivery of care. Further work towards improving patient pathways of care is included, with some 37 priority scheduled care pathways across 16 specialties on track for implementation in 2022. These will ensure the availability of more timely access to care for people in settings closer to their communities and homes.

3. Enabling Scheduled Care Reform

Key process/policy and technology/data enablers critical to support the whole-of-system reform required to improve access to scheduled care and achieve the Government maximum wait time targets.

4. Addressing Community Care Access and Waiting Lists

Additional 'exploratory and foundational' deliverables to better understand and take short, medium- and long-term action to address access and waiting lists in the community.

Executive Summary cont.

Funding of 2022 Waiting List Action Plan

€350 million is being allocated in 2022 to the HSE and the NTPF to provide additional public and private activity to further stabilise and reduce scheduled care waiting lists and waiting times, in tandem with bringing forward much needed longer-term reforms. This will supplement the core activity of the HSE as detailed in the HSE National Service Plan (NSP) 2022.

By the end of 2022, waiting lists are projected to reduce by more than 132,000 (18%) as a result of this €350 million investment, bringing waiting lists to their lowest point in five years.

As depicted in the graph below and table opposite, based on the full implementation of this Plan, by the end of 2022, waiting lists are projected to reduce by more than 132,000 (18 percent) as a result of this €350 million investment, bringing waiting lists to their lowest point in five years.

If this €350 million was not made available it is projected that, due to surging demand from the anticipated release of post-pandemic pent-up demand for healthcare and demographic factors, that active waiting lists for acute scheduled care would significantly increase **by up to 40% at the end of 2022**, with over a million people remaining on these lists, as illustrated in the graph below.

Waiting List Additions and Waiting List Action Plan, 2022 (in '000)

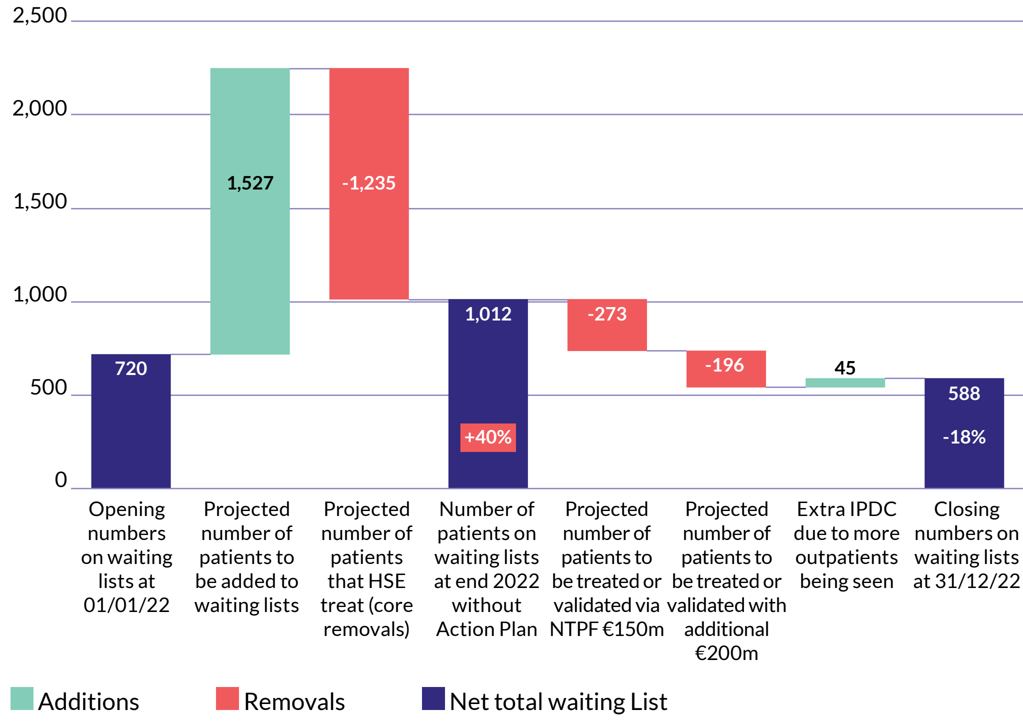


Table 1: **Projected Waiting List position – end December 2022**

	OPD	IPDC	Scopes	Total
Opening Waiting List (as at 1 Jan 2022)	617,448	75,463	27,145	720,056
Additions to Waiting List	1,074,922	350,152	147,036	1,552,109
HSE Core Activity from base	-854,673	-268,367	-112,379	-1,235,419
NTPF Core Activity from €150m	-200,000	-47,000	-26,000	-273,000
Additional Impact of €200m				
Activity	-100,000	-28,000	-8,000	-136,000
Additional Validation	-50,000	-7,000	-3,000	-60,000
Closing Waiting List (as at 31 Dec 2022)	487,697	75,248	24,802	587,747
Change	-129,751	-215	-2,343	-132,309
	-21%	0%	-9%	**-18%**

It should be noted that the projection for IPDC indicates no significant reduction in the waiting list. This reflects the fact that additional outpatient activity is projected to result in 40,000 extra patients being identified as requiring inpatient/day case treatment. In effect, if this significant additional OPD activity were not delivered, then the closing IPDC waiting list would be projected to be c. 40,000 lower as a result. During the implementation phase avenues to secure additional IPDC activity will be considered in order to achieve a net reduction in the IPDC waiting list but, in any case, the overall plan will result in the removal of longer waiters from the IPDC waiting list and the profile at the end of the year will reflect an improved position in terms of peoples' wait times.

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NTPF activity is projected to **remove 273,000 patients from waiting lists**.
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The €350 million includes existing funding of €100 million allocated to the NTPF for 2022 plus an additional funding of €50 million, providing it with a total budget of €150 million for the year. With this funding, NTPF activity is projected to remove 273,000 patients from waiting lists, with activity encompassing support for public hospitals to treat more patients, commissioning care in private hospitals, validation, data quality, reform and systems and process development. This work will impact inpatient/day case, GI scope and outpatient waiting lists, as summarised in the table on the following page.

Furthermore, for 15 high volume IPDC procedures the NTPF will offer treatment in 2022 for all clinically suitable patients waiting more than 6 months – refer to section 3.1.6 for details. The NTPF will also work to expand this IPDC procedure list so that in 2023 it will be in a position to fund care in the public or private systems for any clinically suitable patient waiting more than 6 months on the IPDC waiting list, where there is capacity at an appropriate cost in the public or private health systems to deliver the care.

Executive Summary cont.

Table 2: **Projected National Treatment Purchase Fund activity in 2022**

	2022	
NTPF	**Activity**	**Budget (€m)**
OPD	125,000	31
IPDC	37,000	90
GI Scopes	21,000	20
Validation	90,000	
NTPF Administration costs		9
Total	**273,000**	**150**

Gynaecology, paediatrics orthopaedics and bariatric/obesity treatments will be prioritised with a **€15m dedicated fund**.

However, an analysis of activity set out in the 2022 HSE National Service Plan (NSP) indicates that the current level of core HSE acute hospital activity would not be sufficient to avoid growth in waiting lists of over 300,000. Even with NTPF activity added, the waiting lists are still projected to grow during 2022, exacerbated by excess demand attributable to changing demographics (a growing and older population) and pent-up demand arising post-pandemic. It is therefore imperative that, in addition to NTPF activity, a significant proportion of the additional funding of €200 million is used to further increase activity so as to achieve a net reduction in waiting lists by the end of 2022. To this end the following table summarises the total spend of €152 million (from the €200 million) to fund additional activity in 2022, including €15 million dedicated to priority areas of gynaecology, paediatric orthopaedics (with a specific focus on spinal surgery) and bariatric/obesity treatments, as well as €20 million for initiatives that will reduce specific community care waiting lists (including orthodontics, primary care child psychology/counselling, CAMHS and autism).

Table 3: **Additional Activity in 2022**

	Volume	€m
Central Waiting Lists		
IP/DC	28,000	70
OPD	100,000	30
GI Scopes	8,000	8
Acute Diagnostics	30,000	5
Priority Areas		
Gynaecology, Paediatric Orthopaedics, Bariatrics		15
2021 Initiatives continued		
Endoscopy (FIT and Pillcam)		4
Total – to be procured internally and externally		**132**
Community Activity	TBD	20
Total spend on additional Activity		**152**

The remaining €48 million (from the €200 million) will be allocated to specific acute scheduled care reform initiatives, including supporting a range of modernised scheduled care pathways and local innovations and capacity proposals from hospitals, as well as setting the foundations for reform of community waiting lists.

It should also be noted that the 30,000 additional diagnostics referenced in the plan do not include those delivered under the GP Structured Access to Diagnostics Programme which is funded separately (€25m) and saw around 138,000 scans of various modalities delivered in 2021. Enabling GPs to refer directly can result in the avoidance of a referral onto the diagnostics waiting list or inappropriate Emergency Department attendance, thus easing the pressure on our hospitals.

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The Waiting List Task Force is co-chaired by the Secretary General of the Department of Health and the CEO of the HSE, and with senior members of the Department, the HSE and the NTPF.
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The Waiting List Task Force

Implementation of the 2022 Waiting List Action Plan will be governed by the Waiting List Task Force, reporting directly to the Minister for Health, which is co-chaired by the Secretary General of the Department of Health and the CEO of the HSE, and with senior members of the Department, the HSE and the NTPF. It meets regularly and, as well as driving and overseeing progress of the Plan in 2022, it will continue to identify new and innovative ways to improve timely access to healthcare for everyone. Most importantly the Task Force will ensure that this Plan will positively impact the lives of the many people on those waiting lists who deserve, and will get, more timely healthcare as a result.

Risks and Challenges

This is an ambitious Action Plan, targeting significant in-year additional activity to reduce waiting lists and achieve the 2022 maximum wait time targets. As we emerge from the COVID-19 pandemic there are significant risks, assumptions and dependencies that require effective mitigation to support the timely implementation and delivery of this Waiting List Action Plan. Specifically, in 2022 there is uncertainty in relation to (i) the number of people who will be added to active waiting lists following reduced referrals throughout the pandemic and (ii) the capacity within the public and private sectors. Further detail on the risks, assumptions, dependencies and mitigating actions is set out in Section 7 of this Plan.

Introduction

2.1 Context

Waiting lists represent the cumulative gap between demand for a service and activity delivered, occurring when demand outstrips supply. In Ireland these waiting lists are captured, recorded and published by the National Treatment Purchase Fund (NTPF) in respect of acute hospital appointment and procedures only.

As of the end of December 2021, there were 720,056 people on 'active' waiting lists for scheduled care services in hospitals as follows:

- 617,448 patients waiting for their first outpatient consultation (OPD)
- 27,145 patients awaiting an appointment for a gastrointestinal endoscopy (GI scope)
- 75,463 patients awaiting an appointment for an inpatient or day case procedure (IPDC)

In the most recently published data from the NTPF this figure has increased to 731,797 by end-January 2022 (IPDC: 77,818; OPD: 625,513; GI scopes: 28,466).

In addition to 'active' acute waiting lists, the NTPF records and reports on 'pre-admit', 'planned procedures', and 'suspension' waiting lists, defined as follows:

- Active: patients who are waiting for an appointment for their procedure or their first outpatient consultation
- To-come-in (TCI)/Pre-admit: patients who have received an appointment for their procedure within the next six weeks (IPDC)
- Planned procedure: patients under surveillance or receiving a course of treatments who have received their first treatment but will require further treatment (IPDC)
- Suspension: patients who are temporarily unfit or unable to attend due to clinical or personal/ social reasons are categorised as 'Suspension'. The Suspension category is also used where patients are being treated through various insourcing or outsourcing initiatives

As of the end of December 2021, there were 879,277 people waiting to be seen or for the next step in their treatment across all waiting lists. In the most recently published data from the NTPF this figure has increased to 893,043 by end-January 2022.

Introduction cont.

Some of the largest increases in active waiting list figures occurred in 2016 and 2017, with a considerable increase in demand for acute hospital services. In that period hospitals carried out four-times more procedures in patients aged 65 years and over, and twice as many in the under 65 age group compared to in 2000.

A significant increase in numbers across active waiting lists also occurred in 2020 as a result of curtailed elective activity during the COVID-19 pandemic, with a 10.7 percent increase in waiting list figures between December 2019 and December 2020. In this period, the IPDC waiting list increased by 5,912 patients (9 percent); the OPD waiting list by 52,796 (10 percent); and the GI Scope waiting list by 10,295 (46 percent).

The number of people waiting was also impacted by the cyber-attack on the HSE in 2021, which further delayed care. Between December 2020 and December 2021, the IPDC waiting list increased by 2,988 patients to 75,463 (a 4 percent increase), and the OPD waiting list increased by 11,218 patients (2 percent). The waiting list for GI scopes saw a decrease however, with 5,394 more patients removed from the waiting list than were added, corresponding to a decrease of 17 percent. Hospital groups received NTPF support in outsourcing GI scopes to private providers to address capacity loss in public hospitals.

While periodic interventions have delivered improvements, lasting and meaningful reductions in the number of people waiting for care and associated waiting times is dependent on an integrated and broad reform of the scheduled care system.

The 2022 Waiting List Action Plan builds on the work done through the 2021 short-term Waiting List Action Plan which delivered immediate reductions in waiting lists between September and December 2021, as well as commencing elements of longer-term reforms. The short-term Plan achieved a 5.4 percent reduction in overall waiting lists, with reductions in OPD and GI Scope numbers exceeding planned targets and IPDC numbers stabilising, equating to 40,000 additional people no longer on waiting lists. It also laid the foundations for several significant pieces of reform work, including the revision of waiting list management protocols, designing improved scheduled care pathways, and improving data collection and information. Further details on the short-term 2021 waiting list plan and its outcomes are outlined in **Appendix i**.

The below table shows a breakdown of people waiting for scheduled care from 2014 to 2021, and includes projected decreases based on full delivery of the 2022 Waiting List Action Plan. Refer to **Appendix iv** for a graphical depiction of this table.

Year end	Outpatient	Inpatient/ day case	GI Scope	Total	Total variance compared to previous year	Total % variance compared to previous year
2014	385,781	63,105	12,978	461,864		
2015	375,440	68,086	15,961	459,487	-2,377	-0.5%
2016	437,558	81,015	17,401	535,974	+76,487	+16.6%
2017	500,800	81,468	17,618	599,886	+63,912	+11.9%
2018	516,162	70,204	18,847	605,213	+5,327	+0.8%
2019	553,434	66,563	22,244	642,241	+37,028	+6.1%
2020	606,230	72,745	32,539	711,514	+69,273	+10.7%
2021	617,448	75,463	27,145	720,056	+8,542	+1.2%
2022 projections	**487,697**	**75,248**	**24,802**	**587,747**	**-132,309**	**-18%**

2.2 Approach to 2022 Waiting List Action Plan

The 2022 Waiting List Action Plan (henceforth referred to as 'the Plan') is the product of extensive engagement between the Department of Health (DoH), the Health Service Executive (HSE) and the National Treatment Purchase Fund (NTPF), cognisant of population health needs as well as the current and desired patient experience.

It is the first stage of a comprehensive multi-annual reform programme of work to deliver sustained reductions in waiting lists numbers and waiting times so that people in Ireland receive the healthcare they need within defined timeframes.

Through this Plan, €350 million is being allocated in 2022 to the Health Service Executive (HSE) and the National Treatment Purchase Fund (NTPF) to provide additional public and private activity to further stabilise and reduce scheduled care waiting lists and waiting times, in tandem with bringing forward much needed longer-term reforms. This will supplement the core activity of the HSE as detailed in the HSE National Service Plan (NSP) 2022. The details of the allocation of the €350 million is set out in **Section 3 on Funding**.

Section 4 on Projections then summarises how this significant funding allocated in 2022 towards waiting lists has been allocated across outpatients, inpatient/day cases and GI scopes in terms of activity projections.

Section 5 on Actions sets out 45 short, medium and long-term actions to be completed through the Plan to deliver the projected reductions in waiting lists and continue laying the foundations for, and begin the implementation of, reform actions.

These actions are captured under four main areas of work:

1. Delivering Capacity in 2022

Immediate delivery of additional activity within the private and public system to address the current waiting lists backlog.

2. Reforming Scheduled Care

Medium-to-longer-term reform measures to fundamentally resolve underlying barriers to the timely delivery of care. Further work towards improving patient pathways of care is included, with some 37 priority scheduled care pathways across 16 specialties on track for implementation in 2022. These will ensure the availability of more timely access to care for people in settings closer to their communities and homes. Further details of all 73 care pathways including these 37 are in **Appendix ii**.

3. Enabling Scheduled Care Reform

Key process/policy and technology/data enablers critical to support the whole-of-system reform required to improve access to scheduled care and achieve the Government maximum wait time targets.

4. Addressing Community Care Access and Waiting Lists

Additional 'exploratory and foundational' deliverables to better understand and take short, medium- and long-term action to address access and waiting lists in the community.

In addition to reducing waiting list volumes and implementing reforms, this Plan is also intended to progress work towards the achievement of maximum waiting time targets. The 2017 all-party Oireachtas Sláintecare Report recognises the need to reduce waiting times for scheduled care services, especially for those with urgent and complex care needs. The Sláintecare Report sets out the following recommended maximum waiting time targets to be achieved in the long-term that have been adopted as Government targets: no patient should wait longer than 10 weeks for outpatients/assessments; 12 weeks for inpatients / day cases; and 10 days for diagnostics.

However, given the historically long waiting times for scheduled care and the impact of the pandemic, the numbers of people now waiting for treatment and diagnostics far exceed these stated targets. The 2022 Plan will progress work towards the achievement of these maximum waiting targets through a phased approach and the delivery of intermediate targets this year, while also seeking to improve and increase capacity and productivity to deliver an immediate and medium-term reduction in waiting list numbers.

Section 6 on Governance and Oversight describes how the Waiting List Taskforce will govern implementation of the 2022 Waiting List Action Plan. It is chaired by the Secretary General of the Department of Health, and with members including the CEOs of the HSE and NTPF. It meets regularly and, as well as driving and overseeing progress of the Plan in 2022, it will continue to identify new and innovative ways to improve timely access to healthcare for everyone.

Section 7 on Risks and Mitigations acknowledges that there are various risks to delivery of the Plan and sets these out.

Finally, for ease of reference an **Appendix iii Glossary** has been included with acronyms that appear through this document.

Funding Acute Services

3.1 Activity

3.1.1 Total Activity

The 2022 National Service Plan provides funding of €6.3bn for acute hospital care. This covers the entire range of services provided within the acute hospitals. The proposed activity levels associated with this funding are as set out below:

Table 4: **HSE Projected Activity – National Service Plan 2022**

National Service Plan 2022	No.
Inpatient Activity	
Emergency	452,335
Elective	85,683
Maternity	100,920
Total IP Discharges	**638,938**
Day case Activity	
Day cases (including scopes)	722,396
Dialysis	216,840
Chemotherapy etc.	242,642
Total DC discharges	**1,181,878**
OPD	
New & return	3,424,505
New	964,921
Emergency Department	
New ED	1,337,407
Return ED	113,928
Injury Units	131,650
Other	40,455
Total ED	**1,623,440**

However, much of the activity undertaken in any given year within the public hospitals is not associated with waiting lists. In the case of inpatients, emergency and maternity admissions are not waitlisted; in the case of OPD, dialysis and chemotherapy are also not waitlisted. There are other significant numbers of activities that would be considered urgent and time sensitive and are treated immediately – therefore never appear as either an addition or removal from the waiting lists. Most people treated in our public hospitals are treated immediately upon presentation or urgently as clinically required.

Funding Acute Services cont.

3.1.2 Waiting Lists Activity

In considering the projected activity and consequent impact on waiting lists, there are a number of risks to delivery which are considered in **Section 7 on Risks and Mitigations**.

Most of the activity undertaken in hospitals is associated with emergency, time-critical, and unscheduled work. Additionally, some activity, such as dialysis, is scheduled but not associated with waiting lists. Of the total activity undertaken it is considered that approximately 21% of IPDC and 25% of OPD activity is waiting list related and is undertaken from the core funding of €6.3bn provided to the hospitals.

Table 5: **2022 Proposed Activity**

2022 Proposed Activity	Total	WL related	%
Inpatient	638,938		
Day case (incl scopes)	1,181,878		
Total IPDC	**1,820,816**	**380,745**	21%
Outpatient	**3,424,505**	**854,673**	25%
Sub-total	**5,245,321**	**1,235,419**	24%
ED Attendances	**1,623,440**		
Total patient interactions	**6,868,761**		

3.1.3 Additions to the Waiting Lists

The COVID-19 pandemic and the disruption caused by the cyber attack on the HSE has meant that neither 2020 nor 2021 data are useful as a base for projections. For the purpose of assessing the additions to the waiting lists, the period prior to the pandemic has been taken for the base and adjusted for demographics and pent-up demand. The projected outpatient additions in 2022 are nearly 11% higher than in 2019.

It is projected that in 2022 c. 1,575,000 patients will be added to active waiting lists for either a first hospital outpatient consultation (c. 1,075,000), surgery or procedure (c. 350,000) or a GI scope (c. 150,000). Under this plan, the Department of Health, HSE and NTPF propose to deliver services to remove more than 1,700,000 patients from active waiting lists resulting in a reduction in these waiting lists of more than 130,000, so that by the end of 2022, the number of patients on active waiting lists will be at its lowest point in 5 years.

3.1.4 Impact on Waiting Lists with HSE core activity only

The current waiting lists represent a cumulative excess of demand over activity delivered. In 2022, we expect this excess demand to be exacerbated by pent up demand arising from COVID. Without additional investment, it is likely that waiting lists will continue to grow in 2022 as shown below.

Table 6: **Projected HSE Core Activity in 2022**

HSE Core Activity only	OPD	IPDC	Scopes	Total
Opening Waiting List (as at 1 Jan 2022)	617,448	75,463	27,145	720,056
Additions to Waiting List	1,074,922	304,952	147,036	1,526,909
HSE Core Activity	-854,673	-268,367	-112,379	-1,235,419
Closing Waiting List (as at 31 Dec 2022)	837,697	112,048	61,802	1,011,547
Change	220,249	36,585	34,657	291,491
	36%	48%	128%	**40%**

3.1.5 Additional Activity by the National Treatment Purchase Fund (NTPF)

In Budget 2022, additional funding of €50m was provided to the NTPF bringing to €150m its budget for the year. With this funding, the NTPF activity is projected to remove 273,000 patients from waiting lists. The NTPF waiting list activity will encompass support for public hospitals to treat more patients, commissioning care in private hospitals, validation, data quality, reform and systems and process development. This work will impact inpatient/day case, scopes and outpatient waiting lists.

Table 7: **Projected National Treatment Purchase Fund activity in 2022**

	2022	
NTPF	**Activity**	**Budget (€m)**
OPD	125,000	31
IPDC	37,000	90
GI Scopes	21,000	20
Validation	90,000	
NTPF Administration costs		9
Total	**273,000**	**150**

Funding Acute Services cont.

3.1.6 Inpatient/Day case Procedures and GI Scopes Commissioning

With its core funding (€150m) the NTPF will arrange 37,000 inpatient/day case procedures and 21,000 gastrointestinal endoscope (GI scopes) procedures in public and private hospitals.

Public hospitals will be supported by the NTPF in a number of different ways, including funding the:

- use of additional operating theatres in Cappagh
- operation of cataract clinics in the Royal Victoria Eye and Ear Hospital and in Nenagh General Hospital
- additional temporary staff and overtime so that valuable public hospital resources can be used at weekends to treat more patients
- purchasing of additional consumables to support the provision of more treatments to patients
- rental of operating theatres from the private sector to be used by public hospitals to treat public patients, for example for Gynaecology patients in Cork and endoscopy patients in Tallaght
- While the NTPF will seek to arrange over 150 different types of procedures in public and private hospitals, covering the full range of complexity on the waiting lists, there will be a particular focus on 15 procedures which, prior to NTPF engagement, accounted for more than 50% of the inpatient/day case waiting list. For the following high volume procedures the NTPF will offer treatment for all clinically suitable patients waiting more than 6 months:
  - Cataracts
  - Cystoscopies
  - Hip replacements
  - Knee replacements
  - Skin lesions (General Surgery and Plastic Surgery)
  - Varicose Veins
  - Angiograms
  - Tonsillectomies
  - Laparoscopic Cholecystectomy
  - Septoplasties
  - Dental
  - Hysteroscopy
  - Laparoscopy (Gynaecology)
  - Total abdominal Hysterectomy
  - Inguinal Hernia Repair

The NTPF will work to expand this list throughout the year so that in 2023 it will be in a position to fund care in the public or private systems for any clinically suitable patient waiting more than 6 months on the IPDC waiting list, where there is capacity at appropriate cost in the public or private health systems to deliver the care.

The focus of the NTPF on the GI scope waiting lists will continue to grow and the NTPF will use its core funding to arrange treatment for 21,000 of these patients in public and private hospitals in 2022.

3.1.7 Outpatient Consultations

The NTPF will arrange outpatient consultations in public and private hospitals in 2022 through:

- Funding overtime and additional staff to provide outpatient clinics out of hours in public hospitals
- Supporting Virtual Clinics
- Arranging see and treat services where patients receive minor treatments in outpatient clinics
- Funding diagnostic services when these are required for effective outpatient clinics
- Supporting the rental of additional space by hospitals in which to hold outpatient clinics (for example in Santry Omni Centre for Beaumont outpatients)

In 2021 the NTPF completed the roll out of its Outpatient Patient Access Management System (OP PAMS). Using this technology patients will be offered outpatient consultations and follow-up care where appropriate.

There will be a particular focus on seven high volume specialties:

- Gynaecology
- Orthopaedics
- Urology
- ENT
- Cardiology
- Ophthalmology and
- Vascular Surgery

Funding Acute Services cont.

3.1.8 Waiting List Validation

Administrative validation of waiting lists is fundamental to good management. Its purpose is to:

- identify patients on waiting lists who are ready, willing, and available to proceed with hospital care
- improve efficiencies for treating patients by reducing the DNA (did not attend) rate nationally across outpatient, inpatient and day-case services
- improve information for managing waiting lists by improving data accuracy
- In 2022, the NTPF will support hospitals in engaging with patients. It is projected that this will result in the identification of 90,000 patients who no longer require treatment or a consultation
- Identify potential duplicate records, lapsed appointments and other data issues on waiting lists

When this activity is factored into the projections, the projected year end position improves, albeit the waiting lists are still projected to be 6% higher than at the start of the year as per Table 8 below. The additions to the IPDC waiting list are higher in Table 8 below than they were in Table 6 (Projected HSE Core Activity in 2022), as OPD additional activity undertaken by the NTPF will drive consequential additions to the IPDC waiting lists (c. 20% conversion rate).

Table 8: **Combined HSE Core Activity and National Treatment Purchase Fund Activity in 2022**

HSE Core Activity & NTPF €150m	OPD	IPDC	Scopes	Total
Opening Waiting List (as at 1 Jan 2022)	617,448	75,463	27,145	720,056
Additions to Waiting List	1,074,922	330,152	147,036	1,552,109
HSE Core Activity	-854,673	-268,367	-112,379	-1,235,419
NTPF Commissioning	-125,000	-37,000	-21,000	-183,000
NTPF Validation	-75,000	-10,000	-5,000	-90,000
Closing Waiting List (as at 31 Dec 2022)	637,697	90,248	35,802	763,747
Change	20,249	14,785	8,657	43,691
	3%	20%	32%	**6%**

3.1.9 Additional Activity funded from the €200m Waiting List Fund

The key principle of the 2022 Waiting List Action Plan is to use the €200 million available this year to provide further additional activity to reduce the overall waiting lists, as well as seek to reduce waiting times, and move closer to delivery of Government maximum wait time targets.

More specifically, a key focus of the 2022 Waiting List Action plan is to ensure that the required activity levels are delivered, and key enablers are in place, to ensure that inroads are made in relation to addressing long waiters.

3.2 Focus for 2022

In order to achieve these targets in 2022, the funding set out in the plan will be used not only to procure and secure additional activity, but also to reform and improve patient pathways.

A joint focus on activity and reform is required to ensure long-term waiting list reduction is achieved and maintained. While additionality can be used to address the backlog in demand for hospital appointments and procedures, it is through combining additional services with longer term, multi-annual, reform of patient pathways and acute hospital capacity that appropriate and sustainable service can be employed. The 2022 Waiting List Action Plan therefore seeks to bridge the gap between addressing today's issue of long waiting times for patients, while at the same time developing sustainable acute hospital services to allow hospitals to deliver care within Government maximum wait time targets in the coming years.

3.2.1 Targeting Additional Activity

An analysis of activity set out in the NSP indicates that the current level of core acute hospital activity would not be sufficient to avoid growth in waiting lists of over 300,000. Even with NTPF activity removing a further 273,000 patients, the waiting lists are projected to grow during 2022. It is therefore imperative that, in addition to NTPF activity, a significant proportion of the additional funding of €200 million is best used to increase activity and ensure that the projected activity does not result in an increase in the number of patients on waiting lists.

To this end the following additional activity is to be provided in 2022:

Table 9: **Additional Acute Activity in 2022**

	Volume	€m
Central Waiting Lists		
IP/DC	28,000	70
OPD	100,000	30
GI Scopes	8,000	8
Acute Diagnostics	30,000	5
Priority Areas		
Gynaecology, Paediatric Orthopaedics, Bariatrics		15
2021 Initiatives continued		
Endoscopy (FIT and Pillcam)		4
Total – to be procured internally and externally		**132**
Community Activity	TBD	20
Total spend on additional Activity		**152**

Funding Acute Services cont.

3.2.1 Targeting Additional Activity cont.

The 30,000 additional diagnostics referenced in the plan do not include those delivered under the GP Structured Access to Diagnostics Programme which is funded separately (€25m) and saw around 138,000 scans of various modalities delivered in 2021. Enabling GPs to refer directly can result in the avoidance of a referral onto the diagnostics waiting list or inappropriate ED attendance, thus easing the pressure on our hospitals.

3.2.2 Key Considerations

The ability of the private system to provide capacity for the additional activity highlighted in the plan has been considered. Therefore, insofar as possible insourcing will be maximised to deliver additionality in 2022. A key area of focus for this year will be the ability to deliver 100,000 OPD appointments. The Department, HSE and NTPF are working together to determine the best model to procure such activity.

Some waiting list removals will also arise from programmes such as Advanced Clinical Prioritisation (ACP) which is expected to deliver c. 23k OPD removals this year.

3.2.3 Priorities

Funding of €15m has been allocated to address a range of priorities– namely paediatric orthopaedics (with a specific focus on spinal surgery) gynaecology, and bariatric/obesity treatments.

3.2.3.1 Paediatric Orthopaedics (Scoliosis & Spina Bifida)

As of February 2022, there are 237 children and young people on the waiting list for Scoliosis related surgeries in Children's Health Ireland (CHI) and Cappagh Hospitals. This includes active, pre-admits and planned procedures but, in keeping with waiting list standards, excludes suspensions for clinical or other reasons (with suspensions it is 257 waiting).

In addition, there are 1,414 children and young people waiting for Orthopaedic surgery, with 468 waiting more than 12 months. There are 4,161 children and young people on the Orthopaedic outpatient waiting lists with 909 of these waiting more than 18 months.

The proposal for the waiting list fund for 2022 will address waiting times for Orthopaedics, with specific focus on Scoliosis and Spina Bifida on a sustainable basis. This will include the expansion of theatre capacity and increased access to diagnostics with an additional MRI in Crumlin, as well as continued delivery of Cappagh Kids to provide additional paediatric orthopaedic services to reduce these specific waiting lists, as well as other paediatric waiting lists.

3.2.3.2 Gynaecology

As of February 2022, there are 5,594 patients on the Gynaecology waiting list nationally for IPDC, of which 1,117 have been on the waiting list for more than 12 months. There are 30,863 patients on the outpatient waiting list, of which 3,562 have been waiting longer than 18 months.

In order to address these waiting lists, the 2022 Waiting List Fund will enable the expansion of gynaecology ambulatory care in Tallaght, will provide access to additional theatre capacity for gynaecology activity in the Coombe and will provide additional IPDC capacity at CUMH through increased theatre sessions.

3.2.3.3 Obesity/Bariatric

The new overweight and obesity pathway will provide a number of specialist supports to patients, GPs and primary care teams through the establishment of a level 2 community obesity ambulatory care hub. This will deliver HSCP led specialist obesity management programmes and provide community diagnostics. Specialist hospital care will provide individuals with severe and complex obesity access to inpatient rehabilitation, palliative care and bariatric surgical services.

3.2.4 Ongoing initiatives – €4 million

The continued support of FIT and Pillcam will allow for continued use of innovative approaches to reduce the GI Scope waiting lists. This programme, initially stood up in 2021, is part of the wider improvement of Endoscopy services and will allow for extended use of these non-invasive technologies which in turn frees up much needed acute hospital capacity for on-site interventions.

3.2.5 Community

€11 million in funding is to be made available for identified community initiatives, with a focus on orthodontics, primary care child psychology and counselling in primary care. A further €9 million is also included in the plan to support priority community areas with activity levels to be determined. Funding for these community areas will need to be specifically used to support additionality not currently funded through the NSP.

Table 10: **HSE Additional Community Activity in 2022**

Community		
Orthodontics	3,000	4.1
Primary Care Child Psychology	3,352	5.5
Counselling in Primary Care	1,672	1.3
CAMHS/Autism/Other		9.1
Total spend on additional Community Activity		20

Funding Acute Services cont.

3.2.6 When these additional measures are built into the projections, the additional activity will result in waiting lists being reduced by 18% during the course of 2022 if the plan is fully delivered.

Table 11: **Projected combined HSE Core and Additional Activity and NTPF Activity**

HSE Core Activity & NTPF €150m & €200m WL fund	OPD	IPDC	Scopes	Total
Opening Waiting List (as at 1 Jan 2022)	617,448	75,463	27,145	720,056
Additions to Waiting List	1,074,922	350,152	147,036	1,572,110
HSE Core Activity from base	-854,673	-268,367	-112,379	-1,235,419
NTPF Core Activity from €150m	-200,000	-47,000	-26,000	-273,000
Additional Impact of €200m				
Activity	-100,000	-28,000	-8,000	-136,000
Additional Validation	-50,000	-7,000	-3,000	-60,000
Closing Waiting List (as at 31 Dec 2022)	487,697	75,248	24,802	587,747
Change	-129,751	-215	-2,343	-132,309
	-21%	0%	-9%	**-18%**

It should be noted that the projection for IPDC indicates no significant reduction in the waiting list. This reflects the fact that additional outpatient activity is projected to result in 40,000 extra patients being identified as requiring inpatient/day case treatment. In effect, if this significant additional OPD activity were not delivered, then the closing IPDC waiting list would be projected to be c. 40,000 lower as a result. During the implementation phase avenues to secure additional IPDC activity will be considered in order to achieve a net reduction in the IPDC waiting list but, in any case, the overall plan will result in the removal of longer waiters from the IPDC waiting list and the profile at the end of the year will reflect an improved position in terms of peoples' wait times.

3.3 Waiting List Reforms

The need for reform in the health service is unquestionable. The current system is often unable to meet patient needs in a timely manner.

The system is facing major challenges including long waiting lists; capacity deficits; an ageing population; and a significant growth in the incidence of chronic illness. We must implement large-scale changes that deliver fundamental reform as opposed to applying short-term solutions to long-term capacity gaps.

In 2021, the HSE took forward a systematic waiting list demand and capacity modelling analysis across Outpatient (OP), Inpatient/Day case (IPDC) and Gastro-Intestinal Scope (GI Scope) waiting lists at Hospital Group, hospital, and specialty level. This demand and capacity analysis identified recurrent capacity gaps at hospital and specialty level and has been used to support targeted investment and interventions to ensure value for money in 2022. To this end, nearly €50 million of this year's fund is specifically targeted towards reform actions and the implementation of sustainable solutions to recurrent capacity gaps.

Specifically, in 2022, the following key reform initiatives will be progressed, recognising that reform of this scale will require multi-annual investment:

3.3.1 Modernised Scheduled Care Pathways:

In 2021, the HSE worked with sixteen clinical working groups to modernise 73 care pathways. These sixteen specialties comprise 90% of the scheduled care waiting list. The Waiting List Fund 2022 will enable 37 of these modernised scheduled care pathways to commence implementation in 2022.

These innovative pathway designs are founded on the principle of transitioning care closer to home through primary care and/or community. The modernised scheduled care pathways will alter the way that care is delivered and support more effective transitions in care. They comprise new and innovative ways of delivering care including an emphasis on self-management and streamlining of acute hospital services. GPs will be provided with structured advice and support, enabling more patients to stay in primary care for the management of their condition. The pathways will be supported by a series of capacity building initiatives, including community-based hubs for the management of chronic diseases, obesity, sensory services, gastroenterology and musculoskeletal concerns. A range of 'one-stop' options will be provided for patients requiring minor operations and rapid diagnosis.

New processes such as advanced clinical prioritisation (ACP) will be embedded at the front-end of pathways and patient-initiated reviews (PIR), as discussed in further detail below, will be implemented where clinically appropriate. Modernised scheduled care pathways will be enabled by technology as appropriate to facilitate communication between multidisciplinary teams. Pathways will be enabled with an end-to -end referral management system offering GP decision support, condition-specific e-referrals, virtual triage and patient-centred booking services (as discussed in further detail below). New technology utilising bespoke 'Apps' will be implemented where appropriate, to facilitate communication between patients, families, caregivers and the health services.

Funding Acute Services cont.

3.3.2 Patient-Centred Booking:

An end-to-end transformation of booking and scheduling is required to enable patients, families and caregivers to play a more active role in their care.

This reform will include a number of key components:

- **A technology-enabled, patient-centred booking system:** Technology requirements will be scoped to enable partial booking, agile scheduling and rescheduling in line with waiting list management protocols and leveraging technology enabled scheduling algorithms, specialty-specific eReferral, eTriage and eDischarge
- **Leveraging COVID innovations:** Technology that was used to support COVID-19 test and trace and vaccination programmes will be leveraged as appropriate to improve communication with patients, families and caregivers relating to scheduled care, for example bi-directional text messaging for appointments
- **Coordination of referrals at Hospital Group or specialty level as appropriate:** Acute referrals will be coordinated at Hospital Group or specialty level as appropriate to ensure patients are on the most appropriate waiting list and access to care is expedited insofar as possible

3.3.3 Patient-Initiated Reviews (PIR):

Closely linked to patient-centred booking, a reform will be taken forward to introduce PIR, whereby reviews will not be scheduled automatically, but instead will be initiated by the patient/family/caregiver. This process has proven successful in several leading international health systems and has the potential to significantly reduce the number of review appointments, resulting in increased capacity to deliver new outpatient appointments.

3.3.4 Did Not Attend (DNA) Strategy:

Each year there are typically c. 400k appointments reported as did not attend (DNA). The reasons for this are complex and wide ranging. To seek to reduce the level of DNAs, in 2022 the HSE will develop and implement a robust end-to-end DNA strategy to reduce the DNA rate for both new and review OPD appointments in order to support the achievement of the 2022 Maximum Wait Time Targets, and more generally improve system productivity. This reform initiative will be closely linked with patient-centred booking arrangements and will require the implementation of more agile scheduling abilities.

3.3.5 Strategic Partnerships:

In 2022, informed by ongoing work involving the Department of Health, HSE and NTPF, a strategic partnership with the private hospital sector will be explored. Any new model may involve the traditional means of purchasing activity and other options such as co-investment, shared risks, and incentives.

3.3.6 Summary

Table 12: **Reform Funding**

Reform implementation	
Scheduled Care team in HSE and hospitals	2.7
Additional admin staff for commissioning, validation, data quality	2.3
Reform support (ICT, etc.)	5
	10
Reform Action	
Implement reformed care pathways	
Increasing Capacity	
Reform Actions	**38**
Total Reform funding	**48**

A central consideration in developing this plan was ensuring that the appropriate staff are sanctioned and in place to support waiting list initiatives. Increased activity levels and associated initiatives to insource and outsource patient care requires dedicated administrative resources. In the past, significant challenges have arisen when bottlenecks occurred as activity levels increased and hospitals were unable to meet the increased administrative burden, rendering waiting list initiatives slow to gain, or retain, momentum.

As a result, €5 million will be used to support scheduled care teams and administrative staff both at regional level in hospitals and Community Healthcare Organisations and within HSE Corporate. These resources will support all transformation efforts, including the additional administration required to support the acceleration of HSE and NTPF commissioning and validation. In line with this investment is the requirement to fund supports such as ICT to the value of €5 million in 2022. The ICT-related funding is primarily for provision of functional requirements for waiting list related technology solutions to projects being progressed under a separately managed and funded eHealth Sláintecare initiative – refer to Section 5.2.1 'Sláintecare Reform Initiatives related to Multi-Annual Waiting List Reforms'.

€38 million is available to support a range of modernised care pathways and local innovations and capacity proposals, identified in the production of Sláintecare Improvement Plans. These plans were developed by individual hospitals. The proposals will be considered as part of the implementation of the plan. The implementation group will also establish a process whereby individuals and hospitals can make proposals for innovations and reforms, which will be considered in a timely manner.

Waiting List Projections

The significant funding allocated in 2022 towards Waiting Lists has been allocated across outpatients, inpatient/day cases and GI scopes which are all reflected in reported waiting list numbers. In summary, the proposed measures aim to remove 1.7 million patients from the waiting lists, albeit that almost 1.6 million will be added during the year.

The net reduction in the waiting lists, of 132k or 18% is an ambitious target and the Department, the HSE and the NTPF will work closely together during the course of the year to ensure maximum achievement.

Table 13: **Projected Waiting List position – end December 2022**

	OPD	IPDC	Scopes	Total
Opening Waiting List (as at 1 Jan 2022)	617,448	75,463	27,145	720,056
Additions to Waiting List	1,074,922	350,152	147,036	1,552,109
HSE Core Activity from base	-854,673	-268,367	-112,379	-1,235,419
NTPF Core Activity from €150m	-200,000	-47,000	-26,000	-273,000
Additional Impact of €200m				
Activity	-100,000	-28,000	-8,000	-136,000
Additional Validation	-50,000	-7,000	-3,000	-60,000
Closing Waiting List (as at 31 Dec 2022)	487,697	75,248	24,802	587,747
Change	-129,751	-215	-2,343	-132,309
	-21%	0%	-9%	**-18%**

Projections are based on an analysis of additions and removals from NTPF weekly waiting list files returned to the NTPF, rather than HSE activity data which, inter alia, includes many episodes of care that do not relate to patient episodes returned on waiting lists.

Actions

The 2022 Waiting List Action Plan (WLAP) is the first stage of a comprehensive multi-annual reform programme of work to deliver meaningful and sustained reductions in waiting lists so that people in Ireland receive the healthcare they need within defined timeframes.

This section of the 2022 Waiting List Action Plan outlines specific actions which are being taken forward in 2022 to further stabilise and deliver immediate reductions in acute hospital scheduled care waiting lists volumes in tandem with reducing maximum wait times, as the first step towards achieving Government targets. Additional actions have been included to identify reforms and interventions required for addressing community care waiting lists and times.

Progress of these actions will be monitored and reported against on a frequent basis to the Waiting List Task Force co-chaired by the Secretary General of the Department of Health and the CEO of the HSE. Refer to Section 6 on Governance and Oversight for further details.

The 45 actions for the 2022 Waiting List Action Plan (WLAP) are outlined below under the following groupings, with associated owners, timeframes, and funding sources:

***NSP = National Service Plan; WLF = Waiting List Fund; NA = not applicable**

	1. Delivering Capacity in 2022 Immediate delivery of additional activity within the private and public system to address the current waiting lists backlog.
	2. Reforming Scheduled Care Medium-to-longer-term reform measures to fundamentally resolve underlying barriers to the timely delivery of care.
	3. Enabling Scheduled Care Reform Key process/policy and technology/data enablers critical to support the whole-of-system reform required to improve access to scheduled care and achieve the Government maximum wait time targets.
	4. Addressing Community Care Access and Waiting Lists Additional 'exploratory and foundational' actions to better understand and take short, medium- and long-term action to address access and waiting lists in the community.

Actions cont.

5.1 Delivering Capacity in 2022

In 2022 focused initiatives will be taken forward to deliver additional activity within the private and public system (in addition to core, recurrent capacity) to ensure maximum impact on waiting list backlog clearance for acute hospital scheduled care – outpatient (OP) appointments; inpatient/day case (IPDC) procedures; and gastrointestinal endoscopy (GI scopes) procedures.

This will be done recognising the ongoing impact of COVID-19 on our healthcare system, with a view to achieving a steady state balance that radically reduces current unacceptably high waiting list volumes and waiting times.

Specific measures to tackle Community waiting lists are also included in the actions opposite – note, sub-section 5.4 outlines further details of foundational reform actions relating to Community waiting lists.

The table below outlines the key actions that will be taken forward in 2022 to deliver immediate capacity:

Table 14: **Delivering Capacity 2022 Actions**

	Delivering Capacity 2022			
Actions		**Lead (Support)**	**Timeframe Q1/2/3/4**	**Funding Source**
1	NTPF commissioning will provide 37,000 inpatient/day case procedures, 21,000 GI scopes and 125,000 outpatient consultations.	NTPF	Q1-Q4	NTPF
2	NTPF will take forward the waiting list administrative validation process, with a focus in 2022 on reduction of validation time bands, in acute hospitals to remove 90,000 from the waiting list.	NTPF	Q1-Q4	NTPF
3	HSE Core activity to provide 268,367 inpatient/day case procedures, 112,379 GI scopes and 854,673 outpatient appointments.	HSE	Q1-Q4	NSP
4	HSE will finalise the Sláintecare Improvement Plans which will detail funding allocations in 2022, to support clearing of the backlog and build sustainable capacity within the Irish Health Service identified capacity gaps.	HSE	Q1	NA
5	In partnership, HSE and NTPF will commission extra public and private activity to be delivered from the 2022 Waiting List Fund will provide an additional 100,000 outpatients, 28,000 inpatient/day case procedures, 8,000 GI scopes, and 30,000 diagnostics.	NTPF/HSE	Q1-Q4	WLF'22
6	HSE will deliver Advanced Clinical Prioritisation to provide 36,000 consultations for select specialities with expected removal of approximately 50% of those who undergo the process from the OP waiting list.	HSE	Q1-Q4	WLF'22
7	HSE will deliver community care waiting list initiatives in 2022, informed by National Clinical Leads and achievability understanding. Proposals to be developed and agreed from the Waiting List Fund throughout the course of 2022 currently up to the value of €20 million.	HSE	Q1-Q4	WLF'22

Actions cont.

5.2 Reforming Scheduled Care

In parallel to delivering immediate and sustainable improvements in existing capacity within the health system, a series of longer-term reform measures will be taken forward in 2022 to fundamentally resolve underlying and ongoing barriers to the timely delivery of care.

Reform in this context can deliver additional capacity for new, return and planned/surveillance patients and improvements in patient experience, service quality and patient safety. Reform also will include implementing new scheduled care pathways which shift care, as appropriate, from acute hospitals to community care settings and deliver other efficiencies, as well as identification of the capacity requirements to accommodate the redirection of certain care from acute services to the community.

The table opposite outlines the key actions that will be taken forward to progress systemic transformation in 2022:

Table 15: **Reforming Scheduled Care Actions**

Reforming Scheduled Care

Actions		Lead (Support)	Timeframe Q1/2/3/4	Funding Source
8	Maximum wait time targets will be implemented to be achieved by end-2022 as the first step of a multi-annual reform to gradually bring waiting times in line with Government targets, set out in HSE National Service Plan as: • Outpatient WL – 98% of patients waiting for their first outpatient appointment to be seen within 18 months; 100% of patients to be seen within 36 months. • IPDC WL – 98% of patients waiting for an inpatient or day case procedure to be treated within 12 months; 100% of patients to be treated within 24 months. • GI Scope WL – 100% of patients waiting for their first gastrointestinal scope (GI scope) to be treated within 12 months.	HSE (NTPF, DoH)	Q1-Q4	NSP/NTPF/ WLF'22
9	For 15 high volume IPDC procedures the NTPF will offer treatment in 2022 for all clinically suitable patients waiting more than 6 months – refer to section 3.1.6 for details.	NTPF	Q1-Q4	NTPF
10	The NTPF will also work to expand this IPDC procedure list (Action 9 above) so that in 2023 it will be in a position to fund care in the public or private systems for any clinically suitable patient waiting more than 6 months on the IPDC waiting list, where there is capacity at an appropriate cost in the public or private health systems to deliver the care.	NTPF	Q1-Q4	NTPF
11	Significant work was progressed in 2021 to define and develop 73 modernised care pathways across 16 specialties (these specialities make up 90% of the acute outpatient waiting list). By the end of 2022 we will commence implementation of 37 pathways: The deliverable will be comprised of clinical recommendation of pathway, implementation plans at regional, the recruitment process, and select activity dependent on the quarter start date of various operational teams. The specialty, title, description, and status for each pathway is set out in Appendix ii.	HSE	Q1-Q4	Refer to Appendix ii.
12	Complete the development, to business plan stage, of the remaining 36 modernised scheduled care pathways currently in development, with an agreed suite for submission in NSP 2023. The specialty, title, description, and status for each pathway is set out in Appendix ii.	HSE	Q1-Q4	Refer to Appendix ii.
13	Each year the HSE provide almost 3.4m outpatient appointments, 2.1m are review outpatient appointments. Most patients automatically receive a review appointment. In 2022, the HSE will introduce patient-initiated reviews (PIRs) and undertake a pilot to test the feasibility and impact of PIR in Ireland. PIR has the potential to reduce the number of review appointments and therefore increase the capacity for new patients to be seen. The HSE will pilot this approach with 1 Hospital Group and CHI and will reduce OPD review appointments for relevant participating specialties.	HSE	Q1-Q3	NA
14	Each year there are typically c400k (11%) of appointments reported as "did not attend" (DNA). The reasons for this are complex and wide ranging. To seek to reduce the level of DNAs, in 2022 the HSE will develop and implement a robust end-to-end DNA strategy to reduce the DNA rate for both new and review OPD appointments to support the achievement of the Government maximum wait time targets. The target is to achieve an 8% DNA rate by December 2023.	HSE	Q1-Q4	NA
15	Progress the establishment of new electives-only hospitals, initially via development and approval of business cases (note – this action is a critical dependency for waiting list reform but is part of a separate initiative under the Sláintecare implementation programme with separate governance arrangements. Refer to section 5.2.1 for details).	DoH/HSE	Q1-Q4	NA

Actions cont.

5.2.1 Sláintecare Reform Initiatives related to Multi-Annual Waiting List Reforms

The success of longer-term reform to waiting lists will be dependent on the effective and timely delivery of other reform initiatives in progress but under separate governance arrangements in the Department of Health and the HSE under the Government Implementation Programme.

The Waiting List Task Force will ensure that the 2022 Waiting List Action Plan and subsequent multi-annual plans will be aligned with these other interdependent initiatives, which include:

- **New electives-only hospitals** - capital (infrastructure) planning, specifically the construction of new elective care centres providing protected capacity for elective care for Cork, Dublin, and Galway. Individual Preliminary Business Cases for each location are at an advanced stage of development and will be subject to technical review by the Department of Health and the Department of Public Expenditure and Reform. Pending favourable review(s) under the Public Spending Code, further memoranda for Government would then be brought forward to progress the programme for Cork, Galway, and Dublin.
- **Reform of eligibility policy** - Sláintecare commits to expanding eligibility for access to healthcare on a phased basis.
- **Enhanced Community Care (ECC)** - The ECC programme represents a programmatic and integrated approach to the development of the primary and community care sector. It will expand capacity in primary care and enable the reorientation of service delivery towards general practice and community-based services, thus supporting the shift from acute hospitals and the provision of services closer to home. It will also help develop a population needs approach, enabling better local decision making and involving citizens in determining the health needs of their local community.
- **Sláintecare consultant contract** - the introduction of the Sláintecare public-only consultant contract.
- **Implementation of the Regional Health Areas (RHAs)** - The six RHAs will ensure the alignment of hospital, community, and primary healthcare services at a regional level, based on defined populations and their local needs. It has been agreed that this will be a work programme led by the HSE and Department of Health with support from Department of Children, Equality, Disability, Integration and Youth.

  Work is underway to scope the enabling workstreams required to successfully deliver RHAs. The Implementation Plan will include actions to ensure a smooth transition with regard to RHA Governance, finance, workforce and human resources, capital and communications & culture. Conscious of the need to engage stakeholders in a reform of this size the Minister established a Regional Health Areas Advisory Group to provide guidance, support, and advice on the design and development of a clear implementation plan for RHAs.

- **Strategic workforce planning** - Enhancing capacity and access through investment in staffing. Working with the National Doctor Training Programme of the HSE to move closer to international norms in terms of doctors available to provide care.

- **eHealth**

  The HSE has commenced rollout of a Health Performance Visualisation Platform (HPVP) to provide real-time health data and trends across emergency departments, outpatient services, theatres, diagnostic services, and bed management to support scheduled care planning and delivery. This will allow clinicians and managers to see where activity is happening across the public health system, to identify bottlenecks and to enable visibility of where urgent real-time interventions are required.

  The HSE is also progressing an eEnablers solution set to support the completion of capacity and demand analysis for the HSE Scheduled Care Transformation Programme across locations, specialties, care pathways and care cohorts. Technology enablers for enhanced information and data to better manage, process and report on waiting lists/times will also facilitate improvements in hospital productivity and patient experience.

Actions cont.

5.3 Enabling Scheduled Care Reform

This ambitious 2022 Waiting List Action Plan is underpinned by a number of key process/policy and technology/data enablers. Full implementation of these enablers is critical to support the whole-of-system reform required to improve access to scheduled care and achieve sustained waiting list reductions and the Government maximum wait time targets.

5.3.1 Process and Policy Enablers

Improving waiting list management and reporting capability will ensure that all administrative, managerial, and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care and enable effective oversight and monitoring.

The table below outlines the key process and policy enablers which will be taken forward in 2022:

Table 16: **Enabling Scheduled Care Reform – Process and Policy Enabler Actions**

Enabling Scheduled Care Reform – Process and Policy Enabler				
Actions		**Lead (Support)**	**Timeframe**	**Funding Source***
16	Develop and agree a multi-annual waiting list reduction plan to support the achievement of Government maximum wait time targets.	DoH/HSE/ NTPF	Q2	NA
17	Develop and implement reporting arrangements to track progress against targets for 2022 – including the introduction of Primary Target Lists (PTLs), Chronological Scheduling and 'Time to Service'.	NTPF and HSE	Q1	NA
18	Develop and implement and measure chronological scheduling for non-urgent patients at specialty, consultant, and procedure level to support achievement of the NSP 2022 target of 85% for IPDC and Outpatients.	HSE (NTPF)	Q1-Q4	NA
19	Subject to DoH approval, commence a programme of work to deliver full waiting list data collection for all radiology diagnostics and waiting list management protocol for radiology diagnostics.	NTPF /HSE (DoH)	Q1-Q4	NTPF
20	Waiting List Management Protocols and associated Minimum Datasets (MDS) a. Implement Outpatient Waiting List Management Protocol 2021 (HSE/NTPF) b. Review/revise Inpatient, Day Case, Planned Procedures (IDPP) Waiting List Management Protocol 2017 (HSE/NTPF) c. Develop waiting list guidance as and when required to support scheduled care reform i.e. FIT.	NTPF (HSE)	a. Q1 b. Q1-Q4 c. Q1-Q4	NA

Actions		Lead (Support)	Timeframe	Funding Source*
21	Develop and roll out Waiting List Management Training & Development Programmes and toolkits.	NTPF (HSE)	Q1-Q4	NA
22	Develop and undertake an audit programme to assess adherence to new waiting list management protocols and guidance.	NTPF	Q1-Q4	NA
23	Deliver Outpatient, Inpatient, Day case and Planned Procedure Waiting List Data Quality Training and Awareness Programme.	NTPF	Q1-Q4	NA
24	The Oireachtas Sláintecare Report 2017 sets out the following recommendations for maximum wait time targets that have been adopted by Government: 10 weeks for an outpatient appointment, 12 weeks for an inpatient/day case appointment and 10 days for a diagnostic test. The DoH in consultation with the HSE will work with key stakeholders will define the scope of diagnostics, procedures, and services to be funded by the public system and included within each maximum wait time target across acute scheduled care.	DoH/HSE/ NTPF	Q2-Q4	NA
25	Establish a strategic partnership framework for procurement of services from the private sector.	DoH/HSE/ NTPF		
26	Examine the potential to adapt the process of offering and providing publicly funded care for patients in private hospitals – to include patient/public led decision making. To achieve a more efficient and agile approach.	HSE/NTPF	Q1-Q4	WLF’22
27	To develop a plan in conjunction with other stakeholders to examine the use of Activity Based Funding (ABF) as a funding mechanism in the context of scheduled care.	HSE	Q1-Q4	NA
28	Develop and operationalise a Reasonable Offer protocol to include publicly funded care offered in private hospitals and commence implementation by end of Q1 2022. The revision of this protocol will assist streamline and accelerate care.	HSE/NTPF	Q1-Q2	NA
29	Develop a Data Quality Initiative (DQI) to create an environment where data quality is an enabled, embedded focus at hospital group and hospital level with clear ownership and responsibilities that promotes a sustainable data quality improvement model.	NTPF/HSE	Q1-Q4	NA
30	Continue to build on virtual patient engagements with a particular focus on video-enabled care, remote monitoring and online supports and therapies working in collaboration with community colleagues.	HSE	Q1-Q4	WLF’22
31	Subject to DoH approval, and in consultation with the HSE, implement Best Practice Reporting (BPR) for Outpatient, Inpatient, Day Case and Radiology Diagnostic waiting time and waiting list reporting.	NTPF	Q1-Q4	NTPF
32	Establish a process whereby individuals and hospitals can make proposals for innovations and reforms, which will be considered in a timely manner by the Waiting List Task Force	HSE (DoH)	Q2-Q4	WLF’22

5.3 Enabling Scheduled Care Reform cont.

5.3.2 Technology and Data Enablers

Technology can facilitate integration within and across community-based care, hospitals and other specialised care providers and empower patients, families, and caregivers. Data will play a key role in supporting risk stratification, care planning, governance and accountability and management of complex conditions, as well as coordination across providers and the continuum of care.

The table below outlines the technology and data enablers which will be taken forward in 2022:

Table 17: **Enabling Scheduled Care Reform – Technology and Data Enabler Actions**

Enabling Scheduled Care Reform – Technology and Data Enabler				
Actions		Lead (Support)	Timeframe	Funding Source*
33	Data Sharing Agreements and Information Systems. The HSE will engage with key stakeholders, and with the appropriate support of the DoH will aim to ensure the appropriate secure real-time sharing of activity, capacity, demand and waiting list information is available to central HSE.	HSE /DoH	Q1	NA
34	Health Performance Visualisation Platform (HPVP) system live in 28 hospital sites by Q3 2022. The purpose of the Health Performance Visualisation Platform system is to introduce a new automated approach to acute hospital information management that will produce timely, meaningful insights and reports.	HSE	Q3	NSP
35	Progress tender process for national hospital operations and waiting list information system.	HSE	TBC	NSP
36	In order to ensure effective waiting list management, in 2022 the HSE will pilot a patient-centred booking system, including bi-directional communication with patients, to enable patient-initiated reviews and partial booking.	HSE	Q4	NSP
37	Progress implementation of the Individual Health Identifier (IHI) across our acute waiting list data, to safely identify an individual and their health information when using a health service.	HSE	Q4	NSP
38	Develop and commence implementation of specialty and pathway specific eReferral forms for key specialties and agreed conditions, working in collaboration with GPs, Consultants, pathway working groups and Community multidisciplinary professionals (enabler of the care pathways).	HSE	Q4	NSP
39	Complete a robust capacity and demand analysis at national, hospital group, hospital, specialty, and doctor level across all acute hospitals, OPD, IP, DC, and GI scopes to inform the multi-annual strategic investment.	HSE	Q2	NA
40	Continue to enhance and maximise the use of the NTPF Patient Access Management System (PAMS) to support commissioning processes. • Ongoing development of PAMS IPDC – enabling electronic discharge from private hospitals and enhanced reporting • Ongoing development of PAMS OP – increasing efficiency and supporting increased throughput of outpatient commissioning • GI Endoscopy Clinical Validation App • Patient Online Automated Response (POLAR) Option for OP Commissioning Offers	NTPF	Q1-Q4	NA

5.4 Addressing Community Care Access and Waiting Lists

The actions listed in the previous sections 3.1 to 3.3 primarily focus on acute scheduled care waiting lists for IPDC, OPD and GI scopes, for which there are existing waiting list management, processes, and systems, as well as acute diagnostics waiting lists, for which waiting list management, processes and systems are being developed.

However, longer term fundamental reform will be dependent on resolving the delivery of integrated care which is patient focused and requires that delays in access to community care are addressed. Therefore, additional important 'exploratory and foundational' actions will be undertaken to map and take short, medium- and long-term action to improve access and address waiting lists and waiting times in the community.

The table below outlines the key actions that will be taken forward to progress community care access and waiting lists in 2022:

Table 18: **Addressing Community Care Access and Waiting Lists Actions**

	Addressing Community Care Access and Waiting Lists			
Actions		**Lead (Support)**	**Timeframe**	**Funding Source***
41	Design and implement the Integrated Community Case Management System (ICCMS) as a foundational case management system which will also support communication between healthcare providers and effective management, planning and delivery of services. Business case complete and permission to proceed will be sought in Quarter 3 2022.	HSE	Q1-Q3	NSP
42	To participate in the modernised scheduled care pathway programme of work related to current acute waiting lists, as set out in Appendix ii, and support the feasibility and implementation planning of pathway proposals to deliver more services in the community in line with the Sláintecare vision.	HSE	Q1-Q4	NA
43	Develop a process to complete a capacity and demand analysis across community waiting lists.	HSE	Q4	WLF'22
44	To undertake an options appraisal of wider reforms, in line with the Sláintecare vision which may provide additional measures to reduce community waiting lists.	HSE (DoH)	Q3-Q4	NA
45	Define and develop an implementation plan for agreement of appropriate maximum wait-time targets for community services in scope. The scope of which is to be agreed.	DoH/HSE	Q4	NA

Governance and Oversight

6.1 2022 Waiting List Action Plan governance structure

The governance structure of the 2022 Waiting List Action Plan will broadly follow the model and principles developed for the 2021 short-term Waiting List Action Plan, under which a number of key actions were successfully delivered.

The 2022 Waiting List Action Plan will be governed by a Task Force that is co-chaired by the Secretary General of the Department of Health and the CEO of the HSE. It will include senior management representatives from the Department, the HSE, and the NTPF. This Task Force reports directly to the Minister for Health.

Consistent with the HSE Board's role to direct and oversee the organisation's activities, including ensuring the HSE's full support for the implementation of the Government's health reforms as set out in Sláintecare, monthly progress updates on scheduled care reform and the delivery of the 2022 Waiting List Action Plan will be provided to the HSE Board through the Board Strategic Scorecard. In addition, reports will be brought for more detailed consideration by the Performance and Delivery Committee on an ongoing basis.

6.2 Waiting List Task Force terms of reference

The Waiting List Task Force terms of reference will broadly include:

- Drive implementation of the Waiting List Action Plan to include providing leadership, direction, oversight, support, and guidance to the teams implementing different aspects of the Plan
- Ensure effective communication and information sharing across all aspects of the programme and its constituent projects, throughout the Department, NTPF and HSE, and with all key stakeholders
- Submit formal progress updates to the Minister for Health on a monthly basis
- Serve as the escalation path to resolve issues and make changes to the scope of work if necessary
- Ensure the 2022 Waiting List Action Plan is adequately resourced and supported, including communications, analytics and project management/PMO expertise in addition to the core implementation team
- Approve key documents and publications

6.3 Success – KPIs

The successful outcome of the implementation of this 2022 Waiting List Action Plan that the Waiting List Task Force will strive to achieve will be sustained and meaningful reductions in waiting list numbers and maximum waiting times in line with targets set out in this document as well as the successful implementation of all 45 actions outlined within this Plan, which will contribute to meaningful impacts on waiting lists this year and initiate longer term reforms.

Risks and Mitigations

It is important to acknowledge that there are various risks to delivery of the plan, and a number of these are set out below at a high level along with associated mitigation actions.

Table 19: **Risks and Mitigations**

	Risk	Mitigation
1	The public system could be overwhelmed by pent up demand that has built up during the pandemic and the need to provide urgent and emergency care at levels previously not experienced. This has already been the experience in early 2022 with evidence of delayed diagnoses of cancers and delayed treatment of conditions giving rise to increased mortality and morbidity.	The HSE will continue to prioritise the delivery of care based on robust clinical guidance. Ongoing monitoring will take place to identify evidence of unmet historical, clinically-urgent demand. To the extent that these demands are displacing non-urgent waiting list activity, further efforts will be made to secure additional capacity.
2	A significant risk that the number of additions could be much higher than projected. There were well over 300,000 less patients joining the OPD list during the pandemic than would have been expected in normal circumstances. The projection (having regard to experience in periods of low Covid prevalence in 2021 assumes that the large majority of these patients will not join the list in 2022 (perhaps care was accessed through ED or the private system or care is otherwise not required). While this has regard to recent experience, there is huge uncertainty as we have not been at this stage of a pandemic before.	The flow of patients on to the waiting list in 2022 will be monitored on a weekly basis in order to quickly identify and the variance against the projection and to support necessary revisions to planning and funding allocations.
3	Further potential surges in COVID-19 infections, including new variants, may decrease available capacity and the level of activity, due to issues including: • Reduced Hospital and Community non-Covid care • Increased staff absences • Delayed discharge of patients due to outbreaks in nursing homes.	Ongoing monitoring will take place to identify evidence of potential surges in COVID-19. As far as possible, further efforts will be made to secure additional activity to minimise the impact on core capacity.
4	NTPF commissioning and validation relies on the capacity of the NTPF team, public hospitals and private hospitals.	Recruitment, redeployment and ring-fencing of necessary resources to begin immediately. External resources will be used to fill any gaps in the interim.
5	The level of activity being sourced from the private sector with core NTPF funding is higher than ever before outside of a Safety Net arrangement and it remains untested whether the capacity will be available (although private hospitals indicate they are in a position to provide it). To the extent that further capacity is sought from private hospitals, we will be moving further into the untested space and the risk of it not being available to the extent required grows accordingly.	Close engagement with private hospitals to assess and monitor capacity. NTPF IT systems are deployed throughout all public and private hospitals and provide real time data on relevant throughput of each private hospital, which will be used for planning and managing capacity.
6	There is some uncertainty around the level of conversions from OPD consultations to IPDC treatment, especially as private sector activity in OPD increases and consultations are offered to shorter waiters	NTPF conversion rates will be monitored in real time by specialty and provider in order to determine any variations from projections.
7	It is likely that the activity to achieve these higher levels of throughput will require new ways of working with the health system (e.g. to arrange rare, low volume or highly complex treatments or interventions) or to arrange treatments or interventions for patients requiring ongoing care. Much of this work is also new and untested and the appetite from existing resources and private providers is unclear.	A number of different options are available for engagement with private providers. While it is unlikely that agreement will be reached around all options, an open approach will be adopted to finding appropriate solutions where possible.
8	There is a risk that community resources within the public system and the private sector may not be able to meet the requirements of this plan.	Robust implementation plans will be developed on an initiative basis that will include capacity assessments.
9	Competition for scarce staffing resources – in the context of the HSE and the NTPF seeking to secure additional activity from the private sector – may impact the HSE's ability to recruit across Acute and Community which may in turn reduce delivery of activity and impede service improvements.	The HSE and NTPF will ensure a co-ordinated approach to the procurement of additional activity from the private sector. In addition, the HSE is taking forward a comprehensive approach to recruitment, leveraging all possible recruitment channels and opportunities, and closely tracking progress.

Appendices

i. 2021 Short-term Waiting List Action Plan – Summary and Outcomes

The short-term Waiting List Action Plan (September–December 2021) was developed by the Department of Health, the HSE and the NTPF to mitigate the impact of the pandemic and cyberattack on scheduled care activity. It was published on 7 October 2021 and had deliverables across the five areas of waiting list management, immediate capacity, improved modernized pathways, preparation for the introduction of maximum waiting time targets, and data and information.

The short-term Waiting List Action Plan resulted in a 5.4 percent overall reduction in waiting lists, from 760,700 people in September to 720,056 in December which was in line with the target reduction. There was positive improvement for both OPD and GI Scopes waiting lists, with GI Scopes greatly outperforming the target set for year end. The OPD waiting list reduced by 34,896, which is 3,633 ahead of target, while GI scopes saw the waiting list reduced by 5,491 (5,983 ahead of target). There was also a stabilisation of the IPDC waiting list; however, the curtailment of elective activity, in line with increased unscheduled demand and COVID-19 levels, impacted the ability to deliver the amount of activity set out in the original plan. The IPDC waiting list was reduced by 257, which was 5,641 behind target.

The following is a breakdown of waiting list figures between September and December 2021:

Table 20: **Overview of Waiting List Figures September–December 2021**

	Week of 02 Sep 2021	Week of 23 Dec 2021	Variance Sep–Dec 2021	Action Plan target, end Dec 2021	Variance against target
OPD	652,344	617,448	-34,896	621,081	-3,633
IPDC	75,720	75,463	-257	69,822	+5,641
GI Scopes	32,636	27,145	-5,491	33,128	-5,983
Totals	760,700	720,056	-40,644	724,031	-3,975

The short-term Waiting List Action Plan also incorporated reform actions that will continue to be progressed as part of the 2022 Waiting List Action Plan. This reform work includes revised waiting list management protocols, initial implementation of Government maximum waiting time targets, and improved data collection and information. Additionally, the Plan saw further work towards improving patient pathways of care, with some 37 priority care pathways across 16 specialties on track for implementation in 2022.

Delivery of the 2021 plan was driven and overseen by a senior governance group co-chaired by the Secretary General of the Department of Health and the CEO of the HSE, which met fortnightly. Additionally, a senior sub-group of officials and experts from the Department, the HSE and the NTPF met weekly to scrutinise the waiting lists in detail and performance against agreed actions.

ii. Scheduled Care Pathways in Development with Status and Funding Stream

Note: Commencement of services is contingent on clinical sign-off, operational implementation, funding, and recruitment of staff.

A core component of the reform of scheduled care services within the HSE is the redesign and reorientation of care towards community, ensuring we see patients expeditiously, in the right place and at the lowest level of complexity that is appropriate to a given condition. Where community delivery is not possible due to complexity, the reform programme is working to redesign scheduled care pathways to deliver acute care in the most efficient manner possible, utilising where possible new technologies and innovative service-delivery models.

In excess of 1,000 hours has been spent on the development of reformed scheduled care pathways to date, with input from over 85 clinical stakeholders.

A 'care pathway' can mean many different things depending on the jurisdiction. In this instance a care pathway is:

An agreed series of healthcare touchpoints, presented as a patient flow, for a defined group of patients, that will progress care through the healthcare system from first presentation until completion of the episode of care.

Working Group Process

Sixteen specialty working groups were established to commence the redesign and modernisation process, with these groups having consultant, GP, nursing, health, and social care professional, along with acute and community management membership. These 16 specialties account for 90% of outpatient waiting lists.

Commencement of Pathway Design

These working groups were fully active from March 2021 until May 15th (cyber-attack), producing 75 high-level pathways. Work continued, despite constraints, for the majority of groups across the summer months, with a special emphasis during July and August on contributing to the NSP 2022 new service developments process.

2022 Submission for Pathway Commencement

37 submissions to support pathway rollout were put forward as part of NSP 2022. These 37 initiatives will commence the building of sustainable capacity to deliver on Government maximum wait time targets in the coming five years.

Pathway Impact by 2027

The 37 pathways put forward for implementation in 2022 will deliver access within Government maximum wait time targets, quality and safety enhancement and the following outputs:

- 275k new OP appointments (incl. 115k virtual fracture appointments)
- 300k review OP appointments
- 71k IPDC
- 40k diagnostics

Appendices cont.

The table below gives an overview of the scheduled care pathways in development with status and funding stream:

Table 21: **Overview of Modernised Scheduled Care Pathways in development**

	Specialty	Pathway Title	Pathway Description/Long Title	Status of Implementation Full, Partial, Pilot or Phased Rollout	Funding Stream
1	**Orthopaedics/ Rheumatology**	**Low Back Pain**	Low back pain pathway for adults with pain of musculoskeletal origin	Commencement of national implementation 2 sites, 2022	Waiting List Fund, 2022
2	**Orthopaedics**	**Virtual Trauma Assessment Clinic (VTAC)**	Virtual Trauma Assessment Clinics (VTAC) for paediatric and adult patients presenting with stable fracture	Phase 2, Commencement of national rollout 2022 (Previous partial funding, partial sites, Sláintecare funding)	Waiting List Fund, 2022
3	**Orthopaedics**	**Fracture Liaison Integrated Pathway**	Fracture liaison pathway integrated across acute and community services to prevent repeat fracture in patients after emergency repair	Phase 1 commence, 2022 Phase 2 commence, 2023	Waiting List Fund, 2022
4	**Rheumatology**	**Single Swollen Joints**	Pathway for adults presenting with single swollen/inflamed joints	Commencement of full rollout, 2022	Waiting List Fund, 2022
5	**Rheumatology**	**Multiple Swollen Joints**	Pathway for adults presenting with multiple swollen/inflamed joints	Commencement of full rollout, 2022	Waiting List Fund, 2022
6	**Urology**	**Continence Pathway**	Continence pathway for adults experiencing unintentional loss of urine due to trauma, neurological disorder, or age-related degeneration	Commencement of national rollout, 2 CHOs, 2022	Waiting List Fund, 2022
7	**Urology**	**Haematuria Pathway**	Haematuria pathway for adult patients presenting with visible or microscopic blood in the urine	Commence completion of national rollout in 2022	Waiting List Fund, 2022
8	**Urology**	**LUTS Pathway**	Lower urinary tract symptomatology pathway for adult males presenting with urinary/benign prostate symptomatology	Commence the completion of national rollout	Waiting List Fund, 2022
9	**Ophthalmology**	**Cataract Pathway**	Cataract pathway for adults presenting with one or two cataracts affecting vision	Commence national rollout 2022	Waiting List Fund, 2022
10	**Ophthalmology**	**Medical Retina Pathway**	Medical retinal pathway for adults presenting with macular pathology suspicious of acute macular degeneration	Commence national rollout 2022	Waiting List Fund, 2022
11	**Ophthalmology**	**Paediatric Eye Pathway**	Paediatric eye pathway for children requiring further assessment after childhood health screening and/or surveillance	Continue national rollout 2022	Waiting List Fund, 2022
12	**General Surgery**	**Skin and Subcutaneous Lesions Pathway**	Skin and subcutaneous lesions pathway for adult patients presenting with Seborrheic warts, keratoses, skin tags, dermatofibromas, epidermal cysts, sebaceous cysts, lipomas viral warts including verrucae (after first line treatment fails), toenails and non-pigmented skin cancers	Commence national rollout 2022	Waiting List Fund, 2022

Table 21: **Overview of Modernised Scheduled Care Pathways in development cont.**

	Specialty	Pathway Title	Pathway Description/Long Title	Status of Implementation Full, Partial, Pilot or Phased Rollout	Funding Stream
13	**Plastic Surgery**	**Basal Cell Carcinoma Pathway**	Basel cell carcinoma pathway for adult patients presenting with patients presenting with symptomatology suggestive of basal cell carcinoma	Commence implementation with 2 sites, 2022	Waiting List Fund, 2022
14	**Plastic Surgery**	**Dupuytren's Pathway**	Dupuytren's pathway for patients presenting with severe contracture (30*)	Commence implementation in 1 site 2022	Waiting List Fund, 2022
15	**Dermatology**	**Psoriasis Pathway**	Psoriasis pathway for adult and paediatric patients presenting with a scaly rash affecting the scalp, elbows, knees, not responsive/unsatisfactory to management in primary care	Commence implementation of Phase 1, 2022 Phase 2, 2023	Waiting List Fund, 2022
16	**Dermatology**	**Pigmented Skin Lesions Pathway**	Pigmented skin lesion pathway for paediatric and adult patients presenting with new or existing changing pigmented skin lesions	Commence implementation of Phase 1, 2022 Phase 2, 2023	Waiting List Fund, 2022
17	**Dermatology**	**Acne Pathway**	Acne pathway for paediatric and adult patients, with the presence of open and closed comedones, papules, pustules, nodules or cysts, psychological distress, scarring, i.e., atrophic/ice pick scarring, Keloid scarring, and	Commence implementation of Phase 1, 2022 Phase 2, 2023	Waiting List Fund, 2022
18	**Neurology**	**Epilepsy Pathway for Vulnerable Populations**	An epilepsy pathway that provides outreach to vulnerable patients (paediatric and adult)	Commence Phase 1, 2022 Phase 2, 2023	Waiting List Fund, 2022
19	**Neurology**	**Headache Pathway**	A headache pathway for adults with tension-type headache, migraine (with or without aura), cluster headache, or medication overuse headache	Full Rollout 2022 (partial funding 4 sites, Sláintecare funding)	Waiting List Fund, 2022
20	**Neurology**	**Rare Diseases Pathway**	A rare diseases pathway for all patients presenting with symptoms suggestive of motor neuron disease or Huntington's chorea	Commence phased rollout 2022 and 2023	Waiting List Fund, 2022
21	**ENT**	**Dysphonia and Dysphagia Pathway**	A pathway for adult patients presenting with dysphonia and/or dysphagia	Commence national rollout Phase 1 2022	Waiting List Fund, 2022
22	**ENT**	**Hearing Loss Pathway**	Hearing loss pathway for adults presenting with hearing loss	1 site of Phase 2 of Direct Access to Audiology Services, 2022 (previously Sláintecare funded)	Waiting List Fund, 2022
23	**ENT**	**Vestibular Rehabilitation Pathway**	A pathway for adult patients with vertigo/ imbalance requiring vestibular rehabilitation	Commence national rollout Phase 1 2022	Waiting List Fund, 2022

Appendices cont.

Table 21: **Overview of Modernised Scheduled Care Pathways in development cont.**

	Specialty	Pathway Title	Pathway Description/Long Title	Status of Implementation Full, Partial, Pilot or Phased Rollout	Funding Stream
24	**Gastroenterology and Hepatology**	**Inflammatory Bowel Disease**	A pathway for paediatric and adult patients presenting with suspected or known inflammatory bowel disease	Commence national rollout 2022	Waiting List Fund, 2022
25	**Gastroenterology and Hepatology**	**Abnormal Liver Function Test/ Hepatology Pathway**	A pathway for patients presenting with abnormal liver function tests (LFTs)/raised ferritin, abnormal fibro scan, hereditary hemochromatosis or alcohol use disorder	Commence national rollout 2022	Waiting List Fund, 2022
26	**Gastroenterology, Hepatology, Gen Surgery**	**Endoscopy Pathways, (including 2021-funded FIT testing, Nurse Triage and PillCam)**	Diagnostic pathways for all patients with upper/lower gastrointestinal tract symptomatology	Continue national rollout in 2022, additional phases 2023	Waiting List Fund, 2022/ NSP 2021 (permeant funding)
27	**Cardiology**	**First Presentation Afib**	A chronic disease pathway for patients with first presentation atrial fibrillation	Phase 1, 2022 (multi-year roll out)	Waiting List Fund, 2022
28	**Cardiology**	**Deteriorating Heart Failure**	A chronic disease pathway for patients with diagnosed heart failure (stable) who experience deterioration	Phase 1, 2022 (multi-year roll out)	Waiting List Fund, 2022
29	**Cardiology**	**Heart Murmur**	A chronic disease pathway for adults with suspected heart murmur (excluding new heart murmur with presyncope or syncope)	Phase 1, 2022 (multi-year roll out)	Waiting List Fund, 2022
30	**Cardiology/ Respiratory**	**Undifferentiated Chronic/Subacute Dyspnoea**	A chronic disease pathway for adults with undifferentiated chronic/subacute dyspnoea	Phase 1, 2022 (multi-year roll out)	Waiting List Fund, 2022
31	**Endocrinology**	**Obesity and Overweight Pathway**	An obesity and overweight pathway for patients aged over 16, with a BMI > 25kg/m2 or greater	Commence Phase 1 2022 Phase 2 2023	Waiting List Fund, 2022
32	**Endocrinology**	**Chronic Disease Type 2 Diabetes Mellitus Pathway**	A chronic disease pathway for adults with first presentation of symptoms suggestive of Type 2 diabetes mellitus	Phase 1, 2022 (multi-year roll out)	Waiting List Fund, 2022
33	**Respiratory Medicine**	**COPD**	A chronic disease pathway for adults with known or suspected chronic obstructive pulmonary disorder (COPD)	Phase 1, 2022 (multi-year roll out)	Waiting List Fund, 2022
34	**Respiratory Medicine**	**Sub-acute/Chronic Asthma**	A chronic disease pathway for adults with known or suspected asthma	Phase 1, 2022 (multi-year roll out)	Waiting List Fund, 2022
35	**Respiratory Medicine**	**Interstitial lung disease**	A chronic disease pathway for adults with symptoms or diagnostics suggestive of interstitial lung disease	Phase 1, 2022 (multi-year roll out)	Waiting List Fund, 2022

Table 21: **Overview of Modernised Scheduled Care Pathways in development cont.**

	Specialty	Pathway Title	Pathway Description/Long Title	Status of Implementation Full, Partial, Pilot or Phased Rollout	Funding Stream
36	**Respiratory**	**Cystic Fibrosis**	A pathway for paediatric and adult patients with cystic fibrosis	Commence implementation 2022	Waiting List Fund, 2022
37	**Nephrology**	**Renal Dialysis Pathway**	A pathway for patients requiring renal dialysis	Commence implementation 2022	Waiting List Fund, 2022
38	**Pain Management**	**A Pain Management Approach to Low Back Pain Pathway**	In development	Pilot Implementation	Sláintecare Integration Fund
39	**Rheumatology**	**Work-Able Solutions', a Rheumatology Vocational Rehabilitation Service**	In development	Pilot	Sláintecare Integration Fund
40	**Orthopaedics**	**Fast Track Knee Pathway**	In development	Pilot	Sláintecare Integration Fund
41	**Endocrinology**	**Hypothyroid**	In development	In development	NSP 2023
42	**Endocrinology**	**Hyperthyroid**	In development	In development	NSP 2023
43	**Endocrinology**	**Oligomenorrhea**	In development	In development	NSP 2023
44	**Endocrinology**	**Low Testosterone**	In development	In development	NSP 2023
45	**Endocrinology**	**Endocrine Hypertension**	In development	In development	NSP 2023
46	**Endocrinology**	**Thyroid Nodule**	In development	In development	NSP 2023
47	**ENT**	**Rapid Access Neck Lump**	In development	In development	NSP 2023
48	**ENT**	**Rhinitis/Asthma**	In development	In development	NSP 2023
49	**ENT**	**Tonsillitis**	In development	In development	NSP 2023
50	**Gastroenterology**	**Enteral Nutrition**	In development	In development	NSP 2023
51	**Gastroenterology**	**Iron Deficiency Anaemia**	In development	In development	NSP 2023
52	**General Surgery**	**Abdominal Hernia**	In development	In development	NSP 2023
53	**General Surgery**	**Gallbladder**	In development	In development	NSP 2023

Appendices cont.

Table 21: **Overview of Modernised Scheduled Care Pathways in development cont.**

	Specialty	Pathway Title	Pathway Description/Long Title	Status of Implementation Full, Partial, Pilot or Phased Rollout	Funding Stream
54	General Surgery	Perianal Complaints	In development	In development	NSP 2023
55	Neurology	Chronic Progressive Disorders	In development	In development	NSP 2023
56	Neurology	Neurological Symptomatology	In development	In development	NSP 2023
57	Ophthalmology	Glaucoma	In development	In development	NSP 2023
58	Orthopaedics	Lower limb	In development	In development	NSP 2023
59	Orthopaedics	Hand/Wrist	In development	In development	NSP 2023
60	Orthopaedics	Elbow	In development	In development	NSP 2023
61	Orthopaedics	Shoulder pain/upper limb	In development	In development	NSP 2023
62	Pain Management	Fibromyalgia	In development	In development	NSP 2023
63	Pain Management	Sciatica/Radicular Pain	In development	In development	NSP 2023
64	Plastics Surgery	Blepharoplasty	In development	In development	NSP 2023
65	Plastics Surgery	Breast hypertrophy	In development	In development	NSP 2023
66	Plastics Surgery	Entrapment Neuropathy	In development	In development	NSP 2023
67	Plastics Surgery	Ganglion	In development	In development	NSP 2023
68	Plastics Surgery	Head & Neck	In development	In development	NSP 2023
69	Plastics Surgery	Microsurgery	In development	In development	NSP 2023
70	Plastics Surgery	Pressure Sores	In development	In development	NSP 2023
71	Urology	Kidney Stones	In development	In development	NSP 2023
72	Urology	Scrotal Lump/Mass	In development	In development	NSP 2023
73	Urology	UTI	In development	In development	NSP 2023

iii. Glossary

ACP
Advanced Clinical Prioritisation

CAN
Cancellation

CEO
Chief Executive Officer

CHI
Children's Health Ireland

CHO
Community Health Organisation

CCO
Chief Clinical Officer

CT
Computed Tomography

CUMH
Cork University Maternity Hospital

DNA
Did not attend

DoH
Department of Health

ECC
Enhanced Community Care

ED
Emergency Department

ENT
Ear, Nose & Throat

FIT
Faecal Immunochemical Test

GI
Gastro-intestinal

GP
General Practitioner

HSCP
Health and Social Care Professional

HSE
Health Service Executive

IHI
Individual Health Identifier

IPDC
Inpatient Day Case

IPDC PAMS
Inpatient Day Case Patient Access Management System

MRI
Magnetic Resonance Imaging

NSP
National Service Plan

NTPF
National Treatment Purchase Fund

OP
Outpatient

OPD
Outpatient Patient Department

OP PAMS
Outpatient Patient Access Management System

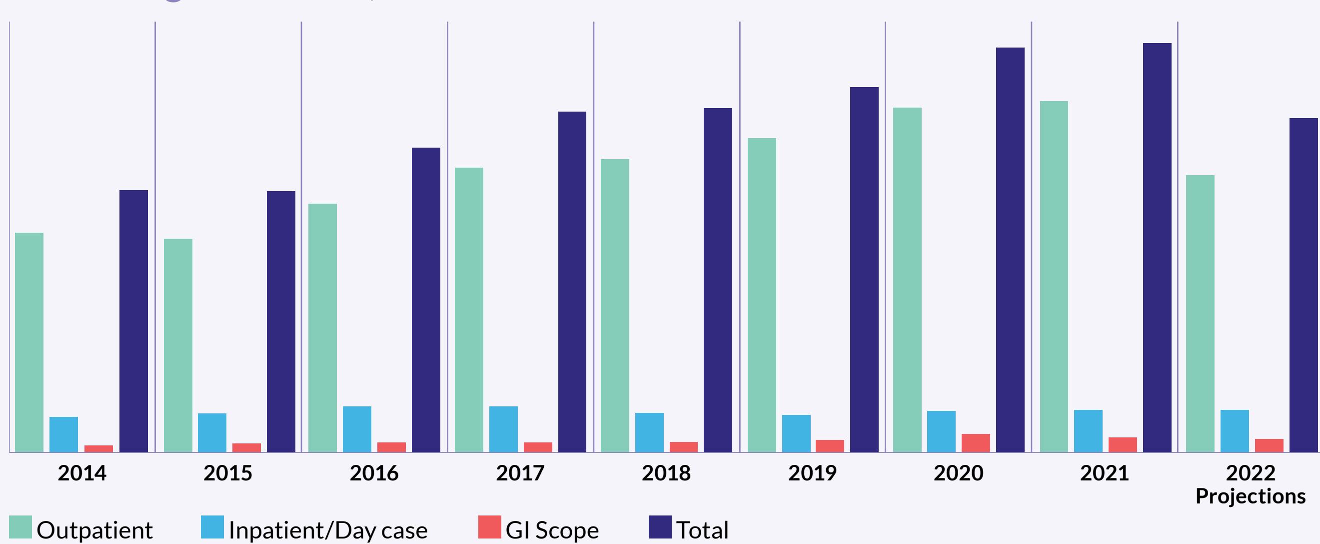
POLAR
Patient On-line Automated Response system

PTL
Primary Target Lists

RHA
Regional Health Area

TCI
To Come In

iv. Waiting List Trends, 2014–2022



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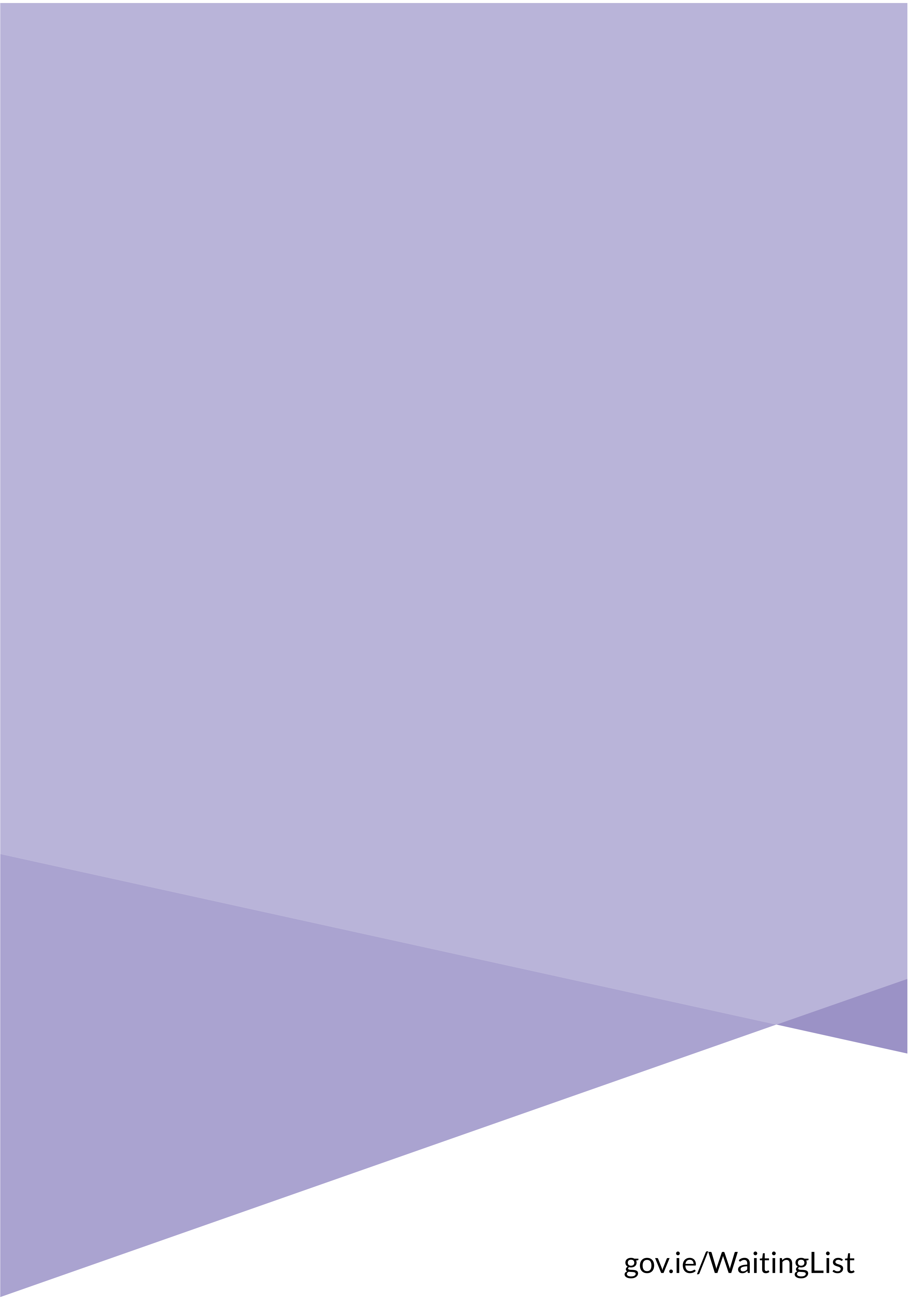
gov.ie/WaitingList