

**Corporate Plan Objective 3 – Improve scheduled care to enable more timely access and reduce the number of people waiting for services**

## **Scheduled Care Transformation Programme Review**

**HSE Board Meeting**

**29 June 2022**



# Agenda

## Agenda Item

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**3. 2022 Waiting List Action Plan**

**4. Delivery of Additional Activity in 2022 – Acute**

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## 1. Context and Background

- It is widely acknowledged that waiting lists have been a challenge for the Irish healthcare system for many years and require significant long-term reform.
- Over the past four years, waiting lists for scheduled care in the acute setting have increased by c.20% (from end-2017 to end-2021). Since the beginning of the COVID-19 pandemic (March 2020 – Dec 2021), waiting lists have grown by 8%
- Tackling waiting lists is a key priority for the HSE and is included as one of six key priorities in the HSE Corporate Plan 2021-2024.
- The Corporate Plan commits to delivering significant reductions in waiting lists and waiting times, working towards achieving the following Sláintecare maximum wait time targets by 2026, namely:
  - OPD: 10 weeks for an outpatient appointment
  - IPDC: 12 weeks for an inpatient/daycase procedures
  - GI Scopes: 10 weeks for a GI scope
  - Diagnostics: 10 days for diagnostics.
- To deliver on the activities set out in the Corporate Plan 2021-2024 and support progress towards the Sláintecare Maximum Wait Time Targets, the HSE established a Scheduled Care Transformation Programme.

## 2. Progress in 2021

- In January 2021, there were c.611k patients waiting for their first Outpatient appointment, c.75k patients waiting for an inpatient or daycase procedure and c.34k patients waiting for a GI scope.
- The continued impact of COVID-19 and the Cyber Attack on the delivery of scheduled care services inhibited significant progress towards the Sláintecare maximum wait time targets. However, foundational steps required to support longer-term reforms were progressed including:
  - Establishing a dedicated **Scheduled Care Transformation Programme Team** with resources at the HSE Centre and within each of the Hospital Groups and a further 63 resources to support administration in Hospitals
  - Conducting a waiting list **Demand and Capacity Analysis**, which identified recurrent and non-recurrent capacity gaps by hospital and specialty
  - Implementing **Advanced Clinical Prioritisation (ACP)**, which resulted in the delivery of c.6.3k ACP consultations in 2021
  - Designing **37 Modernised Scheduled Care Pathways**, which focus on reforming and streamlining the patient journey and delivering care closer to home in line with the Sláintecare vision.
  - Delivering Phase one **Health Performance Visualisation Platform** for Waiting List information and a Scheduled Care Dashboard for 24 Hospitals.
  - Establishing governance arrangements which includes a weekly **CEO Chaired Scheduled Care meeting**
  - The introduction of **Maximum Wait Time Targets and Chronological Scheduling KPIs** in the NSP 2022, to focus on the length of time people are waiting as well as volumes, progressing towards achieving Sláintecare Targets
- Following a concerted focus by the HSE, DoH and NTPF in the final quarter of 2021 against a short-term Action Plan (September – December), progress in reducing the acute waiting lists included:
  - **OPD:** the numbers waiting reduced from 652k in September 2021 to 617k in December 2021 (a reduction of c.35k)
  - **IPDC:** the numbers waiting reduced from 76k in September 2021 to 75k in December 2021 (a reduction of c.250)
  - **GI Scopes:** the numbers waiting reduced from 33k in September 2021 to 27k in December 2021 (a reduction of c.5.5k)

### 3. 2022 Waiting List Action Plan

- A 2022 Waiting List Action Plan (WLAP) was jointly developed by the HSE, DoH and NTPF and published on 25 February.
- The WLAP is supported by dedicated funding of €350m, including an additional €150m allocated to the NTPF and an additional €200m allocated to the HSE.
- A Waiting List Task Force, co-chaired by the CEO of the HSE and the Secretary General of the Department, has been established to oversee the delivery of the WLAP. Progress is also reported on a monthly basis through the Board Strategic Scorecard.
- The WLAP includes 45 key actions and focuses primarily on the following key areas:
  1. Delivering significant additional activity in 2022
  2. Building recurrent capacity within the system to sustainably address recurrent capacity gaps.
- It is recognised that future COVID-19 surges may impact the delivery of the 2022 WLAP. For this reason there remains 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.

#### 2022 Maximum Wait Time Targets

- The WLAP sets out the following Maximum Wait Time Targets to be achieved by December 2022, which are also included in the 2022 NSP:
  - **OPD** – 98% of patients waiting for their first outpatient appointment will be seen within 18 months and 100% will be seen within 36 months
  - **IPDC** – 98% of patients waiting for an inpatient/daycase procedure will be treated within 12 months and 100% will be treated within 24 months
  - **GI Scopes** – 100% of patients waiting for a GI scope will be treated within 12 months

## 4. Delivery Additional Activity in 2022 – Acute

- The WLAP commits to delivering the following additional activity in the acute setting, above and beyond core, in 2022:
  - 100k additional OPD appointments
  - 28k additional inpatient/daycase procedures
  - 8k additional GI scopes
  - 30k additional diagnostics.
- In collaboration with Hospital Groups, detailed plans of c.44m to deliver this activity have been developed. The Demand & Capacity Analysis was used to ensure investment was appropriately targeted. The table below outlines (i) the additional activity approved through the non-recurrent plans and (ii) the additional activity delivered to date (excluding activity arranged by the NTPF):

Hospital Group	Expected Non-Recurrent Activity	Non-Recurrent Activity Delivered & Reported		
		Additional Activity Outside of SN* (Jan – Apr)	Additional Activity Through SN (to 12 June)	Total Additional Activity
CHI	19,208	2,371	113	2,484
DMHG	16,146	0	1,511	1,511
IEHG	11,017	484	1,507	1,991
Saolta	14,863	2,101	130	2,231
SSWHG	29,970	3,347	2,559	5,906
RCSI	0	0	208	208
ULHG	15,251	0	2,339	2,339
<b>Total</b>	<b>106,455</b>	<b>8,303</b>	<b>8,367</b>	<b>16,670</b>

- To support the achievement of the 2022 Maximum Wait Time Targets, it will be critical to ensure (i) the full delivery of core activity volumes, (ii) the full delivery of additional activity volumes as outlined in the WLAP and (iii) strict chronological management of patients clinically catergorised as routine.

## 5. Delivering Additional Activity 2022 – Community

- An indicative €20m in non-recurrent funding has been allocated to progress initiatives which will improve access to community care and reduce community waiting lists, including:
  - Orthodontics
  - Primary care child psychology
  - Counselling in primary care
  - CAMHS
  - Disability services (including assessment of needs)
- Through these initiatives, an additional c.2.7k patients have been removed from community waiting lists through delivery of additional activity in the private sector and waiting list validation. Additional activity delivered thus far in June has not been included in this figure.
- Through the continuation of GP direct access to diagnostic testing, a further c. 95k community diagnostic tests have been provided to end of May 2022, as follows:
  - 6.5k DEXA Scans
  - 61k MRIs
  - 7.2k CTs
  - 20.2k X-Ray
- Planning continues to increase GP direct access to Chronic Disease diagnostics (Echocardiogram, Spirometry and the NTproBNP blood test) in line with the Sláintecare vision.

## 6. Building Recurrent Capacity

- The WLAP also seeks to progress longer-term reform to sustainably address recurrent capacity gaps which were identified in 2021 through a comprehensive waiting list Demand & Capacity Analysis.
- Significant planning has been undertaken with the Hospital Groups to develop sustainable solutions and outline resource requirements required to address the recurrent capacity gaps identified through the Demand & Capacity Analysis.
- An investment plan seeking c.€124m in recurrent funding to progress sustainable solutions to recurrent capacity gaps has been submitted to the Minister for consideration and approval.
- The proposed recurrent investment seeks to:
  - Implement the 36 modernised care pathways which were designed in collaboration with the Clinical Programmes in 2021
  - Progress Hospital Group proposals to identified recurrent capacity gaps
  - Progress service developments in priority areas outlined in the 2022 WLAP (Gynaecology, Spina Bifida / Scoliosis, and Obesity / Bariatrics).
- The table below outlines the additional activity expected to be delivered through the proposed recurrent investment:

Hospital Group	HG Priorities		Modernised Care Pathways		Priority Areas		Total	
	Funding Requested	Expected Activity Volumes	Funding Requested	Expected Activity Volumes	Funding Requested	Expected Activity Volumes	Funding Requested	Expected Activity Volumes
CHI	€2.4m	2.2k	€2.1m	8.8k	€12.3m	1.3k	€16.8m	12.2k
DMHG	€17.4m	20.5k	€5.2m	40.2k	€4.6m	4.2k	€27.3m	64.8k
IEHG	€6.6m	10k	€9.1m	65.8k	€4.2m	0.5k	€19.9m	76.3k
Saolta	€1.7m	TBC	€5.5m	34.2k	-	-	€7.2m	34.2k
SSWHG	€8m	14.1k	€5.7m	45.5k	€4.3m	0.8k	€18m	60.5k
RCSI	€8.3m	8.3k	€7.9m	50.2k	€9.9m	1.3k	€26.1m	59.8k
ULHG	€1.3m	5.9k	€1.6m	16.1k	€0.66m	0.8k	€3.6m	22.8k
CHOs	-	-	€4.7m	19.1k	-	-	€4.7m	19.1k
HSE Centre	-	-	€0.2m	-	€0.08m	-	€0.28m	-
<b>Total</b>	<b>€45.6m</b>	<b>61k</b>	<b>€42.1m</b>	<b>279.9k</b>	<b>€36.2m</b>	<b>8.4k</b>	<b>€124m</b>	<b>349.2k</b>



## 7. Enabling Reforms

- Further scheduled care reform initiatives being taken forward under the 2022 WLAP include:
  - **Patient-Centred Booking Arrangements (PCBA):** This reform will include an end-to-end transformation of booking and scheduling practices and technology systems in order to enhance patient involvement and ensure patients are on the most appropriate pathway including patient choice of appointment date/time.
  - **Patient Initiated Reviews (PIR):** Closely linked to patient-centred booking, a reform will be taken forward to introduce PIR, whereby review appointment will not be scheduled automatically, but instead will be initiated by the patient/family/caregiver. We currently see c2.2m review outpatient appointments and 750k waiting list related new appointments. 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. This process is currently being tested in CHI as “Family Initiated Reviews”
  - **A strategy for managing ‘Did Not Attends’ (DNAs):** Each year there are 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 DNA strategy to reduce the DNA rate for both new and review OPD to increase capacity. This reform initiative will be closely linked with patient-centred booking arrangements and will require the implementation of more agile scheduling abilities.
  - **The Health Performance Visualisation Platform (HPVP):** Health Performance Visualisation Platform (HPVP) system live in 28 hospital sites. 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 for clinicians and managers across ED, Bed management, Theatre, Outpatients and Diagnostics.
  - **A Strategic Partnership Framework:** 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.

## 8. Multi-Annual Waiting List Reduction Plan

- The 2022 WLAP 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.
- A key action (action 16) of the WLAP is to develop and agree a Multi-Annual Waiting List Reduction Plan to support the achievement of Government maximum wait time targets.
- The Terms of Reference for the Multi-Annual Waiting List Reduction Plan are being finalised between the HSE, DoH and NTPF.
- An indicative strawman for the Multi-Annual Waiting List Reduction Plan is as follows:
  - Introduction
  - Chapter 1: Multi-Annual Ramp Down Profile to achieve Slaintecare Maximum Wait Time Targets
  - Chapter 2: Delivering Additional Activity in Acute and Community Settings
  - Chapter 3: Driving Integration and Reforming the Delivery of Scheduled Care
  - Chapter 4: Policy and Process Enablers
  - Chapter 5: Technology & Data Enablers
  - Chapter 6: Delivery and Oversight of the Multi-Annual Waiting List Reduction Plan
  - Conclusion

## 9. Current National Waiting List Overview

**Outpatients:** There are **c.625k** patients waiting for their first outpatient appointment, which is an increase of c.7.6k since the beginning of this year.

- In 2022 the growth was 1% (7k) for the period January to May. In the last 5 years, the same period would typically see 5% growth experienced each year. Overall, the current outpatient waiting list position is **slightly ahead** of the projected target of the WLAP.
- The number of people waiting over 18 months for an OPD appointment has reduced by 11% -YTD
- Delivery of additional outpatient activity is expected to significantly increase between June and December

**Inpatient and Day Case:** There are **c.80k** patients waiting for an inpatient or day case procedure, which is an increase of c.4.4k since the beginning of the year.

- In 2022 the growth was 6% (4k) for the period January to May. In the last 5 years, the same period would typically see a slight decline. Overall, the current IPDC position is **slightly behind** the projected target, by c.3%.
- The number of people waiting over 12 months for an IPDC procedure has reduced by 7% -YTD
- Delivery of additional IPDC activity is expected to increase significantly between June and December

**Gastrointestinal (GI) scopes:** There are **c.28k** patients waiting for a gastrointestinal (GI) scope, which is an increase of c.1k since the beginning of the year.

- In 2022 the growth was 5% for the period January to May. In the last 5 years, the same period would typically see 10% growth experienced each year. Overall, the current GI Scope position is ahead of the projected target by 10%, with evidence of week-on-week improvement.
- The number of people waiting over 12 months for a GI Scope has reduced by 33% - YTD
- Delivery of additional GI scopes activity is expected to significantly increase between June and December.

## 10. Appendix



# 2022 Waiting List Action Plan RAG Rating of Actions

2022 Waiting List Action Plan Status Summary			
2022 Actions	Timing	Previous Rating	Current Week Rating
<b>Delivering Capacity in 2022</b>			
1 NTPF Commissioning [NTPF]	Q1-Q4	3	3
2 NTPF Validation [NTPF]	Q1-Q4	4	4
3 HSE Core Activity [HSE]	Q1-Q4	3	3
4 Sláintecare Improvement Plans [HSE]	Q1	4	4
5 Additional Public & Private Activity [NTPF/HSE]	Q1-Q4	3	3
6 Advanced Clinical Prioritisation [HSE]	Q1-Q4	4	4
7 Community WL initiatives [HSE]	Q1-Q4	4	4
<b>Reforming Scheduled Care</b>			
8 NSP Maximum wait time targets [HSE(NTPF, DoH)]	Q1-Q4	3	3
9 IPDC 15 procedures, treatment within 6 months [NTPF]	Q1-Q4	5	5
10 IPDC expand procedures list for treatment within 6 months [NTPF]	Q1-Q4	5	5
11 Pathways - commence implementation of 37 [HSE]	Q1-Q4	3	3
12 Pathways - develop remaining 36 [HSE]	Q1-Q4	3	3
13 Patient Initiated Reviews (PIRs) [HSE]	Q1-Q3	4	4
14 Did not Attend (DNA) [HSE]	Q1-Q4	4	4
15 Elective only Hospitals [DoH/HSE]	Q1-Q4	4	4
<b>Policy &amp; Process Enablers</b>			
16 Multi Annual Waiting List Reduction Plan [DoH/HSE/NTPF]	Q2	3	3
17 2022 Reporting (PTL, Chronological Scheduling...) [NTPF,HSE]	Q1	4	4
18 Chronological Scheduling [HSE(NTPF)]	Q1-Q4	5	5
19 Waiting list management Radiology Diagnostics [NTPF/HSE (DoH)]	Q1-Q4	5	5
20a Outpatient Waiting List Management Protocol [NTPF(HSE)]	Q1	5	5
20b IPDC, Planned Procedures (IDPP) Waiting List Management Protocol [NTPF(HSE)]	Q1-Q4	5	5
20c Waiting List Guidance [NTPF(HSE)]	Q1-Q4	5	5
21 Waiting List Management training & development [NTPF(HSE)]	Q1-Q4	5	5
22 Waiting list Management audit programme [NTPF]	Q1-Q4	5	5
23 Waiting List Data Quality Training & Awareness Programme [NTPF]	Q1-Q4	5	5
24 Scope of Diagnostics to be funded by Public System [DoH/HSE/NTPF]	Q2-Q4	5	5
25 Strategic Partnership Framework private sector [DoH/HSE/NTPF]	TBC	3	3

Average Rating:	4.1
Number of Actions with 1, 2 or 3 rating:	13

2022 Actions		Timing	Previous Rating	Current Week Rating
<b>Policy &amp; Process Enablers</b>				
26	Patient / Public led decision making for public funded private care [HSE/NTPF]	Q1-Q4	4	4
27	Activity Based Funding (ABF) [HSE]	Q1-Q4	5	5
28	Reasonable Offer [HSE/NTPF]	Q1-Q2	4	4
29	Data Quality Initiative [NTPF/HSE]	Q1-Q4	5	5
30	Virtual Patient Engagements [HSE]	Q1-Q4	3	3
31	Best Practice Reporting (BPR) for waiting time & waiting list [NTPF]	Q1-Q4	5	5
32	Process for individuals & hospitals to propose innovations & reforms [HSE(DoH)]	Q2-Q4	5	5
<b>Technology &amp; Data Enablers</b>				
33	Data Sharing Agreements & information systems [HSE/DoH]	Q1	1	1
34	Health Performance Visualisation Platform (HPVP) [HSE]	Q3	3	3
35	National Hospital Operations & Waiting List information system [HSE]	TBC	4	4
36	Patient-Centred Booking system [HSE]	Q4	4	4
37	Individual Health Identifier (IHI) [HSE]	Q4	5	5
38	eReferral Forms [HSE]	Q4	3	3
39	Capacity & Demand analysis - Acute [HSE]	Q2	4	3
40	NTPF Patient Access Management Systems (PAMS) [NTPF]	Q1-Q4	5	5
<b>Community Care Access &amp; Waiting List</b>				
41	Permission to procure ICCMS by Q3 [HSE]	Q1-Q3	5	5
42	Participate in acute pathway work [HSE]	Q1-Q4	5	5
43	Agree methodology for Capacity/Demand analysis [HSE]	Q4	4	4
44	Analysis of possible Wider Community Reform options [HSE(DoH)]	Q3-Q4	4	4
45	Develop plan for Maximum wait time targets Community [DoH/HSE]	Q4	4	5

## Commentary relating to Actions with 1, 2 or 3 Rating

#1 Covid impact - measures to accelerate OP referrals to private beginning to impact  
 #3 Core removals are behind target for OPD and IPDC  
 #5 OPD & IPDC additional activity is behind plan. HG activity reported for Jan-Apr is included.  
 #8 OPD, IPDC and GI Scopes all behind target for long waiters  
 #11 & 12 Awaiting confirmation of funding allocation for pathways.  
 #16 & 25 For Q2 delivery but work has not progressed.  
 #30 Paper drafted and in discussion  
 #33 Four hospital DSAs are outstanding  
 #34 Engagement challenges with remaining HG's, slow progress.  
 #38 No national process agreed for prioritisation and approval of eReferrals  
 #39 This will be done once DSA is signed with remaining hospitals.