Integrated Healthcare Conference:

Beyond the Wait – WLAP in Action

Liffey Hall B, Convention Centre Dublin
4 September 2025. 11:45 – 13:00

Rialtas na hÉireann
Government of Ireland

Improving Access and Delivering Reform

Sheila McGuiness, Director of Access

Beyond the Wait: WLAP in Action

Panel Keynote Address

Dr Andy Phillips, REO HSE South West

HSE South West Integr 8 Commitments

Building a health service our community is proud of

	Care	Compassion	Trust	Learning
Patients	We value the time of those we are privileged to serve	We put ourselves in the shoes of those we are privileged to serve	We involve those we are privileged to serve as equal partners	We will avoid harm to patients and staff and will continually work hard to improve our services seven days a week
Colleagues	We live our values everyday	We support each other to be the best we can be	We are one system, one team and one budget	We govern our services with Transparency, Accountability, Participation, Integrity and Capability

Waiting List Action Plan Playbook

Waiting List Management

Key Actions:

- Schedule Chronologically
- Manage Patient Target List
- Implement Coding Changes to Separate Consultant and ANP/HSCP Waiting Lists
- Centralise Referral Management
- Validate Waiting Lists, removing duplicate referrals

Making Every Slot Count

Key Actions:

- Reduce DNA/CNA levels
- Overbook Strategically aligned to clinic
- Ensure compliance with DNA policy
- Increase number of Telehealth Clinics
- Implement Cancelation Lists for all services

Increasing Productivity

Key Actions:

- Maximise Insourcing and Outsourcing opportunities
- Achieve a New : Return ratio of 1:2
- Extend Operational hours/days
- Remove any activity of low clinical value
- Ensure compliance of POCC

Enhancing Pathways

Key Actions:

- Implement Modernised Care Pathways
- Continue Clinical Team Strategic reviews
- Implement a Regional Integrated Operational Hub for referral and scheduling management
- Expand enrolment into Patient Initiated Reviews pathway

Surgical Optimisation

Key Actions:

- Implement additional Blitz sessions
- Extend operational hours
- Increase utilisation of private providers
- Optimise Theatre Utilisation through efficiency improvements.
- Convert Inpatient to daycase procedures

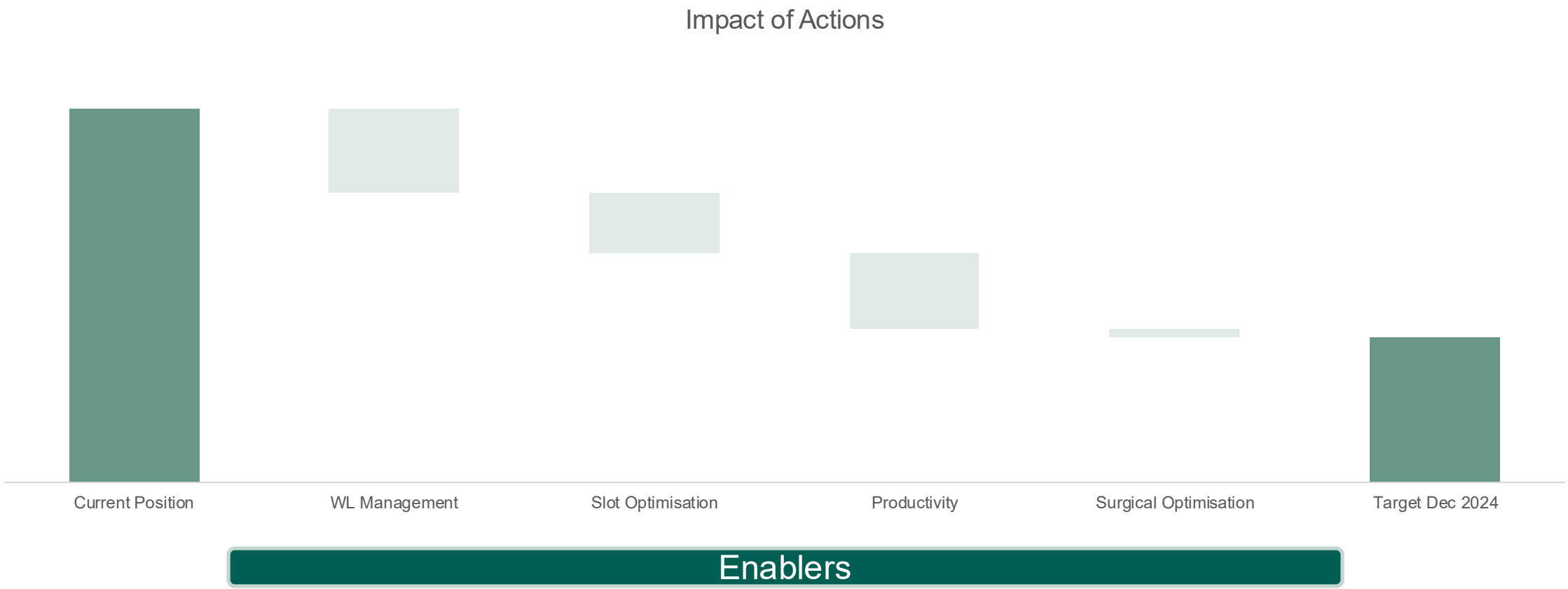
Enablers

Key Actions:

- Use insights from data for decision making and understanding opportunities
- Implement Text messaging and patient self-booking
- Engage S38 hospitals in data solutions
- Maximise TeleHealth solutions
- Utilise AI and Robotics

Impact

Agree target Year-end position and use Waterfall Chart to illustrate the projected impact of WLAP and associated key initiatives:



Operations and Transformation Lead for Surgical Hub – South Dublin

Mella Fitzgerald RANP, RGN, RNP, MSc, HDip

Surgical Hub – South Dublin

- Overview of the Surgical Hub – South Dublin
- How we 'Empower our Staff'
- No. of cases to date
- Impact on Waiting Lists
- Improvements in Waiting Times
- Staff & Patients Feedback
- Operational Excellence

Surgical Hub – South Dublin

Using Operational Excellence to Transform the Service 'Empowering People through Transforming Care'

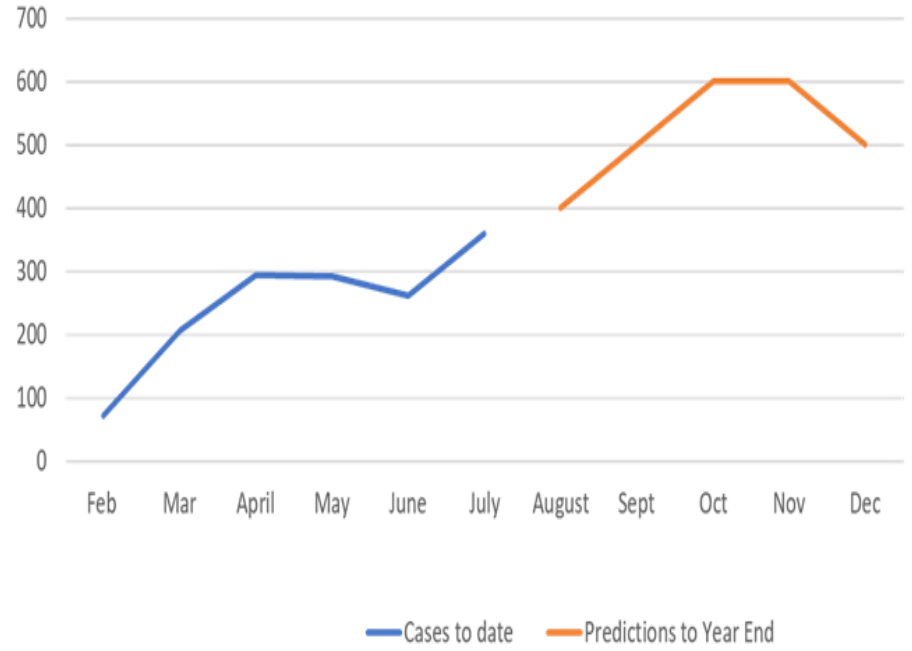
Aim of the Surgical Hubs: Increase capacity for Day Surgery and Minor Procedures, delivering **10,000** cases a year.

How to Achieve this Aim: Continuously improving how we work, empowering our staff to make the changes required and supporting them through the changes.

- The Surgical Hub is a standalone off site facility under the governance of St. James's Hospital
- Chartless Hub
- Green Hub
- Scan for Safety
- Operational Excellence Methodologies
- Focusing on targeting waiting lists and waiting times
- Presently 3 theatres open 5 days a week
- Plan to open 4 theatres 6 days by early next year, if the WTE is provided

Surgical Hub – South Dublin

- February 18th 2025 opened for Minor Procedures.
- March 10th commence General Anaesthetics Procedures.
- Initially working at 50% capacity due to issues with Instruments & Equipment.
- September aiming for 90% capacity, for 100% by year end when all the additional equipment has been delivered.

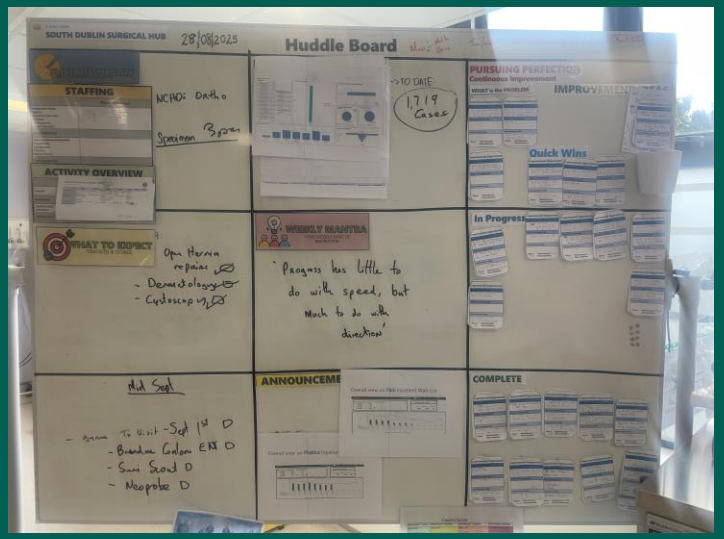


1,864

Cases completed in the hub to 1st September 2025

Empowering our Staff

Daily Huddles for all Staff



The three dimensions of the Shingo Model

- Establish alignment
- Enable people
- Build a culture of continuous improvement

Impact on Waiting List

From Jan 2025 – July 2025

Pain Management moved to the Hub in February, freeing up more space in the main campus for more complex **General Surgical** cases.

Plastics commenced in March doing both minor and GA cases including a bilateral breast reduction and reconstruction surgeries for patients that were waiting up to 2 years.

Orthopaedics & Max Fax commenced in June and more recently **Dermatology** and **Colorectal**.

Urology are using the hub for innovative ways of working across both sites. Previously they had insufficient day case capacity, they now have moved all day cases to the hub which allows them to use their main theatres for complex robotic surgery.

18.4%

Reduction
General Surgery

80%

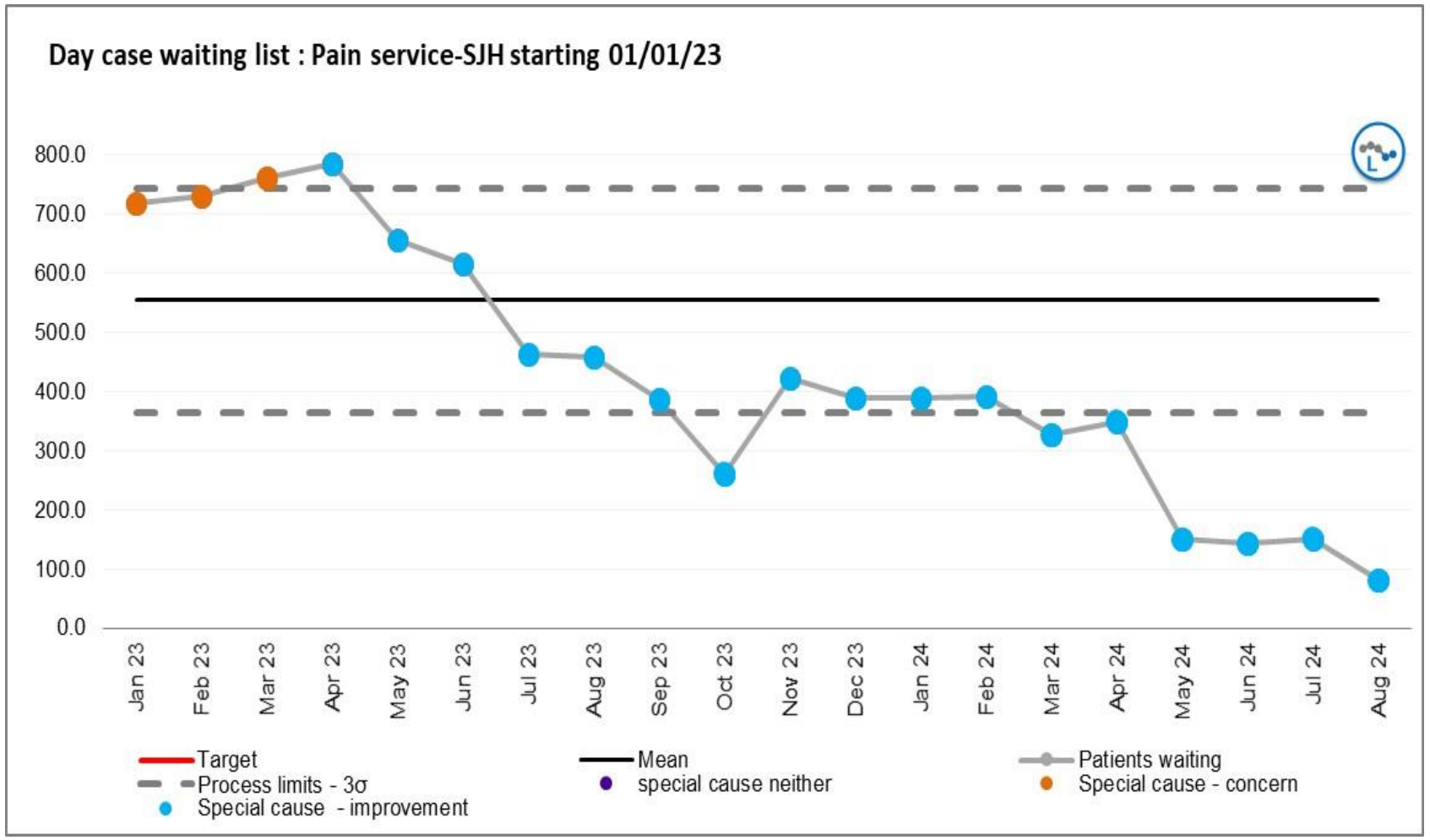
Reduction
Pain Management Wait List

20.9%

Reduction
Plastics Waiting List

The Impact to Date for One Service

Pain Management

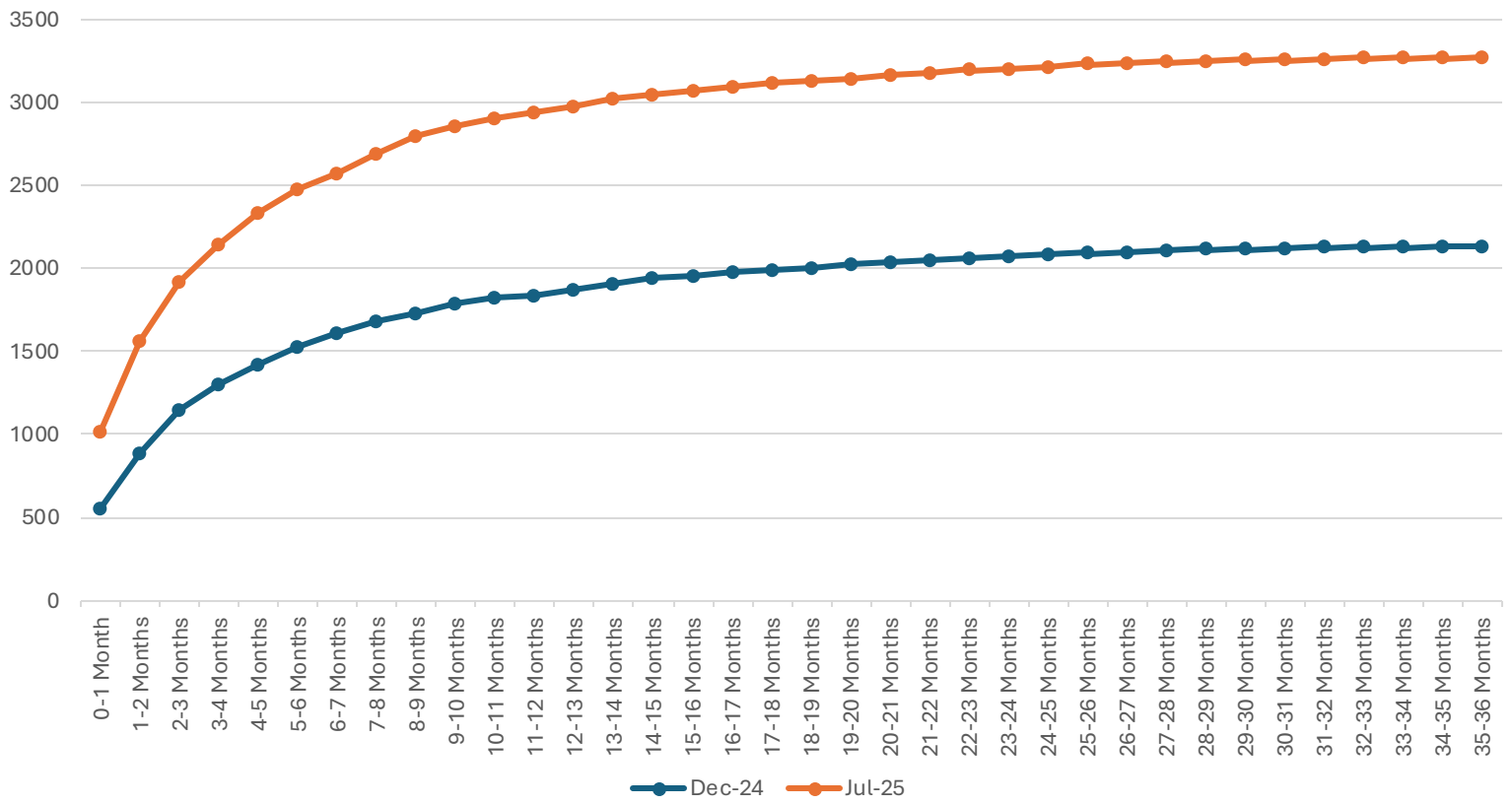


On 18th February 2025, the first case in Surgical Hub South Dublin was performed by the pain management team.

The Pain Management service have now relocated their theatre services to the hub, freeing up space in the main hospital for complex surgery.

With Continuous Improvements the pain service is 2.5 times more efficient than previously.

Impact on Times



General Surgery

Pain

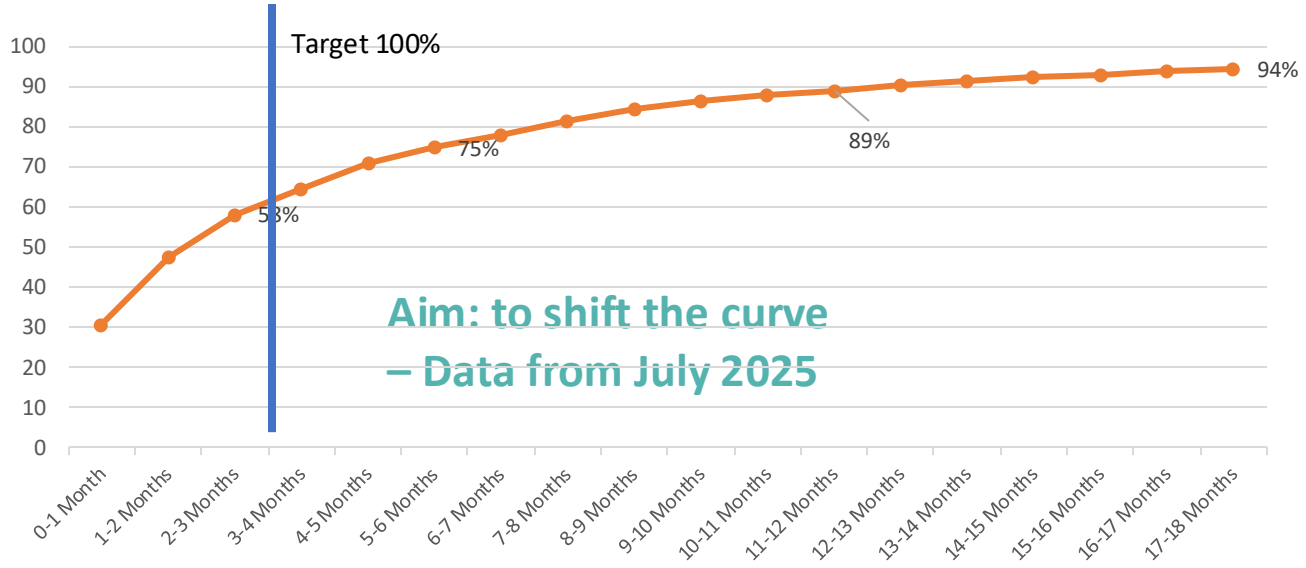
Urology

Plastics

Ortho

Impact on Times

Data from May-August 2025



IPDC 2.1%

Urology

32.5% Waiting >12 weeks

IPDC 17%

Plastics

16.6% waiting >12 weeks

IPDC 9.4%

General Surgery

11.8% waiting > 12 weeks

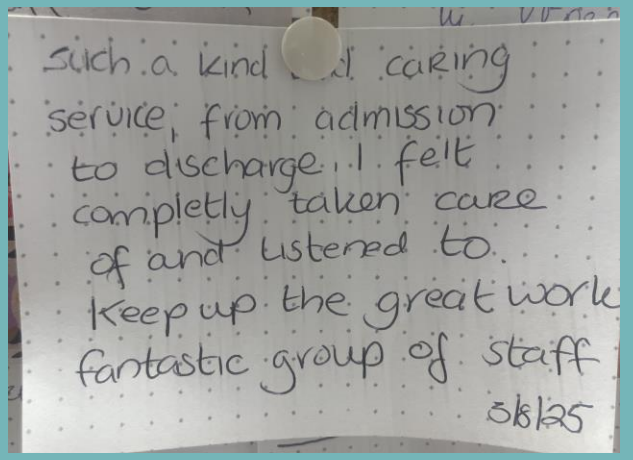
IPDC 39.6%

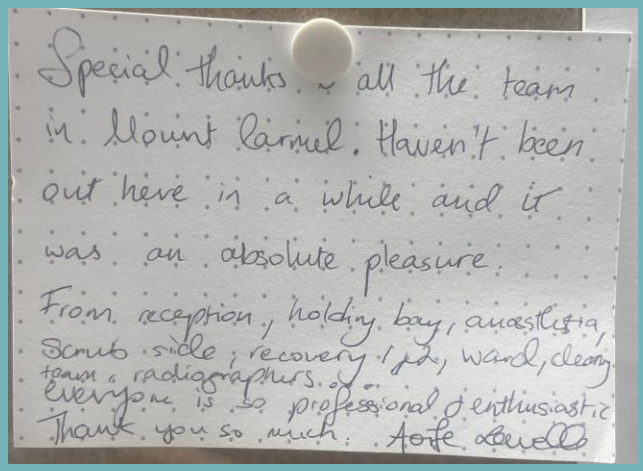
Ortho

4.6% waiting > 12 weeks

Patient / Staff Feedback

Grati - Tuesday





THE CORE PRINCIPLES OF OPERATIONAL EXCELLENCE

Supporting achievement of the WLAP:

An integrated hospital and community approach to reducing wait times and improving access for cardiology outpatients in University Hospital Galway

Dr Susan Connolly
Consultant Cardiologist, Integrated Care
University Hospital Galway & Galway City Hub

Context

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

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

6

Consultant Led Modernised Care Pathways (MCP) for Chronic Disease

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

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

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

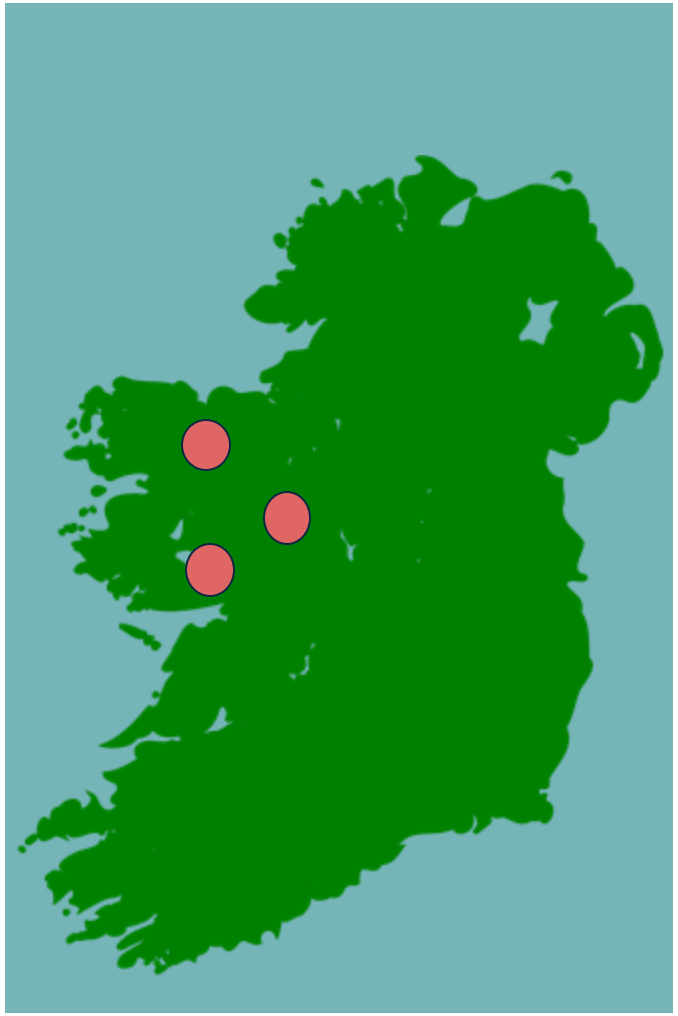
ECC and Waiting List Action Project 2024-2025

Objectives

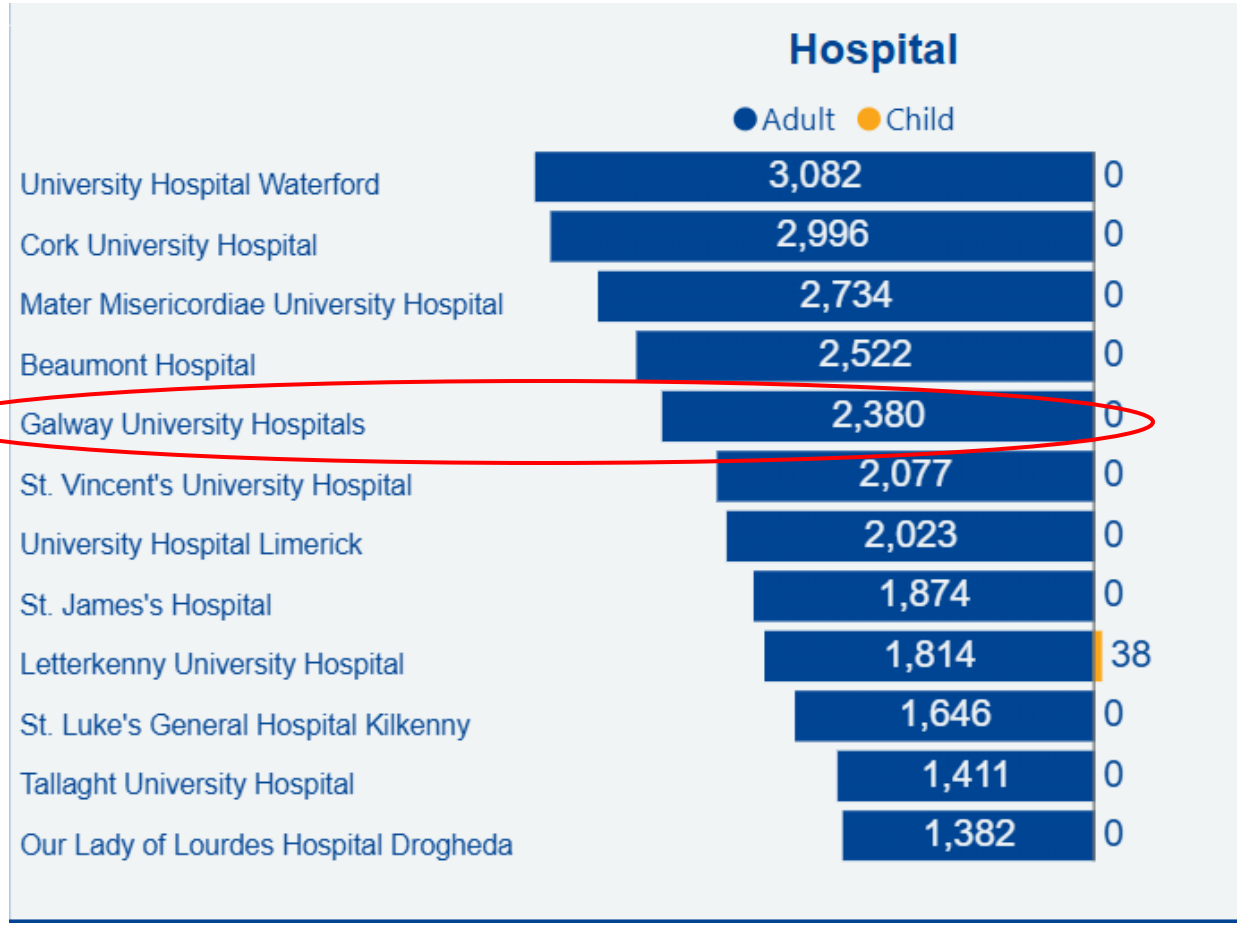
1. To demonstrate the potential impact of the IC Consultant/team on the existing hospital OPD list using the MCP approach for all referrals.
2. To develop a SOP across acute and hub to (i) sustain improvements and (ii) that would be adopted / adapted by other acute / hub services.
3. To identify the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

ECC and WLAP Project: Methods

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



Baseline Analysis May 2024 Cardiology OPD Wait List



Total number waiting n=2384

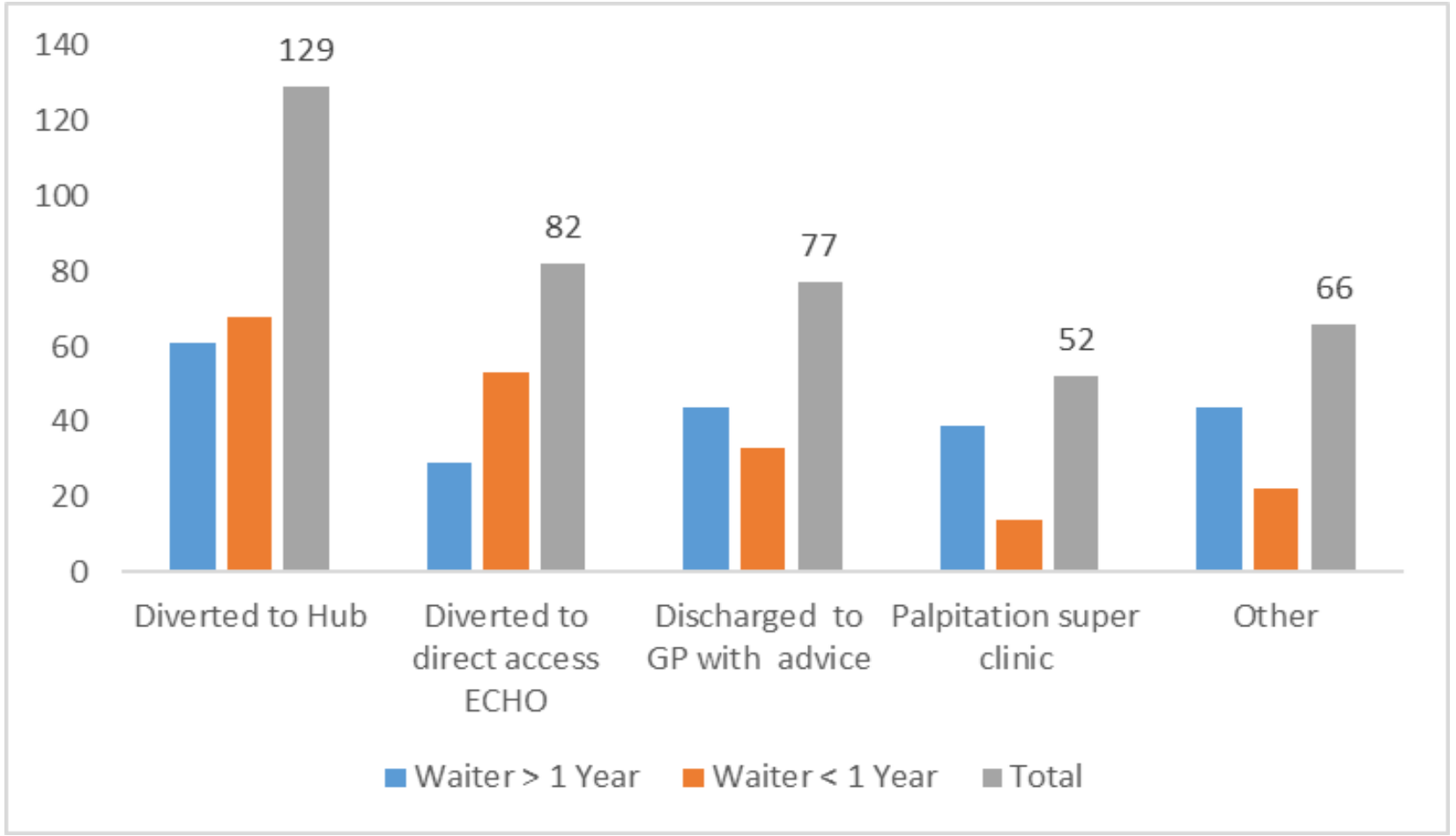
Waiting > 1 Year n=237 (~10%)

Average 65 referrals per week (~3400/year)

Weekly core capacity n=40 (1840/year)

Results Phase 1 (June-August 2024)

Retrospective Validation and Use of Alternative Pathways



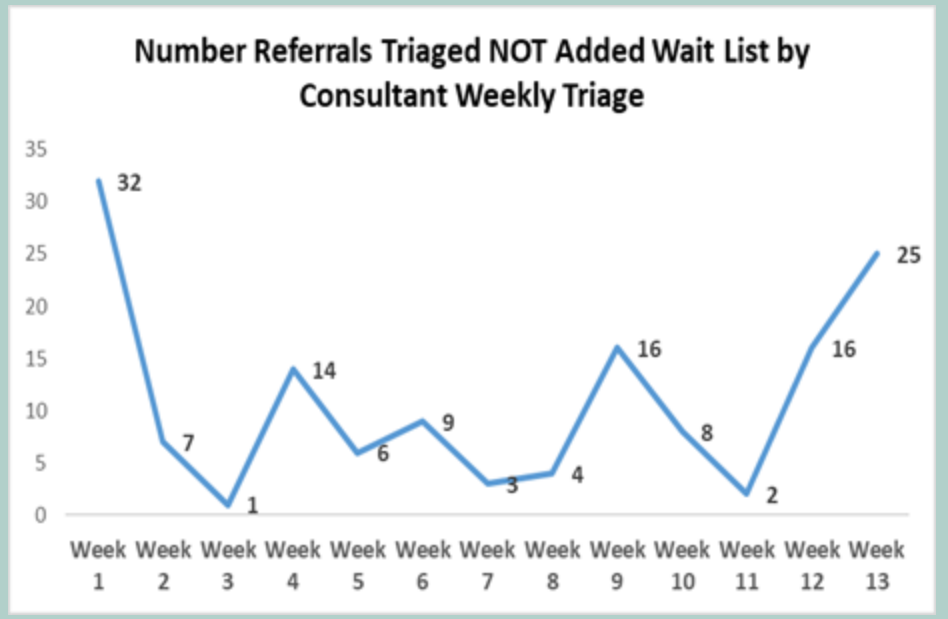
N=744 retrospectively clinically validated

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

54% reduction in number of individuals waiting ≥12 months

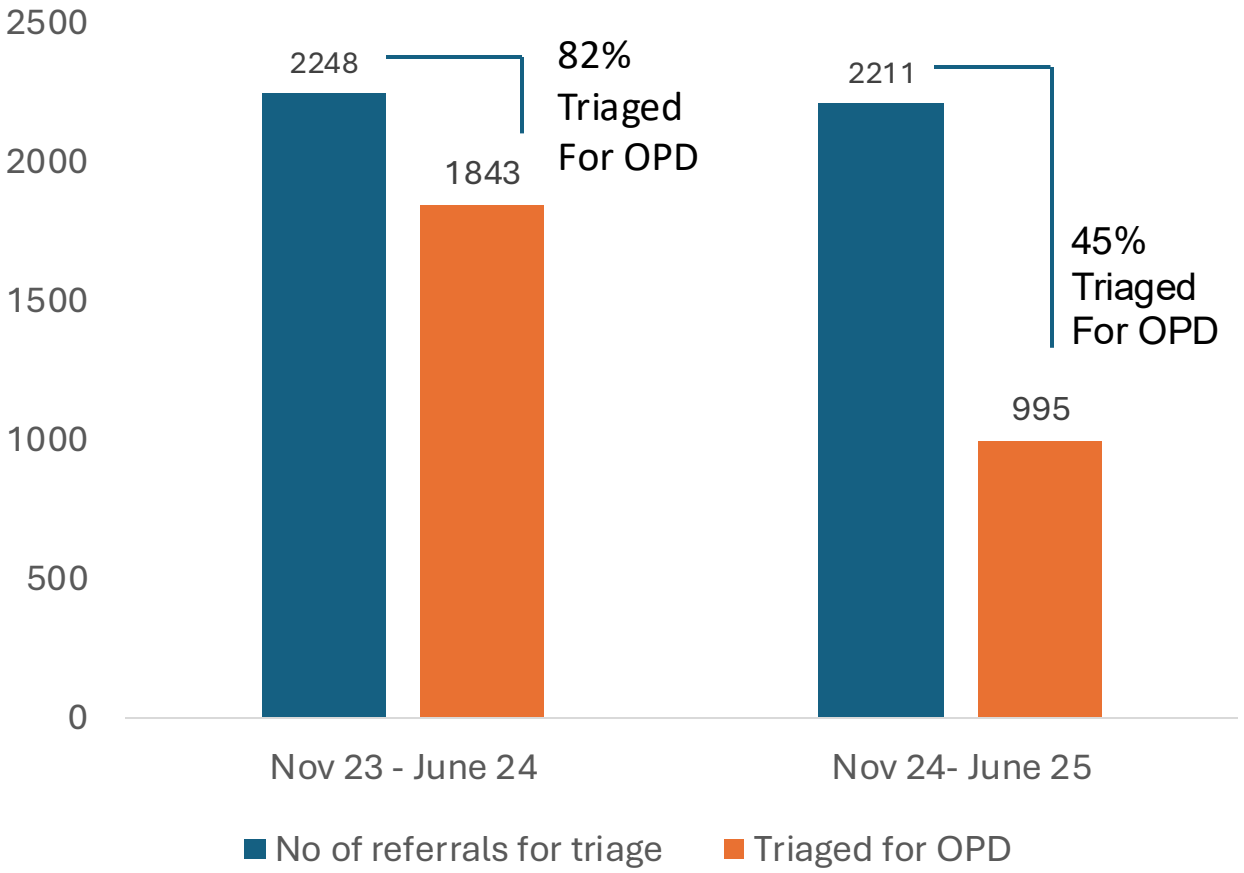
Phase 2: Rationale for Move to Single Consultant Triage November 2024-June 2025

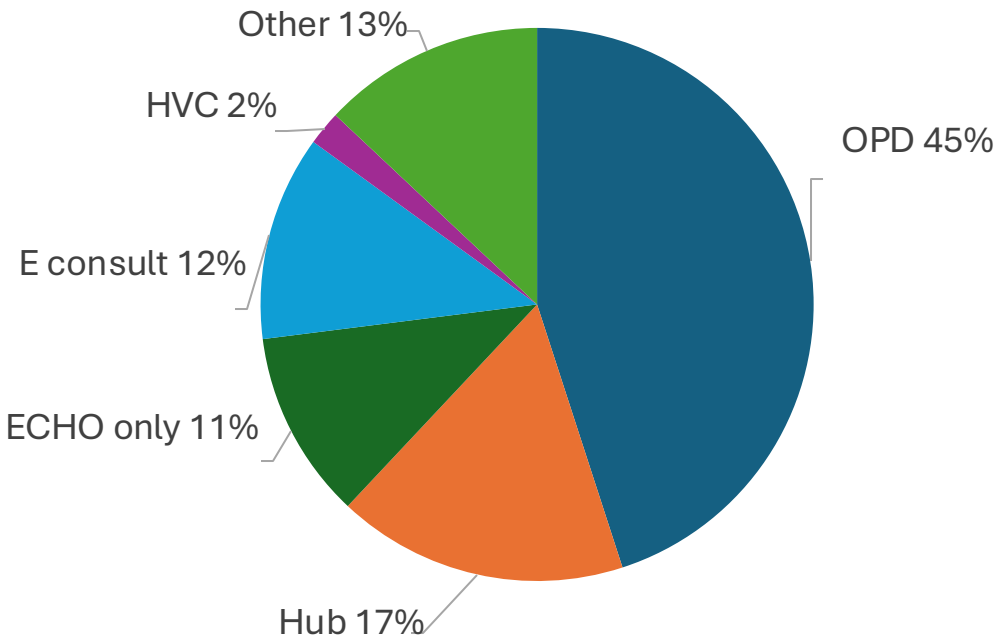
- Large referral folder given to different consultant each week
- Unpredictable, no dedicated time in work plan
- Full referral review requires opening hospital record (Evolve)
- Referral information sometimes incomplete (e.g. 12 lead ECG, NT BNP result)
- Communication back to GP requires dictation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



Results Phase 2:

Single Consultant “Advanced” Clinical Triage Nov 24 to June 25





Use of Alternative Pathways and Advanced Clinical Triage

Overall Impact on Cardiology OPD Waiting List

Impact

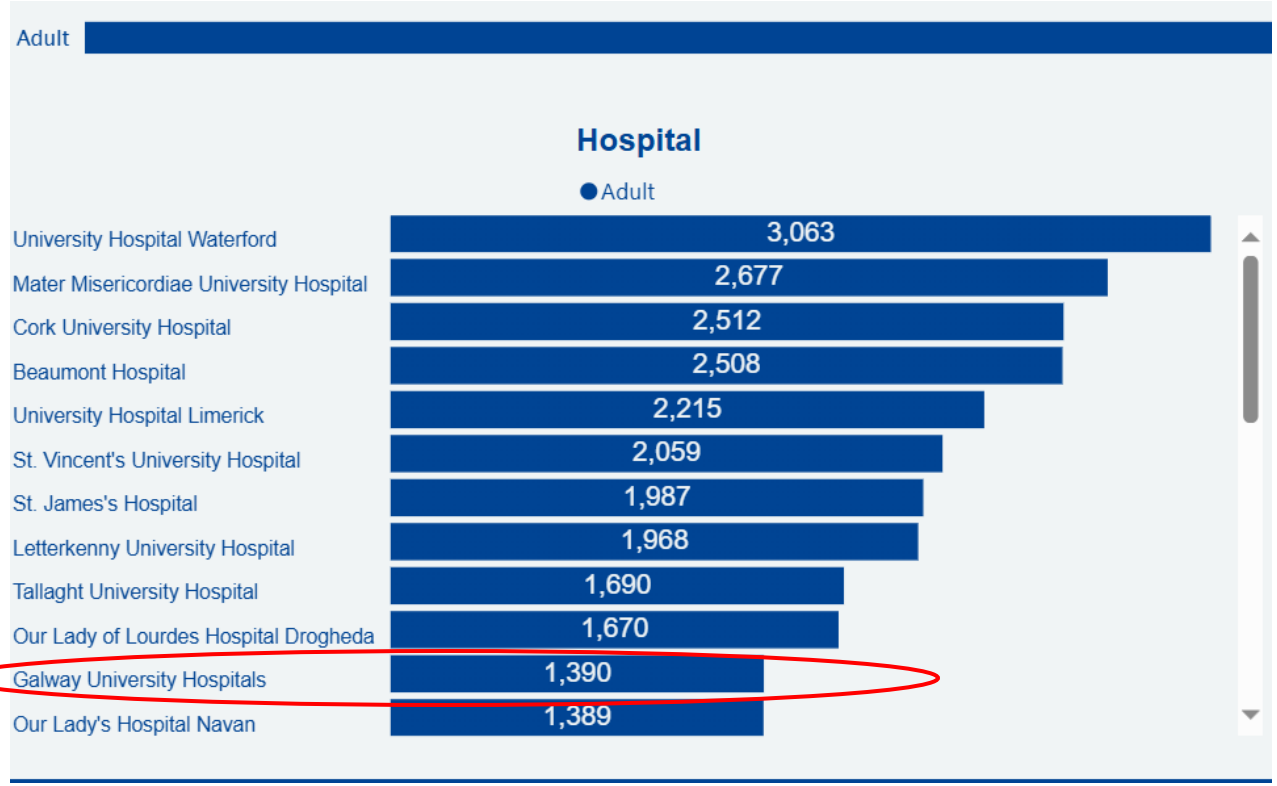
↓ 42% overall WL.

↓ 94% in number of individuals waiting ≥12 months.

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

Since January 2025, the % waiting <10 weeks has gone from 27% to 48%.

OPD Cardiology WL By Hospital Jun 25



Key Enablers to Support Broader Scale-up of this Model

- **Collaboration:**
  ⟶Scheduled Care Working Group with Scheduled Care Lead & senior decision-makers in community & the aligned acute hospital

- **Sharing of clinical information:**
  ⟶Hub team have access to clinical patient information e.g. patient record, labs, radiology

- **Sharing of patient administrative information:**
  ⟶Hub team have access to patient administrative & waiting list information e.g. access to acute hospital Patient Administration System (PAS)

- **Access to diagnostics e.g. echo:**
  ⟶This a key enabler to reduce waiting times and access must be enabled across acute and hub services to reduce waiting times

Sustainable Solutions to WL Management

1. **Enable Advanced Clinical Triage**
   - ✓ Electronic triage system with ability to communicate with GP
   - ✓ Dedicated work plan time for consultant triage (takes 3-4 hours per week)
   - ✓ E-consults should be formally recorded as new patient activity
   - ✓ Standardise consultant triage approach to common referrals
2. **Support Staffing Integrated Care Hubs**

- 1/3 Acute Referrals Suitable for Same
- Full resourcing of the Community Specialist Team supports direct GP access to hub services using Healthlink, bypassing OPD waiting list.

3. **Maximise core OPD capacity**
4. **Collective Ownership to Sustain the Changes**

Acknowledgements

GUH Team

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

Integrated Care Programme Chronic Disease Team

Marcella Feeley Project Officer, ICPCD, Galway City Integrated Hub

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

Sinead Duke, Acute CVD CNS, Galway City Hub

National Support Team

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

Benign Gynaecology OPD Improvement Journey –

National Maternity Hospital
St Columcille's Hospital
St Michael’s Hospital
St Vincent's University Hospital &
Improvement Team HSE Dublin & South East

Where we started

‘As is’ / Current state October 2023

4 Benign Gynae OPD
4 hospital sites
3 IT systems

Outpatients Department

Circa 4k per annum
12 subspecialties
NMH –70%

Referral forms/letters
Missing minimum dataset
7 modes of referral

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

Redirection of referrals
between 4 sites
19 - 53 days

OPD Appt letters
- Sites variation to Protocol templates

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

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

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

Link to Waiting List Action Plan **2025**

The Journey

Rapid Improvement Event to 90 days post event Mar 2024

4 Benign Gynae OPD Standardisation of processes across sites

Outpatients Department

Referrals will be centralised to 1 site via HealthLink/email

One standardised referral form via one approved route

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

Referrals Redirection - All HealthLink referrals now redirected to NMH CRO

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

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

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

Link to Waiting List Action Plan **2025**

Central Referrals Office

4 Hospitals, 1 Location at the National Maternity Hospital

Project Aim

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

CRO Function

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

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

Waiting List Action Plan 2025

Link to Waiting List Action Plan **2025**

The Referral Journey

Referral Letter

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

Clinical Prioritisation

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

Pooled Waiting List

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

Appointment Allocation

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

Attendance & Outcome

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

Link to Waiting List Action Plan **2025**

Challenges & Next Steps

Challenges

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

Next Steps

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

Link to Waiting List Action Plan **2025**

Monitoring Activity & Improvement

Referrals

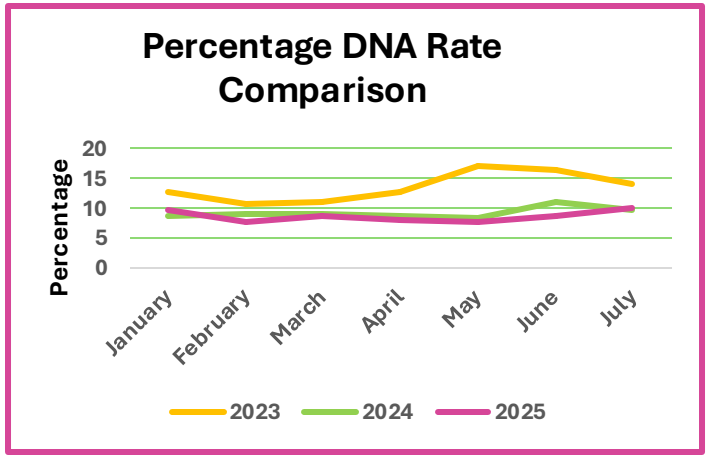
Benign Gynae Referrals Jan - July	
2024	1511
2025	1977

Increase 466/31%

Referrals Transferred		
	2024	2025
SVUH	0	24
SMH	28	166
SCH	0	62
Total	**28**	**252**

Audit

- National Outpatient Protocol
  - 100% complete
- CPC/Triage Timeline < 5 days
  - 80% July 25 *(random audit)*
- DNA Rate < 10%
  - Jan-July 2025 = 8.6 %
    - New = 4 %



WLAP Targets

Waiting List - 3321
- 1931 benign gynae clinics = 58%

2025
- 50% waiting < 10 weeks 1st appt.
  - **NMH = 40%**
- 90% patients waiting < 12 months
  - **NMH = 95.5%**
- Weighted wait time < 5 months
  - **NMH = 4.3 months**
- Chronological Scheduling Urgent appt. 85%
  - **NMH = 81%**

NMH IIS dashboard August, 2025)

Waiting List Action Plan 2025

Link to Waiting List Action Plan **2025**

Panel Fireside Chat
Question and Answer Session

Closing Remarks

Sheila McGuinness, Director of Access