#HSEConference2026

Integrated Healthcare Conference

Delivering Integrated Care Together

Infrastructure Enabling Planned Care

Liffey B, Convention Centre Dublin

3 September, 11:30 – 12:55

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Opening Address

Brian O’Connell

National Director, Head of Strategic Health Infrastructure and Capital Delivery

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Health Infrastructure

- **Our Aim** – the **right infrastructure** in the **right place** that is **most impactful** on service delivery
- Focus today is on **Planned Care** and what is being done to enable this **transformation**
- Tangible example of this are:
  - **Surgical Hubs** are and will deliver a huge step forward with the Elective Care Programme
  - **Elective Hospitals** will build on this Surgical Hub Network
  - The network of **Primary Care Centres** developed to date have evolved to support new ways of working, delivering integrated multidisciplinary care
  - **Enhanced Community Care** accommodation
  - New **Outpatient Centres** off Acute Sites
  - Maximising Opportunities within **existing infrastructure**

How Infrastructure Enables New Ways of Working

- Expert Building designs for future healthcare practices
- Multidisciplinary teams co-located under one roof
- Integrated acute and community care pathways
- Faster access to specialist assessment and treatment
- More care delivered closer to home
- Improved patient experience and continuity of care
- Catalyst for reform
- Positive impact on staff working within new building

Integrated Community Healthcare

Westfield Integrated Care Centre – Ballincollig Co Cork

- Opened in January 2024.
- One of the largest integrated community healthcare facilities in Ireland
- Serves five Community Healthcare Areas (CHAs) with a combined population of 299,833.

Key Services

- Integrated Care Programme for Older Persons (ICPOP)
- Integrated Care Chronic Disease Management Programme (ICPCD)
- Primary Care Team
- Memory & Cognitive Assessment Services
- Cork University Hospital Specialist Outpatient Clinics
  - Respiratory
  - Neurovascular
  - Older Persons
  - Cardiology
  - Neurosurgery
  - Vascular Surgery Team

41,600

Projected patient activity 2026

100%

Cardiac/ Pulmonary Rehab Services delivered at Westfield

80%

Reduction 12 month diabetes outpatient waiting times

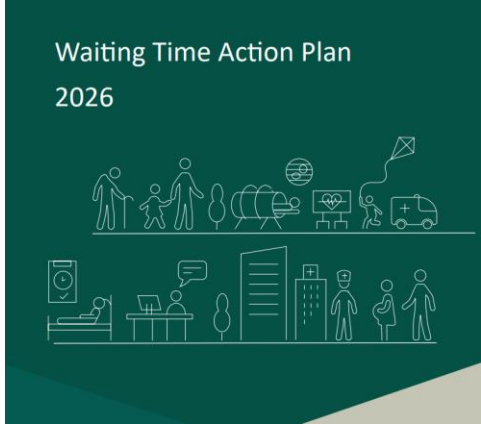
Outpatients Centres away from Acute sites

- A key objective of Sláintecare is the move of scheduled care into the community, improving access, reducing pressure on hospitals, and supporting more integrated patient care.

- One example is the Outpatient Department (OPD) services in Galway are being relocated on a phased basis from University Hospital Galway (UHG) to Merlin Park University Hospital, improving access to care closer to patients' homes while increasing capacity at the acute hospital site.

  - Phase 1: Delivered 38 consulting rooms and 6 bariatric treatment rooms
    - 11% increase in OPD attendances
    - 60 additional clinics per month
    - expanded capacity for key specialties and new consultant appointments.

  - Phase 2: Currently in design, with plans for 45 consulting rooms, 5 assessment rooms, and 2 treatment rooms, significantly expanding bariatric, paediatric, neurophysiology and outpatient services.



Improving Access and Delivering Reform

Infrastructure, operational delivery and timely planned care

Sheila McGuinness

Director of Access, Office of the National Director, Access and Integration

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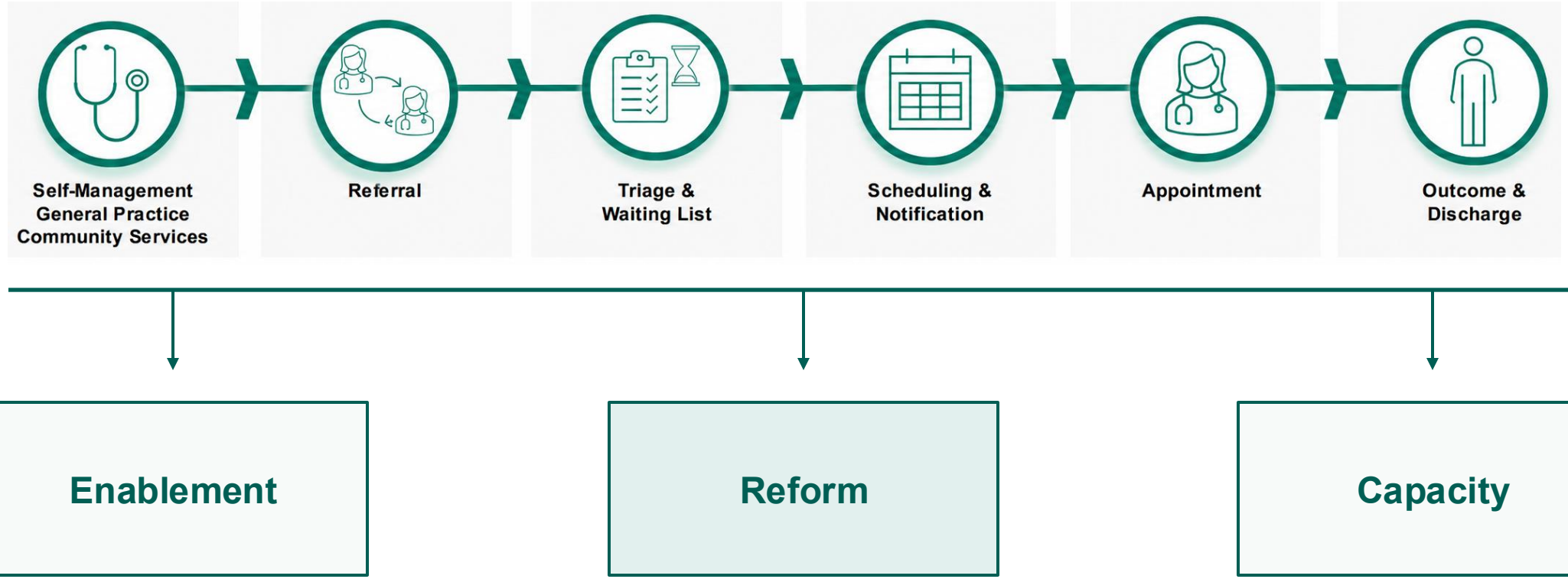
Waiting Time Action Plan 2026: Three Pillars

Enablement, reform and capacity provide the organising framework for improving timely access to planned care.



The aim is to connect enabling supports, reform initiatives and capacity measures to improve access for patients.

Keynote Presentation

Tony Canavan

REO, HSE West & North West

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Surgical Hub Programme

Key Ingredients for Success

Micheál Conneely / Eileen Ruddin

National Director / Assistant National Director

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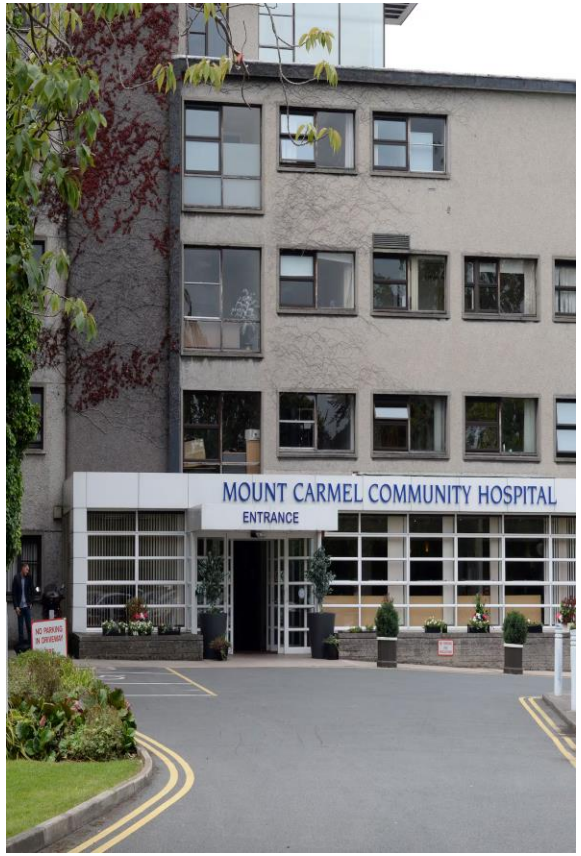
HSE Surgical Hub – Key Ingredients for Success

Overview:

- c.€400m programme over 6 initial identified locations all delivered within 4 years for inception to handover
- Prioritised & accelerated delivered with senior level focus and support
- Right sized & layouts based on optimum patient pathways
- Multiple delivery approaches
- Rapid decision making and regular senior steering group meetings
- Super-user Group engaged to bring consistent approach and design

HSE Surgical Hub – Dublin South

Feb 2024



Feb 2025

Overview:

- **Governance DM Health** Region
- Operational Delivery– **St James** Hospital
- **Fit out** of existing build – Mount Carmel
- **2** Theatres, **2** Minor Ops
- **Opened** February 2025
- **OPD** – Separate Capital development

HSE Surgical Hub – Dublin North

Feb 2025

June 2026

Overview:

- **DNE** Health Region- Governance
- Operational Delivery– **Connolly** Hospital
- **Turnkey** Solution - Swords
- **4** Theatres, **2** Minor Ops & OPD Rooms
- **Construction Completion** – Q4 2025
- **Operational Date** – June 2026

** 2 of the 4 theatres will open initially in addition to Minor Ops & OPD. This will be subject to the necessary resources being available and activity will scale up over time*

HSE Surgical Hub – Galway

Feb 2025

August 2026

Overview:

- **Governance -West/North West** Region
- Operational Delivery – **UH Galway**
- **New Build @** Merlin Park Hospital
- **4** Theatres, **2** Minor Ops
- **Construction Completion** Due – Q3 2026 (2 theatres & 2 Minor Ops)
- **Operational** Date – Q4 2026*

** 2 of the 4 theatres will open initially in addition to Minor Ops. This will be subject to the necessary resources being available and activity will scale up over time*

HSE Surgical Hub – Cork

Feb 2025

August 2026

Overview:

- **Governance South West** Health Region
- Operational Delivery – **Cork UH**
- **New Build @** CUH
- **4** Theatres, **2** Minor Ops & OPD Rooms
- **Construction Completion** – April 2026
- **Operational Date** – September 2026*

** 2 of the 4 theatres will open initially in addition to Minor Ops & OPD. This will be subject to the necessary resources being available and activity will scale up over time*

HSE Surgical Hub – Limerick

Feb 2025

August 2026

Overview:

- **Governance Mid-West Health** Region
- Operational Delivery – **UH Limerick**
- **New Build** @ O'Connell Avenue
- **4** Theatres, **2** Minor Ops & OPD Rooms
- **Construction** Completion Due– Q3 2026
- **Operational** Date – Q4 2026*

** 2 of the 4 theatres will open initially in addition to Minor Ops & OPD. This will be subject to the necessary resources being available and activity will scale up over time*

HSE Surgical Hub – Waterford

Feb 2025

August 2026

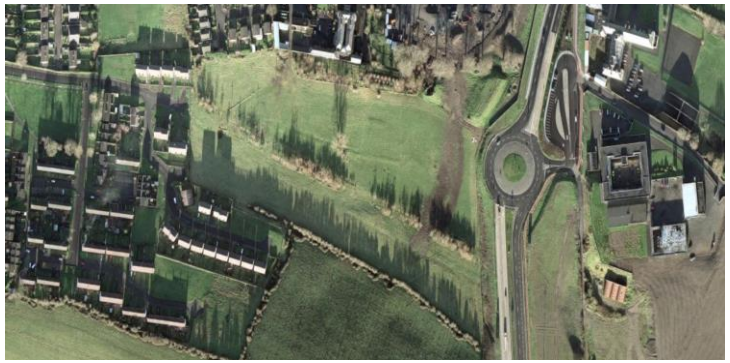
Overview:

- **Governance DSE Health** Region
- Operational Delivery– **UH Waterford**
- **New Build** – near UHW
- **4** Theatres, **2** Minor Ops & OPD Rooms
- **Construction Completion** – August 2026
- **Operational** Date – Q4 2026*

** 2 of the 4 theatres will open initially in addition to Minor Ops & OPD. This will be subject to the necessary resources being available and activity will scale up over time*

Sligo and Letterkenny Hubs

- In July 2025, the Minister announced that two further hubs in Sligo and Letterkenny and the HSE is proceeding with the planning of both sites.
- The new Ambulatory Hub Development at Letterkenny University Hospital (LUH) will comprise a Surgical Hub and Ambulatory Oncology. The design of the new surgical hub will allow for future vertical expansion, addressing the long-term need for additional bed capacity in the region.
- The location of the Sligo Surgical Hub has been identified, and a study is underway to assess the available delivery options and inform the selection of the most appropriate delivery model for the development.
- The timelines associated with these developments will become clearer when the planning briefs are finalised, planning permission secured and construction contracts awarded.



Sligo Surgical Hub – Site at Maugheraboy Sligo

HSE Surgical Hubs – Construction Delivery

- Surgical Hubs were first announced in late 2022 – within **4 years all 6 new standalone Hubs are delivered** which increases capacity by

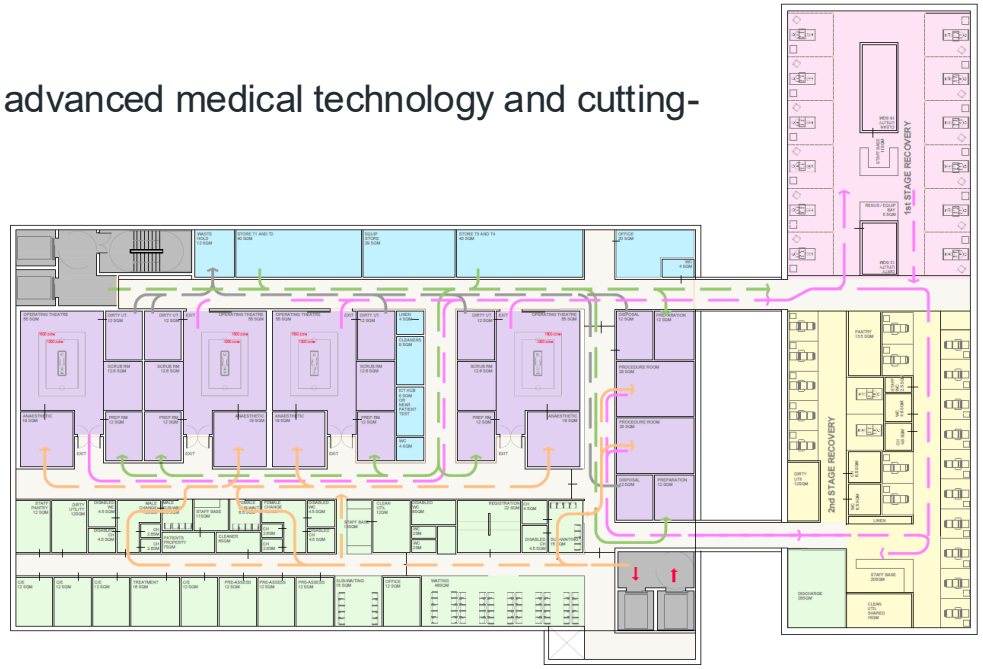
	No of Day Case Theatres	No of Minor Op Rooms	OPD / Treatment Room	Pre-Assessment Room
TOTAL	22*	12*	32*	18*

*This is in addition to the 4 Theatres already opened in Reeves Centre in Tallaght and those planned for Letterkenny & Sligo

- Various options were used to **expedite the delivery of this additional capacity** - acquisition and refurbishment of existing premises, a greenfield site or a brownfield site.
  - Dublin South was a fit out of an existing HSE build.
  - Dublin North has been delivered via an operational lease model, repurposing an existing 3rd party building. There are lease costs in addition to the Capital fit out costs noted below.
  - All other Hubs were new builds.
- **Capital cost of the 6 new Surgical Hubs in the region of €400m**

HSE Surgical Hubs - Consistent Design Principles

- The **Standard Schedule of Accommodation (SoA) – Operating Theatres, Minor Procedure Rooms & most have OPD facilities**. SoA was determined using demand-based modelling based on the region's OPD and day case unmet need, waiting list backlog and NTPF activity outsourced to private facilities for in-scope specialities and adjusted for the available floorplate.
- **Design and patient flow** was based on Lean operating principles to maximise use of the facilities, based on the agreed Model of Care for the surgical hubs.
- **HSE Surgical Hubs designed to meet the highest healthcare standards,** integrating advanced medical technology and cutting-edge design to improve efficiency, safety, and patient outcomes.
  - **Modern surgical theatres** optimised for advanced procedures.
  - **Efficient patient flow** systems to minimise wait times and enhance patient care.
  - **Advanced medical technology** to support precision surgery and streamline operations.
- A **standardised floor plan** developed – consistency , best practice to optimise patient flow and maximise efficiency
  - **Galway, Cork, Waterford and Limerick -** Design and Build, leveraging modern methods of construction to expedite delivery.
  - **Letterkenny and Sligo** design will incorporate key lessons learned to date to inform their standardised design



Establishing a National Network of Dedicated Elective Capacity

Sláintecare Policy is to separate scheduled from unscheduled care on the assumptions that:

- insufficient elective capacity to address future need, inefficient and variable Models of Care,
- limited opportunities for whole system reconfiguration, elective capacity will provide for public patients only

The fundamental basis of the national elective hospital policy is to plan and deliver capacity:

a) **Phase 1: Ambulatory day procedures only**

The Elective Care Programme

- One of the twelve **priority Transformation Programmes** on the HSE Transformation Portfolio
- Fully aligned with Sláintecare and HSE Corporate Plan 2025-2027 commitments

One of the Sub Programmes of the HSE Elective Care Programme is:

- **Delivering Elective Care Capacity – Phase I Ambulatory Care - HSE Surgical Hubs and Elective Treatment Centres**
- Surgical hubs are a **key exemplar of new infrastructure enabling planned care transformation.**
- The standalone nature of Surgical Hub creates an opportunity to design **new ways of working** around the needs of patients, rather than being constrained by existing layouts, processes and established ways of doing things.

HSE Surgical Hub - Capital Delivery Programme

The 2026 Plan:

- Complete construction **5** surgical hubs in 2026 - provide 2 Operating Theatres & 2 Minor Procedure Rooms per Hub **Dublin North, Galway, Cork, Limerick and Waterford.** This in addition to existing **Hubs Dublin Sth** & Reeves
- Two further operating theatres at above five locations available in 2027 – subject to resource provision
- Complete Stage 1 design (initial design stage) Surgical Hubs **Sligo & Letterkenny** (2 Theatres, 2 M/Procedures)

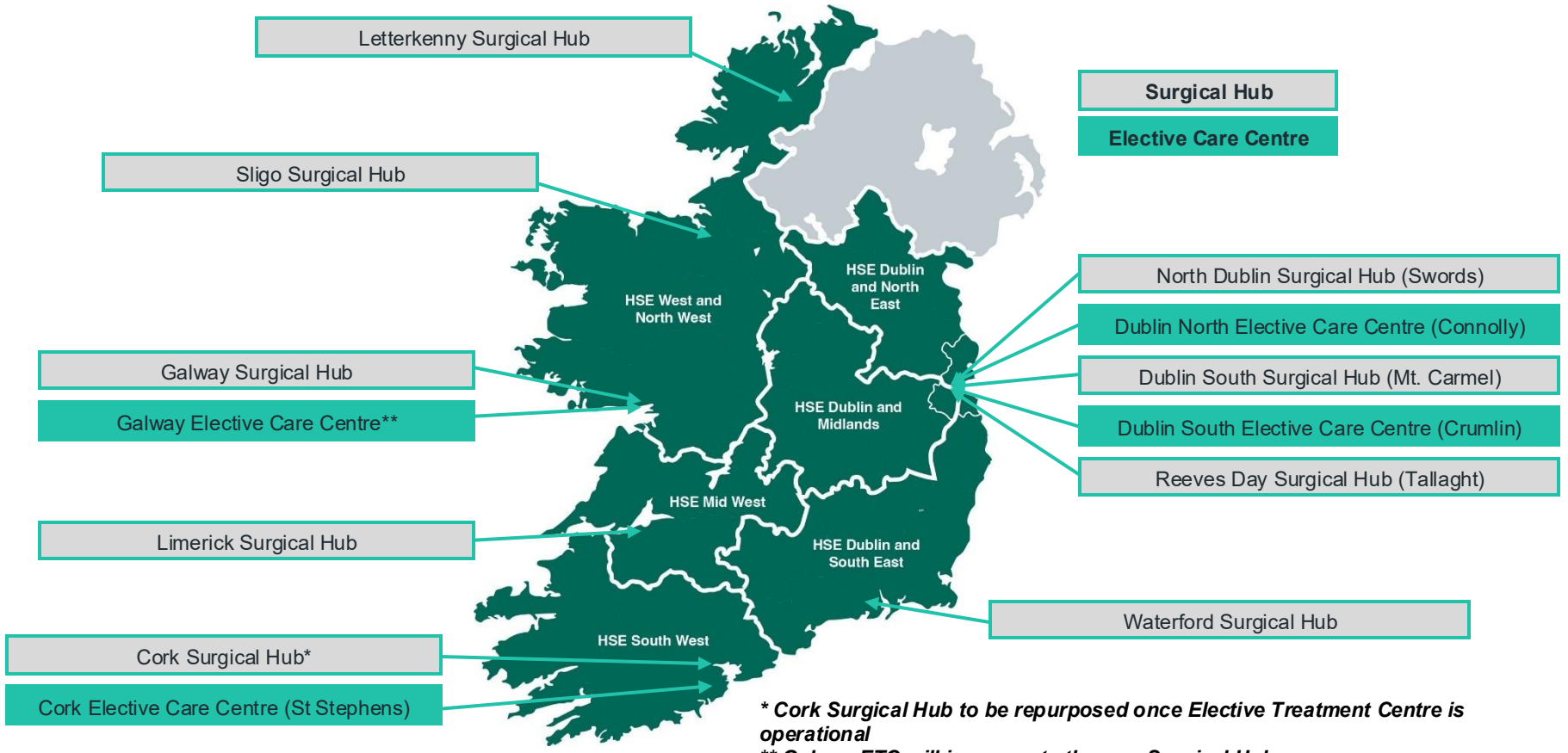
The Scope:

- **Day Case** Surgery, Minor Ops and Outpatients
- **High-volume, low acuity set of procedures – from Ambulatory Waiting Lists**
- Treat **Public Patients.** Adult only facility in response to waiting list demand
- **Clinical criteria informing procedures ASA grades 1&2** across all procedures (**approx. 625**) & ASA grade 3 for low complexity
- Aim to Operate **50 weeks per year, 6 Days per week , 15 to 16 hour day**

Specialties:

1. Gastroenterology
2. General Surgery
   a) Gastro-Intestinal Surgery
   b) Breast Surgery
3. Gynaecology
4. Ophthalmology
5. Orthopaedics
6. Otolaryngology (ENT)
7. Pain Relief
8. Plastic Surgery
9. Urology
10. Vascular Surgery
11. Dermatology
12. Max Fax

Surgical Hubs and Elective Treatment Centres



***Cork Surgical Hub to be repurposed once Elective Treatment Centre is operational**

****Galway ETC will incorporate the new Surgical Hub**

9 Surgical Hubs

- **3 operational**
- **4 more to open in 2026**
- **2 at design stage**

When Hubs fully constructed
30 Theatres (16 by end of 2026)
16 Minor Procedure Rooms plus OPD

Elective Care Programme - Transformation Workstreams in Progress

Clinical

- Clinical guidance document **underpinning clinical model of care** for Elective Care Programme published November 2025

Technical

- **Underpinning oversight of Capital Planning- Project Control, Integrated Design Teams & Contractors**

Workforce

- Working ongoing **staffing requirements and skill mix** and key input into the revenue requirements of Elective Care facilities

Operational

- **Standardised operational policy Guidance Document** developed for adaptation by the Regions. **Accreditation** as a longer term objective. **Dashboard in development** of activity and key performance metrics for Surgical Hubs.

Digital

- Ongoing work with each Surgical Hub for paper light solutions from Day 1 of operations. Planning for **fully digital Elective Treatment Centres -** digital strategy and implementation plan in development

Shared Learnings Group

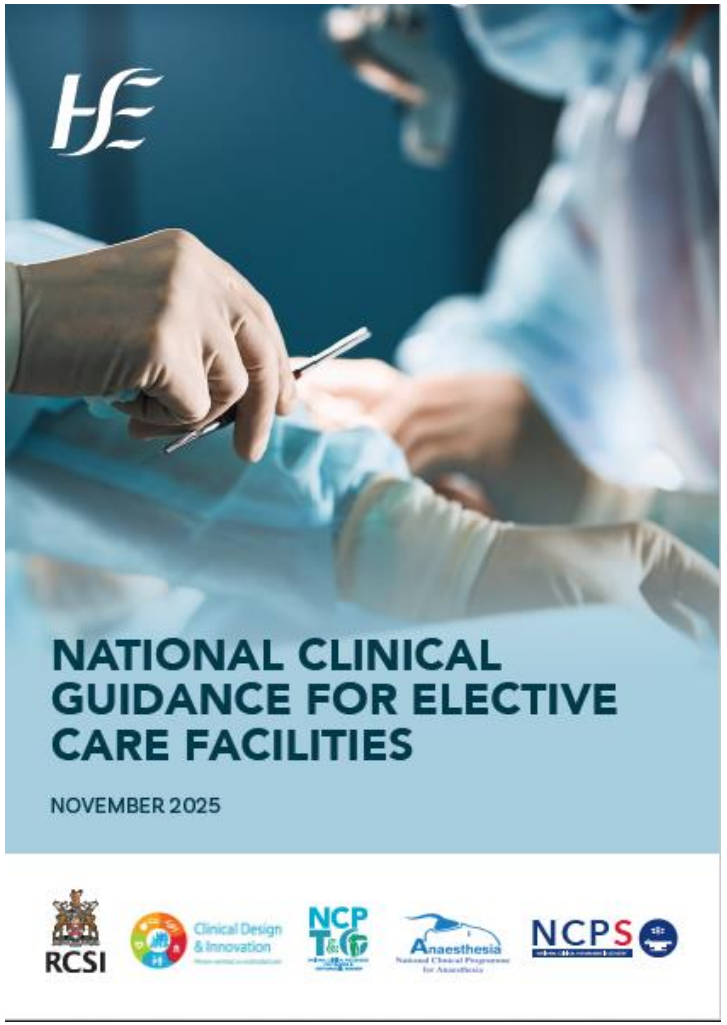
- Group established to capture the key learnings from the Hubs already operational to ensure key recommendations are brought forward as the remaining Hubs come on stream. Covering areas such as **Access, Scheduling, Operational Excellence** etc.

National Clinical Guidance Elective Care Facilities

- Guidance provides practical advice to enable frontline staff, supported by administrative staff, clinical directors, Integrated Healthcare managers and Regional Executive Officers to think '**day case first**' to maximise surgery in the most efficient way possible while ensuring high quality day surgery and a positive patient experience.

- Approximately **625 procedures** have been identified as being suitable for the HSE Surgical hubs and elective hospitals with an additional **126** being suitable for the elective hospitals only.

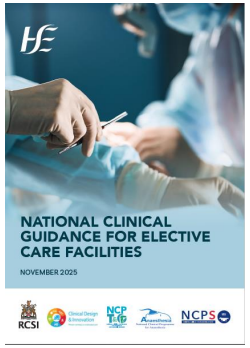
- **Ambulatory Procedure List is Agile- other opportunities**



Expected Impact of the Surgical Hubs

- **Increased throughput** of high volume, low complexity elective day case procedures across a broad range of specialities
- **Accelerate the reduction** in waiting list volumes and waiting times for patients.
- **Fewer cancellations and delays** due to the separation of scheduled and unscheduled care resulting in protected services.

- The **7 Hubs (once fully operational – commencing with 2 theatres and 2 minor Ops in 2026) has the potential to** deliver per annum :
  - **65,000** additional **day case** procedures (blend of Theatre & Minor Ops) and **74,000** additional **OPD** appointments.



- **Day Case procedures will plan to increase to 85,000 per annum** when all 4 theatres are opened in 5 of the Surgical Hubs.
- **Free up hospital theatres** and day beds at Model 4 and Model 3 Hospitals for more complex cases
- Compounding effect year-on-year with **potential to widen scope of day case procedures** & increase efficiency

Elective Treatment Centres

(also known as Elective Hospitals)

A key recommendation of the Sláintecare Report (2017) and in the subsequent Sláintecare Implementation Strategy (2019)

Sites selected for four ETCs:

- **Cork:** St Stephen's Hospital, Sarsfield Court
- **Galway:** Merlin Park University Hospital (will incorporate the existing Galway Surgical Hub)
- **Dublin:** Connolly Hospital, Blanchardstown; and the current Children's Hospital site, Crumlin

Cork and Galway ETCs:

- Working towards Approval Gate 2 of the infrastructure Guidelines
- Planning applications due to be lodged in Q3/Q4 2026.

Dublin ETCs:

- Working towards Approval Gate 1 of the Infrastructure Guidelines
- Confirm the scope and scale of ETCs ensuring optimised utilisation of current capacity

The learnings from the development of Surgical Hubs is being factored into the Elective Treatment Centres.

Case Studies

Practical examples of planned care reform in practice

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Dublin and North East Surgical Hub

Ide O’Shaughnessy

Regional Director of Planning and Performance, Dublin and North East

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Regional Hospital Network approach to Planned Care

Delivering elective and specialised care for 1.2 million people

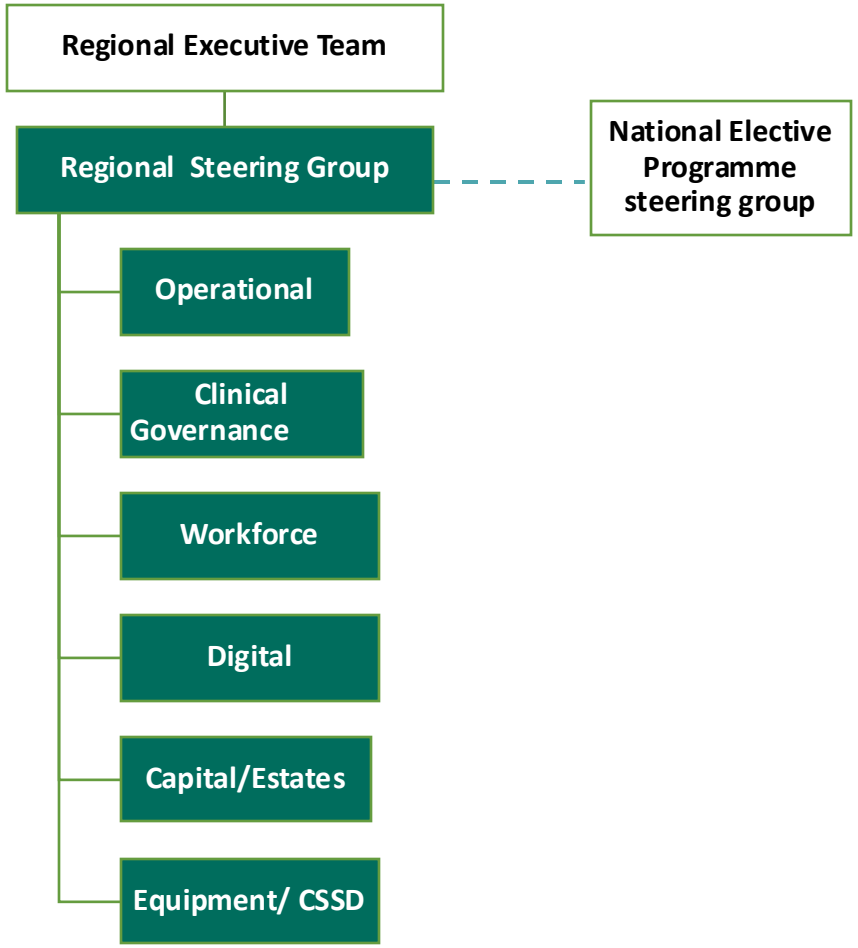
Dublin and North East Surgical Hub

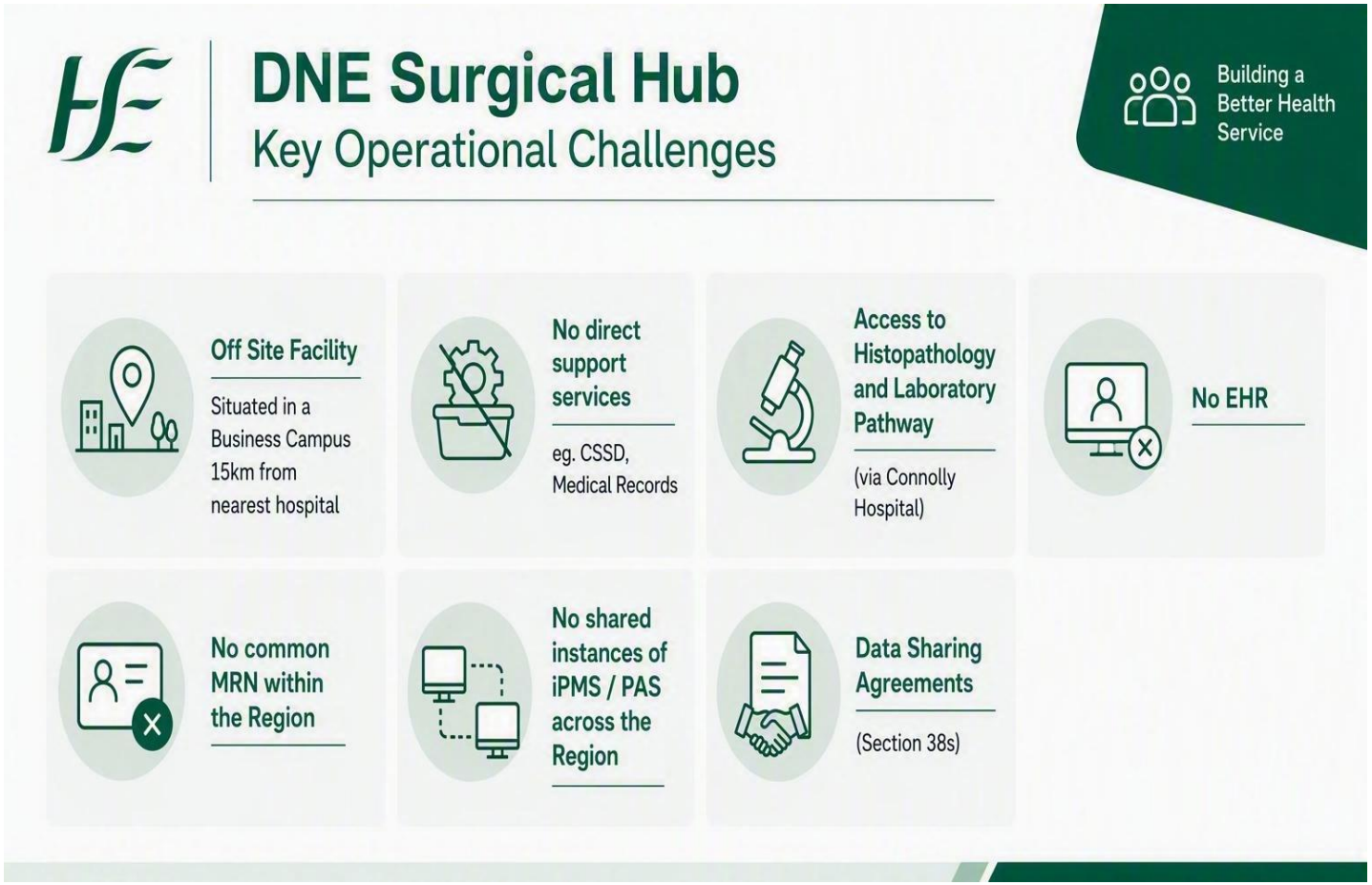
Located in Swords, North Dublin

- ✓ 2 Theatres
- ✓ 2 Minor Procedure Rooms
- ✓ 11 First Stage Recovery Bays
- ✓ 21 Second Stage Recovery Bays

- ✓ 10 Outpatient Rooms

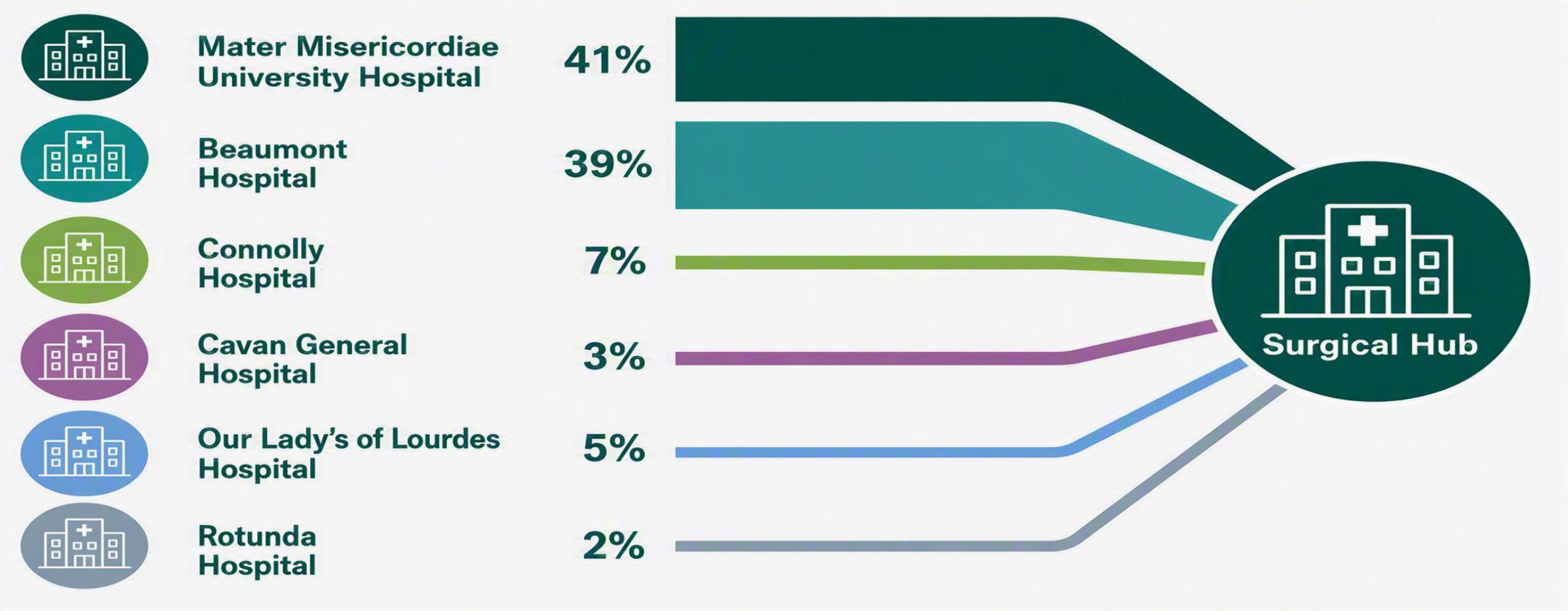
Dublin and North East Surgical Hub





Dublin and North East Surgical Hub under the operational governance of Connolly Hospital

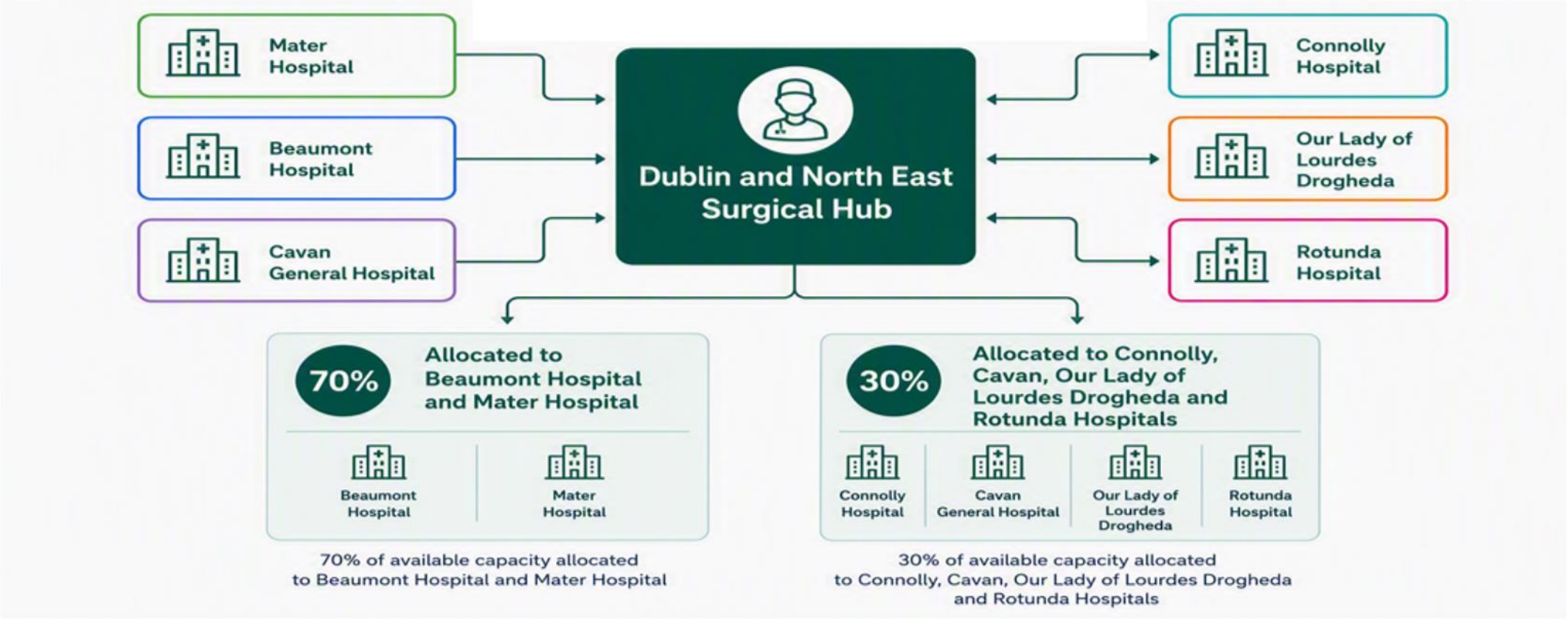
Regional Day Case Waiting Lists



Dublin and North East Surgical Hub Capacity Allocation

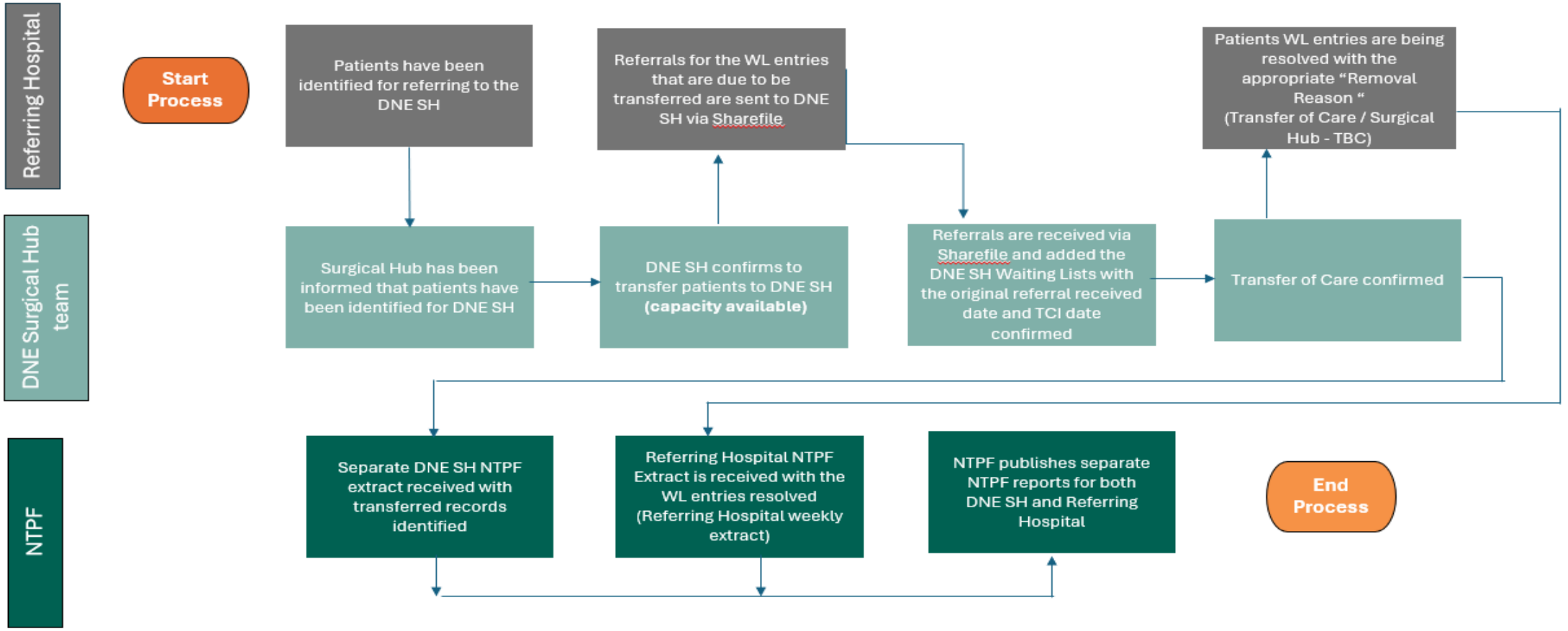
Surgical Hub – Capacity Allocation

Six hospitals referring to the Surgical Hub with allocated capacity



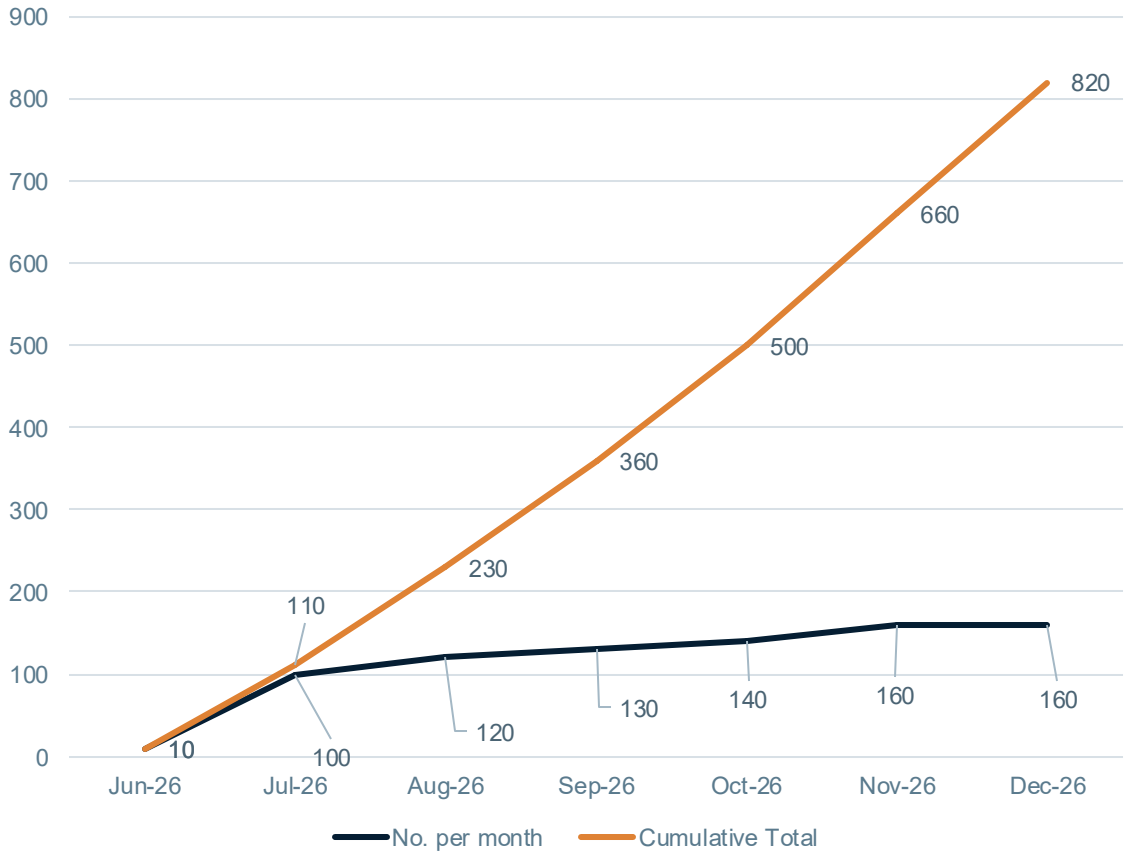
Process for Waiting List Management – DNE Surgical Hub

This process is relevant for all the Referring Hospitals, incl. Connolly Hospital



DNE Surgical Hub – Waiting List Management - suggested Process Map

Dublin and North East Surgical Hub to date



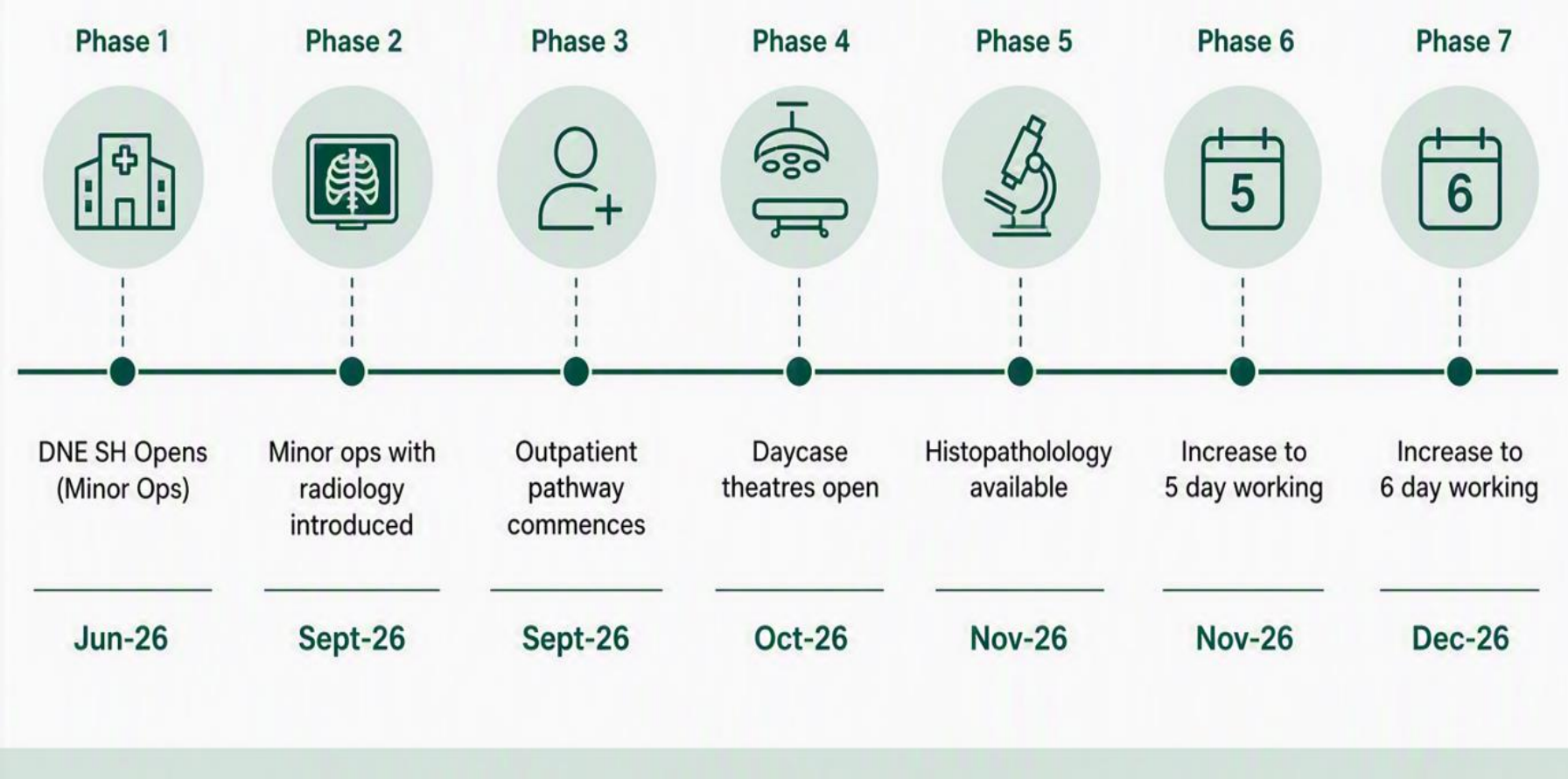
2026 activity target = 576, currently Dublin and North East Surgical Hub projecting 820 procedures by year end

8 weeks in…….

- ✓ Surgical Hub commenced 29th June 2026 on a phased approach (4 days a week including Saturdays)
- ✓ 5 DNE Hospitals referring patients to the DNE Surgical Hub
- ✓ Minor Procedures for multiple specialities including, flexible cystoscopy (Urology), excision of skin lesions (Plastics), pain injections (Pain), excision of IGTN (Surgical), Joint injections (Orthopaedic), Gynaecology.
- ✓ Daily operational dashboard and weekly NTPF waiting list in place

Dublin and North East Surgical Hub

Key Operational Phases 2026



Planning for 2027

- OPD See and treat model of care
- 2 new additional day theatres
- UEC/ Trauma planned care pathways – orthopaedics/ plastics
- Enhanced Digital solutions

Dublin and North East Surgical Hub

Thank You

Thank You

OSPIDÉAL SAN SÉAMAS
ST JAMES'S HOSPITAL

Transnasal Endoscopy at St James Hospital

Enhancing Access to Upper Gastrointestinal Endoscopy

David Prichard MB BCh BAO MMSc(Ed) PhD FRCPI

Consultant Gastroenterologist & General Physician

Clinical Associate Professor of Medicine

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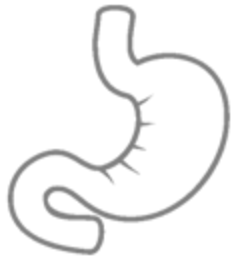
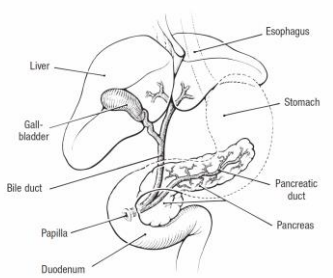
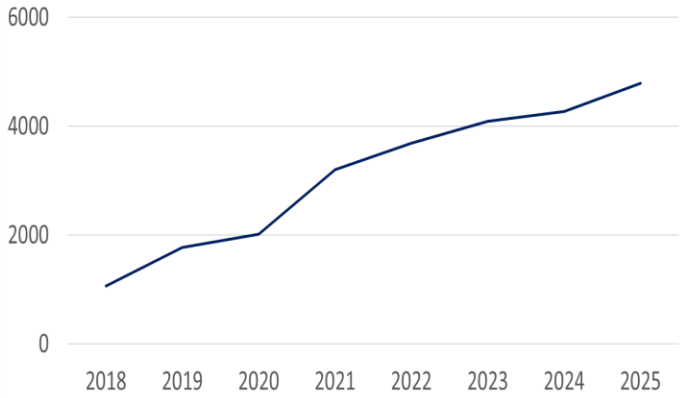
The Increasing Demand for Endoscopy at SJH

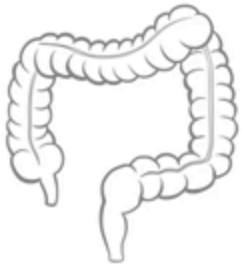


- SJH is the largest academic teaching hospital in Ireland
- Largest endoscopy unit in the country - Operating at 150% of design specifications



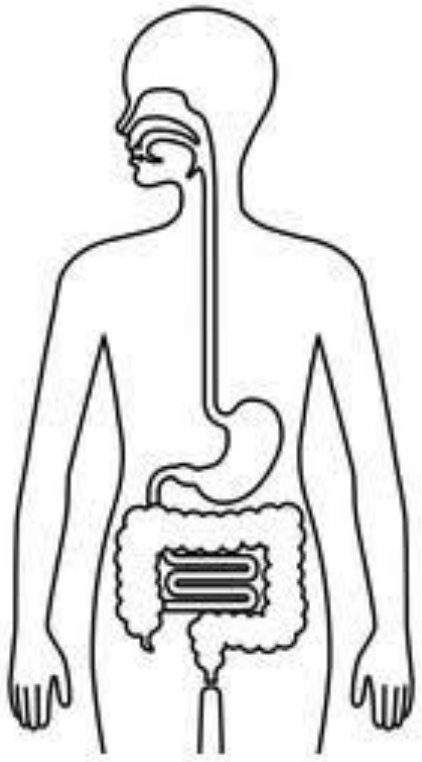
- Average 19% yearly increase in HealthLink referrals
  - Vs. +12% yearly increase in national referrals
  - Vs. HSE's estimated +4.5% for endoscopy





- 7,500 upper GI endoscopy procedures in 2024
  - 9% of public upper GI endoscopy
  - 5% year-on-year increase in output

Alternatives to Sedated Upper GI Endoscopy



Standard Sedated Upper Endoscopy

Assessment → Sedation → Procedure → Recovery → Discharge

Unsedated Upper Endoscopy

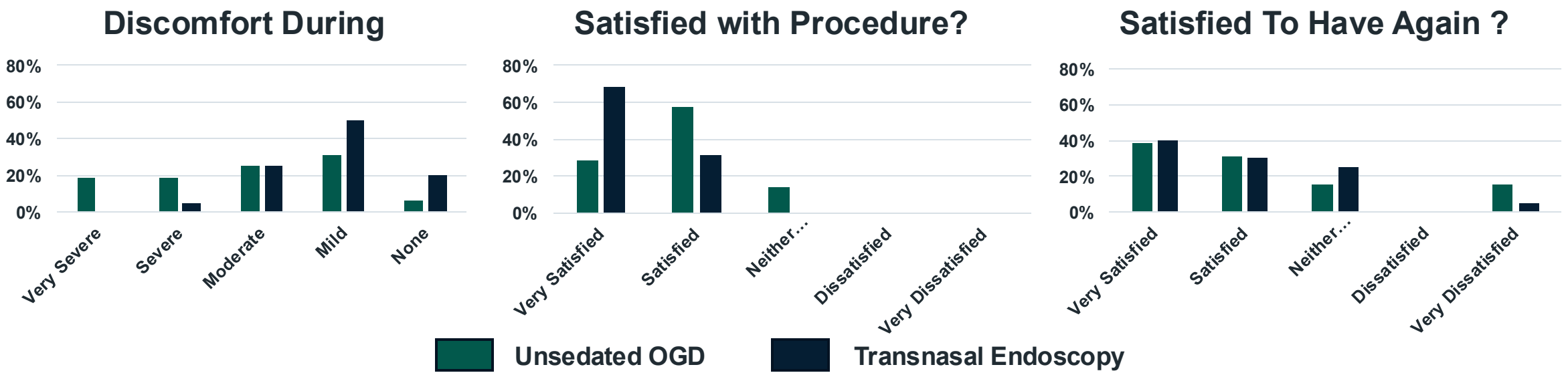
Assessment → Procedure → Discharge

Reduced time in department, fewer consumables

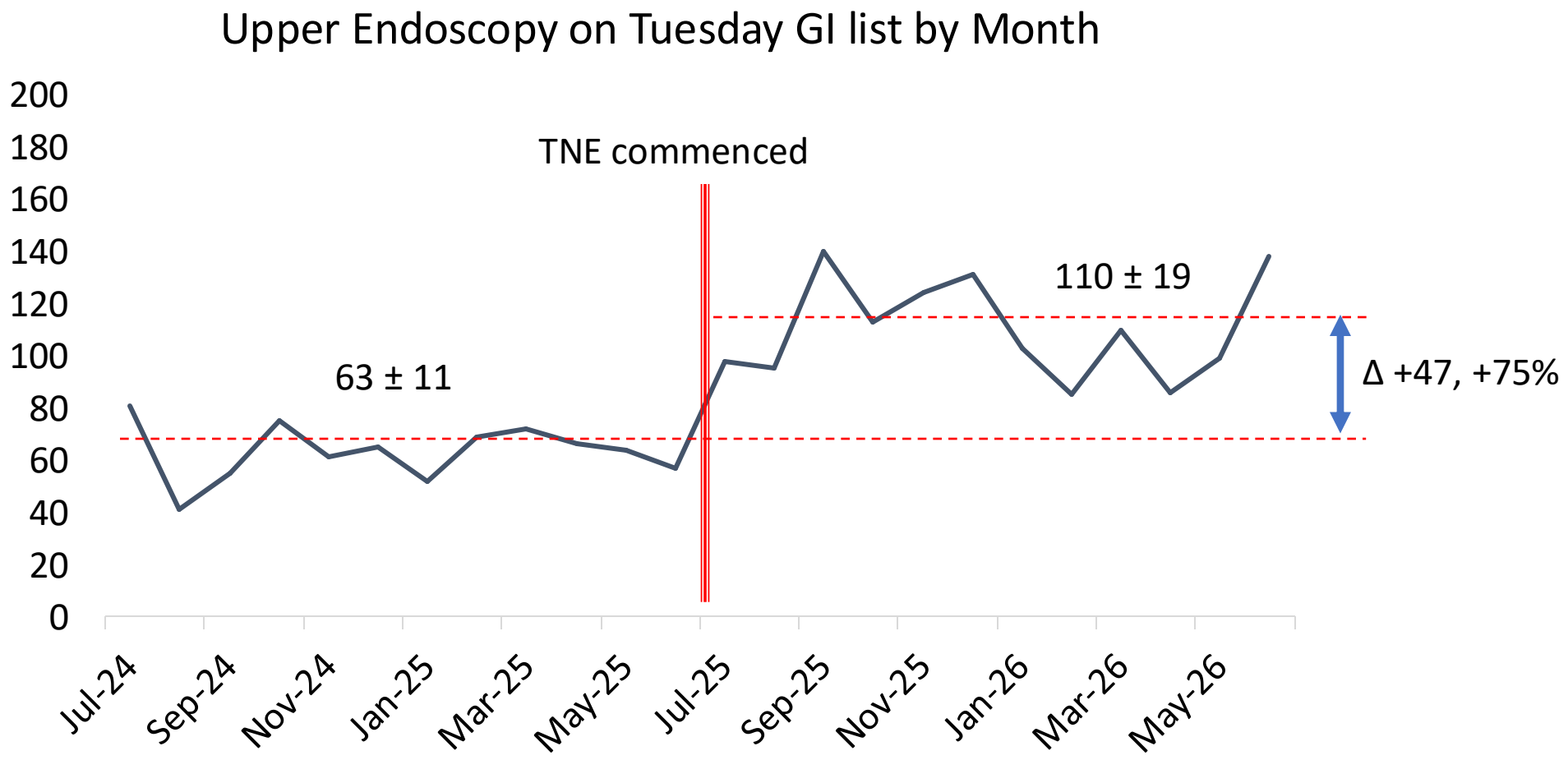
1. Unsedated Standard Upper Endoscopy: Gagging, stimulated by the endoscope passing through the oropharynx, is the greatest inhibitor of a high quality examination and is minimised by sedation
2. Unsedated Transnasal Endoscopy: Bypassing the gag-reflex, via nasal entry to the oesophagus, reduces gagging

Pilot Studies of Unsedated Endoscopy

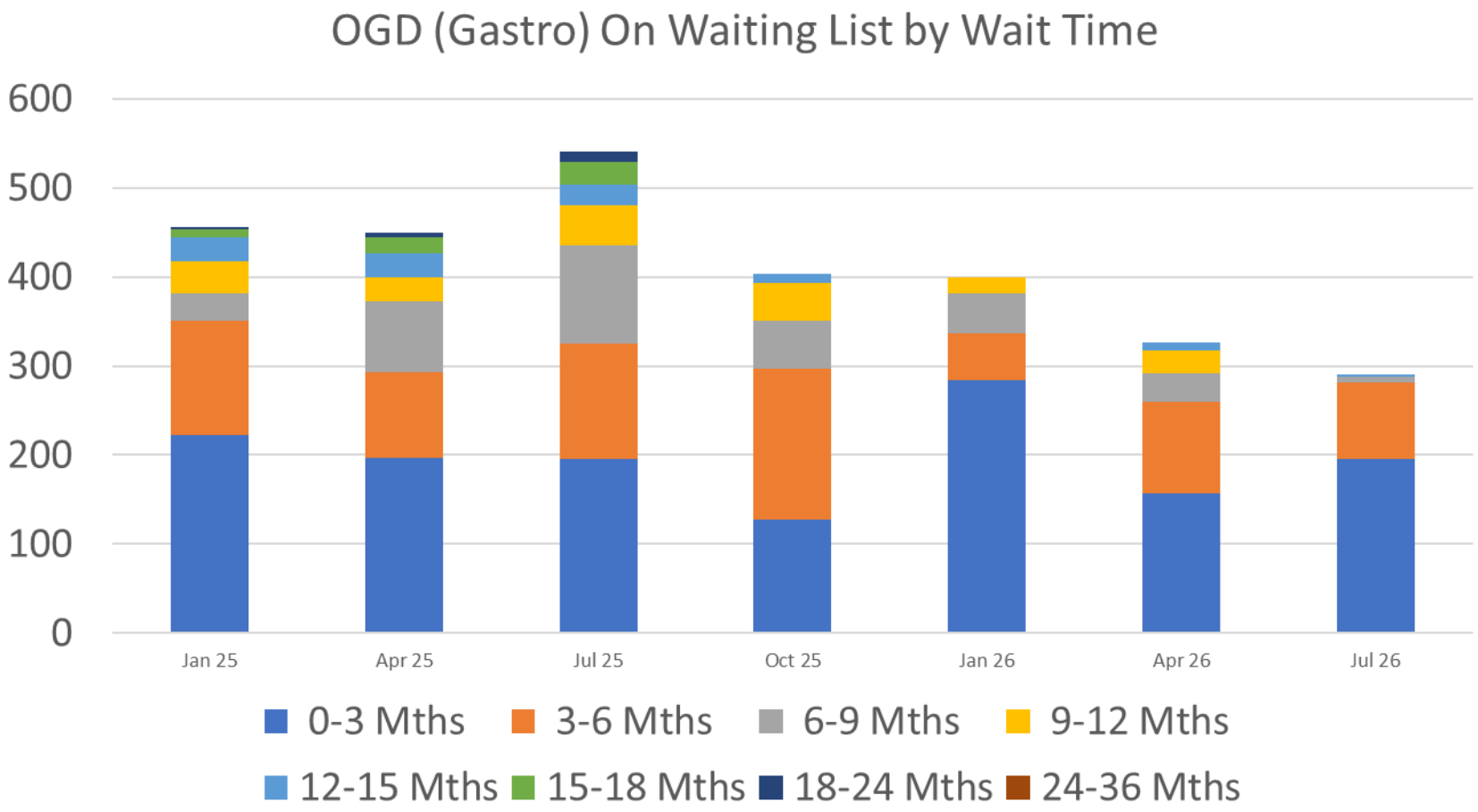
Pilot	# Invited	Cohort	Incomplete	"Good Tolerance"	Adequate / Complete
Unsedated OGD	58	46; Young, P2 *(48% F, 32 ± 8 yr)*	5%	60%	41 (90%)
TNE	40	31; P1, P2 *(48% F, 53 ± 15 yr)*	**0%**	**87%**	**31 (100%)** TN: 76%, TO: 24%



TNE at SJH: Effect on Productivity



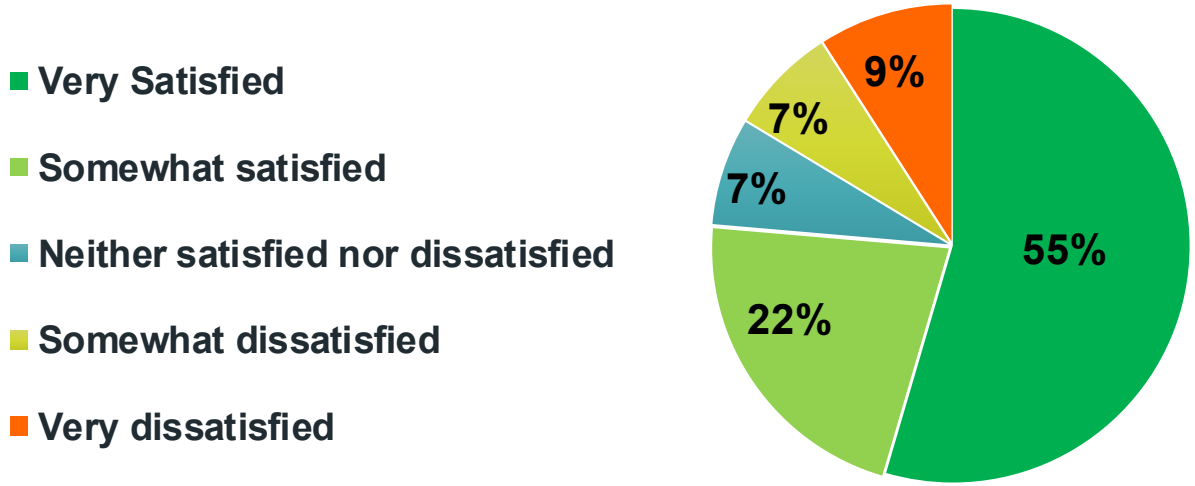
TNE at SJH: Impact on Waiting Lists



TNE at SJH: Monitoring Quality

ENDOSCOPIST	SUCCESS	KPIs	DISCOMFORT		HISTOLOGY
17% Consultant **31% ANP** 52% Registrar	**95% Complete and Adequate** (88% TN, 12% TO)	98% D2 Intubation 98% Retroflexion	**0 (None)** **1 (Minimal)** ≥2 (≥ Mild)	**62%** **30%** 8%	568 sample pots **0.5% Inadequate** 1% Borderline

Patient Satisfaction with their TNE Experience



Conclusions

- SJH has confirmed the acceptability and validity of TNE as a primary diagnostic approach in the Irish healthcare system
- Integration of TNE into the endoscopy service has:
  - Delivered increased productivity and,
  - Significantly reduced waiting lists and improved compliance with national access targets

  …….. Without infrastructure change
- To maximise the potential of TNE, the service must move into the outpatient department
  - This will significantly increase capacity to perform colonoscopy and therapeutics
  - This will require increased staffing

ENT Community Integration

Mr. Joseph Hughes

Consultant ENT Surgeon, University Hospital Limerick

ENT Community Integration

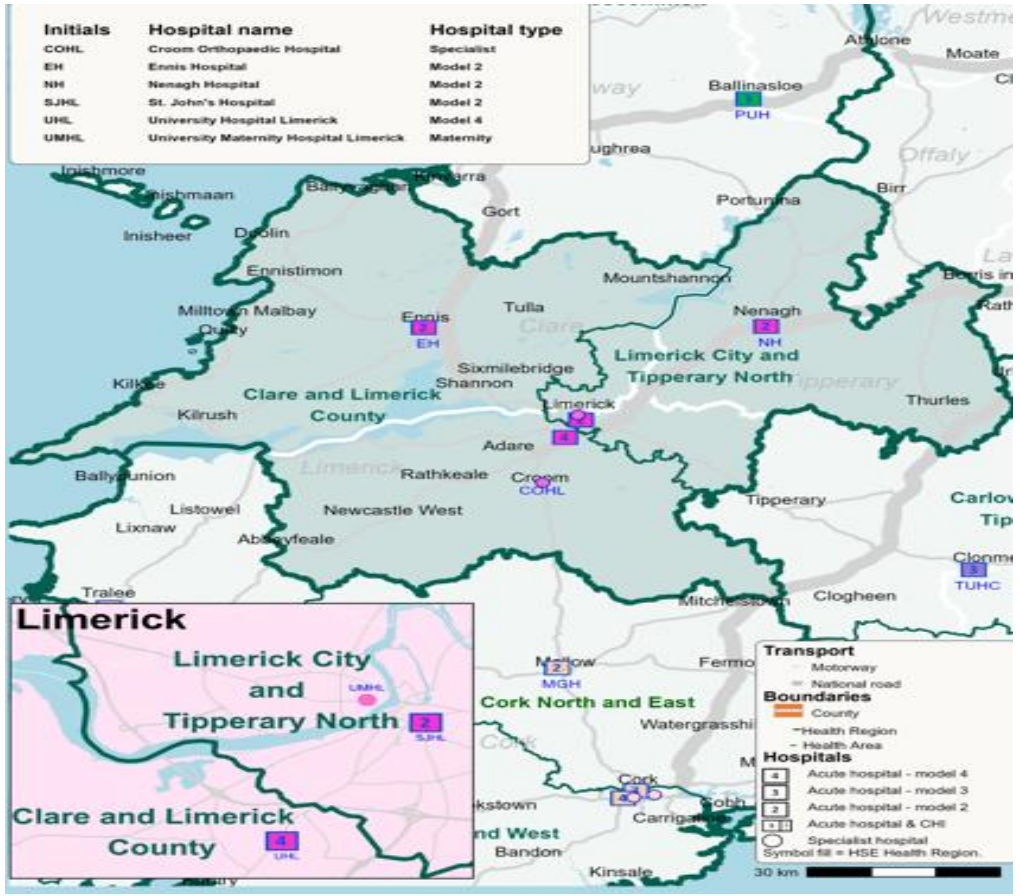
The Pressure on ENT Services

- ENT capacity is restricted at UHL
- ULHG serves 10% of the national ENT cohort
- Increasing OPD waiting times
- Hospital clinic space overcrowded
- Routine ENT care delivered in acute settings
- Rural patients & services users face disproportionate access barriers

ENT Community Integration

ENT Community PCC Clinics

- Consultant-led Community ENT Clinics piloted in four locations with plans to expand
- Community pathway includes direct surgical access (tonsillectomy pathway)
- Waiting list pooling
- Clinical Governance provided by ENT HOS
- Includes procedure clinics, endoscopy/ microscope
- Community Audiology integration service



Pilot outcomes

- Success - 12 clinics delivered in four locations during pilot project over three months – 174 patients
- Clinical Governance provided by ENT HOS
- The decanting of clinically selected patients to non acute settings resulted in higher patient satisfaction levels
- Awarded Spark Access Accelerator funding

12 Clinics Delivered	4 New PCCC Locations	200 New Patients	Patient Satisfaction +++

Strategic Impact

PATIENTS

- Faster Access
- Care Closer To Home
- Reduced Travel Burden

HSE

- Scalable
- Sustainable
- Sláintecare
- Educational training (GP/ ENT SHO/ Nursing)

ACUTE HOSPITALS

- Frees Up Acute Capacity
- Protects Complex Care
- Reduced Wait Time

ENT Community Integration - Strategic Impact

- Patient centred approach providing accessible, affordable, safe and high-quality health care.
- Prioritise UHLG acute OPD space and protects complex need (H&N)
- Faster access to care, the patient has reduced waiting time
- Demonstrates integrated care at surgical speciality level
- Expansion to include additional specialities

ENT Community Integration - National Scalability

- Scalable, sustainable model for integrated specialist care
- Existing HSE Infrastructure
- Consultant-led Governance
- Established Pathways
- No New Infrastructure Required
- Adaptable to Additional Specialties

ENT Community Integration

What Our Patients Said

"Very satisfied - Calm, Professional"

No parking costs

"Delighted, and surprised! Didn't realise there were specialists in Newcastle West, so having qualified people to assess people locally is great"

Do you feel your ENT concern was adequately assessed and managed during this consultation?

"Yes, completely"

Would you be happy for this outpatient service to continue at the primary healthcare centre?

"Yes, would want anything separate from the hospital to avoid the chaos"

Is there anything you think could be improved about this service?

"No, amazing!"

Thank You


Self-Management
General Practice
Referral
Triage &
Waiting List
Scheduling &
Notification
Appointment
Outcome &
Discharge

Panel Discussion

Moderator – Brian O'Connell

- **Sheila McGuinness**
- **Tony Canavan**
- **Mr. Joe Hughes**
- **Dr David Prichard**
- **Ide O'Shaughnessy**

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