Summary

This plan sets out measures to improve care for patients waiting for scheduled care in 2019 by reducing wait times for hospital operations and procedures and Outpatient Appointments.

Under the plan:
- The HSE is to deliver 1.155m (2018-1.14m) elective hospital operations and procedures (including GI Scopes) at a value of €1.4bn.
- The HSE will deliver more than 1m (2018 - 953,000) outpatient appointments to new patients at a value of approximately €130m.
- The NTPF will arrange 25,000 (2018 – 22,000) hospital operations and procedures at a value of €58m.
- The NTPF will arrange 5,000 (2018 – 4,000) Gastro Intestinal Scopes at a value of €5m.
- The NTPF will arrange 40,000 (2018 – 7,000) outpatient appointments for new patients at a value of €6m.

Hospital Operations & Procedures

1. HSE to deliver 1.155 million elective hospital operations and procedures at a value of €1.4 billion in 2019.

2. NTPF to receive €69 million in 2019 for patient treatment. Will fund 25,000 hospital operations and procedures broken down as follows:

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Number of Procedures</th>
<th>Value (€)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 High Volume Procedures (15,000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Than 65 Other Procedures (8,000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Long Waiters (2,000)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. NTPF funded treatment will be provided in private hospitals or in public hospitals where there is available capacity.

4. All patients who are clinically suitable for NTPF funded treatment, who are waiting more than 6 months will be offered treatment in 2019 - for targeted high volume procedures (i.e. cataracts, hip / knee replacements, tonsils, varicose veins, cystoscopies, skin lesions (plastic and general surgery), laparoscopic cholecystectomies, septoplasties and dental).

5. Focus on Longest Waiters:
   a. The NTPF will arrange treatment for more than 75 different procedures.
   b. The NTPF will offer treatment to those waiting longest in respect of all of these procedures.
   c. For patients who are waiting longest for other procedures, the NTPF and HSE will work together to identify the requirements, develop treatment plans, and where possible, offer treatments, from within existing HSE and NTPF resources.

High volume procedures include:

2018
- Cataracts
- Hip/Knee Replacements
- Tonsillectomies
- Angiograms
- Cystoscopies
- Skin Lesions
- Varicose Veins

2019 - Additional Procedures
- Septoplasties
- Dental
- Laparoscopic Cholecystectomies
6. Projection to reduce the overall number of patients on the waiting list from just over 70,000 in Dec 2018, to 60,000 by year end, depending in particular on the number of new patients. Within this overall reduction:
   a. Having regard to Sláintecare targets, the number of patients waiting longer than 3 months is projected to reduce from just over 40,000 to 31,000.
   b. The number of patients waiting longer than 9 months is projected to reduce from just over 14,900 to 10,000.
Summary

7. The NTPF will arrange 5,000 Gastrointestinal Scopes at a cost of €5 million. This is projected to reduce the number waiting for a G.I. scope from 18,847 to less than 16,500 by year end.
Summary

Outpatients

8. The HSE will provide 1.012m outpatient appointments to new patients in 2019 (2018: 953,000). The HSE will focus in particular on 5 specialties with a high volume of referrals and large proportion of long waiting patients.

9. The NTPF will arrange 40,000 first outpatient appointments at a cost of €6 million. When combined with HSE activity it is projected (subject in particular to the number of new patients joining the list) that this activity will contribute to a reduction in the number of patients on the outpatient waiting list in 2019.

A focus of the NTPF appointments will include the following 4 specialties:

Impact projection: Outpatient Waiting List

400,000
500,000
600,000

**Core Target:** 25,000 accepted offers in 2019

The NTPF proposes to allocate €58 million (84% of funding for patient treatment) of its 2019 allocation to remove 25,000 patients from the Active Waiting List for hospital operations and procedures.

The treatment for some patients who accept treatment in November and December 2019 will be provided in 2020. To achieve this target the NTPF will authorise offers of treatment to an estimated 37,000 patients in 2019.

Having regard to previous experience, it is projected that 12,000 of the 37,000 patients may not be suitable for NTPF funded treatment or accept an offer of treatment. It is projected that 6,000 will remain on the list for treatment at a future date and 6,000 will be removed from the list, as treatment will no longer be required:

- **Impact projection:** the number of patients waiting longer than 3 months to reduce by 9,000 to 31,000 by year end.
- **Impact projection:** the number of patients waiting longer than 9 months to reduce by 5,000 to 10,000 by year end.
- **Impact projection:** the total number of patients waiting to reduce by 10,000 to 60,000 by year end.
Background - Hospital Operations & Procedures

High Volume Activity – 15,000 Procedures

**Core Target:** offer of treatment to all patients who are clinically suitable for NTPF funded treatment who are waiting more than 6 months for 10 high volume procedures

The NTPF will target ten procedures, which account for more than 1/3 of people on the Active waiting list for hospital operations and procedures. When combined with HSE activity it is projected that the NTPF will be in a position to offer treatment to all clinically suitable patients waiting more than 6 months for the following procedures:

### 2018 High Volume Procedures
- Cataracts
- Hip / Knee Replacements
- Varicose Veins
- Tonsillectomies
- Cystoscopies
- Coronary Angiograms
- Excision of Lesions (plastic and general surgery).

### Additional 2019 High Volume Procedures
- Laparoscopic cholecystectomies
- Septoplasties
- Dental.

Other Procedures – 8,000 Procedures

**Activity Target:** 8,000 offers of treatment to “other procedures” accepted in 2019

In addition, the NTPF will arrange 8,000 procedures across an expanded range of over 65 “other procedures” in 2019 including:

- Other Orthopaedic Procedures
- Squints (Strabismus)
- Hernias
- TURPs (Transurethral resection of the prostate)
- Complex Cases.
Longest waiters – 2,000 very long waiters treated in 2019

**Activity Target:** 2,000 offers of treatment to very long waiters accepted in 2019

The NTPF is engaging with the HSE and public hospitals to seek solutions for very long waiters either in the private sector or through insourcing and plans to fund the treatment of 2,000 patients in 2019 through this mechanism. The NTPF and HSE will identify the longest waiters and determine:
- what specialty / procedure they are waiting for;
- are the patient needs appropriate for a NTPF initiative or should they be treated by the HSE;
- appropriate care plans for the patients involved.

GI Scopes – 5,000 GI scopes

**Core Target:** 5,000 GI Scopes accepted offers in 2019

The NTPF is proposing to commit €5m in 2019 to the purchase of 5,000 GI Scopes throughout the year.

**Core Target:** all patients who are clinically suitable for NTPF funded treatment who are waiting over 9 months receive an offer of treatment by year end

**Impact projection:** the number of patients waiting for a GI scope to reduce to under 16,500.
HSE Outpatient Activity

Core Target: 1,012,000 outpatient appointments to new patients

HSE to increase the number of new patients seen in outpatient clinics from 953,000 in 2018 to 1,012,000 in 2019. This will be achieved by:
- Increasing the total number of outpatient appointments, and
- Increasing the ratio of new to return outpatient appointments from 1:2.5 to 1:2.3.

The HSE will focus, in particular, on five specialties with a high volume of referrals and large proportions of long-waiting patients:
1. ENT, where there will be a focused exercise to provide audiology assessment for approximately 15% of the overall waiting list.
2. Orthopaedics with the introduction of the first Integrated Musculoskeletal Services in the UL Group.
3. Dermatology with the introduction of ‘see and treat’ clinics.
4. Ophthalmology with the commencement of community eye care teams in the Dublin area.
5. Urology with the initiation of the national pathway in Saolta focusing in 2019 on haematuria.

The new to review ratio will be addressed by:
1. An analysis of within-specialty variance. Acceptable ratios within each specialty will be agreed with clinicians, and thereafter, hospital groups will be provided with the analysis and requested to put structures in place to respond to and amend practice that falls outside of the acceptable specialty ‘norm’.
2. The commencement of work to provide community-delivered review of patients with chronic disease, thereby reducing demand for such reviews in the acute sector.

Performance improvement will be progressed by:
1. Monitoring expected impact on the waiting lists and achievement of targets on a weekly basis.
2. Variance against expected performance will be highlighted and locally addressed where possible.
3. If variance against expected performance cannot be addressed it will be escalated through the HSE performance process, as appropriate.

DO NOT ATTENDS (DNAs) will be addressed by:
1. Increasing the usage of reminder systems in hospitals
2. The on-going validation of patients on waiting lists (see later in this document).
3. Progressing plans for the introduction of advanced booking systems as part of the new Digital Care Pathway System (DCPS).
Background - Outpatients

NTPF Activity

Core Target: 40,000 outpatient appointments to new patients

NTPF to use €6m to fund 40,000 outpatient appointments in 2019. The funding provided by the NTPF may also fund the cost of diagnostics and treatment in an outpatient setting. To date, funding has been approved for appointments for 30,000 patients in 2019. These appointments are to be provided in all hospital groups and relate to a range of specialties. Approximately 75% of appointments approved relate to the following 4 specialties, which account for more than half of patients waiting more than 12 months for a first outpatient appointment.

Impact projection: the number of patients on the outpatient waiting list to reduce to under 510,000 in 2019.
Background

Validation

In accordance with waiting list protocols, individual hospitals check the accuracy of waiting lists on an ongoing basis. This is an important part of waiting list management as it improves patient waiting times by:

- Identifying patients on waiting lists who are ready to proceed with hospital care;
- Reducing the number of patients who do not attend for their appointment, and
- Allowing hospitals to better manage waiting lists by improving data accuracy.

In 2018, in accordance with the direction of the Minister for Health, the National Centralised Validation Unit was established in the NTPF to work in conjunction with hospitals to validate waiting lists using a patient-centered, streamlined and standardised process.

The process, developed by the NTPF, Department of Health and HSE in consultation with stakeholders and experts will see patients receiving a letter from their hospital, asking them to return the letter in the freepost envelope supplied, indicating whether they still require their procedure.

Those patients who still require a procedure will remain on the waiting list. Those who respond that they no longer require the procedure will be removed from the waiting list in accordance with National Protocols. Where no response is received within two weeks, a reminder letter is sent and if there is no response within a further two weeks, the patient and the patient’s GP will receive a letter advising that the patient has been removed from the waiting list. If the patient or GP considers the procedure is still required, the patient will be reinstated, maintaining their original place on the list.

Core Target: to write to all patients waiting more than 6 months for hospital operations and procedures and all patients waiting more than 9 months for an outpatient procedure, other than those who have an appointment within the next 6 weeks or those who hospitals consider do not require validation.