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Sláintecare.

Right Care. Right Place. Right Time.



Path to Universal Healthcare:
Sláintecare & Programme for
Government 2025+

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Foreword – Minister for Health

I am presenting **The Path to Universal Healthcare: Sláintecare & Programme for Government 2025+ (SC2025+)**, which outlines the roadmap towards a high-quality, universal healthcare system in Ireland.

We are developing healthcare that is accessible, affordable, high-quality, and focused on achieving the highest possible standards of care for the people of Ireland when they need it, where they need it, and at minimal cost or free at the point of service.

A priority as Minister for Health is **improving access** to healthcare services. Reducing waiting times is a critical step towards realising our shared **Sláintecare vision**. Workforce reform, including the Public Only Consultant Contract, will increase the availability of consultant-delivered services across various areas, such as Emergency Departments, leading to improved service delivery. The Enhanced Community Care Programme is expanding community-based services, enabling more people to receive treatment in their communities and maintain independence in their own homes.

Sláintecare represents one of the most significant transformation programmes undertaken in the State, and in alignment with the Programme for Government, the goal is to build a health and social care service that is sustainable for the future. **Building capacity**, both in terms of workforce and infrastructure, is essential to address Ireland's long-term demographic challenges. Substantial public investment in healthcare infrastructure and capacity is being made to support Sláintecare ambitions. We are building new surgical hubs and elective centres, increasing the number of acute inpatient beds and continuing to build our workforce.

Improving Service Quality is a central element of Sláintecare, being addressed across a number of service areas and through developing modernised and standardised clinical pathways. Improving the experiences of patients and service users within the health and social care system is key to improving health outcomes. Public Health and Health Prevention and Promotion will play an important role in SC2025+ by focusing on improving the overall health of the population, including through measures promoting healthy lifestyles and reducing inequalities.

SC2025+ will particularly focus on enabling reform measures critical to the successful delivery of Sláintecare. The digital health strategy will empower both healthcare professionals and patients through new technologies, such as the HSE's Patient App – a secure and user-friendly application for managing digital health identity, personal health information, healthcare coordination, and access to services.

The people of Ireland enjoy one of the highest life expectancies in the world¹, with life expectancy in 2024 at 82.6 years; and express high levels of health with 81% of people rating their health as good or very good – the highest across the EU. Ireland also has some of the world's most experienced clinicians and committed health and social care professionals who are providing the highest level of care to our people.

I am delighted to publish **SC2025+** which will forge the way towards delivery of world class universal health and social care services for the people of Ireland, where the patient is at the centre of all of our collective efforts.



Minister for Health
Jennifer Carroll MacNeill, TD

A handwritten signature in black ink that reads "Jennifer Carroll MacNeill TD".

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Introduction



Irish people express very high levels of health satisfaction with 79.5% of people rating their health as good or very good in 2023 – the highest level in the EU. The people of Ireland also have one of the highest life expectancies in the world, and the fifth highest in the EU, with average life expectancy now at 82.6 years.

The demographic composition of Ireland is shifting, our population is growing and ageing at a rapid rate while birth rates are declining. The population was estimated at 5.38 million people in 2024, a 14.8% increase between 2015 and 2024. During this period, the population of those aged 0-14 grew by just 0.9% while those aged 0-65 grew by 15% and those aged 65+ grew by over 36%.

The number of live births dropped from 67,295 in 2014 to 54,622 in 2023, representing an 18.8% decrease since 2014. The number of people aged 65+ years increased by 23% between 2018 and 2024. By 2034 that number will be over one million, by 2044 it will be 1.5 million and is projected to be over 1.8 million by 2054 – more than double that of today.

This increase in population in general as well as more older people in particular, means there is a greater level of demand for our services, particularly for services such as chronic disease management and long-term care.

In addition to Ireland's rapidly growing and ageing population it is also increasingly diverse, and more people are presenting with complex health needs and managing multiple conditions.

The number of people aged 65 and over will grow from one-fifth to over one-third of the working population over the next two decades. While an ageing population is positive in terms of people living longer and enjoying improved health outcomes, it does mean that there are implications for the economy and public finances.

Since 2016 the budget for Health has increased by over 82% from €14.1 billion to the €25.8 billion allocated in Budget 2025. Expenditure on acute care activity has increased by more than 80% over seven years, from €4.4 billion in 2016 to €8.1 billion in 2023. Total age-related expenditure in Ireland is projected to increase from 22 per cent of Gross National Income (GNI) in 2022 to 28 per cent of GNI by 2050, the largest increase in age-related expenditure as a share of national income of any EU Member State.

Sláintecare is focused on providing the **right care**, in the **right place**, at the **right time**. By providing more care in local, community-based, and primary care settings, the healthcare system can better manage chronic conditions, prevent hospital readmissions, and provide care in a more comfortable and localised setting. Further measures designed to improve acute hospital performance in managing the increasing numbers of patients presenting for treatments – the Waiting List Action Plan and the Unscheduled Emergency Care Plan, for example – are improving the ability of our health and social care services to provide the right care, where and when required.

Sláintecare 2025+ is designed to respond to these demographic challenges and builds on the progress made in implementing successive Programme for Government and Sláintecare Implementation Strategies between 2018 and 2024. It is an ambitious and multifaceted programme designed to move Ireland towards a universal healthcare service. It has been developed following an extensive stakeholder engagement process and under the direction and oversight of the Sláintecare Programme Board.

The overriding goal of Sláintecare 2025+ is to improve health and social care services in Ireland, to optimise patient outcomes and be responsive to their needs.

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Overview



The Sláintecare 2025+ Vision is to provide universal, accessible, affordable, person-centred, safe and high-quality health and social care for all the people of Ireland.

To achieve this vision, the **Sláintecare 2025+ Mission** is to deliver more timely access, high quality, lower-cost patient care and better health outcomes in partnership with the people who use our services. We will do this by increasing capacity, improving productivity and delivering more efficient and integrated care.

Sláintecare 2025+ sets out an integrated and whole-of-system reform programme to be implemented over the period 2025–2027, recognising that some of these reforms will continue over a longer timeframe.

Sláintecare 2025+ sets out 23 individual Sláintecare Projects and the milestones to be achieved on the path to achieving universal healthcare across three priority areas:

- Increase access to health and social care services
- Improve service quality for patients and service users
- Increase capacity of the health and social care system

Underpinning delivery of Sláintecare projects across these priority areas are critical enabling reform programmes designed to transform the delivery of health and social care services through digital transformation, innovation, and with an increased focus on achieving greater levels of productivity. Development of the new HSE Health Regions, in particular, is an enabling reform that will reorganise our overall health and social care service to one better aligned to meet the specific needs of our population.

Collectively, the suite of Sláintecare Projects will:

- Support people to live well and choose healthy lifestyle behaviours.
- Make access to healthcare services fairer and faster, while expanding and integrating care in the community.
- Increase capacity and output of services through workforce reforms, development of a modern digital health infrastructure, and productivity improvements.

While Sláintecare 2025+ provides for the continuation of a number of national reform programmes and initiatives already underway, such as the Enhanced Community Care Programme (ECC), the Public Only Consultant Contract (POCC), the National Elective Ambulatory Strategy, digital transformation or the HSE Health Regions, it also identifies new reform programmes and initiatives that will be implemented over the period as well as policy areas that are to be reviewed as part of the overall reform programme. This includes Public Health, Prevention, Health Promotion and Social Inclusion as well as Women's Health, Disability Services, Mental Health Services, and Urgent & Emergency Care.

Specific annual plans for the programmes of work as set out in Sláintecare 2025+ will be developed and implemented subject to the necessary government decisions and approvals under the annual estimates processes. In addition, enhanced governance arrangements and appropriate reporting and accountability structures ensure that the reforms deliver the required impacts and outcomes for patients and the public.

Sláintecare 2025+ aligns with, and is supported by, a series of national policies and strategies which are delivering significant and permanent improvements and reforms which are focused on ensuring that healthcare services are timely, responsive, and patient-centred. As new national policies and strategies are developed, they will be aligned with the overall vision of Sláintecare and informed by the Sláintecare principles and reform priorities.

We are committed to engaging and partnering with patients and the public to support them in making their own choices in health and wellbeing, care and treatment, as well as improving public participation in policymaking.

SC2025+ Strategic Priorities

Sláintecare 2025+ is designed to build a world class health and social care service for the people Ireland by focusing on three strategic priorities.



Improve Access

Improving timely access to care is a key Sláintecare and Programme for Government 2025 priority. The goal is to ensure that care is available and delivered to patients who need it at the right time, in the right place and as close to home as possible.

Improved access to health and social care services will be achieved for the people of Ireland by achieving specified Sláintecare 2025+ milestones across the following areas:

- **Urgent & Emergency Care** – reducing delays in Emergency Departments and providing safer urgent care.
- **Waiting Lists Reduction & Reform** – focusing on increasing capacity, reforming scheduled care and the use of enabling technologies to reduce waiting lists and waiting times.
- **Primary Care Therapy Waiting Lists** – addressing primary care waiting lists.
- **Enhanced Community Care** – moving hospital and specialist services closer to home and community.
- **Removing Private Care from Public Hospitals – Public Only Consultant Contract (POCC)** – rolling out of the new Consultant Contract and associated extended working hours and weekend rostering.
- **Eligibility Framework** – improving access and the affordability of healthcare services informed by an evidence-based review.

Improve Service Quality

Building trust and confidence in our health service is critical to the successful functioning and delivery of services. It is essential that we listen to the people who use our services, involve them in service design and patient safety and quality initiatives and continually strive to improve our services to meet their needs.

Trust between the people who use our services and health care providers is linked to improved experiences and outcomes. As we focus on developing and implementing integrated models of care it is imperative that we focus on enhancing patient safety and empowering the people who use our services in healthcare decision-making.

We will also support people to live well with and without disease and to choose healthy living behaviours. We will strive to ensure the highest quality of our disability, mental health, oral health, women's health and older persons service provision.

Improving the quality of services for our patients and service users will be achieved through the following Sláintecare projects:

- **Patient Engagement** – listening to people and involving them in service design and delivery.
- **Patient Safety Quality and Assurance** – ensuring our services provide safe, high-quality care.
- **Public Health, Prevention, Health Promotion and Social Inclusion** – supporting people to live well, with and without disease, and choosing healthy behaviours.
- **Disability Services, Mental Health and Older Persons** – improving and extending disability services, mental health provision, and services for older people.
- **Women's Health** – providing an increased focus on women's health issues and greater scrutiny of women's experiences of health care.
- **Oral Health** – reforming and modernising the provision of oral healthcare services.

Build Capacity

Under the Programme for Government 2025 public investment in healthcare infrastructure and capacity will continue.

In order to meet the increased demand for our health and social care services due to demographic trends, under Sláintecare 2025+ we will continue to increase the capacity of Ireland's Health and Social Care System through the following:

- **Strategic Workforce Planning** and workforce productivity and workforce reform measures. Delivering accessible and affordable care will require the workforce operating to the top of their skillsets with a sustainable flow of new resources to build and sustain it at the required levels into the future. Strategic workforce planning and workforce productivity and reform are key programmes in supporting this.

- **Health Infrastructure including Elective Treatment Centres and Surgical Hubs** – reducing waiting lists by enabling the separation of emergency (unscheduled) care from elective (scheduled) care.
- **Planning Future Capacity** – capital/ buildings and workforce numbers – planning infrastructural needs in Primary & Acute Care and associated workforce needed to deliver the capacity required for the future. Planning for future capacity requirements will ensure that we are addressing longer-term challenges and preparing our health and social care service to be future-fit.
- **Expansion of Pharmacy Services** – improving services that can be delivered by pharmacists and pharmacies for the benefit of the public and the wider healthcare service.

Enabling Reforms

There are a number of important enabling reforms being driven through Sláintecare 2025+ that will underpin delivery of a more patient centred, efficient and integrated service to the people of Ireland and enhance the transformation programme further.

This will be achieved through the following Sláintecare projects:

- **HSE Health Regions** – reorganising the HSE into six regions in order that hospital and community care services will be integrated and managed together in each region which will support the delivery of more efficient, integrated, streamlined and productive services.
- **Digital Health Transformation** – improving health outcomes enabled by safe, secure and connected digital health. Implementation of the digital health strategy, *Digital for Care – Strategic Digital Health and Social Care Framework (2024-2030)* will be critical to connecting health information and data, which will improve communications and process efficiencies and patient experience in our health and social care service.
- **Creating an Innovation Culture** – enabling health care innovation to support sustainable health and social care for all.
- **Driving System-wide Productivity Improvements** – improving productivity, efficiency and performance across the health service

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Improve Access



Improving timely access to care is a key Sláintecare priority. Access to care is one of the biggest challenges to address, and while much has been progressed in recent years there is still a lot more to do. The Sláintecare focus is on ensuring that care is available and delivered to patients who need it at the right time, in the right place and as close to home as possible. Patients who need hospital care should be able to access quality, safe care when they need it, while appropriate and timely out-of-hospital services should be available to patients close to their homes when needed.

The implementation of improved and integrated care pathways, transforming emergency care and scheduled care service delivery will collectively help achieve more timely access to services. This will improve the quality of services and deliver care at the best location for the patient.

The establishment and full operationalisation of the Community Healthcare Networks (CHNs) and Community Specialist Teams (CST) for Older Persons and Chronic Disease, means that patients will have greater access to services in the community. The successful implementation of the Public Only Consultant Contract (POCC) means that hospital capacity will be improved, with a greater availability of consultants over extended hours and the weekend to see public patients in public hospitals.

A multi-annual approach is being taken to address waiting lists and waiting times in hospitals and in the community, and to reduce delays in emergency departments.



Urgent and Emergency Care

There has been significant investment in Urgent and Emergency Care (UEC) services in recent years. This investment has enabled the HSE to respond to the record urgent and emergency care pressures which are now being experienced almost all year round.

To respond to this challenge, the HSE has moved to an all-year approach to improving UEC. This approach recognises that the investment changes and supports required for urgent and emergency care go beyond winter.

Overview of High-level actions in the UEC Operational Plan

Annual UEC Operational Plans will deliver:

- Actions and initiatives to be implemented nationally and locally to support integrated 'operational grip' (governance, structures and processes that are in place to support the management of day-to-day operations) of UEC services and instil a culture of continuous improvement.
- Surge measures will be specified to respond to and mitigate patient safety risks associated with high UEC activity and congestion. Some measures will be in place prior to the winter period while others will be triggered by agreed indicators.
- Key Performance Indicators for UEC will be set each year with hospitals and associated HSE Health Regions working towards realistic and achievable in-year improvement targets.
- A strengthened, integrated system of governance and accountability will underpin the monitoring, performance oversight, and delivery of UEC services as well as service improvements in 2024 and beyond. Aligned with the six new Health Regions, there will be a focus on improving local analysis and insights to better inform decision-making, resource allocation, and improvement trajectories at service level.

UEC Plan 2024/25

The UEC Operational Plan 2024-25 will be replaced by a successor UEC plan which will cover the period Q2 2025 – Q1 2026.

The four Key Performance Indicators set out in the 2024/25 Plan will be updated as part of the development of the *UEC Operational Plan for 2025/26*:

Metric Category	Metric Target Q2 2024 – Q1 2025
Emergency Department (ED) Trolleys	The Average Monthly Trolley Count at 8am not to exceed 320.
Delayed Transfers of Care (DTOC)	Total number of Delayed Transfers of Care (DTOC) not to exceed 350.
Patients over 75: 24 hr Patient Experience Time	75 years and over < 24hrs; 99%
All attendees Patient Experience Time	All attendees < 24hrs; 97%

There was a significant reduction in the cumulative daily 8am trolley count in 2024, with 13,000 fewer patients waiting (down 11%) when compared to 2023.

This reduction has been achieved despite an increase in the number of patients presenting to Emergency Departments (EDs): 2024 versus 2023 shows an overall increase of nearly 119,000 patients (up 8%) and over 22,500 (up 11%) elderly patients (aged 75 and older) attending.

Fewer patients experienced long waits in ED's in 2024, with the number of patients waiting more than 24 hours in ED's nationally falling by 4% compared to 2023. Annual UEC plans will build on this progress.

UEC Operational Plan – High level Actions

 Hospital Avoidance
  ED Operations
  In Hospital Care Delivery
  Discharge Management

Vaccine Preventable Illness	Promote uptake of Influenza, Measles and COVID-19 vaccinations to improve compliance for all target groups including Healthcare Workers.
Specialist Care in the Community	Community Specialist Teams (CSTs) for Chronic Disease Management to deliver 19,000 patient contacts each month. CSTs for Older Persons will deliver 11,750 patient contacts each month.
GP Out of Hours	Work with GP Out of Hours Services to maintain/increase GP OOH contacts and reduce the level of GP OOH referrals to EDs.
NAS Care Pathways	Maximise usage of existing NAS alternative care pathways.
Local Injury Units	Injury Units to provide a 7-day service, 8am to 8pm including Bank Holidays.
Patient Streaming at ED	High levels of streaming in the emergency department e.g. to Medical Assessment Units, GEMs Units, Injury Units, Integrated Care Programme for Older Persons (ICPOP) assessment and other appropriate services.
Senior Decision Makers in ED	Roster amendments for Senior Decision Makers developed on a 7/7 basis and implemented to meet the predictable increased weekend and public holiday demand.
Consultant Rounding in ED	Consultant daily rounding of admitted patients each morning in EDs and in surge beds to expedite decisions and treatment.
Demand and Capacity Management	Each hospital/community service to have a centralised operational hub that provides visibility of all available bed capacity in hospitals, community and private facilities.
Clinical and Operational Oversight	Senior clinical and operational decision makers rosters to be developed on a 7/7 basis and implemented to meet the predictable increased weekend and public holiday demand.
Cohorting	All sites will have plans in place to support the transition to hospital wide cohorting of patients to specialty or dedicated wards, commencing with the cohorting of Older Adults (≥ 75 years) to specialist geriatric wards by year end.
Extended Hours	Roster amendments and additional services should be developed on a 6/7 basis in the interim, ultimately working to a 7/7 basis and implemented to meet the predictable increased weekend and public holiday demand.
Senior Clinical Review	All admitted patients on wards to have senior clinical review every morning to expedite decisions and treatment.
Length of Stay	Hospitals will implement protocols for in-patients with Length of Stay over 14 days transitioning to over 7 days.
Patient Flow	All clinically appropriate patients in Model 3 and Model 4s to transfer to alternative care settings including Model 2s, Rehabilitation Beds and Transitional Care Beds (TCBs).

Discharge Plan for Every Patient	All in-patients to have a comprehensive plan for discharge, developed in conjunction with community services. A predicted date of discharge is to be assigned at time of admission.
Discharge Processes	Operational processes will be in place to support the discharge of patients prior to midday on a 7/7 basis, and to deliver a consistent level of discharges each day.
Managing Delayed Transfers of Care	In anticipation of their final care plan being fulfilled, all available options are to be put to suitable patients who are experiencing a DTOC if they have already been approved for NHSS long term care. Patient choice to be prioritised, however in line with the discharge policy, patients will be safely transferred on the third offer provided to them.



Waiting List Reduction and Reform

The Waiting Lists Reduction and Reform goal is to implement agreed annual Waiting List Action Plans (WLAPs). This is part of a multi-annual approach to sustainably reduce waiting lists and reform access to care ultimately moving towards the Sláintecare waiting time targets of 12 weeks for an in-patient and day case (IPDC) hospital procedure and 10 weeks for an outpatient (OPD) appointment. The WLAP focuses on more timely access to high-quality scheduled care in our acute hospitals, which will help improve both patient outcomes and patient experiences of our health service. The WLAP is a key Sláintecare implementation priority. These annual waiting list plans focus on measures to sustainably reduce and reform our waiting lists and associated waiting times, with a view to improving scheduled care performance overall.

The Department of Health, in conjunction with the HSE and the National Treatment Purchase Fund (NTPF), has designed the WLAP 2025 with a particular focus on reducing waiting times for hospital care. The WLAP 2025 was published on 12 February 2025 and aims to deliver four overarching waiting time reduction targets by the end of the year, namely:

- Having 50% of patients waiting less than the Sláintecare wait time targets by the end of 2025.
- Reducing the weighted average wait time for scheduled care to 5.5 months.
- Increasing the proportion of OPD patients waiting less than 12 months to 90% by the end of 2025.
- Reducing by 90% the proportion of patients waiting over 24 months, or “at risk” of waiting over 24 months by the end of 2025.

The WLAP 2025 encompasses 25 actions to (i) increase capacity; (ii) reform scheduled care with a view to fundamentally resolving underlying barriers to the timely delivery of acute scheduled care; and (iii) support and facilitate scheduled care reform through policy and process changes, as well as through the development and use of enabling technologies.

As a reflection of the Department of Health’s commitment to reform and improve scheduled care performance, significant funding of €420 million has been allocated for the WLAP 2025, encompassing €190 million for the HSE and €230 million for the NTPF.

Reflecting the restructuring of the HSE into six Health Regions, aligned with the progression towards a more integrated model of care delivery, the national WLAP will be underpinned by specific regional commitments in terms of activity, productivity and reforms.

Successful implementation of the 2025 WLAP will result in patients having more timely access to, and better patient experiences of health services.

The implementation of the WLAP 2025 will be overseen by the Waiting List Task Force, the membership of which is comprised of senior representatives of the Department of Health, HSE and the NTPF. Effective oversight and monitoring of implementation, through this governance structure, will help drive progress towards reducing waiting lists and improving waiting times.

From 2026 onwards, further improvements to sustainably reduce and reform waiting lists and waiting times for scheduled care in our acute hospitals will be agreed and instituted under each new WLAP.

Each of the Action Plans from 2025 to 2027 will set out specific commitments and impact targets in relation to waiting lists and associated waiting times, which will be monitored. In addition, each plan will outline reform and enabling measures that will be implemented with a view to improving health service efficiencies, productivity and overall waiting list performance on a phased basis.



Primary Care Therapies – Access and Waiting List Management

There is an urgent need to ensure a consistent approach at a national level to waiting list management in primary care to improve consistency of patient experience regardless of location. In line with the Programme for Government commitments to build capacity in primary care therapy services, a programmatic approach to address primary care waiting lists has been developed jointly between the Department of Health, and the HSE. The aim of this programmatic approach is to put in place considerable standardised infrastructure to support systematic responses to Primary Care Waiting Lists and to facilitate a greater understanding of the scale of demand, the drivers of demand and to allow for improved planning, interventions, investment considerations, enhanced productivity, and the most efficient use of capacity.

This programmatic approach involves three main workstreams:

Workstream 1 aims to deliver improved analysis of primary care therapy activity and productivity in order to maximise capacity within existing resources.

Throughout 2024, initial Primary Care productivity analysis was conducted across four key Primary Care Therapy services: Physiotherapy, occupational therapy, speech and language therapy, podiatry and dietetics. In 2025, utilising the reports developed under this workstream, a detailed examination will be conducted alongside the development of action plans to determine and maximise the productivity of teams in the community, in order to reduce CHN waiting lists across the aforementioned therapies.

Acknowledging that there is a need for shorter-term measures to address the current scale of waiting lists, **Workstream 2** focuses on the development of measures, at a national level, to address those waiting more than a year to access primary care therapy services.

In 2025, the focus of workstream 2 will be on examining how the outputs from workstream 1 can be maximised to further respond to long waiters alongside validation of waiting lists and ensuring that the performance of existing teams is maximised to address long-waiters.

The focus of **Workstream 3** is developing a Primary Care Therapy Waiting List Management Protocol to ensure a consistent and transparent approach to referral, waiting list management and discharge of patients is applied across the primary care therapies in all Community Healthcare Networks (CHNs) thus improving overall patient experience.

Workstream 3 is being supported through the joint HRB/Department of Health Evidence for Policy programme. In 2024, a research team was appointed to develop a comprehensive, evidence-based protocol to ensure a consistent and transparent approach to referral, waiting list management and discharge of patients is applied across all primary care therapies in all HSE Health Regions thus improving overall patient experience. In 2025, analysis of best practice will be conducted to inform the development of the protocol alongside process-mapping of current service provision. Through service-level engagement a comprehensive protocol will be developed to be rolled-out nationally as follows:

- **Structures and Mapping**
During 2025, the aim is to establish best practice evidence through systemic and scoping reviews and begin process mapping of current practice to inform the development of the protocol.
- **Development, Implementation and Oversight of the Protocol**
The Primary Care Waiting List Management Protocol will be developed and implemented in 2026 and 2027. This implementation will include training to all staff responsible for delivery of primary care therapy services and waiting list management of same.
- **Ongoing Monitoring**
From 2027, it is envisaged that the implementation of the Primary Care Waiting List Management Protocol will be subject to ongoing monitoring across all Health Regions to support standardisation and promote improvements in waiting list management practices nationally.



Enhanced Community Care

The Enhanced Community Care (ECC) Programme is a transformative initiative under Sláintecare, shifting healthcare delivery from hospitals to community settings, ensuring patients receive tailored treatment closer to home. By strengthening primary care, general practice, and integrated community services, the programme is preventing unnecessary hospital referrals and admissions while enhancing patient outcomes.

The delivery of the ECC programme is enabling primary care and community specialist multi-disciplinary teams to work together in a more coordinated and consistent way, in defined geographic areas, based on the assessed needs of the local population.

The ECC Programme demonstrates a shift towards improved health through prevention, early detection and management, resulting in improved lifestyle, improved clinical results and routine care provided in the community setting. Patients who attend their GPs are being electronically referred to their local Community Healthcare Network (CHN) or Community Specialist Team (CST) to access services at the appropriate level of complexity. This is leading to reduced unnecessary attendances to acute hospitals for these patients, with the majority remaining under the care of General Practice and accessing CHN provided services as required. Patients of the highest complexity are referred to the CSTs to access multidisciplinary, consultant-led care in the community. Further to this, with 95% of GPs signed up to the Chronic Disease Management (CDM) Programme, and 92% of patients with chronic disease now fully managed routinely in primary care, there is continuing emphasis on maintaining people in the community, promoting self-management and appropriate hospital avoidance. The ECC Programme is making the shift of care from a current hospital-centric model to a community-based model in line with the vision of Sláintecare.

In 2025, aligned to the Programme for Government commitment to continue the expansion of ECC teams, and to continue to support CHNs, ECC teams and services will increase activity levels and maximise the productivity of staff already recruited.

The ECC Programme will target delivery of 1,626,435 patients seen through the CHNs in 2025 – 141,000 patient contacts by Community Specialist Teams for Older Persons (ICPOP) and 334,000 patient contacts by Community Specialist Teams for Chronic Disease (ICPCD), an increase of 46% on 2024's target. In 2025, the ECC Programme, in conjunction with the HSE's Technology and Transformation Team, has commenced the rollout of the telehealth solution, Attend Anywhere, across ECC teams. This rollout is being undertaken with a view to boosting digital resources available at team level and improving productivity.

Building on this, alongside other pilot projects in community settings, a newly established Virtual Care Governance Group will identify a Virtual Care in the Community approach for each of the six Health Regions following a review of the applicable Community Virtual Wards (CVW) initiatives currently active. This will build upon the existing digital landscape of remote health monitoring and telehealth across ECC, including Attend Anywhere remote consultations, HealthLink e-referrals, Heart Virtual Clinics and HSE AreaFinder.

The focus for 2026 onwards will be the ongoing embedding of community-based care and the “shift left” through the ECC Model. The full implementation of the 30 CSTs for ICPPOP and 30 CSTs for ICPCD will be dependent on both funding allocation in Budget 2026/27 and the availability of suitably qualified staff for recruitment to the programme.

Activity targets for 2026 and beyond will be dependent upon the level of recruitment achieved, and full implementation of all planned teams. Based on assessed capacity on an annual basis, target activity will be defined but can be expected, at a minimum, to match those for 2025.

By 2027, it is envisaged that the ECC Programme will have a full cohort of operational teams, with these teams progressing towards the Programme's Business Case outcomes in their second full year of complete operationalisation. This will further enhance the delivery of end-to-end care and allow for the optimisation of virtual care in the community.

The Government's commitment to supporting General Practice in the Programme for Government will be bolstered by the continuation of the GP Access to Community Diagnostics (GPACD) Scheme.

In 2025, this scheme, open to the full adult population, providing a direct referral pathway for GPs to community-based radiology scans and chronic disease tests for their patients, will target delivery of up to 240,000 community radiology scans alongside up to 161,000 chronic disease tests.



Removing Private Care from Public Hospitals – Public Only Consultant Contract

The primary objective of the Public Only Consultant Contract (POCC) is to enable the move towards universal healthcare, with public hospitals used exclusively for the treatment of public patients. Another core objective of implementing this contract is to enhance senior decision maker presence on-site, out of hours and at weekends and ensure these senior decision makers are present and delivering patient care when demand is highest.

The Public Only Consultant Contract is in place since March 2023, with 2,770 consultants signing the contract by end of 2024. This is made up of 728 new entrants and 2,042 consultants who have changed contracts. This means that as of end of 2024, 60% of consultants were now on the Public Only Consultant Contract.

Under the terms of the POCC, consultants can be rostered to work an extended working day Monday to Friday until 10pm and on Saturdays 8am-6pm. Work is ongoing with the HSE to ensure we are maximising the use of the hours in the contract to enhance patient care and increase access to services in the evening and at weekends.

The number of consultants employed by the health service has increased from 3,226 WTE in 2019 to 4,601 at the end of January 2025, a 42% increase.

Continuous rollout of the contract will help achieve the long-term Sláintecare goal of ensuring public hospitals are used exclusively for the treatment of public patients.

In 2025, the following actions will be taken:

- Monitor and support the uptake of the POCC, and impact for patients.
- Monitor the impacts of introducing the POCC on delivery of services and improving access to patients.

From 2026 onwards:

- Continue to encourage existing consultants to change over to the POCC.
- Continue to monitor the impact of the POCC on delivery of services and improving access to patients.

The numbers of consultants on the new contract will be monitored through the HSE's Doctors Integrated Management E-System (DIME).



Eligibility and Affordability

The Programme for Government 2025 sets out ambitious targets to further improve access to and affordability of healthcare services.

Current Eligibility Arrangements

The 1970 Health Act and subsequent legislation provides the core foundation for the existing eligibility arrangements. The Act provides for two categories of eligibility for all people ordinarily resident in the State:

- Full eligibility (medical cardholders).
- Limited eligibility (all others).

The Act is over 50 years old, and the health and social needs of Ireland's population have changed significantly since it was introduced. Therefore, the legislative underpinnings for eligibility may not fully align with the current requirements and capacity of health care delivery.

Expanding Eligibility

There has been a significant focus on improving access to and affordability of healthcare services to deliver expanded eligibility in recent years.

Key achievements in expanding eligibility include:

- In 2017 automatic eligibility for a GP Visit Card was introduced for those in receipt of Carers allowance or Carers Benefit.
- In 2019 income thresholds for GP Visit Cards were increased by 10%.
- In 2020 income thresholds for medical cards for those aged over 70 were increased.

In 2022, a range of measures were delivered including:

- The abolition of public in-patient charges for children.
- Reductions in the Drug Payment Scheme (DPS) threshold to €80 per month.

- The introduction of free contraception for women aged 17-25.

In 2023, additional measures introduced included:

- An expansion of free GP care to children aged 6 and 7.
- An expansion of free GP care to people earning no more than the median household income.
- The abolition of all public in-patient hospital charges for adults.
- The sequential extension of the free contraception scheme to include women aged from 17-35 inclusive, from mid-2024.

These measures, in addition to the Programme for Government 2025 commitments, continue to create a health and social care service that offers affordable access to quality healthcare. Additionally, there has been considerable enhancement in community services access through, for example, the Enhanced Community Care Programme (ECC) which supports patients with chronic diseases through the Integrated Care Programme for the Prevention and Management of Chronic Disease.

Strategic Review of Eligibility

The Department of Health is currently implementing a significant programme of work relating to eligibility measures to increase access and affordability of healthcare services. The primary goal is to complete a comprehensive review and appraisal of the arrangements that underpin the existing eligibility framework. This will enable the development of evidence-based policy options for a future eligibility framework to support a progressive move towards universal healthcare.

Scoping work to review the overarching eligibility framework is currently underway. This will inform continued work in reviewing the framework and developing policy proposals and options to further progress universal healthcare. This will be based on robust evidence and will focus on improving health outcomes for patients.

As part of this review, the Department of Health will fund the European Health Observatory to conduct an international evidence review on healthcare charges.

We will complete a review of the Eligibility Framework in 2025 and thereafter develop a range of evidence-informed policy options on a future eligibility framework.

4

Improve Service Quality



Building trust and confidence is critical to the successful functioning and delivery of health and social care services. It is essential that we listen to patient and service user experiences and involve them in service design, patient safety, and quality initiatives and continually strive to improve our services to meet their needs. Trust between the people who use our services and health care providers is linked to improved experiences and outcomes.

As we develop and implement integrated models of care it is imperative that enhancing patient safety and empowering the voice of those who use our services is at the forefront of our decision making.

Prevention of ill health is a key public health principle – keeping people healthy and out of hospital for as long as possible is an important element of Sláintecare. Primary prevention is delivered through (i) the Healthy Ireland Programme which is designed to support people to live long, healthy and active lives; and (ii) the National Immunisation Programme which aims to prevent diseases in individuals and groups and reduce mortality and morbidity from vaccine preventable diseases. We will also support people to live well with and without disease and to choose healthy living behaviours.

Socially excluded groups including people who are homeless, Traveller and Roma communities, international protection applicants, and people who use drugs and alcohol can often face barriers in accessing healthcare services. It is important to ensure services meet the needs of these vulnerable groups and bridge the gap between mainstream health services and these hard-to-reach cohorts.

Increasing capacity and delivering reform of disability services as well as focusing on the implementation of *Sharing the Vision* for mental health services are both key priorities. Sláintecare 2025+ also supports the work of the Women's Health Taskforce to tackle a wide range of issues impacting on women's health outcomes and is designed to improve health outcomes and experiences for women and girls in Ireland.

The fundamental reform and modernisation of the provision of oral healthcare services will be undertaken under the National Oral Health Policy, *Smile agus Sláinte*. Implementation of this policy will substantially enhance access to modernised public oral healthcare across Ireland.



Patient Engagement

Patient engagement¹ is designed to facilitate and strengthen the role of those using services as co-producers of health, and healthcare policy and practice. This engagement should ultimately support patients' improved access to and experience of the health system, as well as inform improvements to service quality. *Better Together; The Health Services Patient Engagement Roadmap* is the roadmap for patient engagement in the HSE and provides guidance and tools for healthcare staff to create a strong culture of meaningful [Patient Engagement](#).

The National Care Experience Programme (NCEP) ensures that we learn from people's experiences through regular patient surveys and improves the quality of health and social care services in Ireland (www.yourexperience.ie). The NCEP consists of seven surveys, the *National Inpatient Experience Survey*, the *National Maternity Experience Survey*, the *National Nursing Home Experience Survey*, the *National Maternity Bereavement Experience Survey*, the *National End of Life Experience Survey*, the *National Mental Health Experience Survey* and the *National Cancer Care Experience Survey*.

1. The term "engagement" encompasses terms involvement, participation, partnership, collaboration, co-production and focuses on the human connections between people using healthcare services and those providing the service.

Five of the surveys have been conducted only once, and the National Inpatient Experience Survey has been conducted six times, most recently in 2024. The National Mental Health Experience Survey and the Cancer Care Experience Survey are currently in development. The NCEP is a joint initiative of the HSE, the Health Inspection and Quality Authority (HIQA) and the Department of Health, and as it expands into new care settings, we will continue to build on embedding insights from patients as evidence for person centred policy and service delivery.

The National Clinical Effectiveness Committee (NCEC) continues to ensure that the voice of patients and service users are represented in the drafting and publication of NCEC National Clinical Guidelines on various healthcare topics. Each Guideline Development Group must include two patient representatives who are directly involved in deciding the recommendations of each guideline.

SC2025+ will help empower people by making them aware of the health services available to them. This will be facilitated by health literacy measures which enhance the ability to find, read, understand, and use healthcare information and to help people make the right health decisions. Health literacy measures, including a Health Literacy Toolkit, will be developed to ensure there is a Health Literacy focus included in policies and strategies.

In 2025, and beyond, we will:

- Make patient engagement a fundamental cornerstone of healthcare, ensuring that patients' voices are heard and respected in the design, delivery, and evaluation of healthcare services.
- Co-design with our Patient and Service Users Partners, and launch a Patient and Service User Strategy.
- Develop a National Structure for Patient and Service User Participation.
- Co-design and implement online resources for service users, staff and other stakeholders in line with the Better Together Roadmap.
- Complete with each HSE Region, the establishment of Patient and Service User Participation Councils with action and implementation plans.
- Host in partnership with the National Patient and Service User Forum, the Annual Patient and Public Partnership Conference 2025.

- Develop Health Literacy:
 - » Develop a Health Literacy Toolkit: The DoH will develop appropriate policy and communication tools to ensure that a health literacy focus is brought to policies and strategies being developed by the Department. To facilitate this, the Health Literacy Liaison Group will hold a workshop in February to identify Health Literacy Design Principles for inclusion in the Toolkit. This will be an internal guidance document for Departmental officials to use a Health Literacy lens when drafting policies and strategies. Webinars will be held on a quarterly basis to raise awareness of health literacy across the department.
- Undertake National Patient Experience Surveys, including:
 - » The second *National Maternity Experience Survey* is going to be implemented and reported on in 2025. People who gave birth in February and March 2025 will be asked to complete a survey between May and 18 July 2025. The findings of this survey will be published at the end of 2025. Details available [here](#).
 - » Separately, there are two more surveys in development – the *National Mental Health Experience Survey* and the *National Cancer Care Experience Survey*. It is anticipated that the previous surveys will run through a second cycle in due course.
- The National Clinical Effectiveness Committee (NCEC) plan to undertake a Deliberative Review to progress policy recommendations and the implementation plan for 2025.
 - » Develop NCEC processes for guideline review, retirement and updating (to align with other workstreams, including Strategic Review), culminating with update to the NCEC Guideline Developers Manual. They will provide support for Guideline Development Groups in their development and update of NCEC National Clinical Guidelines.
- Rollout the HSE Patient App:
 - » Rollout a new HSE patient app that will enable people to access their health information and manage their interactions with health services. The app will also support patients through a range of care pathways with the right information at the right time.



Patient Safety, Quality and Assurance

Patient Safety and Quality initiatives are enablers for safe, high-quality care and can contribute to good care experiences for patients and families across all care settings. There are a range of Patient Safety Initiatives and policies that support this and key achievements in 2024.

Patient safety is integral to the functioning of all health services globally and in Ireland remains a central focus to ensure the delivery of high-quality, safe health care. The National Patient Safety Office (NPSO) in the Department of Health leads the direction of patient safety policy and legislation nationally. In collaboration with key partners, the NPSO are both building and driving the patient safety journey in Ireland. The NPSO's vision for patient safety is that all patients using health and social care services will consistently receive the safest care.

Patient safety risks are heightened at times of structural change and as the complexity of care delivery increases. As we progress healthcare reform, we must look to ensure the risks are assessed, continually monitored and evaluated to provide for the continuation of the delivery of safe and high-quality health services. The structural reform of the HSE under the Sláintecare programme provides a unique opportunity to fully embed a culture of patient safety through every level of the organisation and strengthen the ability of our health service to deliver safer care, and to prevent and reduce avoidable harm where possible.

The NPSO, working alongside our patient safety colleagues in the HSE, will build a systematic approach to patient safety which will promote the delivery of safe and high-quality health care to minimise avoidable harm, improve system efficiency, and improve patient experience.

The Sláintecare Patient Safety Assurance Project (SPSAP) working group was established and convened in June 2024 with a goal to provide assurances with respect to the appropriate oversight of patient safety nationally.

From 2025 onwards, work will focus on embedding patient safety systems which will be responsive enough to adapt to the changes instituted by Sláintecare. There will be a particular focus on ensuring that strategic priorities are advanced in line with legislation and policy initiatives developed by the NPSO and international best practice to advance patient safety in Ireland. Similarly, the HSE National Quality and Patient Safety Directorate will discuss progress on patient safety matters outlined in the *National Service Plan 2025* (e.g., review of the Incident Management Framework, the development of a new Patient Safety Strategy, etc.) with the NPSO as part of the SPSAP oversight structures. This systematic approach to patient safety will promote the delivery of safe, high-quality healthcare to minimise avoidable harm, improve service efficiency, and improve patient experience. We will support people to live well with and without disease and to choose healthy living behaviours.



Public Health, Prevention, Health Promotion & Social Inclusion

Public health is focused on protecting and improving the health of the population of Ireland through measures designed to prevent disease, promote healthy lifestyles, and address multiple factors that influence health, including inequalities.

Public health measures include vaccination programmes, awareness campaigns and responses to health emergencies such as pandemics.

Public health measures taken in Ireland have been influenced by our experience in managing the COVID-19 pandemic. Significant investment has been made in recent years to build on these learnings and to enhance our approach to wider public health, inclusive of prevention, promotion and social inclusion.

Sláintecare 2025+ sets out various public health measures, instituted across the following areas, which will work collectively to improve the health and wellbeing of everyone living in Ireland:

- Public Health Reform measures including responding to future health threats.
- Renewal of Healthy Ireland: our Strategy to improve health and wellbeing, including health promotion and social inclusion measures to address health inequalities.

- **Disease Prevention:** as a cornerstone of public health, prevention measures are designed to address potential health risks to reduce the instance of illness and associated healthcare costs while promoting healthier communities.

Public Health Reform

Public Health Reform is focused on building a strengthened model for public health service delivery in Ireland, building on our learnings taken from the COVID-19 pandemic and drawing on international best practice to optimise our strategic approach to public health. Public Health reform is focused on the following 4 pillars:

- Health Service Improvement
- Health Improvement
- Health Intelligence
- Child Health.

Our growing public health capability has been supported by the introduction of 84 Consultant in Public Health Medicine posts. Consultants are now embedded in Cancer Control, the National Screening Service, Quality and Patient Safety and Global Health. The following public health reform measures have been achieved to date which are further building our public health capacity:

- Establishment of all cross-domain leadership and governance structures, with the appointment of a National Director of Public Health, five National leads and six Area Directors of Public Health, and the mobilisation of National Public Health Senior Leadership and Management Teams.
- Structural reconfiguration of Public Health from the former Health Board Structure to six new Public Health Areas aligned to Sláintecare areas, led by Area Directors of Public Health and delivering a Consultant-led Public Health service in line with the Hub-and-Spoke model.
- Work is well underway regarding the procurement of an Outbreak Case and Incident Management IT System (OCIMS), a key enabler of a National Health Protection Service. Progress is continuing towards implementation of Module One of OCIMS (which will include gastrointestinal infections, HIV, STI and Hepatitis infections). Module one will be in deployment in HPSC and HSE Health Regions by December 2025.

As the HSE continues towards the full implementation of the new consultant model, further monitoring and evaluation of the impact of the new consultants in Public Health Medicine will be undertaken as part of the implementation of the service plans and over the longer term by assessing the impact of the population health approach on the health outcomes of the population.

Public Health Reform Milestones for 2025, include:

- **Development of HSE Public Health Strategy:** This strategy will ensure optimal early integration and delivery of public health across key functions and wider HSE structures, leveraging the significant investment in public health to maximise population impact and promote health system sustainability and resilience. This HSE Public Health Strategy will clearly define an ambitious but achievable strategic direction for public health and set out the overarching vision and mission of the service.

Responding to Future Health Threats

A critical role of public health is preparing for and responding to future threats, including emerging diseases and antimicrobial resistance. To safeguard population health, public health systems need to be proactive and adapt where necessary.

Given the very wide range of potential health threats that may occur at any point in the future, the Department of Health has established the National Health Threats Management Committee (HTMC). This is a permanent high-level committee to manage the national response to any such threat and will replace the former NPHE structure that operated only during emergencies.

The HTMC will monitor emerging health threats on an 'All-Hazards' and 'One Health' basis to provide leadership across the Irish Health System and assurance to Government, the EU, WHO and the general public in the implementation of response actions to any health threat. It will facilitate the sharing of information across the Department of Health, its agencies, other government departments and agencies, the wider health system and with the public, as appropriate. As required, it will provide direction on the response to any emerging health threat and lead on the development and implementation of a strategy to contain the threat.

The amendments to the International Health Regulations (2005), that were adopted at the World Health Assembly in June 2024 will significantly improve Ireland's ability to detect and respond to future infectious disease outbreaks, including pandemics, by strengthening national capacities and international coordination on disease surveillance, information sharing, and health risk response. Work is ongoing to transpose these amendments to Irish law.

Negotiations are continuing towards agreement on a new WHO Pandemic Agreement. This historic agreement aims to foster a whole-of-government, whole-of-society approach to addressing emerging and ongoing pandemics through the strengthening of national, regional and international prevention, preparedness and response capacities.

Healthy Ireland: Health Promotion and Disease Prevention

The second Sláintecare 2025+ public health measure designed to improve the health and wellbeing of everyone living in Ireland is Healthy Ireland (HI). HI is focused on enabling everyone living in Ireland to enjoy better physical and mental health and to live longer, healthier lives.

HI recognises that supporting and improving the multisectoral factors impacting on health, such as housing, education, infrastructure, recreational facilities and the built and natural environments, are beyond the remit of the health sector alone. Hence, a cornerstone of HI is cross-sectoral collaboration, involving other government departments, state agencies, service providers, community partners and the research community in building a healthier Ireland.

HI includes a number of initiatives designed to support prevention, reducing health inequalities, and foster environments that support healthy choices.

Key HI initiatives include *the National Physical Activity Framework 2024- 2040*, *the National Physical Activity Action Plan 2024-2029*; *National Sexual Health Strategy (NSHS)*; *The Obesity Policy and Action Plan*; *A Healthy Weight for Ireland (OPAP)*; and *Tobacco Free Ireland*. Healthy Ireland also supports a settings approach, with a number of key programmes acting at a local level, in collaboration with local authorities, or in specific settings, such as workplaces or campuses to provide supports for better health and wellbeing.

The Healthy Ireland Fund is a significant resource for cross-sectoral collaboration, providing support for both local and national action in partnership across national and local government.

Healthy Ireland Review

In late 2024, work commenced on developing a successor to *the Healthy Ireland Framework*, to support and enhance measures already implemented and further support the principles of Healthy Ireland and Sláintecare. The initial step is to complete an independent review of the Healthy Ireland Framework and of the constituent policies, strategies and initiatives under it.

Other Healthy Ireland policies that will be renewed in 2025 include the National Physical Activity Framework 2024- 2040 and the National Physical Activity Action Plan 2024-2029, which will continue to support an active way of life and drive our ambition to increase physical activity levels in Ireland, improve population health and reduce demand on healthcare services.

The Second National Sexual Health Strategy (NSHS) is in advanced draft stage and will also be published in 2025. The NSHS will continue to support and expand sexual health and contraception related services, reduce negative sexual health outcomes and recognise the importance of supporting healthy attitudes to sexuality throughout the life course. Key schemes include the Free Contraception Scheme, the free home STI testing scheme and HIV testing, diagnosis, treatment and supports, including the HIV Pre-Exposure Prophylaxis (PrEP) scheme

The Obesity Policy and Action Plan; A Healthy Weight for Ireland (OPAP) is Ireland's framework for supporting people living with obesity. Implementing the OPAP's ten step plan will help reverse obesity trends, prevent obesity related health complications such as diabetes and reduce its burden for individuals, families, the healthcare services, wider society, and the economy. The process to develop a new OPAP has commenced and will continue throughout 2025, as the current OPAP runs out at the end of 2025.

Tobacco Free Ireland, our national tobacco control policy and the first to be launched under the Healthy Ireland Framework in 2013, will expire in 2025. A new policy will be developed in 2025 which will contain recommendations in relation to nicotine inhaling products and other products containing nicotine and the necessary steps to bring about the elimination of combustible tobacco smoking in Ireland.

A review of the evidence in relation to Low-Risk Drinking Guidelines began in 2024. New Irish Guidelines will be published in 2026.

Health Promotion

Health promotion and public health reform both focus on improving the health and well-being of populations.

Health promotion is defined as ‘...the process of enabling people to increase control over, and to improve, their health’ (WHO, 1986). It represents a comprehensive approach to bringing about social change in order to improve health and wellbeing. Health promotion programmes aim to engage and empower individuals and communities to choose healthy behaviours and make changes that reduce the risk of developing chronic diseases and other morbidities.

Health promotion interventions often involve education, awareness campaigns, behaviour change programmes, and community engagement to encourage healthy behaviours and create supportive environments for health. Initiatives include the *Sláintecare Healthy Communities Programme*, which supports communities living in Ireland’s most deprived areas, the *Healthy Cities and Counties Programme*, and supports such as Healthy Ireland At Your Library, which provides health information resources across our public library network.

The Sláintecare Healthy Communities Programme is designed to improve long-term health and wellbeing in Ireland’s most disadvantaged communities by taking a place-based approach to tackling health inequalities and focusing on the determinants of health. The programme is a partnership with the HSE, local authorities, local communities, statutory, voluntary and community groups. Its aim is to deliver targeted programmes in the areas of healthy eating, tobacco cessation, parenting and mental health/social connectedness. Four new Sláintecare Healthy Communities will be implemented in Q3 2025.

Healthy Cities & Counties is a global World Health Organisation (WHO) movement, set up initially in 1987. A healthy city or county works to:

- Improve health and wellbeing by creating and continually improving its physical and social environments.
- Develop community resources that help people to support each other and achieve their potential.

The Irish network currently has 31 members (local authorities) and is overseen by a National Coordinator. Its aim is to develop a structure to support local authorities implement the Healthy Ireland Framework and provide a voice for Ireland in the World Health Organisation (WHO) European Healthy Cities Network.

The Healthy Ireland Fund provides support for both local and national action in partnership across national and local government to support the aims of the Healthy Ireland Framework and subsequent Strategic Action Plan.

Settings-based health promotion approaches maximise disease prevention by utilising a whole systems approach, addressing the wider determinants of health and supporting health and wellbeing in those settings. Programmes include:

- The **Healthy Campus Framework** promoting health and wellbeing in university settings.
- The **Gaelic Athletic Association (GAA) Healthy Club Project** promoting health and wellbeing through the GAA and now including over 600 GAA Clubs.
- The **Football Association of Ireland (FAI) More than a Club** offering opportunities for League of Ireland clubs to become hubs for social programmes and interventions, aligned with Sláintecare Healthy Communities Programme.
- **Healthy Prisons** in development with Department of Justice and Irish Prison Service.
- The **National Healthy Workplace Framework** aims to enhance the health and wellbeing of Ireland’s workforce. The Healthy Workplace website provides content on workplace related health and wellbeing as well as interactive tools to support workplaces deliver and evaluate wellbeing interventions in their organisations.

Mental Health Promotion: A new National Mental Health Promotion Plan was launched in December 2024. *Pathways to Wellbeing, our National Mental Health Promotion Plan*, is Ireland's first National Mental Health Promotion Plan, fulfilling a policy commitment set out in both *Sharing the Vision: A Mental Health Policy for Everyone* and in the *Healthy Ireland Strategic Action Plan*. The Plan shifts our focus beyond individually oriented clinical services to stronger protective factors and enhanced supports for good mental health.

Arts and Health: The Department of Health (Healthy Ireland) and the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media (Creative Ireland), HSE and the Arts Council are expanding the use of creative programming to support positive health and wellbeing outcomes in community and healthcare settings for the public, health service staff, patients, their families and carers, as well as the development of creativity and the arts more broadly.

Men's Health: Men's Health works with men in Ireland to achieve optimum health and wellbeing, seeking to address differences in health outcomes between different population groups to reduce disparities in health outcomes and build service capacity among service providers to engage more effectively with men. These health programmes use strong, positive messages to encourage men to engage with health interventions. The HSE's third *Men's Health Action Plan, Healthy Ireland – Men (HI-M), 2024-2028*, was launched in late 2024.

Women's Health, Healthy Ireland supports: Healthy Ireland is a member of the Department's Women's Health Taskforce and Executive, leading on the Free Contraception Scheme and on period dignity initiatives.

The **Free Contraception Scheme** for women ordinarily resident in Ireland was expanded to include to include all those aged 17-35 in July 2024. With nearly 2,400 GPs and 2,050 pharmacies participating, approximately 287,000 women benefitted from the scheme from January to November, 2024.

Period poverty mitigation schemes managed by Healthy Ireland and the National HSE Social Inclusion Office supported all 9 Community Health Organisations, 26 Local Authorities, 10 NGOs and 38 Family Resource centres to make period products more available to those who most need them.

Healthy Ireland Research, Monitoring and Evaluation: Healthy Ireland performance, monitoring and evaluation is supported in a number of different ways; through Surveys and studies supported by the Department (e.g. the Healthy Ireland Survey, Health Behaviour in School-Aged Children), through the Healthy Ireland Outcomes Framework, which collates outcomes relevant to national health and wellbeing, through wider collaborations with the health system (HSPA) and across Government through the wider Well-being Framework, led by the Department of the Taoiseach. Healthy Ireland also collaborates with Sport Ireland on physical activity related research through the Children's Sport Participation and Physical Activity Study (CSPPA) and Ireland's Physical Activity Research Collaboration (IPARC).

The 2024 Healthy Ireland Survey was published in December 2024 and is available on the Healthy Ireland website. The most recent Health Behaviour in School-Aged Children Study (HBSC), 2022, was published in May 2024. The HBSC Trends Report, which follows trends since the late 1990s, when Ireland first participated in HBSC, will be published in 2025, as will the 2025 Healthy Ireland Survey.

Disease Prevention

Prevention of ill health is a key public health principle and one of the key recommendations of the *Health Service Capacity Review (2018)*. Keeping people healthy and out of hospital for as long as possible is an important facet of Sláintecare.

Disease prevention differs from health promotion because it focuses on specific efforts aimed at reducing the development and severity of chronic diseases and other morbidities.

There are three types of prevention – primary, secondary, and tertiary and these are most often embedded within specific service delivery areas.

Primary prevention can be defined as methods to avoid disease occurrence. This includes early intervention initiatives, health education and immunisation programmes.

Healthy Ireland aims to address the broader determinants of health as well as providing people with the supports and information they need to live long, healthy and active lives. It includes a focus on promoting a positive culture of physical activity, healthy eating, tobacco cessation, alcohol harm reduction, positive mental health, and sexual and reproductive health.

The National Immunisation Programme aims to prevent diseases in individuals and groups and reduce mortality and morbidity from vaccine preventable diseases. The programme continually evolves to keep up to date with the patterns of disease.

Secondary prevention is defined as early detection of disease, in some cases, prior to symptoms appearing. This includes screening and early detection programmes for cancer, chronic diseases, rare diseases, and genetic risk factors.

Examples of this type of activity include newborn bloodspot screening in children, cancer screening, diabetic retinopathy screening in adults, fragility screening in older persons, and blood pressure checks for hypertension.

Tertiary prevention involves interventions to reduce the harm of symptomatic disease, lowering risk of disability or death, through rehabilitation and treatment, supporting people with chronic and rare diseases to live well, enabling rehabilitation and increasing healthy life years. Examples include surgical procedures that halt the spread or progression of disease, and a wide range of rehabilitation, treatment and management programmes.

Sláintecare 2025+ disease prevention milestones that will be achieved from 2025 onwards include:

- New vaccines may be added to the immunisation programme between 2025-2027 for example the varicella vaccine as part of the primary childhood immunisation programme. In addition, new vaccines are being examined for potential inclusion in the National Immunisation Programme including the enhanced flu vaccine for those aged 65 and older, an extension of the RSV immunisation for infants and an RSV vaccine for adults 65 years and over. The HSE will continue to explore and introduce new models of delivery to improve access and vaccine uptake rates. It is anticipated that the provision of the nasal flu vaccine for children in primary schools will be extended over the next few years to cover all year groups.

- The Department will commence work on scoping new prevention frameworks that incorporate primary, secondary and tertiary prevention, to build upon and expand the principles already in place with Healthy Ireland and Sláintecare. This work will incorporate renewal of the Healthy Ireland Framework and will also enhance a number of key Healthy Ireland initiatives which are currently underway.

Work continues on the implementation of *Ireland's second One Health National Action Plan on Antimicrobial Resistance 2021-2025* (iNAP2). The plan was developed jointly by the Department of Health and the Department of Agriculture, Food, and the Marine using multi-stakeholder One Health approach across human, animal health, and environment sectors. Monitoring and implementation of the 90 identified actions under iNAP2 is ongoing. The *HSE 2022-2025 Antimicrobial Resistance and Infection Control Action Plan* (AMRIC), sets out a range of HSE actions aligned to the five strategic objectives of iNAP2 over the period 2022-2025. Monitoring and implementation are ongoing.

Social Inclusion

Social inclusion is a critical component of public health because it promotes equity and well-being. Social inclusion measures are designed to ensure that all the people of Ireland have the opportunity to enjoy their full health and wellbeing.

Socially excluded groups including people who are homeless, Traveller and Roma communities, international protection applicants, and people who use drugs/alcohol can often face barriers in accessing healthcare and services. The health status of this group is further compounded by the social determinants of health they face.

Sláintecare 2025+ identifies a number of key initiatives which aim to address these issues and include:

- The Inclusion Health Framework.
- Social determinants of health for Travellers.
- Refugee and migrant health partnership.
- Health diversion scheme for people in possession of drugs for personal use.

In 2025, the following will be achieved

- Publication of the Inclusion Health Framework.
- Commencement of 5 projects within the Sláintecare Healthy Community areas that will address the social determinants of Health for Travellers.
- Finalise the new national drugs strategy.
- Implementation of the health diversion scheme for people in possession of drugs for personal use.



Disability Services

Action Plan for Disability Services 2024-2026

The Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements to 2032 (published in 2021) identified the demand for specialist community-based disability services arising from demographic change, and considerable levels of unmet needs.

The HSE has been working to reform these specialist social care disability services away from traditional models of segregated provision towards more community-based and person-centred models of support. This reform process, known as *Transforming Lives*, is in line with Sláintecare.

The Action Plan for Disability Services 2024-2026 focuses on increasing service capacity and making disability services available closer to home, in the community. It sets out a three-year programme designed to tackle the deficits highlighted in the Capacity Review, while taking a strategic approach to reforms to achieve greater impact.

The following service capacity increases will be achieved in 2025:

- 70 new Priority 1 residential places.
- 21 transitions from congregated settings.
- 15 transitions of people aged under 65 inappropriately placed in nursing homes.
- 40 new therapy staff, 20 therapy assistants and 15 clinical psychology placements in children's disability services.
- Between 1,200 and 1,400 day service places for school leavers and those graduating from Rehabilitative Training.

- Capacity increases in respite services (including the use of alternative respite options).
- 95,000 new personal assistant hours.
- 40,000 extra home support hours.
- Development of community neuro-rehabilitation teams in line with the Neuro-Rehabilitation Implementation Framework and enhance capacity for its implementation nationally.

Further increases in capacity will be progressed throughout 2026 and in the successor plan for the period from 2027 onwards.

Progressing Disability Services (PDS) Roadmap for Service Improvement 2023-2026 Implementation

The Roadmap for Service Improvement 2023-2026, Disability Services for Children and Young People (launched by the HSE in October 2023) focuses on the ongoing development of Children's Disability Network Team (CDNT) services to meet current and growing demand. Children's disability services within the HSE and partner agencies comprise the 93 Children's Disability Network Teams (CDNTs) which seek to provide equitable access to services for all children with complex needs.

The teams seek to deliver services to families based on children's needs rather than by a specific diagnosis, supporting families with regular and accurate communication to ensure family input is taken on board in the delivery of services. An appropriate mix of evidence-informed universal, targeted and individual services based on need are required to support children to realise their full potential.

Implementation of the Roadmap aims to:

- Ensure children are referred to the most appropriate service (National Access Policy), as close to home as possible.
- Reduce waiting times for children currently waitlisted for CDNTs.
- Optimise use of voluntary and private disability service providers.
- Improve HSE's legislative compliance for Assessment of Need (AoN).
- Improve outcomes for children and families and their experience of CDNT services.

- Enable teams to optimise service effectiveness and efficiencies.
- Improve staff retention on CDNTs in the long term.

Autism Innovation Strategy

The new national strategy on autism, the *Autism Innovation Strategy*, was published in August 2024.

Public awareness of autism has risen in recent years and there has been some progress towards addressing the needs of autistic people. However, the Autism Innovation Strategy recognises that there is still significant work to be done.

The Autism Innovation Strategy will provide a framework for cross-government action on autism over an 18-month period. It is designed to complement and enhance wider action on disability by focusing on areas where autistic people face unique challenges and barriers. Existing and planned action to better support people with disabilities, including autistic people, is included in the National Disability Strategy, the Action Plan for Disability Services 2024–2026 and the Roadmap for Service Improvement 2023–2026: Disability Services for Children and Young People.

The Autism Innovation Strategy identifies 83 actions that can make a meaningful difference to the lives of autistic people over the 18-month timeframe of the Strategy, and which can provide a solid foundation for improved mainstream accommodation of autism going forward.

The vision for the Autism Innovation Strategy is to provide the building blocks for a more autism-inclusive society – a society where autistic people are understood and have equity of opportunity to participate and engage in cultural, social and economic life and lead meaningful and fulfilled lives as valued members of the community.

Under the HSE Service Improvement Programme for the autistic community, two working groups have been established and tasked with leading out on an agreed set of priorities that will have the greatest impact in terms of shaping how services can be delivered to autistic people.

These are as follows:

- The Assessment and Pathways working group is developing a standardised assessment approach for use in all services dealing with the assessment of autistic people in order to ensure that every assessment is of an acceptable and agreed standard, regardless of which service is being accessed. In addition, it seeks to agree a standardised service user journey and to implement a consistent core service offering across those providing services to autistic people.
- The Awareness Working Group is developing a programme of more accessible information for autistic people and their families, as well as carers and service providers.

For more details and to see specific actions, see the [Autism Innovation Strategy](#).



Mental Health

The mental health focus for delivery of strategic objectives under Sláintecare 2025+ centres around delivery of *Sharing the Vision: a Mental Health Policy for Everyone* and *Connecting for Life* (CfL). These core policies will be delivered within the context of a revised and improved Mental Health Act. Mental health policy and services for children and young people will be prioritised, with a focus on access, integration of services, and transparent patient pathways.

Sharing the Vision (StV, 2020-2030) is Ireland's ambitious, multifaceted national mental health policy to enhance the provision of mental health services and supports across a broad continuum from mental health promotion to specialist mental health delivery. The independently chaired National Implementation and Monitoring Committee (NIMC) is collectively responsible for driving and overseeing the long-term implementation of StV.

The purpose of the NIMC is to drive reconfiguration, monitor progress against outcomes and deliver on the commitments set out in the Policy and its Implementation Plan. The NIMC works with partners to evaluate performance, check overall progress and gather information on examples of good practice as informed by national and international research.

A key commitment of part of the next Implementation phase (2025-2027) for StV, is the development of an outcomes framework to measure performance and impact of mental health policy which will provide a structured means of measuring the impact of policy implementation. The NIMC will continue to oversee the implementation of all 100 recommendations under the StV policy, with regular policy implementation reports produced and published on the Department of Health website.

The cross-sectoral steering group of Connecting for Life will continue to oversee policy actions to progress the national suicide reduction strategy as we transition to the next policy. This will include oversight of monitoring of the CfL Implementation Plan, coordination of nine Department of Health actions under the Strategy, and the completion of an evaluation of the strategy, which will guide the development of its successor strategy.

The high-level goal of any successor strategy to CfL will be a reduction in suicide rates and self-harm. The delivery of the successor strategy to CfL will continue to enhance our suicide and self-harm support services for people, and ultimately reduce deaths by suicide.

The new Mental Health Act will modernise the process of involuntary admission and detention, ensuring such admissions only happen as a last resort. Under the Act the regulatory role of the Mental Health Commission will expand to include all community services providing additional safeguards for anyone accessing mental health treatment, including children and young people. In terms of impact on service users, the new Mental Health Act will update the legal framework for involuntary admission and detention to make it more person-centric and bring it closer in alignment with Ireland's human rights obligations.

HSE Youth Mental Health care, including the specialist CAMHS service, offers improved, accessible, mental health services for children, young people, and their families/carers. A key focus of the Child and Youth Mental Health Office will be to commence implementation of its new Action Plan, published in February 2025. This will facilitate improved, centralised data collection and analysis to inform service development and to ensure all children and families have equitable and timely access to high-quality mental health services. Other priorities under the plan include improved links to primary care and disability services, as well as external agencies across education, childcare, and youth justice.

In 2025, the following will be undertaken:

- The progression of the Mental Health Bill through the legislative process.
- Completion and publication of StV Implementation Plan 2025-2027.
 - » Development of an outcomes measurement framework to measure performance and impact of mental health policy.
 - » Continue oversight and implementation of Connecting for Life, complete evaluation of current CfL strategy, and develop successor strategy to Connecting for Life by year end 2025.

These programmes and initiatives will be further progressed in 2025-2027.



Older Persons

Ireland has one of the most rapidly ageing demographic profiles in the EU. This requires a coherent programme of reform and service improvement to ensure we can meet the needs of an expanding older population. In addition to improvements in the nursing home sector, the Programme for Government commits to initiatives aimed at supporting people to live at home and in their own communities which includes development of a statutory home support scheme, expansion of the enhanced community care programme, additional home support hours, dementia supports, housing adaptation grants, day centres, meals on wheels, care and repair scheme and supports for family carers.

The *National Positive Ageing Strategy* provides a blueprint for promoting older people's engagement in economic, social, cultural and community life and for fostering inter-generational solidarity. Under Sláintecare, significant progress has been made in achieving these objectives through a range of initiatives, including the Enhanced Community Care Programme, the on-going development of a statutory home support scheme, the Healthy Age Friendly Homes Programme, and the diversification of housing options for older people. The Programme for Government is committed to implementing local Age Friendly Strategies enabling the voice of older people through the Older People's Councils. Healthy ageing and physical activity are promoted through national funded programmes such as 'Go for Life' co-facilitated by Local Sports Partnerships and the HSE.

The Irish Longitudinal Study on Ageing (TILDA) provides a comprehensive and accurate picture of the characteristics, needs and contributions of older persons in Ireland. TILDA data will be used to inform healthy ageing initiatives and support improvements in policy and practice.

Notwithstanding the good progress made in recent years in responding to the emerging needs of the older population and in supporting positive ageing across the life-course, the government recognises that Ireland's ageing population presents challenges and opportunities to which a strategic and coherent policy response is required.

It is within this context that the government established an independent Commission on Care for Older People in March 2024. The Commission is charged with examining the health and social care services and supports provided to older people across the continuum of care and with making recommendations for their strategic development. Subsequently a cross-departmental group will be established under the auspices of the Commission to consider whether the supports for positive ageing across the life-course are fit-for-purpose and to develop a costed implementation plan for options to optimise these supports.

A changing healthcare landscape necessitates a reformed model of service delivery with standardised, streamlined processes that will create efficiencies in line with best practice and ensure that services are person-centred, responsive and equitably allocated.

In 2025, the following steps will be taken:

- The Department of Health is progressing a regulatory framework for home support services with the aim of ensuring that all service users receive high quality care. *The General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill 2024* was published in May 2024 and is currently going through legal drafting process in preparation for presentation to the Oireachtas later this year. It will confer on the Health Information and Quality Authority (HIQA) and the Chief Inspector, the authority to grant, amend and ultimately revoke a license if home support providers fail to meet minimum requirements set out in regulations (drafted). HIQA will finalise quality standards for home support services.
- Work is ongoing to reform home support services and the Department is engaging with the HSE regarding a new operating model for home support services with clearly defined pathways, governance and standardised processes, supported by an ICT system that is fit for purpose. Capacity modelling and strategic workforce planning will continue to be used to proactively address challenges associated with the increasing demand for services.

- Work is ongoing to progress national implementation of a single evidence-based assessment 'International Resident Assessment Instrument' (interRAI) and integrated care across older person services. Use of interRAI data outputs will be a critical enabler of the statutory home support scheme and will provide equitable access to quality delivered services for home support applicants (18+ years).
 - The DoH in collaboration with the HSE and the voluntary sector will deliver a core basket of services to carers across the country under the Carer's Guarantee, a government commitment since 2021. The annual recurring funding of €2.6m will help provide equity of access to supports for carers including education and training, community carer supports, intensive and emergency supports, a freephone careline, and psychosocial supports. The DoH will also work with the HSE to improve access to respite, including the 'Home Support Emergency Respite Scheme'.
 - In addition to the delivery of Budget 2025 initiatives for dementia, the Department of Health will prepare targeted bids for funding in 2026 and subsequent budgets to meet the commitments on dementia in the Programme for Government, in order to support dementia diagnosis, post-diagnostic support and care so that people with dementia can live well in their own homes and communities for as long as possible.
 - Work continues to ensure the financial sustainability of older persons' residential care. Work is ongoing to monitor the operation of the Nursing Home Support Scheme, to monitor sectoral compliance, to evaluate ownership structures in the sector, to deliver reform; to oversee performance and policy in relation to community beds and to strategically plan and support the capital requirements of future nursing home beds.
- In 2025, the following will be delivered:
- Presentation of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill to the Oireachtas with a view to enactment of the primary legislation by the end of the year, establishing the licensing and registration system for all providers of home support in Ireland.
 - Progress the national rollout of interRAI through ensuring that at least 327 healthcare professionals have been trained in interRAI assessment in each region by the end of Quarter 3. These assessors will deliver the on the HSE Service Plan target that 60% of all new home support applications will be carried out using interRAI. The HSE will also utilise interRAI outputs to develop a draft care banding and resource allocation framework, in consultation with the Department.
 - Finalise design and operational aspects of the operating model for home support services by the end of the year, in order to ensure readiness to comply with new regulatory requirements.
 - Provide at least 24.3 million home support hours, to approximately 60,000 clients, including complex home support, by the end of the year.
 - Conduct an exercise to map Meals on Wheels and day centre provision against population, by year end, including development of a strategic approach to address identified gaps in provision.
 - Additional supports for carers with improved access to training and respite services.
 - Dementia services and supports including six Consultant posts for Memory Assessment and Support Services, three additional dementia day care centres; dementia day care at home for 50+ new clients, and five additional dementia advisers, all to be delivered by the end of 2025.
 - Expansion of public residential care capacity by delivering 615 beds (additional and replacement).
 - Deliver a report evaluating the various ownership structures in the long-term residential care sector for older persons in Europe and Ireland.
 - Staff and operationalise the Housing with Support demonstrator project in Inchicore, Dublin.
 - Design and deliver a new €10m capital fund (Nursing Home Residential Premises Upgrade Scheme) to support nursing homes with HIQA premises compliance.

Women's Health

The *Women's Health Action Plan 2024-2025* represents the next phase of the Government's commitment to improving health outcomes and experiences for women and girls in Ireland. The plan builds on the significant progress made with the first *Women's Health Action Plan 2022-2023*. There is a long-term Programme for Government goal to promote women's health in Ireland.

There is a continued focus on delivering key women's health initiatives or projects that women, clinicians, and stakeholders have prioritised including an emphasis on delivering care in the community and investing in key areas for minority groups. Healthy Ireland initiatives that focus on period and hygiene poverty mitigation measures, extended access to the free contraception scheme and the establishment of ambulatory gynaecology clinics, post-natal hubs, and specialist menopause clinics all represent our efforts towards building equal access to health services for every citizen.

The Women's Health Taskforce is committed to continuing to listen to women about their experiences of the Irish healthcare services. The taskforce will continue to monitor progress of the action plan through the publication in 2024 of a progress report and of a health outcomes analysis.

In 2025, the following will be delivered under the Women's Health Action Plan 2024–2025:

- Conduct a second Nationwide Radical Listening Exercise to inform future policy.
- Open the first Public Assisted Human Reproduction Centre in Cork in late 2025, commencing at least partial service provision before the end of 2025 with full-service provision to be rolled out in 2026.
- Implement Initiatives (in line with Action plan) targeted at marginalised women and at women at midlife and older. Increase our evidence base for Women's Health.
- Open gender-specific drug treatment services for women affected by addiction, homelessness and other forms of marginalisation.
- Expand post-natal hubs by 4 delivering 9 in total by end of 2025.
- Expand Ambulatory Gynaecology clinics by 3, delivering 19 by end of 2025.

- Publication and Implementation of the National Endometriosis Framework.
- Expand the National Venous Thromboembolism Programme to include specific targeting of menopausal and post-menopausal women and women accessing hormonal contraception.



Oral Health

The delivery of the National Oral Health Policy, *Smile agus Sláinte*, plans to fundamentally reform and modernise the provision of oral healthcare services. Implementation of the Policy will substantially enhance access to modernised public oral healthcare services for children and for medical card holders over 16. The plan aims to move to a preventative, outcome-focused model for people of all ages to improve their 'personal best' oral health.

The National Oral Health Policy will support the provision of all levels of care, by appropriate healthcare professionals, and in the most suitable settings.

It will support patient choice and access across the life course. All citizens will have a 'dental home' where they build a life-long relationship with their chosen local dental practice for continuity of care from birth to old age.

The Policy has two key goals:

- To provide the supports to enable every individual to achieve their personal best oral health.
- To reduce oral health inequalities across the population, by enabling vulnerable groups to access oral healthcare and improve their oral health.

The HSE will establish focused implementation structures in 2025 to drive implementation in an integrated way. It will develop and commence the rollout of comprehensive oral healthcare packages, which include oral health promotion and advice, routine and emergency care, and oral health evaluation, to children aged from birth to seven years, in line with the policy vision. Consideration will continue to be given to measures that support access to the current service model while reform proceeds.

In this new service model, the HSE Oral Healthcare Service staffed by HSE-employed oral healthcare professionals will continue to play an essential role as a key provider of care. The HSE will develop the workforce resources and skill mix to strategically meet the needs of the population, with a reorientation of and an enhanced focus on patients with additional needs and on supporting referral pathways from other services to access additional care. The overarching deliverable for workforce planning in oral healthcare is to enhance and develop workforce planning, training, and education for oral healthcare to ensure the development of a modern, high-quality oral healthcare service.

Progressing legislative change is a priority. The Department of Health will develop relevant legislation to regulate oral health professionals which aligns with best international practice, workforce reforms and is aligned with the *National Oral Health Policy*.

The following will be advanced in 2025:

- Publication of the *2025-2027 Implementation Plan for the National Oral Health Policy* and standing up of the associated implementation structures and oversight structures.
- Completion of clinical elements to facilitate rollout of new comprehensive oral healthcare packages for children aged 0-7 years and the design of proposed service model.
- Completion of clinical elements to facilitate rollout of new prevention-focused comprehensive oral healthcare packages for adult medical card holders and the design of proposed service model.
- Completion by HSE of a pilot oral health needs assessment programme in a sample of residential facilities (disability and older persons) in Cork and Kerry and publication by HSE of a new National Oral Care in Residential Care Guideline.
- Complete and publish policy paper on the future direction of mid-level professional roles and finalise the roll out of the pilot.
- Operationalisation of the workforce skills assessment framework across the oral healthcare sector in line with the *National Oral Health Policy* goals.
- Commence Development of a General Scheme of a Bill with proposals to replace the *Dentists Act 1985* with a modern regulatory framework.

In 2026 and 2027:

- Continued implementation of the National Oral Health Policy, prioritising measures that improve patient access to services and monitoring of progress in line with the implementation plan.
- Subject to the outcome of scoping and pilot work, complete and finalise the policy establishing a framework for an enhanced scope of practice and possible direct patient access to mid-level professionals.
- Commence development of an implementation plan to bring the mid-level professional role onstream.
- Workforce skills assessment is conducted across the oral healthcare sector in line with the National Oral Health Policy goals.
- General Scheme of Bill to replace the Dentists Act 1985 published. Subject to Government approval, drafting commenced of a new Dentists Bill.
- Publication of new Dentists Bill and introduction to Houses of the Oireachtas.

5

Build Capacity



Under the Programme for Government 2025, sustained public investment on improving healthcare infrastructure and increasing capacity will continue. Delivering more accessible, and affordable care for all will need the right workforce working to the top of their skillsets with a sustainable flow of new resources to build the workforce and maintain it at the required levels into the future. Strategic workforce planning and workforce productivity and reform are key to supporting this.

Since 2020, the health service has seen unprecedented investment, with over 956 acute hospital beds opened, and an additional 28,451 WTE staff hired. This increase includes an additional 9,484 WTE nurses and midwives; 4,656 WTE more health and social care professionals; and an additional 3,671 WTE medical and dental professionals as of March 2025.

We are planning for the future through the development of health infrastructure including elective treatment centres which will provide ring-fenced solutions to delivering increased, protected elective care capacity. In the shorter term, we are rapidly developing surgical hubs to enhance current available elective capacity and support plans to reduce waiting lists.

Further development of Primary Care Centres (PCCs) will drive the Sláintecare vision – to deliver increased levels of integrated health care with service delivery reoriented towards general practice, primary care and community – based services to enable a “home first” approach.

There are currently 179 PCCs operational nationally – this national network will continue to expand with a further five Primary Care Centres currently in construction and many more locations identified and progressing through the development stages. Planning for future capacity requirements will ensure that we are addressing longer-term challenges and preparing our health and social care service to be future-fit.



Strategic Workforce Planning

The strategic workforce planning programme is designed to build a sustainable health and social care workforce to meet future population need for health services. This involves ensuring that there are enough qualified health and social care workers to meet the future needs of the health service. It also means ensuring the right skills in the right place at the right time.

The Strategic Workforce Planning programme will include:

- Long term strategic health and social care workforce planning, supported by evidence-based tools, to improve the availability of health professionals and reform their training to support integrated care across the health service.
- Increasing future supply of healthcare workers by working with the education sector, regulators, and professional bodies to increase the availability of healthcare professionals to meet demand for health and social care services.
- A project titled *Towards person-centred integrated care: Aligning the health service workforce in Ireland with the needs of the person and population*.
- Increasing specialist medical postgraduate training places to increase the number of Non-Consultant Hospital Doctors (NCHDs) in training and the future supply of consultant doctors. This includes increasing the numbers of NCHD postgraduate training places informed by workforce planning projections.
- Monitoring implementation of the recommendations of the National Taskforce on NCHD Workforce.
- HSE resourcing strategies to address the gap between supply and demand of healthcare professionals to ensure the availability of all staff categories to meet current and future health service workforce demand.
- Building workforce analytics and intelligence reporting across HSE Health Regions.

From 2025 onwards, the Department of Health will use evidence-based tools to support strategic workforce planning. In particular, the Department will utilise the recently developed planning projection model to support strategic workforce planning activities.

This model is an evidence-based planning tool that has the capacity to produce a variety of workforce projections, under different scenarios with differing levels of healthcare policy and reform, and varying levels of inward migration of foreign educated healthcare workers. The scope and capacity of the health and social care workforce planning model will be further expanded by incorporating new datasets and research to strengthen the Department's Health and Social Care long-term workforce planning projections.

This modelling also complements other work including:

- An Analysis of Medical Workforce Supply published by the DoH in March 2023.
- A System Dynamics Model of Nursing & Midwifery Workforce Supply published by the Department of Health in September 2022.
- Work carried out by the Economic and Social Research Institute (ESRI) on behalf of the HSE to develop workforce demand projections across (acute) hospital groups.
- Work ongoing by the ESRI on behalf of the HSE to develop workforce demand in the community.
- Work ongoing by the ESRI on behalf of the Department of Health updating projections of future capacity requirements.
- The statistical model developed by the HSE National Doctor Training and Planning (NDTP) which underpins the development of speciality specific medical workforce plans.

The Strategic Workforce Planning and Intelligence team in the HSE have commissioned the Economic and Social Research Institute (ESRI) to develop workforce demand projections across Care Groups within Community Care Services. The project will extend the ESRI healthcare projection model Hippocrates to provide detailed projections for a selection of professions to 2035/2040. This research necessitated two important extensions to the Hippocrates model: extending it to project workforce requirements; and providing these projections at a regional level. This has previously been tested for a defined number of professionals for acute hospitals and the report was published in 2022.

Separate engagements have been held with all care groups to examine and agree scope (what services and what staff groups will be incorporated) and bespoke methodological approaches are being developed and will be applied for each care group as data on patient activity and complexity by age and sex is not readily available due to the current unavailability of a patient administration system across community services. The research schedule has been agreed with the ESRI – which commenced with primary care. It is anticipated that the workforce demand projections for the agreed scope will be available in 2025.

Increase Health and Social Care Student Supply

The Programme for Government 2025 commits to increasing the number of healthcare college places in nursing, medicine, dentistry, pharmacy and health and social care professions (including physiotherapy, occupational therapy, and speech and language therapy). From 2025 to 2026, the Department of Health, working in collaboration with the Department of Further and Higher Education, Research, Innovation and Science, the Higher Education Sector, and the HSE will continue to increase the number of student places across health-related disciplines. This work is informed by long-term health and social care workforce planning projections.

Integrated Care

The Department of Health is working on a project in collaboration with the HSE and with technical support from the Organisation for Economic Co-operation and Development (OECD), funded by the European Commission through their Technical Support Instrument (TSI) programme. This project is titled *Towards person-centred integrated care: Aligning the health service workforce in Ireland with the needs of the person and population*. It is due for completion in 2026.

This project aims to assist the national health authorities in Ireland to design, implement and evaluate, as appropriate, a new workforce model for integrated care and improved coordination between acute care, and primary and community-based care.

Increase number of medical postgraduate training places, informed by medical workforce planning projections

The Department will work in collaboration with the HSE National Doctors Training and Planning and the Forum of Postgraduate Training Bodies to support increases in postgraduate medical training places and the future supply of medical professionals. The following will be delivered in 2025:

- 64 Senior House Officer (SHO) posts on clinical sites in 2025 to support agreed medical workforce targets. This measure will expedite GP training expansion, as planned, supporting the increased number of GP trainees in the system and expansion of Postgraduate Specialist Training Places.
- Expansion of postgraduate specialist training places including 5 new additional radiology specialist training posts to be established in 2025.
- The total number of additional postgraduate specialty training posts planned for NCHDs in 2025 is 221, the majority of which will be delivered within existing resources through conversion of non-training posts to training posts. This is a very positive development seeking to maximise efficiencies by converting existing non-training NCHD posts. This supports NCHD Taskforce recommendations providing training opportunities and career pathways for non-training NCHDs.

NCHD Workforce

The National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce was established by the Minister for Health in September 2022. The purpose of the Taskforce was to improve the NCHD experience and work-life balance through the development and implementation of improved NCHD structures and supports on clinical sites. The aim was to further develop and foster a culture of education and training at clinical site level and plan for future configuration of the medical workforce to support delivery of healthcare in Ireland. Following the publication of the NCHD Taskforce Interim Report Recommendations in April 2023, an implementation steering group was established and progress made on implementing the recommendations. The Minister for Health published the final report of the taskforce on 7 February 2024 recommending improved working standards in Irish hospitals for Non-Consultant Hospital Doctors (NCHDs).

The final report contains 44 recommendations, aimed at improving the experience of NCHDs and improving their work-life balance, together with responsible leads and implementation timeframes for each. The report includes recommendations for immediate implementation as well as medium to longer term recommendations to be implemented on a phased basis from 2024 to 2026. The Programme for Government 2025 commits to act on the final report of the National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce.

Building workforce analytics and intelligence reporting across HSE Health Regions

Health services employment is reported on a monthly basis through the Health Services Personnel Census (HSPC) which is the official employment count for the public health sector covering the HSE and Section 38 Voluntary Hospitals & Agencies and numbers equating to service levels are expressed as whole-time equivalents (WTE) taking account of part-time working. Directly employed staffing levels are reported in terms of grade, WTE, headcount, gender and employment contract type (indefinite duration, fixed term, specified purpose) and service (care group) and do not include agency staff.

During 2024 a review of the current census reporting was undertaken and expanded to be able to report at Health Region level. A further expansion of reporting capability has been developed and rolled out in Q4 2024 to incorporate the WTE limits into monthly reporting. This additional component of reporting facilitates health regions and the HSE management team see how health regions are performing against their WTE limit and the extent to which they are reporting the recruitment of New Service development posts approved as part of the National Service Plan for 2025.

Resourcing Strategies to Address the Gap between Supply and Demand

In 2023, the HSE launched the first HSE-wide Resourcing Strategy. This was an action orientated programme of work that has been developed and implemented by the health service. It is anchored in the robust governance and is built on five pillars:

- Engage and Retain our Workforce.
- Attract a High Performing and Diverse Workforce.
- Build a Healthcare Talent of the Future.

- Support the Health and Wellbeing of our Workforce.
- Build a Positive and Inclusive Workplace Culture.

This plan identified over 100 individual programmes of work, of which over half are in progress. The governance of the programme, together with the implementation of the various programmes of work will be reviewed to ensure that it reflects the new organisation and providing autonomy to the health regions underpinned by robust national governance.

It is expected that the programme will support the delivery of additional workforce supply and improve retention rates.

GP Strategic Review

A strategic review of general practice was initiated in 2023 aimed at identifying the challenges facing general practice in delivering a sustainable service into the future and setting out the actions necessary to address those challenges in the context of delivering on the principles of Sláintecare. Based on engagement with key stakeholders, it will draw on the expertise of the HSE and General Practice, including through consultation with the Irish College of General Practitioners (ICGP) and the Irish Medical Organisation (IMO).

The review has been examining:

- GP training
- GP capacity
- Digital health support needs
- Out of hours reform
- The support model – considering scope of services to be provided to patients and how to work with GPs to best resource and deliver them.

Following the review, it is anticipated that approved recommendations will be implemented in line with agreed timelines and resourcing.



Workforce Reform

Develop the Policy on Advanced Practice for Health & Social Care Professions

The Department is currently developing the Policy on Advanced Practice in Health and Social Care Professions (HSCPs). The purpose of this policy is to develop a workforce reform solution to provide efficient and effective access to specific types of care across all health care settings.

This will facilitate advanced and efficient delivery of care to the population of Ireland in the most appropriate settings. In 2025 work will focus on further development of the policy, including the rollout of candidate Advanced Practice HSCP roles across the health service, based on patient needs.

Develop the Policy to Designate Physiotherapists as Referrers for Radiological Procedures

In 2025, the policy is continuing to be developed, and the necessary legislative change will be implemented to enable physiotherapists who have completed the relevant training and meet the competency requirements to refer patients for medical radiological procedures including X-Ray. This will result in fewer steps in the care of patients who require diagnostics.



Health Infrastructure including Elective Treatment Centres & Surgical Hubs

National Elective Ambulatory Strategy

The separation of scheduled elective (planned) and unscheduled (emergency) care, using dedicated ring-fenced facilities, staff and governance, is key to improving elective care services and therefore to reducing waiting times. This separation of care means that day-case services are less impacted by surges in demand from emergency care. Shorter waiting times for elective treatments also help prevent further deterioration of patient conditions, leading to better health outcomes and improved quality of life for both patients and their families.

New facilities and models of care will provide an opportunity for the reconfiguration of - and strategic planning and investment in - current and future acute capacity. This reform agenda is being delivered in two phases; through the delivery of surgical hubs and in parallel for the medium to longer term through the planning, design and construction of new Elective Treatment Centres.

Surgical Hubs

While longer-term capacity is being planned and delivered through the new Elective Treatment Centres, new surgical hubs are being delivered in Cork, Galway, Limerick, Waterford and Dublin (North and South). These surgical hubs will deliver more immediate short-term elective capacity for day case procedures and will positively impact our waiting lists. The hubs are modelled on the successful Reeves Day Surgery Centre at Tallaght University Hospital which has significantly reduced waiting times for day-case procedures and will have a shorter-term impact on waiting times. A standardised schedule of accommodation has been agreed for each hub, including four operating theatres per site. It is expected that, once fully operational, each will deliver over 28,000 day-cases, minor operations and outpatient consultations annually. The South Dublin hub at Mount Carmel opened in February 2025 and the remaining hubs are expected to become operational throughout 2025 and 2026. Consideration for a surgical hub in the North-West will also be concluded in 2025.

Elective Treatment Centres

New dedicated Elective Treatment Centres in Cork, Galway and Dublin, are being developed in line with the national strategy on elective ambulatory day-case care. This national network of Elective Treatment Centres will provide:

- Centres of excellence in provision of elective care services.
- Significant additional facilities, including an estimated 42 operating theatres, 42 endoscopy suites, and 48 minor operation rooms.
- Significant additional service delivery capacity of over 975,000 procedures, treatments and diagnostics annually.
- Opportunities for wider system reform.

An Architect-led Integrated Design Team and Project Controls Team were appointed to the programme by the HSE at the end of 2024. Key next steps for the development of the Elective Treatment Centres include:

- Integrated Design Team to progress Detailed Design on a “design once, build four times” principle.
- Commencement of a parallel programme of enabling works.

- Finalisation of programme procurement strategy.
- Local and National Authorities engaged, followed by planning applications submitted and planning permission for Cork and Galway granted by 2026.
- Final issue of tender documents for main construction programme to take place in late 2026, with construction of Cork and Galway Elective Treatment Centres to commence in 2027 with a view to becoming operational in 2030.

A range of workstreams have been mobilised to support the completion of a detailed design brief and to prepare the deliverables required to meet Approval Gate 2 of the Infrastructure Guidelines for Galway and Cork and Approval Gate 1 for the two Dublin Centres in 2026. These workstreams include clinical, operational, equipping, design and technical, digital, workforce, communication, change, procurement strategy and detailed business case.



Planning Future Capacity

Ireland's changing demographics and ageing population are key drivers of the increased demand on our health services. In order to effectively plan future service design requirements, the Department of Health is undertaking important research to determine future capacity needs based on these changing demographics within the wider context of Sláintecare reform. In 2018, a Capacity Review was undertaken to consider future capacity requirements for the Irish health service. A refreshed *Health Service Capacity Review* is currently underway to identify future demand and capacity needs (including both infrastructure and workforce) to inform long-term strategic capacity planning under Sláintecare.

This work is being carried out on the Department's behalf by the Economic and Social Research Institute (ESRI) and involves building out their Hippocrates Model that provides base year estimates and projections of healthcare demand, capacity and expenditure for selected Irish health and social care services and to project national and regional capacity requirements to 2040. The Review will be composed of a series of outputs including national and regional projections, a final summary report and an update to the Hippocrates Query Interface.

The Capacity Review will not be a one-off standalone piece of work; rather, the Hippocrates projection model will be developed over time to allow for the inclusion of future additional data and policy considerations as required.

This work is complemented by the Strategic Healthcare Investment Framework (SHIF) which was published in 2024 and supports the strategic assessment of health capital investment proposals to ensure health capital funding is being deployed to projects which best align with health policies, strategies and population requirements.

The accompanying Common Appraisal Framework (CAF) has been developed and will be published and go live in 2025. CAF will provide a streamlined, clear and proportionate approach to develop and appraise investment proposals. The application of CAF will ensure optimum value for money is achieved in capital investment and that capital projects are progressed efficiently and delivered as early as possible.

The CAF will fulfil the Department's requirements from DPENDR and meet its governance obligations under the Infrastructure Guidelines. 2025 will see the full operationalisation of SHIF and CAF as they are implemented and embedded into 'business as usual'.

Recent work on the development of a workforce planning projection model also complements this review. The recommendations of the National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce and the implementation of those recommendations will also inform and support it.

The findings from each of these strategic plans will inform the approach to service design, and supply and demand requirements.

In 2025, the following milestones will be achieved:

Health Service Capacity Review

- Production and publication of demand and capacity projections for public acute hospitals, primary care and for older people's services.
- Update to the Hippocrates Query Interface, including latest data from the Capacity Review.

Capital and Investment

- Common Appraisal Framework (CAF) to go live, providing a streamlined, clear and proportionate approach to develop and appraise investment proposals.
- The Strategic Healthcare Investment Framework (SHIF) and Common Appraisal Framework (CAF) to be implemented and embedded into 'business as usual' practice.

Primary Care Centres

Primary Care Centres (PCCs) are modern, purpose-designed buildings that provide a single location from which a primary care team will work. The development of PCCs across the country is at the heart of Sláintecare's vision to deliver increased levels of integrated health care with service delivery reoriented towards general practice, primary care and community-based services to enable a "home first" approach.

The driving force behind the development of PCCs is the desire to support the implementation of new models of care and the delivery of services in high quality modern facilities. PCCs can support the delivery of integrated care by facilitating closer coordination and cooperation between health professionals across different disciplines. They also provide a single point of access to services for people and can serve as a resource more broadly for the community, creating a focal point for local health initiatives and health promotion services.

The provision of community care services together, under one roof, supports patients in a significant way. It means people will no longer have to travel to different places for different health services. But more than that, by bringing community care services and the staff that provide them together, we are working towards our goal of integrated, multidisciplinary care.

As part of the Primary Care Centre development programme there are now 179 PCCs operational nationally. This national network of Primary Care Centres will continue to expand with a further five PCCs currently in construction and a number of locations for Primary Care Centres identified and progressing through the development stages. An up-to-date directory of all operational Primary Care Centres is available on the HSE website at <https://www2.hse.ie/services/primary-care-centres/>.

Acute In-patient Bed Capacity Expansion 2024-2031

The *Acute In-patient Bed Capacity Expansion Plan* was published in 2024 and provides for an expansion of capacity that aligns with the findings of the Capacity Review 2018, and that considers interim and longer-term demand modelling. The Plan also aligns to the Department of Health's Strategic Health Investment Framework which sets out an intervention hierarchy and investment criteria to support and guide capital investment decision making.

The Acute Hospital In-patient Capacity Expansion Plan sets out a total planned capacity for delivery of 3,438 additional new acute in-patient beds and 929 replacement acute inpatient beds over the period 2024 to 2031. Over the course of 2025 to 2027, we will continue to provide additional capacity in line with the Expansion Plan. Progress on this is reported through the annual Capital Plan.



Expansion of Pharmacy Services

Sláintecare 2025+ will see the expansion of pharmacy services. This expansion will significantly empower both our pharmacy workforce and the public by increasing access to care in the community, increasing capacity across primary care and enabling our pharmacists to utilise their significant training for the benefit of the wider healthcare service. It is a significant reform of our pharmacy services.

The evolving healthcare landscape in Ireland necessitates innovative approaches to improve access to care. Pharmacist prescribing represents a significant opportunity to leverage pharmacists' expertise, alleviate pressures in the health service, and provide timely care for common conditions.

This reform follows the establishment of the Expert Taskforce to Support the Expansion of the Role of Pharmacy in July 2023. The remit of the taskforce was to identify and support the delivery of specific objectives, which will serve to align services and practices that can be delivered by pharmacists, and pharmacies, with the needs of the health service and patients.

The final report from the Expert Taskforce to Support the Expansion of the Role of Pharmacy was published in August 2024. The report makes recommendations for expansion of the scope of pharmacy, including recommendations for the introduction of a Common Conditions Service in Community Pharmacy. It sets the direction for Pharmacy in Ireland for the next decade. The report lays the foundation for expanding pharmacy services across the health service.

The priority focus for the Department in 2025 is the development and implementation of the Common Conditions Service (CCS). Associated milestones include the development of protocols by the HSE for use in the service, the development and delivery of the education and training for pharmacists, and the development of secondary legislation. The CCS will allow pharmacists to prescribe for a range of common conditions using protocols developed by clinical experts. The service will initially consist of eight conditions² recommended by the Taskforce. It is expected that pharmacists will be in a position to prescribe for these eight conditions before the end of 2025. The objectives of this service are to improve access to care in the community for patients, reduce unscheduled visits in acute care, and reduce the strain on GPs.

The Minister for Health established a Community Pharmacy Expansion Implementation Oversight Group (IOG) to oversee delivery of all the regulatory enablers to facilitate community pharmacies to establish Common Conditions Services. Additionally, the IOG is working to put the enablers in place to facilitate pharmacists to prescribe (continuation of prescription) for short-acting reversible forms of contraception. This has similar milestones and objectives to the CCS and is being completed in tandem with the CCS.

In 2025, the IOG will oversee and drive the:

- Development of clinical protocols to support the service.
- Development and delivery of training for pharmacists.
- Design and optimisation of operational aspects of the service.
- Development of the regulatory framework such as the necessary secondary legislation.
- Preparation of communications strategies to the public and other healthcare providers on this service.

2. Shingles, Conjunctivitis, Impetigo, Oral Thrush, Vaginal Thrush, Allergic Rhinitis, Uncomplicated Urinary Tract Infection, Cold Sores.

6

Enabling Reform



Enabling Programmes are some of those cross-cutting and foundational reforms that are essential to the successful delivery of the Sláintecare Programme as a whole.

Restructuring the HSE into six operational regions, supported by enabling functions at the centre, will enable the delivery of more efficient, integrated, streamlined and productive services. Designed to bring about integrated care, effective decision-making and local focus, these new structures will mark a significant departure from previous structures.

Implementation of the digital health strategy, *Digital for Care'– Strategic Digital Health and Social Care Framework (2024-2030)* will be critical to connecting health information and data. This will improve communications, process efficiencies and patient experience in our health and social care service.

The Sláintecare Integration Innovation Fund (SIIF) will continue to support and embed person-centred innovation culture within the Irish health sector to better respond to future health challenges and opportunities, and to improve patient care.

As we deliver greater amounts of care closer to home and promise more accessible health services at a lower cost, we must also look at ways in which we can achieve reform and improving productivity and efficiency across our health and social care service, including through the use of key enabling digital technologies.



HSE Health Regions

HSE Health Regions will enable the equitable delivery of timely, safe, and integrated care that is planned and funded in line with patient needs at regional and local level. The implementation of Health Regions involves the reorganisation of the HSE into six operational regions supported by a leaner HSE Centre. This is a foundational recommendation of the Sláintecare Report. The *HSE Health Regions Implementation Plan*, agreed by government and published in July 2023, sets out a high-level programme of work for the transition.

The objectives of the reform are to:

- Align and integrate hospital-based and community-based services to deliver joined-up, integrated care closer to home.
- Clarify and strengthen corporate and clinical governance and accountability at all levels.
- Support a population-based approach to service planning and delivery which aims to address health inequalities.
- Balance regional investment, underpinned by local decision-making, supported by national standards of care and direction.
- Run an efficient, highly productive, and transparent health and social care service with aligned incentives to provide people with timely access to safe, high-quality, integrated care.

The organisation of the HSE along clear regional lines aims to facilitate the delivery of integrated health and social care designed around people and planned around communities. Integration will be achieved through the alignment of hospital and community-based services and by working in partnership with patients and other stakeholders (including GPs, voluntary agencies and the full range of health service and social care providers) at local, regional and at national level. Health Regions function as part of a strengthened national health and social care service with their own budget and Executive Management Team and with increased local autonomy and decision-making. Each Health Region is accountable and responsible for the planning and delivery of health and social care services in their region.

Significant progress has been made in progressing this reform. The six new Health Regions commenced in March 2024, each led by a Regional Executive Officer (REO). In October, the Health Region management structure replaced existing CHO and Hospital Group structures. Operational responsibility for services has now moved from the HSE Centre to the Health Regions. The Department established an Expert Group on a Population Based Approach to Resource Allocation (PBRA) in March 2024 tasked with examining and developing the approach and methodology applicable to population-based service funding.

Organisational design for the HSE centre and the Health Regions will continue throughout 2025 supported by the central programme team. The following milestones will be achieved in 2025:

- Complete and put in place organisational design for the HSE Centre and the Health Regions.
- Complete appointment of roles in the HSE Centre and Health Regions at all levels.
- Commence the rollout of the Integrated Service Delivery (ISD) model to Integrated Healthcare Areas (IHA).
- Continue to roll out core processes and new ways of working between the HSE Centre and the Health Regions in line with the new ISD model, including appropriate training and supports.
- Finalise the approach for PBRA for application to the estimates process.

In 2026

- Monitor the change management programme for the transition to the Health Regions and progress interim evaluation.

In 2027

- Health Region service delivery teams will make continuous improvements in response to new insights and user needs.



Digital Health Transformation

Digital Health is key to supporting the health service in planning for the population's health needs, building integrated care models, delivering universal healthcare and ensuring safety, quality and sustainability in delivering health services. It is an opportune time to harness digital health and foster innovation to support sustainable health and social care for all.

The digital health strategy *Digital for Care – Strategic Digital Health and Social Care Framework (2024-2030)*, was developed in close consultation with patients, healthcare professionals, staff, and a wide range of diverse stakeholders across the health and social care sector. The Framework sets out a vision that aims for better health outcomes enabled by seamless, safe, secure, and connected digital health services and which support health and wellbeing for both our patients and providers.

This vision is underpinned by six strategic guiding principles as illustrated previously to provide clear direction, alignment and guide investment towards Digital Health and Social Care goals for 2030 and beyond.

These strategic principles are:

- **Patient as an empowered partner:** We will empower patients by giving them broader access to their health information through a Patient App/Portal whilst providing greater patient autonomy and choice over their care options.
- **Digitally enabled workforce and workplace:** We will enable a more collaborative, digitally skilled, and supported workforce, improving the efficiency and accessibility of our health and social services.
- **Digitally enabled & connected care:** We will deliver connected digital health and social care data and solutions to allow the workforce to access a comprehensive view of patients' health information enabling improved clinical decision-making and patient outcomes.
- **Data driven service & capacity management:** We will deliver a more informed and efficient health and social care service, improving patient flow, resource management, and population health enabling better patient outcomes.
- **Digital health ecosystem & innovation:** We will embed continuous improvement within the health and social services. This will be enabled by incubating innovative mindsets, developing standardised innovation pathways, improving communication channels, sharing of learnings, and uplifting research and quality improvement excellence.
- **Digitally secure foundations & digital enablers:** We will enable a higher quality of patient care and ways of working through embedding cybersecure, agile, connected, and innovative digital health underpinned by strong governance, culture and change, standards, interoperability, infrastructure, architecture and legislation within our health and social care services.

A programme of Digital Health projects aligned to this new Digital Health Framework is underway and central to the delivery of Sláintecare to support hospital avoidance and discharge, deliver greater productivity and efficiencies and boost capacity while also reforming the delivery of health services in the longer terms. These include:

Patient App

The health service mobile app will empower people using the service by providing a single app for managing their digital health identity, personal health information, healthcare coordination, and access to health services. It will seamlessly combine various aspects of the healthcare service into one user-friendly and secure application. Key features will include access to personal health information, prescription and medicines information, medical appointments, notifications and alerts, demographics, the ability for patients to digitally identify themselves and other features that will be available through subsequent releases. The app will be available for Apple and Android smartphones.

Up to 1,500 patients trialled the Health Service Executive (HSE)'s patient app in Q4 2024 and this will be followed by releases to the full population including enhanced features and capabilities planned for 2025. The patient app will continue to be developed with ongoing releases, reflecting the needs of patients and the health service, into the future.

Children's Hospital Ireland (CHI) Electronic Health Record (EHR)

The new Children's Hospital will be a 'digital hospital' through the deployment of an Electronic Health Record (EHR) system and related applications. All children treated at CHI will have a full digital health record. Parents and guardians will be able to view their children's health record, view appointments, receive reminders, and access other digital services via a patient app. The CHI EHR will improve the quality of and enable more timely, safe and efficient patient care; enable multi-disciplinary teams through shared, real-time access to the patient record; reduce medical errors through access to clinical decision support tools; reduce avoidable readmissions and average length of stay; reduce time wasted by staff by streamlining the ordering of tests and notifying them of results; thus, reducing of cost of care delivery.

In 2025, the EHR system will be configured, and staff training will commence. This will be followed by testing and commissioning in time for the opening of the hospital. There will be a programme of post go-live support and system optimisation over the course of 2026 and 2027.

National Shared Care Record

The Shared Care Record (SCR) Programme will improve patient care by providing a mechanism to collate patient data together from various healthcare providers such as hospitals, community services and primary care, and present the resulting digital health records in a secure, structured and accessible way, for use by healthcare professionals treating patients. Patients will have access to a summary of this data (their digital health record) via the Patient App.

Procurement of the technical platform to support the development of the shared care record was completed in 2024. Once contracts are in place (Q1 2025), the SCR will be configured for initial deployment in (Q4 2025).

Virtual Wards (VW)

A virtual ward is a time-limited service supporting people who have an acute condition, or an exacerbation of a chronic condition requiring hospital-level care, to receive this high acuity care in the place they call home. The VW offers an alternative to hospital admission at the Emergency Department (ED) or can facilitate an earlier discharge from a hospital ward for medical and surgical patients.

The objective of the VW is to increase capacity for acute admissions, thereby supporting a reduction in patients waiting on trolleys in the ED through moving care to the home in a coordinated and integrated way.

In 2024, two Virtual Wards were implemented in two acute sites, University Hospital Limerick (UHL) and St. Vincent's University Hospital, Dublin. These VWs will scale to a minimum of 25-bedded wards, with Cardiology and Respiratory specialties included in the initial deployment. There will be an opportunity for all of the Health Regions to deploy acute virtual wards, with four more VWs planned for 2025. Subject to their success, more extensive deployments of VWs will be scheduled over the next three to five years, the VW is planned to expand to all Health Regions, with the goal of having at least one significant Virtual Ward in each Health Region.

A comprehensive evaluation will be undertaken to assess the role of VWs in reducing hospital readmission and supporting early discharge of high acuity patients. In those areas of care provided by the VW, there will be an increase in the number of people receiving care at home or in the community, which will both reduce the subsequent number of admissions to acute hospitals and ensure quicker discharge home. The benefits of VWs include the release of physical acute beds in hospital reducing pressure on the system, higher quality patient experiences, and supporting a greater staff experience (e.g., facilitating new ways of working, allowing more time for one-to-one patient communication).

Demand and Capacity Visualisation Platform

The Demand and Capacity Visualisation Platform is a single software approach to the application of visual business intelligence capabilities relating to sustainable improvement in performance. It aims to provide real-time health data and trends across emergency departments, outpatient services, surgery and theatres, diagnostic services and bed management.

This will support strategic and operational performance monitoring across acute hospitals and will be used to drive productivity in scheduled and unscheduled care. This information can then be utilised to reduce bottlenecks in the system and reduce waiting time.

Deployment of the platform to voluntary hospitals is planned for 2025. From 2026 onwards there will be ongoing support and optimisation. Progress will be measured with successful completion and operation of opening phases going live with corresponding improvements in access to performance metrics across the health and social care system.

The platform will improve capacity/demand decision making through automated information management. Analytics-led quality improvement at clinical team, hospital, regional and national network levels will use enhanced local-level capability to use the demand and capacity visualisation platform to identify improvements in productivity.

Integrated Financial Management System (IFMS)

IFMS and the wider Finance Reform Programme, were established to address the need for reform and to deliver a single finance and procurement system, across the public health service in Ireland. IFMS will provide better financial reporting and forecasting and will enable improved financial management, governance, compliance and transparency, and a better overall financial control environment.

IFMS is being deployed in phases. Following deployments across the eastern region in 2023, IFMS, developments and enhancements were incorporated into the system through 2024 with plans for IFMS to be deployed across the remaining HSE regions in 2025. The focus from 2026 will be on deployments to voluntary healthcare organisations and sites.

Intelligent Automation and AI

The use of Intelligent automation and Artificial Intelligence (AI) within the health sector has the potential to improve how we deliver care and services. This includes the use of automation and AI to streamline administrative processes, as well as using it to support clinical decision making and direct patient care.

Internationally, the application of AI to assist healthcare professionals in the analyses of large volumes of medical images such as X-rays, CT scans and MRIs, is already demonstrating evidence of positive results. In December 2023, the Mater Hospital in Dublin announced it was the first hospital in Ireland to use AI software to support the examination of 15,000 patient scans and assess its potential to speed up care in the emergency department.

Early results indicate improved diagnostic accuracy, streamlined workflows, and reduced time required to provide life-saving treatments. For instance, AI was able to provide rapid notification to the radiologists so they could highlight urgent cases and respond accordingly.

automation and AI presents opportunities that will allow automation of repetitive or labour-intensive tasks to allow a focus on patient care. The HSE already has a Robotic Process Automation (RPA) programme in place that is delivering results. We will continue to use automation and explore opportunities to leverage AI and its benefits where they become feasible; however as with other digital healthcare technologies, implementation of AI for clinical use must be clinically safe, must only be used in an ethically appropriate manner, and is subject to robust clinical validation and in line with applicable policy and regulations.

The Health Information Bill

The *Health Information Bill* is a key enabler of the new Digital Health Framework and supports our national implementation of the European Health Data Space (EHDS) Regulation. The Bill provides a robust legislative basis for the creation and delivery of digital health records, such as the national shared care record and EHRs. Its provisions in relation to ‘duty to share’ will improve the sharing of health information between health services providers for the purposes of care and treatment.

The Bill provides for improved identification of patients and health services providers to ensure digital health records from different parts of the health system can safely be joined together. These advancements will ensure patients and healthcare professions will have access to more complete digital health records in the future and that Ireland can meet EU obligations in relation to cross border travel and access to healthcare in all member states.

Full effect to the EHDS Regulation will be attained through a suite of planned legislative measures beginning with the *Health Information Bill*. These suite of measures will further support the provision of health information, including the appointment of a number of supervisory authorities including a Digital Health Authority (in respect of primary use of health data) and a Health Data Access Body (in respect of secondary use of health data). The establishment of the Health Data Access Body is being supported through EU funding. Under the EHDS Regulation, the Digital Health Authority and Health Data Access Body will be appointed by Q1 2027 and follow a phased timeline to be fully operational by Q1 2031.

Creating an Innovation Culture

The Sláintecare Integration Innovation Fund (SIIF) supports and embeds a person-centred innovation culture within the Irish health sector, by equipping staff and the people who use our services with the skills and mindset to test new ways of working, leveraging technology where possible, to better respond to future health challenges/ opportunities, and improve patient care.

This programme focuses on harnessing and integrating the work of all key stakeholders in the health innovation ecosystem adopting a cross sectoral approach to health innovation which will be embedded within the new HSE Health Regions. The approach will be aligned to the Department of Public Expenditure, NDP Delivery and Reform’s *Better Public Services*, the new *Public Service Transformation 2030 Strategy*, *Making Innovation Real*, the *Public Service Innovation Strategy 2020* and the *Action Plan for Designing Better Public Services 2024-2025*.

We will build on the work of the SIIF which since 2019, has funded and tested over 130 projects that serve as a “proof of concept”, for innovative and integrated models of care which led to the mainstreaming/scaling of successful projects.

The following milestones will be achieved in 2025:

- Evaluation of SIIF Rounds 2 & 3 projects and submission of successful projects for mainstreaming and scaling under Budget 2025.
- Launch of SIIF Round 4.
- Continue review of the health innovation system – through stakeholder mapping and review of existing approaches to health innovation, to identify options for a system wide approach to health innovation that supports the new HSE Health Regions.

The review of the health innovation system will inform the approach taken to identify a suitable model for health innovation with a view to commencing the implementation of the model across the health sector in 2025. Work will continue on implementation of the new model in 2026, further developing best practice supports and networking opportunities.

Strategic priorities for innovation investment identified by the Department of Health and the HSE will continue to be supported at senior clinical and non-clinical levels to ensure that projects are tested and evaluated during and at the conclusion of the pilots. Each project will undergo regular high-level assessments against the targets, outcomes and impacts agreed with the Department of Health and HSE clinical and non-clinical experts. Successful projects will be supported for mainstreaming/ scaling within existing resources or in the subsequent budgetary estimates process.

SIIF projects impact positively on health system processes including through reductions in wait times and waiting lists for scheduled care, reductions in ED attendances and hospital admissions, and reductions in in-patient bed days. In terms of patient impact there is more timely access to care, improved health status and health literacy, and improved patient experience.



Driving System-wide Productivity Improvements

Sláintecare offers a roadmap for achieving reform and improving productivity across our health and social care service as we deliver greater amounts of care closer to home and promise more accessible health services at a lower cost. A number of initiatives are underway to understand the future of health needs that will also consider productivity and efficiency improvements required in delivery of health services. Investment in key enabling digital technologies is also underway to equip the HSE in the coming years with the capability and tools to yield increased levels of productivity and efficiency in delivering safe and high-quality health services for the patient.

Productivity and Savings Taskforce

The Savings and Productivity Programme Taskforce was established in January 2024 to drive savings and efficiencies across the HSE by assessing and implementing measures which will contribute to productivity (better use of existing resources) – and savings (cash generating savings to reduce emerging deficit). The Action Plan for 2025 has been agreed by the Taskforce. This Action Plan is a live document i.e. it will be updated with additional measures over the course of 2025. The key delivery principles and initial proposed areas for focus will be outlined in the Action Plan.

There are four key themes for focus in 2025. These include:

Savings Measures and Financial Reform

Focuses on reductions in expenditure trajectory in non-pay expenditure and enabling the HSE Health Regions to stay within non-pay budgets in 2025, and reducing agency spend. Initial areas of focus include:

- Reductions in price on non-pay goods and services through procurement and utilisation of goods, with an initial focus on medical and surgical supplies, lab costs including goods and services, office expenses and ICT costs.
- Implementing specific measures to deliver agency pay savings.
- Medicines savings via enhanced best value medicine penetration rates and use of generics, as well as examining further opportunities for optimisation of the prescribing and the use of medicines, including biosimilars.
- Accelerate the use of Activity Based Funding (ABF) to optimise productivity across 6 hospital sites (one in each region).

Service level Productivity Measures

Benefits the health service with an increase in patients treated (within existing resources) and a reduction in waiting times. The Taskforce will focus on a range of areas over the coming 12 months including:

- Improving productivity across key service areas of outpatient departments, admitted patients, primary care, mental health and ECC services. The initial focus is on outpatient departments building on the progress of 2024.
- A range of waiting list measures to continue to reduce waiting times for patients.
- Use of behavioural insight measures to increase number of day cases; reduce “did not attend” (DNA’s), reduce unnecessary referrals to hospital, improve discharge procedures to reduce readmissions and average length of stay (ALoS).

Workforce Improvements

Aims to optimise staffing to effectively meet patient needs and demand, with an increase in evening and weekend activity to deliver more health services over 7 days.

Reforms include:

- Full implementation of the Public Only Consultant Contract i.e. more consultants delivering services in the evenings and weekends and the wind down of private health care in public sites.
- Maximising workforce efficiencies through 5/7 rostering and provision of services to the public over 7 days.
- Effective performance management starting with senior/executive level and consultants.
- An increase in theatre utilisation rate.

Virtual Care and ICT Reform

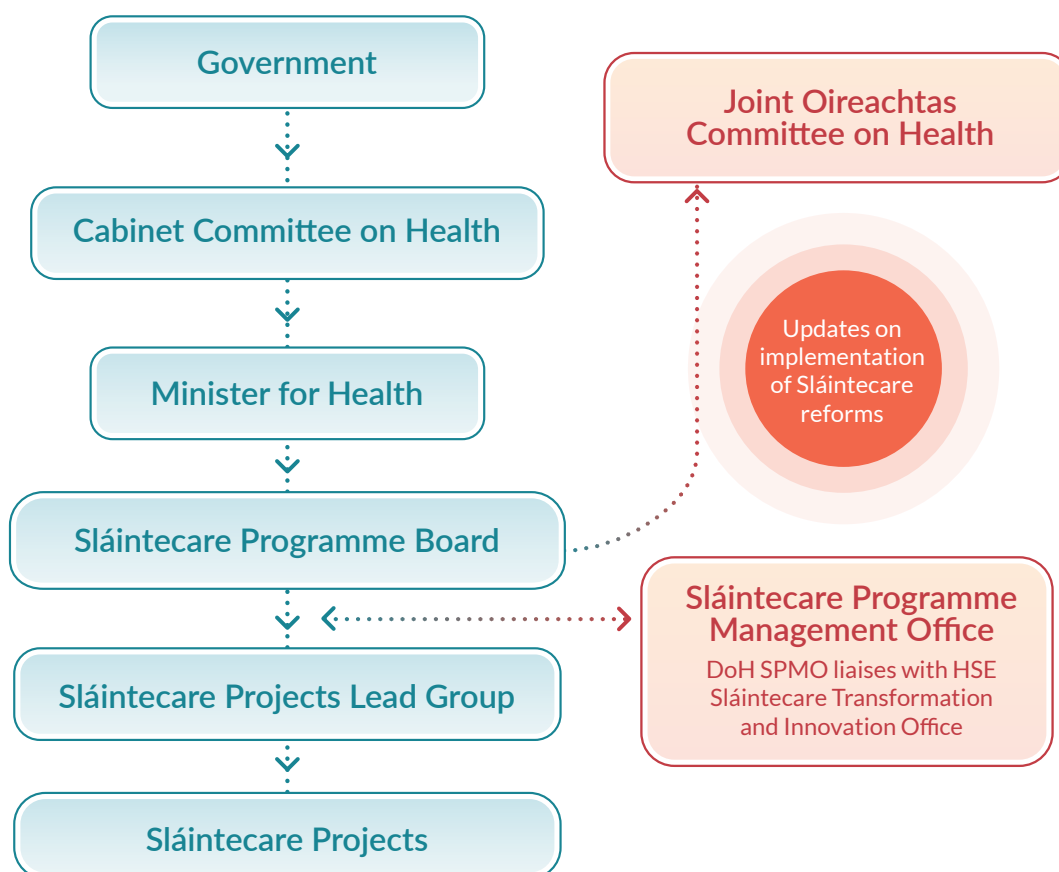
Allows the delivery of healthcare to be more efficient, reduces errors, duplication and manual overhead, and helps to free up healthcare professionals to focus on patient care. Areas of focus include:

- The rollout of virtual wards to reduce number of in-patient bed days.
- All publicly funded Image Diagnostics will be captured in the National Integrated Medical Imaging System (NIMIS) by end 2025 to reduce duplication of tests and procedures.
- Deployment of laboratory diagnostics solution aimed at shortening turnaround time for GP testing.
- Widen existing use of Robotic Process Automation/ Intelligent Automation in Waiting Lists to allow redeployment of resources.
- Establish an Artificial Intelligence (AI) and Automation Centre of Excellence (CoE) to assess their safe and ethical use.
- Implement Artificial Intelligence (AI) in clinical and administrative services.
- Public launch of the HSE Patient App.

7

Governance and Accountability





Effective governance and committed senior leadership are critical to achieving successful outcomes in implementation. This ensures there is a strategic prioritisation of actions across all areas of reform and builds a culture of trust and confidence, thereby sustaining momentum throughout the lifetime of this strategic framework.

Sláintecare Programme Board

Primary responsibility for the effective delivery of Sláintecare will rest with the Sláintecare Programme Board. Established in 2021 to drive the principles of Sláintecare reform throughout the health and social care service, it is co-chaired by the Secretary-General of the Department of Health and CEO of the HSE. It also includes the joint leads of the reform projects from the Department's Management Board and the HSE's Senior Leadership Team as well as representatives from the Department of An Taoiseach and Department of Children, Equality, Disability, Integration and Youth.

The key roles of the Programme Board are to:

- Provide leadership, direction, oversight, support and guidance to the Sláintecare reform programme to ensure a coordinated, integrated, effective approach across the Department of Health and HSE.

- Ensure an integrated approach and planning framework is developed for all projects with appropriate timelines, deliverables and milestones and assignment of appropriate responsibility/expertise to lead the delivery of the project.
- Ensure effective communication and information sharing across all aspects of the programme throughout the Department, HSE and all key stakeholders.

The Programme Board will meet quarterly, and its minutes will be published. In line with current practice, the co-chairs will also continue to engage with the Joint Committee on Health (JCH) on a regular basis on matters to report on the implementation of Sláintecare.

Detailed updates on the implementation of Sláintecare, which has the support of and is overseen by the Department of an Taoiseach, will be provided through the Cabinet Committee on Health, chaired by the Taoiseach, on a bi-monthly basis.

Sláintecare Programme Management Office (SPMO)

The Programme Board will be supported in its work by the Sláintecare Programme Management Office (SPMO). The role of the SPMO is to:

- Ensure a programmatic approach and project management capacity across the Sláintecare projects and driving a results-focused approach to delivery of the Sláintecare reform programme.
- Working with Projects Leads, prepare the multi-annual strategic frameworks, annual Sláintecare Action Plans and to monitor and report on an ongoing basis on the delivery and progress of the agreed framework and Action Plans.
- Chair meetings of the Department of Health Project Leads and joint Department/HSE Project Leads in advance of Programme Board meetings.
- Support governance and oversight of Sláintecare through the provision of an effective secretariat to the Programme Board.
- Support Departmental preparations for attendance at Joint Oireachtas Health Committee meetings.

Measuring Impact and Outcomes

The Health System Performance Assessment (HSPA) Framework provides high level outcome-based indicators for assessing the performance of the health system which can be linked to relevant health policies and strategies. The HSPA platform can be accessed through <https://hspa.gov.ie/>. Key performance indicators for Sláintecare projects/initiatives have been aligned as far as possible with existing indicators used in the system although this will not be possible in all cases. Other means that will be used to measure outputs, outcomes and impact will include the metrics contained in the HSE's National Service Plan and the monthly HSE Board Strategic Scorecard.

Risk Management

Risk management is a key enabling support to the effective delivery of Sláintecare reform programmes and projects. The Sláintecare Programme Management Office (SPMO) has developed clear guidelines, based on best practice, including the Department's and HSE's Risk Management Frameworks, for the identification and management of risks for the Sláintecare Programmes and projects.

Each Sláintecare project lead will support the preparation and delivery of a project risk register and risk mitigation plan for their project that will be reviewed on a regular basis. The SPMO will prepare a programme-level risk register which will include the highest rated risks from project risk registers as well as any other high-level risks that could impact on the delivery of the reform programme.

The Sláintecare Programme Board will review the Sláintecare Programme Risk Register and risk mitigation plans as part of the regular progress reviews and will address any key matters requiring their support.

Dependencies/Interdependencies

The Sláintecare Programme Management Office will work with Project Leads to ensure that key project dependencies are identified to ensure that key milestones can be met and that they remain on track for delivery. Interdependencies between projects and initiatives will also be identified and managed by the SPMO to maximise the delivery of commitments under the Framework.

Change Control

Changes to projects and programmes may happen for a variety of unforeseen circumstances, such as changes to timescales or policy priorities. The Sláintecare Programme Management Office will oversee this process, evaluating change requests and making recommendations to the Programme Board to approve or reject the request.

Monitoring and Evaluation

There has been unprecedented levels of investment in the health service in recent years. We are committed to ensuring that this investment is delivering the change needed to meet the shared vision of Sláintecare. The SPMO will conduct a high-level scoping exercise in 2025 to assess how the interdependencies between programmes can be measured, and the result of this on programme outcomes.

8

Communications & Engagement



Sláintecare 2025+ builds on the extensive progress of Sláintecare reform to date. The plan focuses on five priority areas, to bring us on a journey towards universal healthcare. In monitoring the implementation of this plan, we will publish:

- Sláintecare progress reports annually.
- Sláintecare Programme Board minutes on our website.

From 2025 onwards, work will focus on sustaining and maintaining the momentum created to now, building on the good work done in the previous years and ensuring a consistent and continuous focus on engagement and empowerment.

Reforming the health and social care system requires constructive engagement between the workforce, representative bodies and other stakeholders across the system, on an ongoing basis. This ongoing partnership involves engagement and dialogue with patients, people who use our services and the broader public. The success of Sláintecare will be determined by patient outcomes and experiences and the overall health of the population.

The Sláintecare Programme Management Office will deliver a proactive communication plan with citizen-engagement as its core principle to guide how health reform is communicated, with patients, with partners and a wide range of stakeholders over the lifetime of the framework.

In 2025 we will develop and implement a comprehensive proactive communication and engagement plan. The Sláintecare communications plan will raise awareness of Sláintecare, its objectives and benefits among service users, the general public and health workforce. This plan will be developed with the citizen front and centre.

The Sláintecare communications plan will include the following initiatives:

- Publish project update press releases on the Sláintecare website.
- A Sláintecare e-newsletter to update on Sláintecare progress.
- Updates for staff through HSE communication channels.
- A Sláintecare annual conference will gather policy makers, medical practitioners, researchers and patients to explore and reflect on Sláintecare progress, challenges, opportunities and patient experiences.
- Sláintecare webinars will provide an opportunity to share best practices and networking opportunities.
- Conduct research in Q3 to ascertain the public awareness and understanding of Sláintecare and use the research findings to develop a comprehensive communication and engagement plan.
- An annual Sláintecare progress report will be published.
- The Sláintecare Programme Board minutes will be published on our website.

Appendices

Appendix 1: Stakeholder Engagement

This Sláintecare Strategic Framework has been developed by the Sláintecare Programme Management Office (SPMO) under the direction of the Sláintecare Programme Board. The SPMO was tasked with considering proposals on how to both embed existing Sláintecare and Programme for Government commitments while addressing any opportunities identified to meet future healthcare needs of our growing and ageing population. The Board agreed that the next Framework should be structured to build on what has been achieved to date and to capture and present an integrated approach to system reform.








Over subsequent months, the SPMO met on an individual basis with members of the Programme Board and held a series of internal and interdepartmental workshops at senior level. Working with current and new project/programme leads in both the Department of Health and HSE, the SPMO developed the scope and ambition of the framework by identifying strategic goals, timelines, milestones and key performance indicators. The SPMO met with the Department of Health's Policy Committee and Management Board Policy Forum, conducted surveys on the proposed strategic direction with the HSE's Public and Workforce Forums and co-hosted a workshop with the HSE Patient and Service User Forum.

This extensive internal and external stakeholder engagement shaped the development of the new framework with consensus that it needed to be focused first and foremost on the person, patient and service user through a series of multi-annual projects to be delivered under four strategic priority areas. Sláintecare 2025+ was discussed at a number of further meetings of the Sláintecare Programme Board prior to submission to the Minister for her consideration. Prior to approval by Government, the draft was discussed with the Cabinet Committee on Health.

Appendix 2: SC2025+ Key Performance Indicators

The SC2025+ high level objectives are derived from the SC2025+ vision and mission. Key Performance Indicators (KPIs) will be identified, specific to each SUH2024+ Programme and Project, under each of the high-level objectives. These will be monitored to measure progress in delivering SUH2024+. KPIs will be identified from the Health System Performance Framework (HSPA) and other relevant data sources.

The high-level objectives relevant to each SUH2024+ Programme, denoted by the relevant icon, are listed across each of the programmes/ projects in this report to indicate how that programme/ project will contribute towards achieving the SUH2024+ mission.

	Reduce costs for service users Measures to optimise access, efficiency, and quality of care, leading to both direct and indirect cost reductions, better value for money for patients and service users and ensuring equity in access to health services – everyone who needs services should get them, based on clinical need and not ability to pay.
	Improve capacity Measures to expand the resources and capabilities of healthcare services and the workforce, thereby optimising performance and increasing available capacity.
	Improve access Measures to increase access to high quality, people-centred healthcare services at the right time in the right place without enduring financial hardship
	Improve service quality/ efficiency/ responsiveness/ safety Measures to optimise service delivery through improving service quality standards, operational efficiencies and enhanced safety measures for patients and service-users.
	Improve productivity/ value for money Measures to increase system and workforce productivity resulting in increased capacity, better value from healthcare investment, improved cost-effectiveness across healthcare services, and to ensure optimal use of public funding.
	Improve equitability/ fairness Measures to address health inequalities and inequities in healthcare outcomes and promote cultural competence among healthcare providers and administrators ensuring that care, and health outcomes, does not vary according to personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status.
	Improve service integration Measures that enhance integration of healthcare services right across the healthcare system, which will directly and indirectly enhance the flow and functionality of the system to ensure seamless patient journeys and greater efficiencies.

Appendix 3: Sláintecare project deliverables 2025

Strategic Priority 1: Access					
Programme	Description	Q1	Q2	Q3	Q4
Urgent and Emergency Care (UEC)	The HSE's multi annual Urgent and Emergency Care Plan aims to improve UEC performance and the experience of patients across the entirety of the unscheduled care pathway Annual UEC service priorities will be set out in HSE UEC Operational plan and will focus on reducing ED Patient Experience Times for all patients with a particular focus on those aged over 75 years	Governance and Oversight of the delivery of UEC 2024/25 Operational Plan Monitoring and Measurement of Performance Indicators: Emergency Department (ED) Trolleys : The Average Monthly Trolley Count at 8am not to exceed 320 Delayed Transfers of Care (DTOC): Total number of Delayed Transfers of Care (DTOC) not to exceed 350 Patients over 75: 24 hr Patient Experience Time (PET): 75 years and over < 24hrs; 99% All attendees Patient Experience Time (PET): All attendees < 24hrs; 97%	Completion of After-Action Review of UEC plan 2024/25 Governance and Oversight of the of delivery of UEC 2025/26 Operational Plan Monitoring and Measurement of Performance Indicators: Emergency Department (ED) Trolleys: The Average Monthly Trolley Count at 8am not to exceed 320 Delayed Transfers of Care (DTOC): Total number of Delayed Transfers of Care (DTOC) not to exceed 350 Patients over 75: 24 hr Patient Experience Time (PET): 75 years and over < 24hrs; 99% All attendees Patient Experience Time (PET): All attendees < 24hrs; 97%	Governance and Oversight of the delivery of UEC 2025/26 Operational Plan Monitoring and Measurement of Performance Indicators: Emergency Department (ED) Trolleys: The Average Monthly Trolley Count at 8am not to exceed 320 Delayed Transfers of Care (DTOC): Total number of Delayed Transfers of Care (DTOC) not to exceed 350 Patients over 75: 24 hr Patient Experience Time (PET): 75 years and over < 24hrs; 99% All attendees Patient Experience Time (PET): All attendees < 24hrs; 97%	Governance and Oversight of the delivery of UEC 2025/26 Operational Plan Monitoring and Measurement of Performance Indicators: Emergency Department (ED) Trolleys: The Average Monthly Trolley Count at 8am not to exceed 320 Delayed Transfers of Care (DTOC): Total number of Delayed Transfers of Care (DTOC) not to exceed 350 Patients over 75: 24 hr Patient Experience Time (PET): 75 years and over < 24hrs; 99% All attendees Patient Experience Time (PET): All attendees < 24hrs; 97%
Urgent and Emergency Care (UEC) National Ambulance Service					Respond to at least 450,000 calls in 2025, (an 11% increase on last year's target)

Strategic Priority 1: Access					
Programme	Description	Q1	Q2	Q3	Q4
Urgent and Emergency Care (UEC): National Ambulance Service					<p>Recruit 90 additional staff to progress the development of an inclusive trauma system</p> <p>Recruit additional staffing for opening and commissioning of important capital projects at the two Major Trauma Centres in the Mater Misericordiae University Hospital and Cork University Hospital</p> <p>Establish a Trauma Unit with Specialist Services at University Hospital Galway</p>
Waiting List Reduction and Reform	Implementing a multi annual approach to sustainably reduce and reform hospital waiting lists and waiting times	<p>Complete oversight and monitoring of delivery of the Waiting List Action Plan (WLAP) 2024 and support the HSE's production of the end of year report for the WLAP 2024</p> <p>In conjunction with the HSE, complete the preparation of the WLAP 2025 and the key actions and targets therein, aimed at reducing waiting times. Obtain Ministerial approval for the WLAP 2025 and its publication</p>		Monitor and oversee the HSE's implementation of the WLAP 2025 under the governance of the Waiting List Task Force. Report on progress of the implementation of all actions	<p>Complete the implementation of all actions within the WLAP 2025 with aim of delivering the following improvements:</p> <p>Ensuring 50% of patients are waiting less than the 10 and 12-week Sláintecare wait time targets by the end of 2025;</p> <p>Reducing the weighted average wait time that patients are waiting on the waiting list to 5.5 months;</p> <p>Increasing the proportion of OPD patients waiting less than 12 months to 90% by the end of 2025;</p> <p>Reducing the proportion of patients waiting over 24 months by 90% by the end of 2025</p>

Strategic Priority 1: Access					
Programme	Description	Q1	Q2	Q3	Q4
Modernised Care Pathways Implementation	Modernised care pathways are clinically redesigned patient journeys that create new points of access to healthcare for conditions with some of the longest waiting lists, ensuring that patients can be seen faster and progress through a simplified journey towards definitive treatment – in many cases with fewer overall visits and without having to go to hospital. The modernised care pathways were developed based on local and international best practice and in line with the Models of Care. The pathways transition care from the acute setting into the community, delivering care closer to the patient's home and adopting a multi-interdisciplinary approach to care delivery				Fully operational service in all funded sites for 7 priority pathways with delivery of minimum patient activity as below New patient OPD wait list removals: 30,510 New patients (including removals): 102,142 Review Patient Activity: 124,280 Operationalise remaining 12 sites to achieve total of 129 Operational Sites by Q4 2025
Primary Care Therapies: Access and Waiting List Management	There is a need to ensure a consistent approach is taken at a national level for primary care therapies waiting lists – this will allow for improvements in waiting lists and times and a consistency of approach	Ongoing analysis and monitoring of primary care therapy productivity (Workstream 1) Implementation plan to address longest waiters by CHN (Workstream 2) National Oversight Group quarterly meeting	Ongoing analysis and monitoring of primary care therapy productivity (Workstream 1) Progress review on Workstream 2 National Oversight Group quarterly meeting	Ongoing analysis and monitoring of primary care therapy productivity (Workstream 1) Completion of scoping and systemic review of best practice waiting list management in primary care (Workstream 3) Completion of process mapping of 'as is' waiting list management practice (Workstream 3) National Oversight Group quarterly meeting	Ongoing analysis and monitoring of primary care therapy productivity (Workstream 1) Reporting of patient and professional experience of waiting list management (Workstream 3) National Oversight Group quarterly meeting

Strategic Priority 1: Access					
Programme	Description	Q1	Q2	Q3	Q4
GP services: Chronic Disease Management			Implementation of CDM Phase 4 in 2025		Provide eligible people aged 18 years and over with access to the CDM Treatment Programme for the following conditions: Chronic Kidney Disease Stages 4 or 5 Peripheral Arterial Disease Provide access to the CDM Prevention Programme for eligible people at risk of developing or who have the following conditions: Chronic Kidney Disease Stages 1 to 3 Valvular Heart Disease Familial Hypercholesterolaemia
Fully embed the Enhanced Community Care (ECC) Programme end – to – end care across services	The focus of the Enhanced Community Care (ECC) Programme is to enhance primary and community health and social care services to provide greater levels of care outside of hospitals, and to deliver this care closer to people's home, allowing them to remain at home and in their community for as long as possible	Increase activity levels of existing ECC teams and productivity of staffing to deliver a minimum of: 406,608 patients seen by Community Healthcare Networks 35,250 patient contacts through 26 Integrated Care Programme for Older Persons CSTs 83,500 patient contacts through 27 Integrated Care Programme for Chronic Disease CSTs	Increase activity levels of existing ECC teams and productivity of staffing to deliver a minimum of: 406,608 patients seen by Community Healthcare Networks 35,250 patient contacts through 26 Integrated Care Programme for Older Persons CSTs 83,500 patient contacts through 27 Integrated Care Programme for Chronic Disease CSTs	Increase activity levels of existing ECC teams and productivity of staffing to deliver a minimum of: 406,608 patients seen by Community Healthcare Networks 35,250 patient contacts through 26 Integrated Care Programme for Older Persons CSTs 83,500 patient contacts through 27 Integrated Care Programme for Chronic Disease CSTs	Increase activity levels of existing ECC teams and productivity of staffing to deliver a minimum of: 1,626,435 total Community Healthcare Networks patient seen in 2025 141,000 patient total contacts through ICPOP CSTs in 2025 334,000 patient contacts through ICPCD CSTs in 2025 Provide direct access for GPs by completing up to 240,000 community radiology tests alongside up to 161,000 tests across areas such as echocardiography, spirometry and natriuretic peptide blood tests, totalling over 400,000 tests Measure the impacts of the investment in the ECC Programme in terms of service delivery, client outcomes, and on the wider health system (including relevant hospital outpatient waiting lists)

Strategic Priority 1: Access					
Programme	Description	Q1	Q2	Q3	Q4
Fully embed the Enhanced Community Care (ECC) Programme end – to – end care across services	ECC Interim ICT Solution	Discovery phases to commence, prototype of system to be defined by Design Authority	Business Case and Governance Structure defined and agreed, Peer Review Group formed. Engagements with Regions to commence	Solution Proposal and Blueprint developed	Discovery Phase complete – Solution scope and final business case approved
Public Only Consultant Contract: Implement the Sláintecare Consultant Contract	A key aim of Sláintecare is to move towards the long-term goal of public hospitals exclusively used for the treatment of public patients. This will be enabled by the continuous roll out of the new POCC. Existing consultants have the option to switch to the Public Only Consultant Contract	Target hiring of at least 125 new consultants on the new POCC contract per quarter	Target hiring of at least 125 new consultants on the new POCC contract per quarter	Target hiring of at least 125 new consultants on the new POCC contract per quarter	Target hiring of at least 125 new consultants on the new POCC contract per quarter Net increase of 49 WTE consultants by Jan 2026
Strategic Review of the Eligibility Framework	Review of existing eligibility arrangements and development of evidence-based forward-facing policy options for a future eligibility framework where people access care when and where they need it, informed by an agreed strategic vision for achieving universal healthcare	Conclude phase one of the review including international evidence-based practice. Consolidate outputs from 2024 and produce report on current access policies and practices to primary care services	Commence preparation for a multi-phase public consultation on the existing eligibility framework and forward-facing policy options	Continue cross departmental and cross Government collaboration on existing eligibility framework and identify priority publicly funded health services for universal access	Continue the development of evidence-based policy proposals in respect of eligibility to publicly funded health services. Commence a multi-phase project on demand-side financing for public health services in Ireland
Strategic Review of the Eligibility Framework	Focus on developing policy proposals emerging from phase 1 of the overarching Strategic Review of Eligibility, specifically regarding medical card administration, completion of a review of the provision of medical cards for persons who are terminally ill and progress a legal review of the existing eligibility framework				Completion of review of the provision and administration of medical cards in cases of terminal illness Development of policy proposals on medical card issues, as necessary, based on output from Phase 1 of the Strategic review Continue progress in a legal review of the existing eligibility framework

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Patient and Public Engagement: Health Literacy	Development of appropriate communication tools to support Health Literacy	Hold quarterly webinar to raise health literacy awareness	Publish Key findings from Health Literacy Survey Report 2019 – 2021 Hold quarterly webinar to raise health literacy awareness	Hold quarterly webinar to raise health literacy awareness Publish Health Literacy Policy Toolkit report key findings	Commence planning for the Health Literacy Survey 2025 Hold quarterly webinar to raise health literacy awareness
Patient and Public Engagement: HSE Health Services Directory	Develop an online HSE health services directory to provide signposting to services. This will support the public to navigate the health service and access the care they need by making information about health, wellbeing and services available online, in the HSE app and by phone, email and chat with HSELive	Commence the health services data gathering process with two health regions	Commence the data gathering process with two additional health regions and make the data from the first health region available online Provide all relevant services information to the HSE app team	Commence the data gathering process with the final two health regions and make the data from the second health region available online Provide all relevant services information to the HSE app team	Make the data from the third health region available online, analyse feedback and performance of the directory to iterate and improve on the user experience Provide all relevant services information to the HSE app team
Patient and Public Engagement: National Care Experience Programme	The National Care Experience Programme is a joint initiative by the Health Information and Quality Authority, the HSE and the Department of Health. The NCEP seeks to improve the quality of health and social care services in Ireland by asking people about their experiences of care and acting on their feedback		Commence National Maternity Experience Survey		Publish the National Maternity Experience Survey Implement the Mental Health Experience Survey
Patient and Public Engagement: Visual Identity and Naming Guidelines	Co-create, publish and implement a patient focused visual identity policy and guidelines for the HSE and Health Regions	Publish the updated visual identity and naming guidelines and support their implementation with the regional communications teams. Ensure that our legal duties under the Official Languages Act Commence the phased implementation plan (e.g., signage, uniforms, online platforms, printed materials)	Provide staff training (workshops or e-learning modules) for key stakeholders and staff. Develop checklists and comprehensive digital presence for consistent application. Continue to promote the guidelines using internal communications channels Continue to develop assets and artwork that can be used consistently across all regions – expand the number of use cases and templates	Continue with roll-out and training as per Q2 deliverable. Quality assurance processes – develop mechanisms to review and approve materials to ensure they align with the visual identity and naming guidelines Continue to provide ongoing support to HSE staff on use case queries which acts as ongoing feedback loop for continuous improvement	Monitoring and evaluation, develop metrics and KPIs for brand consistency across HSE materials. Regular reviews and updates to the guidelines as needed

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Patient and Public Engagement: Co Design Learning Resource for Partner ship Working Group – Implementation of the Better Together Roadmap	Implement the Better Together Road map by co-designing a learning resource for partners, patients, service users, staff and other stakeholders to develop the necessary skills, confidence and tools needed as effective partners across the HSE	Develop the content for Learning Pathway level 1 Commence engagement with Patient and Service Users on the design and development of 'Patient Partnership Space' in HSEland	Learning pathway level 1 completed and ready for implementation Q2 2025 Continue engagement with Patient and Service Users on the development of 'Patient Partnership Space' in HSEland	Develop the content for Learning Pathway level 2 Learning Pathway Level 1 accessible via HSE Land for testing and final amendments	Develop the content Learning pathway for level 3 and implementation Go live with full Patient Partnership access and commencement for patients, service users and staff to access all training modules (funding dependent)
Patient Safety Assurance	Patient safety is integral to the functioning of all health services globally. As Ireland continues along the path to health care reform through SC2025+, patient safety must remain a central focus to ensure the delivery of safe and high-quality health care	Review the Patient Safety Assurance Project (PSAP) workstreams to ensure these align with key national patient safety priorities. Reconvene the working group in 2025 to advance and progress the PSAP	Ensure new patient safety developments (such as any proposed new version of the Patient Safety Strategy and the review of the HSE Incident Management Framework) are central focuses of and align with the goals of the PSAP	Incorporate additional relevant and novel workstreams from the new HSE Patient Safety structures once established and where appropriate	Report to the Director of the National Patient Safety Office on progress made under workstreams
Public Health, Prevention, Health Promotion and Social Inclusion: National Physical Activity Plan	Progress implementation of HSE Physical Activity Pathways in Healthcare Model and action plan	Establish multi-sectoral group to enable and monitor implementation of Competency, Training and Accreditation Framework for Long-term Conditions	Publish Physical Activity and Sedentary Behaviour guidelines for Pregnancy and Chronic Disease. Publish guidance for health service managers on commissioning of local physical activity referral programmes	Launch of Physical Activity Behaviour Change Support service via HSE App	Implement commitments arising from NPAF and NPAAP & rollout through HSE of Physical Activity Pathways in Healthcare Model
Public Health, Prevention, Health Promotion and Social Inclusion: National Sexual Health Strategy	The National Sexual Health Strategy (NSHS) aims to improve sexual health and wellbeing and reduce negative sexual health outcomes, recognising the importance of supporting healthy attitudes to sexuality throughout the life course		Approval, launch and publication of the new NSHS	Commencement of oversight and implementation, set up of Implementation and stakeholder groups, costings for 2026 Estimates	
Public Health, Prevention, Health Promotion and Social Inclusion: National Sexual Health Strategy	Provision of a national HIV pre-exposure prophylaxis (PrEP) programme in line with national PrEP standards and guidelines				Approve a minimum of 7,000 individuals for PrEP; A minimum of 4,500 individuals received PrEP; A minimum of 500 new PrEP users

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Public Health, Prevention, Health Promotion and Social Inclusion: National Sexual Health Strategy	Provision of a home STI testing service integrated with public STI clinics	Deliver 30,000 test kits per quarter with a 75% return rate	Deliver 30,000 test kits per quarter with a 75% return rate	Deliver 30,000 test kits per quarter with a 75% return rate	Annual delivery of 120,000 test kits with a 75% return rate
Public Health, Prevention, Health Promotion and Social Inclusion: Period Poverty Scheme	Cross-sectoral Grant funding for community health, local authority and NGO partners to support those most in need	2024 Reports and 2025 Eols received, grant agreements and SLAs drawn up	€914,000 HSE and DoH funding for community partners disbursed		All funding disbursed,
Public Health, Prevention, Health Promotion and Social Inclusion: Healthy Ireland Research	Manage Healthy Ireland research, including the Healthy Ireland Survey, Health Behaviours in School-Aged Children Study and Healthy Ireland Outcomes Framework, in addition to sexual health/contraception research projects under Evidence for Policy, Women's Health Action Plan and in collaboration with the HSE	Management, launch and publication of research projects, reports, Surveys etc. as projects conclude, continued emphasis on research (all year, continuing)	Launch of the HBSC Trends report, design and finalisation of the HI Survey 2026 Questionnaire, complete fieldwork for the 2025 Survey	Re-tendering of the HBSC Study (OGP/OJEU), report drafting for the 2025 HI Survey, launch fieldwork for the 2026 Survey. Complete HI Outcomes Framework Report	Launch of the 2025 Healthy Ireland Survey Report, complete tendering and contract process for delivery of HBSC for the next 4 year cycle. Launch HI Outcomes Framework Report
Public Health, Prevention, Health Promotion and Social Inclusion: Obesity Programme	<p>"A Healthy Weight for Ireland" is Ireland's Obesity Policy and Action Plan (OPAP) which runs from 2016 to 2025</p> <p>The OPAP acknowledges the complex nature of the rise in prevalence of overweight and obesity and the need for a whole of government and multi-stakeholder approach to addressing obesity</p>	<p>Commence workshops and report to inform development of new Obesity Plan</p> <p>Establish structures to develop new Breastfeeding strategy</p>	<p>Consultation on new Obesity Policy</p> <p>Consultation on new Breastfeeding strategy</p> <p>Progress revised codes with Coimisiun na Meán to on HFSS marketing to children and follow-on formula</p>	Commence preparation of infant feeding survey	<p>Commence drafting of new Obesity plan</p> <p>Commence drafting of new Breastfeeding strategy;</p>
Public Health, Prevention, Health Promotion and Social Inclusion: Obesity Programme	Progress implementation of Level 0 (prevention) element of Obesity Model of Care with a focus on Healthy Weight for Children	Commence review with stakeholders for sustainable delivery of Healthy Food Made Easy (HFME) with a focus on targeting health inequalities	Launch e-learning programme – child health & wellbeing – for early years educators	Deliver T-4-T on Wellbeing through Schools Policy Development training National rollout of standardised approach to delivery of weaning workshops	Publish updated HSE Vending Policy and HSE Calorie Posting Policy

Strategic Priority 2: Improve Service Quality

Programme	Description	Q1	Q2	Q3	Q4
Public Health, Prevention, Health Promotion and Social Inclusion: Folic Acid Programme	To develop strategies for Folic Acid Supplementation to support the goal under OPAP of promoting Healthy Eating	Establish Multi sectoral working Groups for Folic Acid Supplementation			Interim report drafted for Folic Acid Steering Group
Health Promotion and Social Inclusion	Expand the RSV Immunisation Programme	Costed business case for extension	Approval of policy	Funding provided as part of estimates	Subject to funding being provided development of implementation plan Examination of including a new enhanced flu vaccine for those aged 65 and over
Public Health, Prevention, Health Promotion and Social Inclusion: Healthy Communities Programme	The Sláintecare Healthy Communities Programme (SHC) aims to improve the long-term health and wellbeing of 20 of the most disadvantaged communities in Ireland. SHC includes a range of interventions aimed at enhancing the health and wellbeing of people in the selected communities, providing better access to services and support Delivery of services is done in partnership with the HSE, Local Authorities and local community and voluntary organisations	Finalisation of four new communities to be added to the programme	Scope Operationalisation of new areas	Initial report on the Evaluation of SHC	Operationalisation of new areas and publish evaluation
Public Health, Prevention, Health Promotion and Social Inclusion: Healthy Communities Programme	Roll-out Sláintecare Healthy Communities Programme in 4 additional areas of highest disadvantage	Confirm site selection. Complete local engagement process with CHOs and Local Authorities	Support CHOs to begin staff recruitment process and to engage with partnership organisations to identify delivery partners and establish Grant Aid Agreements (GAAs)	Recruitment of HSE staff complete. Delivery partners confirmed and GAAs signed CHO local implementation groups established. Training commenced for partner organisations	Commence service delivery in 4 new SHC areas
Public Health, Prevention, Health Promotion and Social Inclusion: Healthy Communities Programme					Commencement of 5 projects within the Sláintecare, Healthy Community areas that will address the social determinants of Health for Travellers

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Public Health, Prevention, Health Promotion and Social Inclusion: Tobacco Cessation	Deliver health interventions and services to address key behavioural risk factors including tobacco	Support 6,232 smokers to receive face to face or telephone intensive cessation support from a cessation counsellor	Support 5,194 smokers to receive face to face or telephone intensive cessation support from a cessation counsellor	Support 5,193 smokers to receive face to face or telephone intensive cessation support from a cessation counsellor	Support 4,155 smokers to receive face to face or telephone intensive cessation support from a cessation counsellor Overall for 2025: Support 20,774 smokers to receive face to face or telephone intensive cessation support from a cessation counsellor
Public Health, Prevention, Health Promotion and Social Inclusion: Healthy Prisons	The Healthy Prisons project seeks to improve the relatively poor levels of physical, social, and mental health in prisons as compared to the general population	Work with the Irish Prison Service to establish the resources required to deliver on the Healthy Prisons Framework	Conduct focus groups in prisons to capture the perspective of prisoners on the health promotion initiatives on offer	Completion of the literature review and mapping report by IPH	Draft Healthy Prisons Framework for Prisoners
Public Health, Prevention, Health Promotion and Social Inclusion: Men's Health	The health needs of men in particular marginalised and disadvantaged men require a gender specific approach to reduce overall health inequalities				Establish Advisory Group to drive implementation of Men's Health Action Plan
Public Health, Prevention, Health Promotion and Social Inclusion: Men's Health		Recruit a HSE Men's Health Programme Lead and convene the HSE Men's Health Action Plan Steering and Stakeholder Groups and finalise actions for 2025 with key internal and external partners	Map existing health and wellbeing supports for men and develop a plan to deliver on Men's Health Week campaign	Support Department of Agriculture and Marine with rollout of On Feirm Ground and planning in relation to Farmer Wellbeing	Implement commitments arising from NPAF and NPAAP & rollout through HSE of Physical Activity Pathways in Healthcare Model
Public Health, Prevention, Health Promotion and Social Inclusion: Antimicrobial resistance	The implementation of Ireland's second One Health National Action Plan on Antimicrobial Resistance 2021-2025 (iNAP2) was developed jointly by the Department of Health and the Department of Agriculture, Food, and the Marine				Monitoring and implementation of the 90 identified actions under iNAP2 is ongoing
Public Health, Prevention, Health Promotion and Social Inclusion: Mental Health Promotion	Mental Health Promotion (MHP) aims to achieve a healthy Ireland where positive mental health and wellbeing is actively promoted, supported and valued across society and whole of government	Appoint a National Policy Lead for Mental Health Promotion within the Department of Health	Establish the governance structures required to deliver implementation of the National Mental Health Promotion Plan	Commence drafting a detailed implementation plan in partnership with key stakeholders and relevant agencies, building on the priority actions already identified	Publish the implementation plan for the National Mental Health Promotion Plan

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Public Health, Prevention, Health Promotion and Social Inclusion: Mental Health Promotion	Progress implementation 'Stronger Together', the HSE's mental health promotion plan and the cross-governmental National Mental Health Promotion Plan	Develop and deliver training for the pilot of the community-based mental health promotion initiative 'Act Belong Commit' in two pilot sites	Provide ongoing training and professional development of social prescribing link workers	Complete mental health promotion resources for delivery of SPHE in schools, in partnership with the NCCA and the Department of Education	Complete the realist evaluation for social prescribing to build the evidence base and inform service improvements
Public Health, Prevention, Health Promotion and Social Inclusion: Inclusion health framework	Inclusion health is a service, research, and policy agenda that aims to prevent and redress health and social inequities among socially excluded groups. Drugs Policy, Refugee and Inclusion Health Unit is working towards publishing an Inclusion Health Framework will incorporate an inclusion health approach across all aspects of health policy and practice	Complete consultation with UCC that is currently underway for this framework		Publish Inclusion Health Framework	
Public Health, Prevention, Health Promotion and Social Inclusion: Addressing the Social determinants of health for Travellers	The focus for this programme is specifically related to addressing the social determinants of health for Travellers within the Healthy Communities Programme. Using a community development model, the objective of this funding invitation is to promote and enhance health outcomes for the Traveller community	Complete funding transfer to 5 new projects			Receive year end reporting for 5 new projects
Public Health, Prevention, Health Promotion and Social Inclusion: Health diversion scheme for people in possession of drugs for personal use					Finalise the new national drugs strategy

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Public Health, Prevention, Health Promotion and Social Inclusion: Domestic, Sexual and Gender Based Violence (DSGBV)	HSE National Domestic, Sexual and Gender-Based Violence Training trains staff to recognise and respond to victims of domestic, sexual and gender-based violence (DSGBV) in vulnerable or at-risk communities				3000 staff have completed the online Domestic, Sexual and Gender-Based Violence (DSGBV) Training programme
Public Health, Prevention, Health Promotion and Social Inclusion: Refugee and migrant health partnership	Establish how to integrate the specifics of refugee and migrant health research into mainstream health policy for public health in Ireland				Establish how to integrate the specifics of refugee and migrant health research into mainstream health policy for public health in Ireland
Public Health, Prevention, Health Promotion and Social Inclusion: Refugee and migrant health partnership	Commencement of participatory, qualitative research in women's reproductive healthcare				Commencement of participatory, qualitative research in women's reproductive healthcare
Disability Services: Progressing Disability Services (PDS) Roadmap for Service Improvement 2023-2026 Implementation	The Roadmap, launched on the 24th October 2023, contains a detailed plan of targeted actions to address the challenges and improve the services experienced by children and their families				Target first intervention for 8,250 children Target 50% AONs for completion (9,500)
Disability Services: Progressing Disability Services (PDS) Roadmap for Service Improvement 2023-2026 Implementation	The Roadmap, launched on the 24th October 2023, contains a detailed plan of targeted actions to address the challenges and improve the services experienced by children and their families				Recruit additional 40 therapy staff, 20 therapy assistants and 15 clinical psychology placements
Disability Services: Action Plan for Disability Services 2024-2026					Provide between 1,250 and 1,400 new day service placements for school leavers and graduates of rehabilitative training and progress an outcomes-focused monitoring system

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Disability Services: Action Plan for Disability Services 2024-2026	<p>The Disability Capacity Review to 2032 – A Review of Social Care Demand and Capacity Requirements to 2032 identified the demand for specialist community-based disability services. The focus is on people with more complex needs, encompassing about 80,000 service users, or about one in five of those reporting a disability 'to a great extent' in the 2022 Census</p> <p>The Action Plan for Disability Services 2024-2026 sets out a three-year programme designed to tackle the deficits highlighted in the Capacity Review</p> <p>The Action Plan is designed to provide additional funding for developments that will help build capacity within services, so that the benefits of these funding increases will be felt directly by the service user</p>	2024 Q3/Q4 Implementation Report preparation	2025 Q1/Q2 Implementation Report Preparation	Action Plan Mid-Way Review, 2025 Q1/Q2 Implementation Report	<p>Q3/Q4 Implementation Report Preparation</p> <p>Provision of an additional 95,000 personal assistant and 40,000 home support hours</p> <p>Support 21 people to move from institutional settings to community-based services in line with the policy, supporting individuals in line with their will and preference</p> <p>Provision of an additional 70 placements for people who are assessed as priority 1 for immediate occupation and 40 additional places for children and young people under the Joint Protocol with TUSLA (to be updated following the implementation review carried out in 2024)</p> <p>Provide between 1,250 and 1,400 new day service placements for school leavers and graduates of rehabilitative training and progress an outcomes-focused monitoring system</p> <p>Development of community neuro-rehabilitation teams in line with the Neuro-Rehabilitation Implementation Framework and enhance capacity for its implementation nationally</p>
Mental Health Services: Implementation of Connecting for Life	Report on progress on the implementation of Connection for Life and establish plan for transition to next strategy				New policy progressed and ready for implementation. 2015-2024 strategy completed and evaluated

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Mental Health Services: Enactment and commencement of new Mental Health Act	Progress the Mental Health Bill through the legislative process	Reinstatement of Bill by new Government and progress through Oireachtas			Enactment of Bill
Mental Health Services: Enactment and commencement of new Mental Health Act	Enactment of new Mental Health Act Commence drafting of new Regulations underpinned by the new Act	Background work for establishment of appropriate Inter-Departmental Working Group on community and other regulations	Establishment of pre-commencement implementation structures for Bill Establishment of appropriate stakeholder groups	Commencement of work to draft secondary legislation to complement the Bill	Commencement of work to ready system for new legislation across secondary legislation, capacity building, additional resources via Estimates process, and education and awareness raising. Progress of scoping and background work for regulations
Mental Health Services: Research and Innovation	Progress a structured approach research priorities in the mental health sector	Establish structures for implementation/monitoring of the research strategy			MH Research Strategy published, with implementation structure in place, and monitoring function of DoH and HRB agreed
Mental Health Services: Implementation of Sharing the Vision			Development and publication of Sharing the Vision Implementation Plan 2025-2027		Development of an outcomes measurement framework to measure performance and impact of mental health policy Development and publication of regular Implementation Status Reports for Sharing the Vision
Mental Health Services: Implementation of Sharing the Vision	Monitor the implementation of mental health service improvements in line with Sharing the Vision, our national mental health policy Continue governance support to NIMC and to produce and publish quarterly progress reports	Finalise the second Sharing the Vision implementation plan (2025 – 2027) in collaboration with the Department of Health	Launch the second Sharing the Vision implementation plan (2025 – 2027) in collaboration with Department of Health Prepare and publish implementation progress report for first six-months of 2025	Continued implementation of policy recommendations, in line with milestones set out in the 2025 – 2027 Sharing the Vision implementation plan	Prepare and publish year one implementation progress report with specific deliverables to include: Enhanced access to talk therapies in primary care settings Further development of crisis resolution services, in line with Model of Care Publication of national strategy for digital mental health Finalise shared care implementation plan Continued roll-out of national clinical programmes and models of care

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Mental Health Services: Implementation of Connecting for Life	Support ongoing implementation of the Connecting for Life, extended to 2024, focused on reducing the loss of life by suicide and reducing cases of self-harm	Ongoing implementation and evaluation of CfL strategy Complete evaluation of pilot phase of Cairde project for construction workers	Evaluation of CfL strategy completed Develop model for suicide bereavement support services Identify construction sites for expansion of Cairde project	Development of new strategy in progress Expansion of suicide bereavement service, to include enhanced SBLO capacity and two new peer support groups Expansion of Pieta suicide and self-harm intervention service Appoint Training Officer dedicated to building suicide prevention capacity of mental health staff Expansion of Cairde project in line with evaluation findings	Dept Health supported to develop new suicide prevention strategy Training Officer in place, with focus on training delivery to staff in Mental Health Services Delivery of suicide prevention gatekeeper training to 5,000 people (online and face to face) Expansion of Cairde project to 14 new construction sites
Mental Health Services: CAMHS	Support development of the Youth Mental Health Service Improvement programme Support the operation of the HSE Youth Mental Health Office to oversee implementation of identified service improvement priorities arising from Maskey report, MHC report and associated audits and reviews	Mental Health Navigator Tool Go-Live E-referral guidelines published	Revised CAMHS Operational Guideline published CAMHS inpatient bed review completed Launch Child and Youth Mental Health Action Plan	Youth Mental Health Website refresh Commence implementation of Child and Youth Mental Health Action Plan	Prescribing protocols published Single Point of Access model developed Draft integrated crisis response pathway developed
Mental Health Implement the National Clinical Programmes (NCPs) for Mental Health		Planning for the establishment of new multidisciplinary teams and the enhancement of existing teams across the following national clinical programmes as part of the approved 2025 budget:	Support the recruitment process for new and enhanced multidisciplinary teams	Monitor and manage the progress of recruitment for new and enhanced multidisciplinary teams	Completion of the recruitment and onboarding process for new and enhanced multidisciplinary teams across the seven national clinical programmes, as part of the 2025 budget allocation End of year report complete and published

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Mental Health Implement the National Clinical Programmes for Mental Health		Progress the launch of the Consultation Liaison Psychiatry Model of Care for Acute Hospitals, linked to Recommendation 60 of Sharing the Vision Progress the development of the ADHD in Children Model of Care, linked to Recommendation 20a of Sharing the Vision and arising from the Maskey Report	Complete sign off and launch Model of Care	Approve implementation plan for the Consultation Liaison Psychiatry Model of Care Finalise and approve model of care for ADHD in children	Rollout Consultation Liaison Psychiatry Model of Care Approve final draft of the ADHD in Children Model of Care
Mental Health Implement the National Clinical Programmes for Mental Health		Engage with Health Regions to support the implementation of the MHER Strategy "Engaged in Recovery". Complete Recovery Education review	Develop processes to support the implementation of the MHER Strategy in each Health Region Development of a Family Peer support worker Toolkit Develop implementation plan for MHER activity in each RHA area	Work with each of the Health Regions to progress the implementation of MHER Strategy Recruit senior peer support workers for RHA areas	Structures in place to support the MHER Strategy Develop a Recovery Education outcome measures tool Development of an improved IPS Data collection/reporting tool
Mental Health Forensic Mental Health Service:					Expand the bed provision of the Central Mental Hospital by 18 beds to 130
Older Persons Services: InterRAI rollout across Older Persons Services	Support the rollout of interRAI as the single assessment tool for older person services and utilise data outputs to inform resource allocation and policy decisions	Establish terms of reference for DoH / HSE oversight group and details of interRAI implementation plan	Monitor progress of the interRAI National Implementation Strategy in accordance with commitments set out in the HSE Service Plan	HSE update on development of a resource allocation decision making framework based on interRAI data Ensure that at least 327 healthcare professionals have been trained in interRAI assessment in each region	Progressive rollout of interRAI as the single assessment tool for older person services and data outputs used to inform equitable allocation of home support services Provide 24.3 million hours of Home Support
Older Persons Services: Reform of Home Support Services and Standardised Processes	Demographic and operational changes, national commitment to ageing in place and development of a statutory home support scheme require a HSE reformed model of service delivery and revised governance. Quality initiatives are required to standardise processes, create efficiencies and provide services that are responsive, person centred, and evidence based	Finalise Home Support Operating Model with end-to-end service user pathway and standard operating procedures	Progress interRAI implementation. Develop of Home Support Care Banding Framework and priority matrix	Progress interRAI implementation. Develop of Home Support Care Banding Framework and priority matrix	HS Operating Model, established Governance and KPI's established and operational Uniform standardised assessment with interRAI outputs informing responsive service delivery and policy decisions established and operational

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Older Persons Services: Improve the quality of Home Support Services in Ireland through the introduction of a regulatory framework	The [Health (Amendment) (Licensing of Professional Home Support Providers) Bill] will regulate home support services in Ireland	Bring forward Primary Legislation establishing the licensing and registration system for all providers of home support in Ireland	Finalise regulations and quality standards for home support services	Continue to develop registration processes and fee structure for a home support licence	Continue to prepare for the implementation and operationalisation of the licensing and registration framework for home support providers
Older Persons Services: Improve the quality of Dementia Services	Provide additional support for dementia services				Recruit six Consultant posts for Memory Assessment and Support Services Open three additional dementia day care centres Provide dementia day care at home for 50+ new clients Recruit 5 additional dementia advisors
Older Persons Services: Expansion of public residential care capacity by delivering 615 beds (additional and replacement)	€4m was provided in Budget 2025 to staff and operationalize community beds (long-term and short-term) in public residential care settings in 2025				615 beds staffed and operationalised by end 2025
Older Persons Services: Staff and operationalise the Housing with Support demonstrator project in Inchicore, Dublin	The Department of Health, alongside the Department of Housing, Local Government and Heritage, is supporting a housing with supports 'demonstrator project' in Inchicore in Dublin. This is a collaborative, cross-sectoral, and cross-departmental project that recognises the need for a joined-up approach to addressing the critical issue of creating housing choice for our ageing population		Housing with Support project to open with initial complement of residents		Housing with Support project to be fully operationalised with a full complement of residents

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Older Persons Services: Design and deliver a new €10m capital fund (Nursing Home Residential Premises Upgrade Scheme) to support nursing homes with HIQA premises compliance	This vouched scheme is open to eligible Nursing Homes registered with HIQA and the NTPF for the NHSS Scheme to apply for funding of up to €25,000 per nursing home to carry out works to improve compliance with Regulation 17 (Premises) of S.I. No. 415/2013 – Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended)	Scheme set up, communicated and launched and stakeholder engagement complete. First round of payments made. Ongoing scheme oversight and reporting	Second round of payments made. Ongoing scheme oversight and reporting	Third round of payments made. Ongoing scheme oversight and reporting	Fourth round of payments made. Scheme closed and end of scheme report issued
Older Persons Services: InterRAI rollout across Older Persons Services	Support the rollout of interRAI as the single assessment tool for older person services and utilise data outputs to inform resource allocation and policy decisions	Establish terms of reference for DoH / HSE oversight group and details of interRAI implementation plan	Monitor progress of the interRAI National Implementation Strategy in accordance with commitments set out in the HSE Service Plan	HSE update on development of a resource allocation decision making framework based on interRAI data Ensure that at least 327 healthcare professionals have been trained in interRAI assessment in each region	Progressive rollout of interRAI as the single assessment tool for older person services and data outputs used to inform equitable allocation of home support services Provide 24.3 hours of Home Support
Women's Health: Radical Listening Exercise	To enable women to share their views and experiences of the health sector and services				Delivery and collation of responses
Women's Health: Open the first Public Assisted Human Reproduction Centre	Deliver on the Programme for Government 2025 commitment to “establish our first public Assisted Human Reproduction treatment centre”, to be located at the Cork University Maternity Hospital Lee Road Clinic in Cork				Open the first Public AHR Centre in Cork in late 2025, commencing at least partial service provision before the end of 2025 with full service provision to be rolled out in 2026
Women's Health: Women's Health Action Plan 2024-2025, Phase 2: An Evolution in Women's Health	This Action Plan aims to build on the significant development of women's health services over the last two years as well as the delivery of new services. It is supported by investment of more than €11 million, bringing total additional funding for women's health to over €140 million since 2020				Launch of the Women's Health Action Plan 2024-2025, Phase 2: An Evolution in Women's Health

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Women's Health: Fund drug services for women with complex needs in efforts to reduce drug-related harms and premature deaths among this group	The allocation of €833,118 over two years is being provided under the Women's Health Action Plan to improve access to healthcare services for marginalised women. This initiative will develop integrated care pathways for high-risk drug users to achieve better health outcomes, a strategic priority under the National Drugs Strategy				Develop pathways to access gender-specific drug treatment services for women affected by addiction, homelessness and other forms of marginalisation
Women's Health: Marginalised Health					Implement Initiatives to increase our evidence base for Women's Health, targeted at marginalised women and at women at midlife and older
Women's Health Free contraception Scheme					Expansion of the Free Contraception Scheme to include Women aged 36 – 40
Women's Health Free contraception Scheme	Research Project commissioned in partnership with the NWCI to investigate barriers to accessing the Free Contraception Scheme with a focus on Marginalised Women			Research and Report finalised	
Women's Health: This Plan focuses on improving health outcomes for women in Ireland					Delivery of Progress Report of the Women's Health Action Plan 2022-2023
Women's Health The National Endometriosis Framework	The National Endometriosis Framework will set out the first time a defined clinical care pathway for women with endometriosis				Publishing of the National Endometriosis Framework. Expand the National Venous Thromboembolism Programme to include specific targeting of menopausal and post-menopausal women and women accessing hormonal contraception which has been funded under the Women's Health Fund

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Women's Health Women's Health Review Research	Women's Health outcomes: Review of evidence and gap map analysis carried out by the HRB for the Department		Review and report finalised		
Women's Health: Expansion of post-natal hubs	Postnatal hubs give women access to postnatal care in community settings, away from a hospital environment				Expand post-natal hubs by 4 delivering 9 in total by end of 2025
Women's Health: Expand Ambulatory Gynaecology clinics	HSE ambulatory gynaecology clinics carry out day procedures instead of requiring women to be as treated as hospital in-patients				Expand Ambulatory Gynaecology Clinics by 3 delivering 19 by end of 2025
Women's Health Delivery of State Funded HRT Scheme	The provision of state-funded Hormone Replacement Therapy products for all women who require it to treat their menopause symptoms				HRT Scheme is finalised and operational
Oral health: Oral healthcare workforce census	Conducting a workforce census, the results of which will provide an informed view to support workforce planning across the oral healthcare sector				Operationalisation of the workforce skills assessment framework across the oral healthcare sector in line with the National Oral Health Policy goals
Oral health: Mid-level professional grade	Potential introduction of a mid-level professional grade for the oral healthcare sector following a research exercise to design a scope of practice and establish a pilot programme		Pilot programme plan, recommendations and research report to be finalised and presented		Complete and publish policy paper on the future direction of mid-level professional roles, and finalise the roll out of the pilot
Oral Health: Framework for implementation of the National Oral Health Policy	Publication of the 2025-2027 Implementation Plan for the National Oral Health Policy and standing up of the associated implementation oversight structures		Publication of the 2025-2027 Implementation Plan for the National Oral Health Policy		

Strategic Priority 2: Improve Service Quality					
Programme	Description	Q1	Q2	Q3	Q4
Oral Health: Development and rollout of comprehensive oral healthcare packages for children	Complete clinical elements to facilitate rollout of new comprehensive oral healthcare packages for children aged 0-7 years and the design of proposed service model				Completion of clinical elements to facilitate rollout of new comprehensive oral healthcare packages for children aged 0-7 years Complete work on the design of a proposed service model
Oral Health: Development and rollout of preventative oral healthcare packages for adult medical card holders	Complete clinical elements to facilitate rollout of new prevention-focused comprehensive oral healthcare packages for adult medical card holders and the design of proposed service model				Complete clinical elements to facilitate rollout of new prevention-focused comprehensive oral healthcare packages for adult medical card holders Complete work on the design of a proposed service model
Oral Health: Oral healthcare reform for people in residential facilities	People living in residential settings are at risk of poorer oral health outcomes but currently have little access to care. Service reform will include both a structured needs assessment approach to inform the design of a new oral healthcare service providing professional examination, prevention and treatment, as well as a HSE Guideline to educate and enable healthcare staff in residential settings to develop and provide daily oral health care/hygiene plan for their residents	Publication by HSE of the new National Oral Care in Residential Care Guideline			Completion by HSE of a pilot oral health needs assessment programme in a sample of residential facilities (disability and older persons) in Cork and Kerry Publication by HSE of the new National Oral Care in Residential Care Guideline
Oral Health: Implementation of agreed priority interim amendments to the Dentists Act 1985	Developing priority interim amendments to the Dentists Act 1985, including provision for statutory CPD for Oral Healthcare Professionals and updating the Education provisions in the Act, as discussed between the Minister and the Dental Council	Commence stakeholder consultation on proposals for statutory CPD for oral Healthcare Professionals	Draft General Scheme of a Bill to enable priority interim amendments to the Dentists Act 1985		Subject to Government approval, a Bill published to provide for priority focused enhancements to the Dentists Act 1985

Strategic Priority 3: Build Capacity					
Programme	Description	Q1	Q2	Q3	Q4
SWFP: Increase Health and Social Care Student Supply	Work in collaboration with DFHERIS and Higher Education sector and HSE to increase the number of student places across health-related disciplines informed by long term-term health and social care workforce planning projections			Increase number of student training places in health-related disciplines informed by long term-term health and social care workforce planning projections	
SWFP: Finalise GP Strategic Review	Strategically review general practice identifying the challenges facing General Practice in delivering a sustainable service into the future and setting out the actions necessary to address those challenges in the context of delivering on the principles of Sláintecare		Complete draft report for review and consideration, fact checking and validation	Finalise Strategic Review and submit report and proposals to the Minister	
SWFP: General practice (GP) capacity:					Maintain the intake of 350 GP training places
SWFP: Long Term Strategic Health and Social Care Workforce Planning	Expand the scope and capacity of the health and social care workforce planning model by incorporating new datasets and research			Expand the scope and capacity of the health and social care workforce planning model by incorporating new datasets and research	
SWFP: Towards Person Centred Integrated Care Project	Project aims to assist the national authorities in Ireland to design, implement and evaluate as appropriate a workforce model for integrated care and improved coordination between acute care, and primary and community-based care		Complete Situation analysis report	Develop recommendations for the delivery of integrated care Design a proof of concept	Develop an evaluation of a pilot recommendation for integrated care

Strategic Priority 3: Build Capacity					
Programme	Description	Q1	Q2	Q3	Q4
SWFP: Increase number of Medical Postgraduate Education and Training Places informed by long term-term Medical Workforce Planning Projections	Increase specialist postgraduate training places and supply of medical professionals in the health service, in collaboration with HSE NDTP and Forum of Postgraduate Training Bodies			Increase in number of postgraduate training places in July 2025 in line with targets, including the establishment of 64 Senior House Officer posts to accommodate expedited GP training expansion	
SWFP: Implementation of the Recommendations of the National Taskforce on NCHD Workforce	Monitor and Report on progress with implementation of agreed NCHD Taskforce recommendations				Monitor and Report on progress with implementation of agreed NCHD Taskforce recommendations
SWFP: Develop Health Service resourcing strategies to address the gap between supply and demand	Ensure that the available workforce at each grade will meet current and future demands				Revision and implementation of a HSE Resourcing Strategy that meets the demands of the health service
Workforce Reform: Develop Policy on Advanced Practice in Health and Social Care Professions	Develop the Policy on Advanced Practice for Health & Social Care Professions and implement this policy for relevant roles based on patient need across the health service	Establish stakeholder engagement forums to inform next steps of policy development (DoH)	Establish implementation and oversight structures for the initial rollout (HSE)	Initial rollout of candidate Advanced Practice HSCP roles (HSE)	Develop a pathway for credentialling of Advanced Practice in Health and Social Care Professions (DoH)

Strategic Priority 3: Build Capacity					
Programme	Description	Q1	Q2	Q3	Q4
Workforce Reform: Enable physiotherapists to refer for radiological procedures including x-ray	Designation of appropriately trained physiotherapists to refer for medical radiological procedures, such as x-ray, supporting the delivery of effective and efficient patient care and resulting in less health professionals being involved in the patient pathway	Develop a robust regulatory mechanism with CORU as the regulator to support the amendment to S.I. No. 256 of 2018 to designate appropriately trained physiotherapists to refer for medical radiological procedures (DoH)	Progress implementation of the necessary legislative change to S.I. No. 256 of 2018	Engage with relevant stakeholders in the HSE to implement the policy to ensure quality and safe services through audit, monitoring impact on service delivery, in line with agreed outputs and outcomes, and implementation of radiation protection guidelines (HSE)	Complete and publish policy paper that guides physiotherapist referral for medical radiological procedures in Ireland
Workforce Reform: Developing workforce demand projections for defined professions in the community	To continue the programme of research with the ESRI to project workforce demand projections across care groups in the community	Workforce demand projections will be completed for the following professions in Primary care: Physiotherapists, Occupational Therapists, Dietitians, Speech and Language Therapists, Podiatrists, Psychologists, Audiologists, and Nursing	Workforce demand projections will be completed for agreed Services/ Professions in Older persons care (TBC at meeting with ESRI 03.12.24)	Workforce demand projections will be completed for agreed Services/Professions in mental health services (TBC at meeting with ESRI 03.12.24)	Workforce demand projections will be completed for agreed Services/Professions in Disability services (TBC at meeting with ESRI 03.12.24)
Workforce Reform: Developing workforce demand projections for defined professions in the community	Develop Clinical Infrastructure to support the growth of the HSCP and Nursing & Midwifery pipelines and workforce		To appoint regional HSCP leads to develop regional clinical infrastructure to support pipeline expansion	To develop a plan for the regional clinical infrastructure in line with the National Framework	To implement the regional clinical infrastructure in line with the National Framework
Workforce Reform: Developing workforce demand projections for defined professions in the community	To continue to develop resourcing strategies to meet the future needs of the organisation anchored in revised governance	To continue to implement resourcing and retention actions and initiatives	To support the regions in implementing TAE strategies to maximise and extend the candidate pool	To develop National resourcing governance that supports the six regions	To develop a new resourcing strategy and actions that meets the needs of the six regions and the HSE as a whole
Elective Treatment Centres	New dedicated Elective Treatment Centres in Dublin, Cork and Galway will be developed in line with the national strategy on elective day-case care. The development of these Elective Treatment Centres will facilitate the separation of scheduled (planned) and unscheduled (emergency) care	Finalise Stage 1 concept design	Complete priority surveys (Site Investigation, Topographical, GPR) for Cork & Galway and commence engagement with utility providers (ESB, IW)	Commence parallel programme for enabling works (to include detailed design, planning and procurement) Pre-planning engagement with Local Authorities for Cork & Galway (with a view to receiving full planning permission in 2026)	Complete scoping work to update capacity requirements for Dublin Elective Treatment Centres and progress detail design process

Strategic Priority 3: Build Capacity					
Programme	Description	Q1	Q2	Q3	Q4
Surgical Hubs	Progress the national elective ambulatory strategy through the development of six surgical hubs, one in each HSE Region	Commence demolition works/ construction for the Limerick Surgical Hub Commence operations in the South Dublin Surgical Hub	Commence recruitment for the North Dublin Hub and the Galway Surgical Hubs	Finalise equipping list for Dublin North and Galway and commence procurement	Complete construction works for the North Dublin Hub and commence operations
Planning Future Capacity	Identify future demand and capacity needs to inform long-term strategic capacity planning under Sláintecare	ESRI to provide capacity projections to 2040	National Capacity Review projections finalised	Regional Capacity Review projections finalised	
Planning Future Capacity	The Department will continue with implementation of SHIF, setting out the principles for the development and assessment of evidence-informed capital proposals. Common Appraisal Framework (CAF) will be embedded and will provide a streamlined, clear and proportionate approach to develop and appraise investment proposals		Common Appraisal Framework to go live		Full operationalisation of SHIF and CAF
Acute Bed Capacity	Increasing Acute Bed capacity in line with plans				Deliver additional acute bed capacity: 297 12 critical care beds 385 acute bed additions
Expansion of Pharmacy Services	Expansion of Pharmacy Services strives to improve services that can be delivered by pharmacists and pharmacies for the benefit of the public and the wider healthcare service These include the Common Conditions Service, and a broader role for pharmacists as independent prescribers		Develop the clinical protocols for each of the eight included common conditions, as well as protocols for contraception, including the appropriate clinical inclusion and exclusion criteria, formulary, and referral pathways	Finalise key enablers and designs for the Common Conditions Service, including training, regulatory instruments and operating requirements	Facilitate Community Pharmacies to introduce the Common Conditions Service Commence scoping work on further phases of the expansion of role of pharmacists

Enabling Reforms					
Programme	Description	Q1	Q2	Q3	Q4
Health Regions	Rollout of new Integrated Service Delivery (ISD) model commenced	Implementation of ISD Future State commenced	Change Management, Transition Planning & Implementation for ISD go-live completed		Structures for ISD will be in place
Health Regions	Staff redeployment from HSE Centre to Health Regions within HSE Centre functions complete	Regional Role requirements identified	Staff redeployment HSE Centre -> Health Regions complete		
Health Regions	Support and upskill staff within Health Regions		Training needs analysis (HSE) conducted	Phased learning plan for Health Regions and HSE Centre (HSE) developed	
Health Regions	Organisational design (including Operating Models) for the HSE Centre and the Health Regions will be complete and in place			Organisational Design complete	
Health Regions	The appointment of remaining roles at HSE Centre SMT level & Health Regions EMT level will be complete	Leadership appointments – Centre and Regions complete			
Health Regions	Core processes and new ways of working between the DoH, HSE Centre and the Health Regions will be agreed and implemented	Priority processes identified & handover to relevant owners complete		PBRA approach finalised for application to the estimates process Budget allocations informed and reflected in Estimates 2026	Health Evaluation Report completed, with findings disseminated and to DoH/HSE for incorporation into service planning & further programme implementation.
Health Regions	Budget allocations for Estimates 2026 and priorities will be informed by a population-based resourcing approach and decision-making framework			PBRA approach finalised for application to the estimates process	Budget allocations informed and reflected in Estimates 2026
Health Regions	Evaluation of the Health Regions Programme			Health Evaluation Report completed, with findings disseminated and to DoH/HSE for incorporation into service planning & further programme implementation	
Health Regions	Patient Engagement Councils			Regional Patient & Service User Engagement Councils established	

Enabling Reforms					
Programme	Description	Q1	Q2	Q3	Q4
Digital Health: Patient App	The National Patient App that will enable patients to view personal health information, improve care coordination, access information about health services available to them, manage their own digital health identity and communicate preferences and consent	Initial Go Live – available to the public on the Apple and Google app stores	Q2 major release, aligned with 2025 feature roadmap	Q3 major release, aligned with 2025 feature roadmap	Q4 major release, aligned with 2025 feature roadmap iPMS patient facing appointments available in HSE App Initial GP data set available in the HSE App
Digital Health: Integrated Financial Management System (NISRP)	Two corporate systems are being delivered across remaining statutory sites in 2025. The Finance Reform Programme is delivering a single, modern integrated financial management and procurement system (IFMS) for the health sector At the same time, the HSE is deploying NiSRP as a single, modern Staff Records and Payroll systems (NiSRP) across the HSE				IFMS system live for all remaining statutory sites across 6 Regions NISRP system live for all remaining statutory sites across 6 Regions"
Digital Health: Hospital Medicines Management System (HMMS)	The Hospital Medicines Management System (HMMS) project will replace obsolete pharmacy software with a modern, national standardised pharmacy system. It will streamline processes and operations within hospitals and provide more complete and consistent data on medications usage and related costs	HMMS go lives at the Rotunda Maternity Hospital HMMS go live at Connolly Hospital	HMMS go live at St Vincent's Hospital HMMS go live at CHI Crumlin HMMS go live at Phoenix Pharmacy (Community)	HMMS go live at Tallaght Hospital	HMMS go live South Infirmary Victoria University Hospital (SIVUH), Cork

Enabling Reforms					
Programme	Description	Q1	Q2	Q3	Q4
Digital Health: Maternity & Newborn Clinical Management System (MN-CMS)	MN-CMS is an electronic health record (EHR) for patients attending maternity hospitals and all newborn babies. The next phase of this programme will cover all remaining, dedicated maternity hospitals. This phase of the programme will result in 70% of births nationally and 60.5% of Neonatal Intensive Care Activity and in compliance with Sláintecare Strategic Action 10. Standalone maternity units will be addressed from 2026			MN-CMS go-live at Coombe Maternity Hospital	MN-CMS go-live at University Hospital Limerick Maternity Hospital
Digital Health: Health Information Bill	The Health Information Bill will help ensure timely and secure access to the health information that is needed to deliver improved care and treatment and for further use of health information in a range of important ways: health service management, policy and planning, and research and innovation		Bill progresses to Dáil Committee Stage Enactment of the Health Information Bill		Commencement of Part 2 'Duty to Share', systems-build sections in Part 3 'Digital Health Records', and Part 4 'Provision of Information to Executive'
Digital Health: CHI EHR	Deploy enterprise Electronic Health Record (EHR) and all related Clinical Applications required to support opening of new Children's Hospital		Complete Phase 3 – Integrated Testing	Commence Technical Testing In-Situ in NCH	
Digital Health: National Shared Care Record	Development of a shared care record to enable healthcare professionals located in different healthcare settings (such as, primary and community care and hospitals) to access a more complete view of a patient record when providing patient care. The shared care record provides value by bringing together information from various systems but is not as useful as an enterprise Electronic Health Record (EHR) – that has full READ/ WRITE capability	Procurement of technical platform complete and contracts in place	Planning and design completed	Clinical view of secure clinical data repository developed and tested	Phase 1 of data validation completed Onboarding of clinical users from first HSE region commenced

Enabling Reforms					
Programme	Description	Q1	Q2	Q3	Q4
Digital Health: Virtual Care in the Community	In 2025 building on pilot projects in the community setting-the ECC Programme, in conjunction with Virtual Care Governance Group, will select one Community Virtual methodology and deploy it six times, one in each Region. Further evaluation will test the potential for major investment and scaling in subsequent years and where best to benefit service delivery in the community to further implement the 'shift left'	Scoping exercise to identify the most impactful virtual approach in the community that can be readily scaled across 6 sites in conjunction with ICPOP Community Specialist Teams, encompassing existing digital landscape across ECC such as Attend Anywhere remote consultations, Healthlink, Heart Virtual Clinics & Area Finder etc	Implementation commenced in 6 agreed proof of concept sites	Commencement and ramp up of model across the 6 sites	Model in place in 6 sites and fully operational in context of UEC
ECC Telehealth – Improving Access	The ECC Programme working with Technology and Transformation is rolling out telehealth consistently across all ECC teams, with a view to boosting digital resources available at team level and improving productivity. This work aligns to the National Telehealth Roadmap and capitalises on the existing systems and equipment procured by eHealth	Commence Telehealth rollout to three proof of concept teams across CHNs, ICPOP and ICPCD	Commence Scale out of Telehealth to 6 additional CHNs, ICPOP and ICPCD CSTs each	Scale out Telehealth to ECC Teams in 3 of 6 Regions	Scale out Telehealth to the remaining Health Regions with 80% uptake across all ECC Teams
Digital Health: Demand and Capacity Visualisation Platform	High Performance Visualisation Platform is a single software approach to the provision of visual business intelligence information relating to sustainable improvement in access performance across health and social systems				

Enabling Reforms					
Programme	Description	Q1	Q2	Q3	Q4
Creating an Innovative Culture: Scale and mainstream Integration Innovation	The next phase of this Programme will focus on harnessing and integrating the work of other key stakeholders in the Health Innovation Funding space and adopt an organisation wide approach to Health Innovation which will be embedded in the new HSE Health Regions. The approach will be aligned to the Department of Public Expenditure, NDP Delivery and Reform's "Better Public Services," the new Strategy for "Public Service Transformation 2030 Strategy" and "Making Innovation Real," the Public Service Innovation Strategy 2020	Ongoing monitoring of implementation & performance of Round 3 projects Ongoing monitoring of implementation & performance of Round 2 projects, both original and extended projects Ongoing engagement regarding Stakeholder Mapping and review of existing approaches to health innovation and impact of introduction of Health Regions to adopt a system wide approach to health innovation that supports the new HSE health regions Identify themes for SIIF Round 4 Identify themes for SIIF Round 4	Launch call out for SIIF Round 4 funding Commence mid-year reviews and interim evaluations of Round 2 projects ending 31/12/25, and final evaluations with potential mainstreaming recommendations/plannings of Round 2 projects ending 30/06/25 Commence review evaluation of Round 3 projects via monthly review meetings	Commence appraisal, selection & contracting of Round 4 projects	Close out SIIF Round 2 projects Close out SIIF Round 3 projects Complete contraction and commence implementation of SIIF Round 4 projects Mainstream/scale successful SIIF Round 3 projects Complete contraction and commence implementation of SIIF Round 4 projects
Driving system wide Productivity improvements	A Savings and Productivity Taskforce has been established to assess, recommend, and oversee the implementation of opportunities and measures that will contribute to greater productivity, including a focus on local operational opportunities. The over-riding objective is to increase patient access to care within existing funding parameters				Report on reductions achieved to allow Regions to stay within non-pay budgets Report on productivity measures introduced to decrease the number of Did Not Attends and waiting times Optimise workforce by full implementation of POCC and deliver more health services over 7 days Implement Artificial Intelligence to reduce errors and duplication of diagnostic tests

Enabling Reforms					
Programme	Description	Q1	Q2	Q3	Q4
Sláintecare Governance and Oversight: Implementation and Evaluation	Scope out appropriate Terms of Reference for an assessment of SC2025+ to be undertaken in '26/'27 to include consideration of programme interdependencies, using HSPA and other agreed KPIs and incorporating findings from related Sláintecare programme evaluations, to understand the impact of Sláintecare Reforms on the delivery of health and social care services in Ireland				Project Leads have been requested to inform the SPMO of Sláintecare related project evaluations underway/ planned that would feed into overall assessment of Sláintecare implementation over the 10-year period
Sláintecare Governance and Oversight Communications and Engagement	From 2025 onwards, work will focus on sustaining and maintaining the momentum created to now, building on the good work done in the previous years and ensuring a consistent and continuous focus on engagement and communication			<p>Draft and publish a Sláintecare e-newsletter to update on Sláintecare progress</p> <p>Commence planning a Sláintecare annual conference</p> <p>Resume Sláintecare webinars providing an opportunity to share best practices and networking opportunities</p> <p>Conduct research in to ascertain the public awareness and understanding of Sláintecare and use the research findings to develop a comprehensive communication and engagement plan</p>	
Sláintecare Governance and Oversight Communications and Engagement	Sláintecare 2024 Progress report		Prepare and publish Sláintecare 2024 Progress report		
Sláintecare Governance and Oversight Communications and Engagement	Sláintecare 2025-2027 Universal Healthcare Action Plan		Prepare and publish Sláintecare 2025-2027 Universal Healthcare Action Plan		

Appendix 4: Glossary of Acronyms

ABF	Activity Based Funding
AI	Artificial Intelligence
AMRIC	Antimicrobial Resistance and Infection Control Action
ALoS	Average Length of Stay
AoN	Assessment of Need
CAF	Common Appraisal Framework
CAMHS	The Child and Adolescent Mental Health Service
CDNTs	Children's Disability Network Teams
CfL	Connecting for Life
CHI	Children's Hospital Ireland
CHNs	Community Healthcare Networks
CNA	Care Needs Assessment
CST	Community Specialist Teams
CVW	Community Virtual Ward
DAFM	Department of Agriculture, Food and the Marine
DCVP	Demand Capacity Visualisation Platform
DFHERIS	Department of Further and Higher Education, Research, Innovation and Science
DIME	Doctors Integrated Management E-System
DoH	Department of Health
DPENDR	Department of Public Expenditure, National Development Plan Delivery and Reform
DPS	Drug Payment Scheme
DTOC	Delayed Transfers of Care
ECC	Enhanced Community Care
ED	Emergency Department
EfP	Evidence for Policy
EHDS	European Health Data Space
EHR	Electronic Health Record
EMT	Executive Management Team
ESRI	The Economic and Social Research Institute
FAI	Football Association of Ireland
GAA	Gaelic Athletic Association
GNI	Gross National Income
GPACD	GP Access to Community Diagnostics
HBSC	Health Behaviour in School-Aged Children
HIQA	The Health Information and Quality Authority
HRB	Health Research Board
HSCPs	Health and Social Care Professionals
HSE	Health Service Executive

HSPA	The Health System Performance Assessment
ICGP	Irish College of General Practitioners
ICPCDM	Community Specialist Teams for Chronic Disease
ICPOP	Community Specialist Teams for Older Persons
IFMS	Integrated Financial Management System
IGEES	Irish Government Economic Evaluation Service
IHA	Integrated Healthcare Area
IMO	Irish Medical Organisation
InterRAI	International Resident Assessment Instrument
IOG	Implementation Oversight Group
IPDC	Inpatient and Day Case
ISFT	Invitation to Submit Final Tender
JCH	Joint Committee on Health
KPIs	Key Performance Indicators
LGBTI+	Lesbian, Gay, Bisexual, Transgender, and Intersex
MCPs	Modernised Care Pathways
MHP	Mental Health Promotion
NAS	National Ambulance Service
NCEC	National Clinical Effectiveness Committee
NCEP	National Care Experience Programme
NCHDs	Non-Consultant Hospital Doctors
NDTP	National Doctor Training and Planning
NIAC	National Immunisation Advisory Committee
NIMC	National Implementation and Monitoring Committee
NIMIS	National Integrated Medical Imaging System
NiSRP	National HR and Payroll system
NITAG	National Immunisation Technical Advisory Group
NMHP	National Mental Health Promotion Plan
NPSO	The National Patient Safety Office
NSHS	National Sexual Health Strategy
NSP	National Service Plan
NTPF	National Treatment Purchase Fund
OECD	The Organisation for Economic Cooperation and Development
OOH	Out of Hours
OPAP	The Obesity Policy and Action Plan
OPD	Outpatients Department
PBRA	Population Based Resource Allocation
PCCs	Primary Care Centres
PDS	Progressing Disability Services
PET	Patient Experience Time

PfG	Programme for Government
PHREAG	Public Health Report of the Expert Advisory Group
PLS	Pre-legislative Scrutiny
POCC	The Public Only Consultant Contract
REO	Regional Executive Officer
RPA	Robotic Process Automation
RSV	Respiratory Syncytial Virus
SCR	Shared Care Record
SHCP	Sláintecare Healthy Communities Programme
SHIF	Strategic Healthcare Investment Framework
SIIF	Sláintecare Integration Innovation Fund
SLT	Senior Leadership Team
SPMO	Sláintecare Programme Management Office
SPSAP	Sláintecare Patient Safety Assurance Project
StV	Sharing the Vision
TCB	Transitional Care Bed
TILDA	The Irish Longitudinal Study on Ageing
TSI	Technical Support Instrument
UEC	Unscheduled Emergency Care
ULHG	University Limerick Hospitals Group
WHO	World Health Organisation
WLAP	Waiting List Action Plan
WTE	Whole-time Equivalent

