



Rialtas na hÉireann
Government of Ireland

Sláintecare.

Right Care. Right Place. Right Time.

Sláintecare Implementation Progress Report 2024



Contents

Foreword - Minister for Health	4
1.0 2024 Highlights	6
2.0 Introduction & Overview	10
3.0 Strategic Priorities	12
4.1 Improve Access	14
Urgent & Emergency Care (UEC)	15
Waiting List Reduction & Reform	16
Primary Care Therapy - Access & Waiting List Management	18
Enhanced Community Care	18
Removing Private Care from Public Hospitals	23
Eligibility Framework	26
4.2 Improve Service Quality	27
Patient Engagement	27
Patient Safety Assurance & Quality	29
Public Health, Prevention, Health Promotion, & Social Inclusion	32
Women's Health	46
Disability Services	47
Mental Health	49
Older Persons	50
Oral Health	52
4.3 Build Capacity	53
Strategic Workforce Planning	53
Workforce Reform	54
Health Infrastructure including Elective Treatment Centres & Surgical Hubs	56
Expansion of Pharmacy Services	58
Planning Future Capacity	58
4.4 Enabling Reform	60
HSE Health Regions	61
Digital Health Transformation	63
Creating a Culture of Innovation	68
Driving System-wide Productivity Improvement	73
5.0 Governance & Accountability	77
6.0 Next Steps - Sláintecare 2025+	81

Foreword – Minister for Health

Government committed significant levels of investment in health in 2024 which helped to make real progress on achieving the vision of Sláintecare. As a result, we've seen significant improvements across our health and social care services for citizens including greater accessibility, improved waiting times, and reduced costs of accessing care.

As of December 2024, there were approximately 148,268 staff working in health and social care services in Ireland, an almost 24% increase over 2020 staffing levels. 2,770 consultants had signed the Public Only Consultant Contract (POCC) meaning we can better plan for greater levels of care and patient flow.

Access for patients to services has expanded, with up to 50% of the population now able to have a free GP visit card or a medical card. There are 179 Primary Care Centres operational nationally. We also have new services in operation, such as state funded IVF and the free contraception scheme for women aged 17-35 years.

Increased capacity in primary care and community settings in 2024 means more patients can be treated closer to home. At the end of last year, 95% of GPs had signed up to the Chronic Disease Management (CDM) programme and over 645,000 patient reviews had been carried out. 92% of patients with chronic disease now attend primary care for ongoing management of their chronic condition.

Digital innovations, such as the new HSE Health App, which will allow patients and service users to manage their digital health identity, personal health information, healthcare coordination, and access to health services, has been rolled out. This will help change how we access and engage with our health and social care services in the future.

Sláintecare continues to drive a patient centred approach including the establishment of our six new HSE Health Regions to deliver better integrated health service and social care focused on meeting the needs of our population.

Considerable progress made this past year is already making a real difference in strengthening healthcare services for individuals and communities. And our work is not yet done. I look forward to bringing a new multiannual plan for the implementation of Sláintecare for the period 2025 onwards which will set out the pathway towards achieving universal healthcare for all.



Jennifer Carroll MacNeill TD.
Minister for Health





1.0

2024 Highlights

2024 Highlights

Building on the milestones achieved in the Sláintecare Progress Report 2021-2023, significant levels of reform continued to be delivered in 2024, including:

Improve Access

- **Urgent & Emergency Care:** Significant reductions in the cumulative daily trolley count in 2024, with numbers down 11% vis a vis 2023 despite an 8% increase in the number of patients presenting to Emergency Departments.
- **Waiting Lists:** There has been an approximately 12% reduction in the total number of patients waiting over 12 months since December 2023, and a corresponding reduction of approximately 20% in the number waiting over 18 months. As a result of these improvements, as of the end of December 2024, approximately 85% of all patients who were waiting for care at the start of 2024 have been removed from the waiting list.
- **More hospital beds than ever before:** Since 2020, 1,195 new acute inpatient beds have been added, with plans for further expansion.
- **Increase in Residential Care Beds:** €13.7 million allocated in 2024 to deliver 985 community beds (long-term and short-term) in residential care settings. 871 beds delivered by the end of 2024.
- **Enhanced Community Care (ECC) Programme:** With 95% of GPs signed up to the Chronic Disease Management (CDM) programme and over 645,000 patient reviews by GPs in 2024, 92% of patients with chronic disease are now fully managed routinely in primary care and are not attending hospital for ongoing management of their chronic condition.
- **Primary Care Centres:** There are 179 Primary Care Centres (PCCs) operational nationally. 50 PCCs have been opened since 2020.
- **Public-Only Consultant Contract (POCC):** Approved by government in December 2022 and launched in March 2023.
- As of 11 December 2024, there were 2,770 consultants who had signed the POCC; this is made up of 728 new entrants and 2,042 change of contracts.
- **Eligibility:** In July 2024, the free contraception scheme for women was expanded to include all those aged 17-35. With nearly 2,400 GPs and 2,050 pharmacies participating, approximately 88,000 individuals used the scheme from September to December 2022, over 189,000 in 2023, and just under 287,000 from January to November 2024.
- **Free access to Assisted Human Reproduction Treatment:** Referrals for publicly funded AHR treatment began in September 2023. By end of January 2025, over 1,800 couples were referred for AHR services.

Improve Service Quality

- **The Healthy Ireland Survey 2024:** highlighted that 81% of the population report being in overall good or very good health, remaining broadly unchanged since 2023 (80%). Two in every five people (41%) have a long-term health condition confirmed by a medical professional, broadly unchanged since 2023 (40%).
- **National Men's Health Action Plan:** Healthy Ireland - Men (HI - M) 2024 - 2028 was published in November 2024.
- **National Mental Health Promotion Plan:** *Pathway to Wellbeing* published in December 2024.

Build Capacity

- **Strategic Workforce Planning and Workforce Reform:** 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.

- **The Acute Inpatient Bed Capacity Expansion Plan:** Published in 2024 setting out a total planned capacity for delivery of 3,438 additional new acute inpatient beds and 929 replacement acute inpatient beds over the period 2024 to 2031.
- **Elective Treatment Centres:** Preferred sites for Elective Treatment Centres in Dublin at Connolly Hospital and the current Children's Hospital in Crumlin were identified during 2024. These are in addition to the sites previously identified for Cork (at St Stephens Hospital) and Galway (at Merlin Park). Key progress included the appointment at the end of 2024 of an Integrated Design Team to provide architectural, design and engineering services and a Project Control Team to support the HSE to manage, control and administer the design/construction programme. The total additional capacity to be provided by the Elective Treatment Centres is estimated to be 977,700 annually.
- **Surgical Hubs:** While longer-term capacity is being planned and delivered through the new elective treatment centres, the development of 'Surgical Hubs' at locations across the country will enable delivery of over 28,000 day-cases, minor operations and outpatient consultations annually. Construction of the first of these was completed at the end of 2024 at Mount Carmel, Dublin South and opened in early 2025.
- **Digital Health:** *Digital for Care 2030: A Digital Health Framework for Ireland 2024-2030* was published in May 2024.
 - HSE Health App: Up to 1,500 patients trialled the HSE's new Health App in late 2024, with a wider roll-out planned for 2025.
 - National Shared Care Record: The National Shared Care Record will enable the health system to gather patient data from primary, community and acute settings and present it as one unified digital health record.
 - National Electronic Health Record Programme: A new integrated National Electronic Health Record (EHR) programme has been stood up with the initial focus on developing the preliminary business case and procurement strategy.
 - Acute Virtual Wards (VW): These are now live in two HSE Health Regions (Limerick in the Mid-West and St Vincent's in Dublin Southeast). Four more are planned for delivery in 2025.
- **Creating a Culture of Innovation:** 16 projects were funded to test as a proof of concept in 2024 under Rounds 2 & 3 of the Sláintecare Integration Innovation Fund (SIIF). The Sláintecare Programme Management Office (SPMO) is currently preparing for the SIIF Round 4 callout in 2025. The priority themes for SIIF funded projects in 2024 included: Digital Innovation in service delivery, Workforce Reform, New Models of Integrated Care, and Improving Oversight and Partnership in the health sector.
- **Productivity and Savings Task Force:** Established in January 2024, to achieve savings and efficiencies across the HSE and optimise the use of health funding by delivering safe health services to as many people as possible in a timely way. By achieving an overall expenditure outturn within the revised expenditure limits in 2024, the HSE achieved its full €251 million savings target for 2024.

Enabling Reform

- **HSE Health Regions:** Health Regions commenced on 4 March 2024 and all six REOs were in post by April 2024. Each Integrated Healthcare Area provides local services within its Health Region, serving a population of between 120,000 and 420,000 people. Hospital Groups and CHOs were stood down from 1 October 2024.







2.0

Introduction & Overview

Introduction & Overview

In 2017, the Oireachtas Committee on the Future of Healthcare in Ireland published the Sláintecare report which set out a new vision for the future of healthcare in Ireland – for a universal health and social care service where everyone has equitable access to services based on need, and not ability to pay. Sláintecare is the most significant reform programme in Ireland's Health Sector and one of the most significant reform programmes in the history of the State.

The initial 2018 Implementation Strategy was succeeded by the Sláintecare Implementation Strategy & Action Plan 2021–2023, approved by the government and published in May 2021. It built on the reform progress made in the first three years as well as incorporating learning from COVID-19 and commitments made under the Programme for Government.

Sláintecare aligns with and is supported by a series of national policies and strategies such as Ireland's National Cancer Strategy, National Trauma Strategy, and National Ambulance Service Strategic Plan 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.



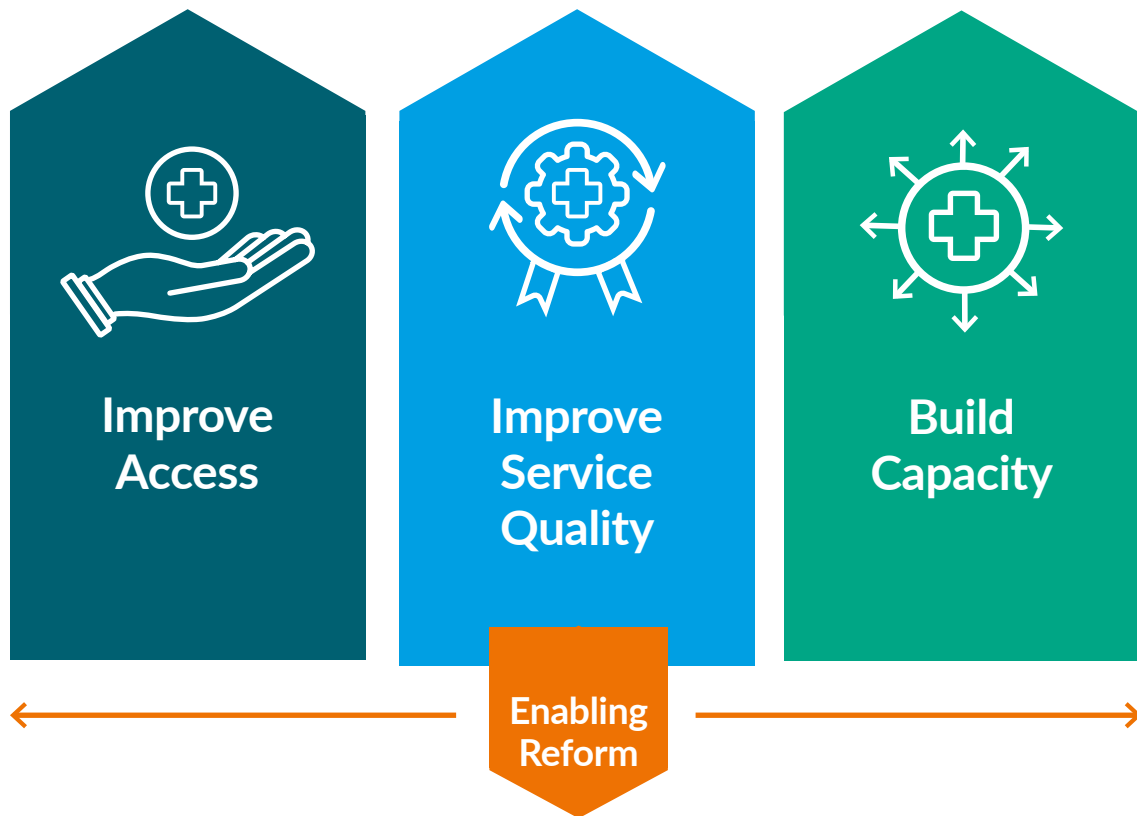


3.0

Strategic Priorities

Strategic Priorities

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



In 2024, Sláintecare reform focussed on three strategic priority areas for Ireland's health and social care system:

- 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 the 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.

Sláintecare is ensuring that improved patient experience and outcomes are the central focus of our reform programme to improve health and social care services in Ireland.

Sláintecare is enabling faster and fairer access to services for people as well as improving the overall quality of those services. Expanding eligibility and improving affordability of services is critical to achieving the Sláintecare goal of universal healthcare. Expanding capacity across primary, community, and acute settings is vital to keep pace with the needs of our growing and ageing population.

There has been a renewed focus on improving productivity in 2024 to ensure the best value for public investment is achieved while also optimising patient outcomes and experience. Specific and targeted reforms, such as the HSE Health Regions and Digital Health Transformation Programme, are designed to improve the overall efficiency, effectiveness and responsiveness of our health and social care services to the health needs of the people of Ireland.



4.0

Improve Access

4.1: Improve Access

Improving timely access to care is a key Sláintecare priority. The focus 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. Patients who need hospital care should be able to access quality, safe care when they need it.



Urgent & Emergency Care (UEC)

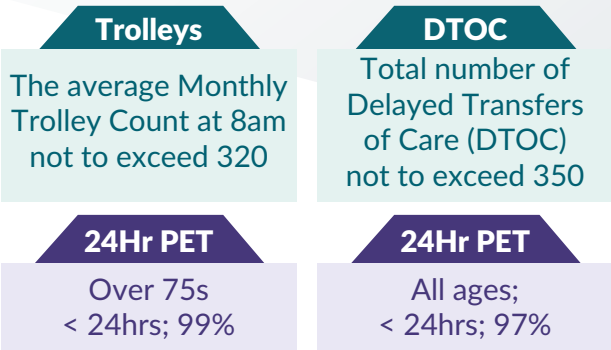
The volume of attendances at our Emergency Departments during 2024 increased by 8% compared to 2023 equating to approximately 116,800 additional visits. The profile of health risk across the population, combined with ageing, means an increase in the number of people living with chronic disease and frailty who need healthcare. One third of adults aged 75 years and older are living with frailty in Ireland and up to 70% of older adults who present to ED are living with frailty. ED attendances in those aged 75 years and older increased by 11% compared to 2023 and admissions increased by 10% across the same period.

This demand growth combined with demographic changes and other health system capacity challenges, is resulting in sustained and record UEC pressures almost all year round.

Key Performance Indicators (KPIs)

Following on from the delivery of the 2023 UEC Operational Plan, the number of patients on ED trolleys fell by 15.8% between July and December of 2023 compared to the same period in 2022. In 2024 there was a renewed focus on achieving UEC targets while also managing increasing levels of demand. The full set of UEC KPIs was set out in the National Service Plan (NSP) 2024. The delivery of this UEC Operational Plan has been measured against the following four KPIs in particular.

The **2024/25 UEC Operational plan** is based on four Key Performance Indicators:



2024 UEC Progress

- There has been a significant reduction in the cumulative daily 8am trolley count over 2024, with numbers down 11% (over 13,500) when compared to 2023.
- This reduction has been achieved despite an increase in the number of patients presenting to Emergency Departments, with comparative analysis for 2024 versus 2023 showing an 8% increase in overall attendances (over 116,800 patients) and an 11% increase in attendances for 75 years and older patient cohort (over 22,300 patients).
- Far fewer older patients experienced long waits in Emergency Departments this year, with the number of patients, aged 75 years and over, waiting more than 24 hours in Emergency Departments nationally, falling by 4% (over 800 patients).
- The volume of weekend discharges (Friday - Sunday) from acute hospital beds increased by 15%* in 2024 compared to 2023, while total discharges increased by approximately 12%. This may demonstrate the positive impact of the new consultant contract. **(St. Vincent's and Wexford excluded from calculations).*
- The most significant reductions in 8am TrolleyGAR¹ counts were in MRH Tullamore (down 100%), MRH Mullingar (down 58%), St. Luke's in Kilkenny (down 55%), CHI Temple Street (down 49%), CHI Crumlin (down 45%), Portiuncula UH (down 38%), Mayo UH (down 31%), and Tipperary UH (down 30%); while TrolleyGAR for Waterford UH has remained at zero for the year.
- A handful of sites account for half of all trolleys. During 2023 and 2024 there has been congestion levels of concern at some sites including: UH Limerick, Cork UH, Galway UH, St. Vincent's UH, and St. James's.
- Continued support is needed for those sites under pressure and consistent implementation of the reforms and changes proven to work.

- During 2023 and 2024, other sites consistently managed congestion levels very well, examples of these include: Connolly Hospital, MRH Tullamore, MRH Mullingar and UH Waterford.

Our Emergency Departments see up to 5,000 patients a day and the vast majority of patients who need a bed, get one, and do not spend an extended period of time waiting on a trolley. This is happening while our health service is also experiencing a significant increase in demand for elective care.

The improved performance has been driven through the delivery of the UEC operational Plan and by the significant increase in system capacity with an additional 28,298 people working in our health service since the end of 2019 from 119,813 WTE to 148,111 WTE in November 2024 and 1,195 acute hospital beds, and hundreds of community beds added since the end of 2019.



Waiting List Reduction & Reform

It is recognised that acute hospital scheduled care waiting lists are far too long, and that many patients are waiting a long time for care. In response to these challenges, the multi-annual Waiting List Action Plan (WLAP) approach was implemented to sustainably reduce and reform hospital waiting lists and waiting times. Each of the WLAPs from 2021-2023 achieved reductions in overall waiting lists and the **WLAP 2024** built on this progress in terms of reducing waiting times.



¹ TrolleyGAR reports on the daily urgent and emergency care numbers and shows the status of hospitals every day at 8am.

2024 Waiting List Reduction & Reform Progress

- Waiting list figures for the end of December 2024 show that there have been significant reductions in the number of patients waiting longest. There has been a c. 12% reduction in the total number of patients waiting over 12 months since December 2023, and a corresponding reduction of c. 20% in the number waiting over 18 months. As a result of these improvements, as of the end of December 2024, approximately 85% of all patients who were waiting for care at the start of 2024 have been removed from the waiting list.
- In addition, at the end of December 2024, the number of patients waiting or at risk of waiting over 3 years had decreased by c. 73% (c. 25,000) patients since January 2024.
- Improvements in terms of the length of time patients are waiting can also be seen in the progress achieved towards the Sláintecare targets. Since September 2021, there has been a c. 25% reduction in the number of people on the waiting list who are waiting longer than the Sláintecare targets. This equates to approximately 148,800 less people breaching these targets.
- Through the impact of the WLAP approach, since its introduction in September 2021, there have also been significant improvements in the average length of time that patients are waiting. For example, the weighted average waiting time for Out-Patient Department (OPD) reduced from 12.8 months in September 2021 to 6.8 months at the end of December 2024. This represents a decrease of approximately 47%. Over the same period, the weighted average waiting time for In-patient Day Case (IPDC) decreased from 9.1 months to 6.0 months – a c. 34% fall. For GI Scopes, the weighted average waiting time fell from 6.9 months to 2.7 months – a c. 61% decrease – during that period.
- However, while we have seen improvements in waiting times, higher than anticipated levels of additions to waiting lists has resulted in the volume of patients waiting remaining too high.
- At the end of December 2024, there were 673,962 people on the active hospital waiting lists, which represents an increase of less than 0.5% (i.e. 2,549) from January 2024. While the volume of patients on the waiting lists was behind target, the trend improved in the latter part of 2024 and since the end of August, the overall waiting list reduced by c. 38,900. A significant factor in this decreasing trend was the continued improvement achieved in the OPD waiting list, which in December reduced for the fourth month in a row.
- There were 1.814 million people added to, and 1.812 million people removed from our acute hospital waiting lists in 2024. The high number of removals is reflective of the increased levels of activity being achieved in the delivery of scheduled care in acute hospitals. **The HSE's hospital activity report** covering the full year 2024 outlines that there were approximately 3.9 million OPD and c. 1.9 million IPDC attendances during that period. In comparison with the levels of activity delivered in the full year 2023, these figures represent increases of c. 9% for OPD activity and c. 5% for IPDC activity.





Primary Care Therapy - Access & Waiting List Management

It is acknowledged that there is an urgent need to ensure a consistent approach at a national level to waiting list management in primary care to improve access and patient experience regardless of location. The Programmatic Approach to addressing Primary Care Therapy Waiting Lists continues with focus on both short-term and long-term solutions to address increased waiting lists for Primary Care Therapies. As part of the programme, three workstreams have been established across activity analysis & productivity, measures to address long waiters and development of Waiting List Management Protocol.

Throughout 2024, under workstream 1, initial Primary Care productivity analysis was conducted across five key Primary Care Therapy services; Physiotherapy, Occupational Therapy, Speech and Language Therapy, Podiatry and Dietetics. Acknowledging that there is a need for shorter-term measures to address the current scale of waiting lists, in 2024, the focus of workstream 2 was on the development of measures, at a national level, to address those waiting more than a year to access primary care therapy services, with a view to implementation in 2025.

The focus of workstream 3 is on the development of a Primary Care Therapy Waiting List Management Protocol, which is being supported through the joint HRB/ Department of Health Evidence for Policy programme. In 2024, a research team was appointed through the Evidence for Policy programme 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 the consistency of overall patient experience.



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.

Since its launch in 2020, the ECC Programme has expanded significantly, establishing 96 Community Health Networks, 53 combined ICPOP and ICPCD Community Specialist Teams and deploying over 2,800 additional healthcare staff to support multidisciplinary care models. Community Specialist Teams for Older People (ICPOP) and Chronic Disease (ICPCD) provide targeted interventions for frail patients and those with long-term conditions, reducing hospital dependence and enabling home-based care.

The ECC 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. The Programme also enhances GP access to community diagnostics, mobile medical services, and telehealth solutions, improving accessibility and efficiency. In 2024, over 42,000 people were supported by Alone, a voluntary partner, in delivering and facilitating co-ordinated support, visitation support, befriending, age friendly housing technology and community supports. Through these initiatives, the ECC ensures that more people receive proactive, high-quality care in their own communities, reducing pressure on acute hospitals while improving long-term health outcomes.

Community Healthcare Networks

96 Community Healthcare Networks (CHNs) have now been established, providing the foundation and organisational structure through which integrated care is being enhanced to deliver locally at the appropriate level of complexity, with GPs, Health and Social Care Professionals (HSCPs), Nursing Leadership and staff, empowered at a local level to drive integrated care delivery and supporting egress in the community. CHNs on average serve a population of 50,000, working to improve integrated team working in primary care services, targeting service delivery on the basis of assessed local population needs and focusing on the productivity of healthcare service providers.

Patients who attend their GPs are being electronically referred via HealthLink to their local CHN to access services. In 2024, Community Healthcare Networks saw almost 1.4m patients nationwide.

The transformational aspect of CHN development relates to the shift from undiscipline working towards a multidisciplinary team-based approach linking general practice, CHNs, CSTs, ambulance and acute services in more integrated service delivery based on population need.

Community Specialist Teams

The work of the Integrated Care Programme for Older People (ICPOP) and that for Chronic Disease (ICPCD) has led to improved outcomes

particularly for older people who are frail, and those with chronic disease. The ICPPOP and ICPCD models of care provide specialist multidisciplinary teams in the community setting, aligned to CHNs. CSTs service a population on average of 150,000, with each aligned to, and providing services to three CHNs.

The teams are co-located in hubs situated in or adjacent to Primary Care Centres, reflecting a shift in focus away from the acute hospital towards primary care, general practice and a community - based service model. This is being delivered by the ECC Capital Programme investing between €290m - €340m capital costs, with an additional circa €25m ongoing revenue for leasing costs.

Case Study Empowering Independence: How Personalised Care Transformed Linda's Journey

Linda, a 75-year-old resident of Carlow, was struggling with illness for three and a half years. During this time, Linda's increasing frailty significantly impacted her independence and overall well-being. Recognising the need for comprehensive support, her GP referred her to the Carlow/Kilkenny Integrated Care Programme for Older Persons (ICPOP), established in 2021 to provide tailored, integrated care services for older adults.

Upon referral, Linda was promptly assessed by the ICPPOP team, which comprises a multidisciplinary group of specialists, including social workers, occupational therapists, nurses, and a consultant geriatrician. Clinical Nurse Manager Elaine notes that referrals come from various sources such as GPs, the National Ambulance Service, geriatricians, and acute hospitals. Linda's case, like others, was discussed in a multidisciplinary team meeting to create a personalised care plan.

The ICPPOP team develops personalised care plans that are centred around the unique preferences and needs of other older adults like Linda. Owen, a medical social worker, emphasises their inclusive approach: "We strive to ensure that every individual, including Linda, is an active participant in their own health and social care journey." The ICPPOP Community Connector, Sarah, plays a crucial role in linking Linda and other service users to the most suitable Community Healthcare Network (CHN) supports and services. Together, they focus on developing well-being plans in collaboration with organisations like ALONE. This personalised approach is designed to empower Linda and other older adults to age well at home, while minimising their need for acute care.

Linda is thankful for the support she received, which has enabled her to continue ageing well at home. Reflecting on her experience, she shares, "It gave me back my faith in doctors and nurses." The ICPPOP initiative underscores the significance of coordinated care in improving the quality of life for older adults, illustrating how personalised interventions can revolutionise healthcare delivery and facilitate aging in place.

Integrated Care Programme for Older People (ICPOP)

In 2024, the ICPOP Community Specialist Teams (CSTs) had a total of 133,000 patient contacts (a 37% increase from 97,000 in 2023), and achieved the following outcomes:

- 81% were discharged home
- 5% were admitted to acute hospitals
- 5% were admitted to long term care
- 12% of people (target is 10%) were reviewed on same day / next day of referral, reflecting timely review by the team of more urgent cases

- 67% of people (target 55%) assessed by the CSTs have a Clinical Frailty Score (CFS) of 5-9, representing more severe frailty, demonstrating that progress is being made in prioritising complex and more frail patients and therefore supporting community-based intervention and avoiding admission to the acute setting

This demonstrates that the ICPOP teams are seeing complex and more frail patients urgently and that most of such cases are discharged home as opposed to having to go to an acute hospital.

Case Study ICPOP – Dementia

Kevin, a 61-year-old man living in Cork, began experiencing health difficulties while living abroad. As a result, Kevin and his wife returned to Ireland, where his GP referred him to a neurologist. Following a DaT Scan (dopamine transporter scan), Kevin was diagnosed with Lewy Body Dementia in 2017. Kevin's predominant symptoms included a sleep disorder, hallucinations and visual difficulties.

Kevin's GP referred him to an Occupational Therapist in the Community Healthcare Network, who completed an assessment of Kevin's home to support him to remain safely at home with his wife, Helena. His GP introduced him to a local Dementia Advisor who spoke with him about the health and community services and supports available. Kevin was encouraged to join the Irish Dementia Working Group, an advocacy group for those with dementia. He now considers himself an advocate, serving as chair of the Irish and European dementia groups and co-founding Lewy Body Ireland.

Kevin expresses joy in advocating, saying, "There is a special bond, a purpose." He started a Memory Café in a nearby village to support others with dementia, collaborating with the Community Healthcare Network and his GP. The Café receives support from a dementia advisor, Public Health Nurse, and other specialists.

Grateful for the support he receives, Kevin has a call with his GP monthly, and meets his Neurologist once every 3 months, both in person and via phone consultation.

Community support enables Kevin to live fully, Kevin states he has "a wonderful life, despite my diagnosis".



Chronic Disease Management (CDM) and Integrated Care Programme for Chronic Disease (ICPCD)

With 95% of GPs signed up to the CDM programme and over 645,000 patient reviews by GPs in 2024, 92% of patients with chronic disease are now fully managed routinely in primary care and are not attending hospital for ongoing management of their chronic condition. The CDM Programme is made up of three strands, namely:

- CDM Treatment Programme
- CDM Prevention Programme (PP)
- Opportunistic Case Finding (OCF) Programme

These programmes are available to over 430,000 Medical Card or GP Visit card patients. There were 158,000 reviews undertaken as part of the CDM PP and 77,000 OCF reviews in 2024. GPs are referring patients who cannot be managed within general practice to the Community Specialist Teams (CSTs) for Chronic Disease demonstrating the end-to-end pathway in the delivery of care in the community. Increased GP direct access to chronic disease diagnostics (Echocardiography, Spirometry and the NT-proBNP blood test) has also been implemented as part of the programme.

ICPCD CSTs in 2024 had:

- Over 354,000 patient contacts (a 128% increase from 155,000 in 2023)
- Over 13,000 new patients seen by Cardiology, Diabetes and Respiratory IC Consultants & their acute based teams. Of which:
 - Over 5,000 were Direct Hub referrals from General Practice demonstrating the UEC priority of hospital avoidance
 - Almost 8,000 were new patients seen from OPD Waiting Lists

The implementation and rollout of the ICPCD Programme has resulted in a 16% reduction in Chronic Disease hospital admissions since 2019-2023, significantly lower than the 3.6% reduction for all medical admissions.

GP Access to Community Diagnostics

GP Access to Community Diagnostics (GPACD) is an integral component of the ECC programme, with GPs referring adult patients for an identified range of radiology diagnostic tests consisting of X-ray, Dual-Energy X-ray Absorptiometry (DEXA), Computed Tomography (CT), and Magnetic Resonance Imaging (MRI) imaging studies, regardless of the patient's financial circumstances.

This programme has resulted in a reduction of over 85% in the number of patients requiring diagnostic referral to emergency departments or acute medical units, and approximately 25% diverted from public hospital radiology departments.

In 2024, over 280,000 scans of various modalities were completed, which consisted of 174,000 MRI scans (61.3%), 61,000 X-ray (21.6%), 19,000 CT scans (6.8%) and 29,000 DEXA scans (10.3%).

Mobile Medical Service

Aligned to the GPACD scheme the mobile X-Ray service provides services to those residing in nursing homes, community disability units and in their own homes for whom attendance for an X-Ray outside their home would prove challenging. In 2024, 7,200 patients were provided with mobile X-Ray diagnostics through this service. Of these patients, 95% x-rayed (7,100) were treated at home and did not require transfer to hospital, the majority of these residing in nursing homes.

Community Intervention Teams (CITs)

Community Intervention Team (CIT) service prevents unnecessary hospital admission or attendance, facilitates early discharge of patients for whom CIT care is appropriate. Providing access to nursing and home care support, usually from 8am to 9pm, seven days per week. Services include administration of home IV antibiotics, acute anticoagulation care, acute wound care and dressings, enhanced nurse monitoring following fractures, falls or surgery, care of a patient with a central venous catheter and urinary related care among others.

There are 23 Community Intervention Teams (CITs) operating nationwide. There were 96,962 referrals to CIT / OPAT (Outpatient Parenteral Antimicrobial Service) in 2023, which resulted in 39,772 bed days saved which averages at 109 bed days a day. In 2024, CIT activity continued to trend upwards with 111,700 referrals, representing a 16.4% increase on 2023, and 37.3% ahead of target.

ECC Digital Enablement

Digital enablement brings together digital and clinical expertise to transform services and further improve operational productivity and patient experience in engaging with health care services. It minimises the barriers faced by patients in accessing healthcare, offering care closer to home.

- **HealthLink:** In 2024, GPs made 123,850 HealthLink Referrals to CHNs, 8,400 to ICPOP specialist teams, and 55,900 to ICPCD specialist teams.
- **Area Finder:** The HSE Area Finder digital tool enables users to identify Community Healthcare Networks and access contact information for healthcare services, including Community Healthcare Networks, Public Health Nursing, Children Disability Network Teams (CDNT), Community Specialist Teams for older people and Community Specialist Teams for chronic diseases. In 2024, Area Finder had been accessed almost 300,000 times, with map views amounting to over 10,000 and email addresses copied over 30,000 times. A link to the HSE Area Finder can be found [here](#).
- **Data Analytics Demonstrator Project:** The objective of the Data Analytics Demonstrator Project is to develop and test a proof-of-concept predictive model. The model identifies patients at high risk of needing unscheduled care, and therefore considered high volume consumers of unscheduled bed days. The ultimate objective is to reduce their need for unscheduled care and move their care to community based preventative pathways.
- **ECC Team Activity Metrics - data visualisation:** This process employs a standard methodology and process for data return, collection, collation, analysis, and reporting of metrics and uses a data visualisation tool (Workbench) for analysis and reporting data. This visualisation solution allows for the viewing and analysis of ECC Programme data at team, Integrated Healthcare Area and Regional levels, respectively. This provides real-time analysis, identifies emerging trends, and enables effective performance management, allowing for a view of high-performing teams, their targets and a comparative view for other teams in that Health Region.
- **SMILE-2:** This Project (Supporting Multimorbidity Self-Care through Integration, Learning and eHealth) is a Sláintecare Innovation Fund Project covering the Southeast. It is a virtual case management service for people with multimorbidity and high need, covering a total of eight conditions including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Asthma, Heart Failure, Coronary Heart Disease, Cerebral Vascular Accident, Hypertension and Erythema.
- **The Heart Virtual Clinic (HVC):** model has been established and is funded for GPs. It allows for virtual advisory consultations between consultants and GPs. This service provides flexible access to specialist cardiology advice, reducing ED attendance and hospital OPD referrals, while offering easy, timely access to specialists for those in rural areas, facilitating the continuity of shared care. There are currently 9 Chronic Disease CSTs delivering HVCs, with approximately 1,300 direct referrals received by the end of 2024, resulting in nearly 800 patient contacts.
- **Telehealth:** in line with the National Telehealth Roadmap 2024-2027 and working with eHealth, an ECC approach to Telehealth (Attend Anywhere) has been developed and communicated with the regions and national rollout has commenced.

Case Study New Ways of Working in the Southeast through Telehealth for Chronic Disease Management

John*, a retiree living with COPD, is supported through the SMILE-2 project, a telehealth service established in the Southeast to support patients with chronic diseases, aiming to reduce emergency department (ED) visits and hospital admissions, and facilitate better self-management. The initiative integrates services to ensure that patients with chronic conditions are supported in the community, avoiding unnecessary hospital visits, aligning with Sláintecare's goals of providing care close to home.

Before SMILE-2, patients with chronic diseases faced frequent hospital visits. The project allows for interventions to be made by a team of triage nurses, who monitor patients daily using wearable devices, tracking various health metrics, including blood pressure, blood sugar levels, oxygen levels, weight, and activity.

Early intervention and care is provided as needed.

John benefits from these services and appreciates the sense of comfort that comes from knowing his health is being continuously assessed: "It really gives a peace of mind, knowing your health is being constantly monitored....If something's odd they ring me."

Data from the final evaluation of SMILE-2 indicates that patients who accessed the programme for 6 months had a:

- 55% reduction in ED visits
- 75% reduction in hospital bed nights used
- 81% reduction in urgent GP visits

SMILE-2 demonstrates significant benefits in managing chronic diseases, leading to improved patient outcomes.

*Details have been changed to protect privacy



Removing Private Care from Public Hospitals

The introduction of the Public Only Consultant Contract (POCC) on 8 March 2023 was the first step in the removal of private care within public hospitals. New entrants on this contract will not be able to engage in private practice within the public system and all serving consultants who moved to the new contract in 2023 will cease private practice by the end of 2025. Consultants who switched from 2024 onwards have 6 months to wind down their private practice in public hospitals. Serving consultants who do not switch will see their private practice within the public system decline over time.

The contract explicitly provides for an extension of consultant core working hours to 10pm Monday to Friday, as well as Saturdays 8am-6pm.

This will double the hours when consultant-delivered services will be available across many areas of the health service, including EDs, leading to a significant improvement in the delivery of care.

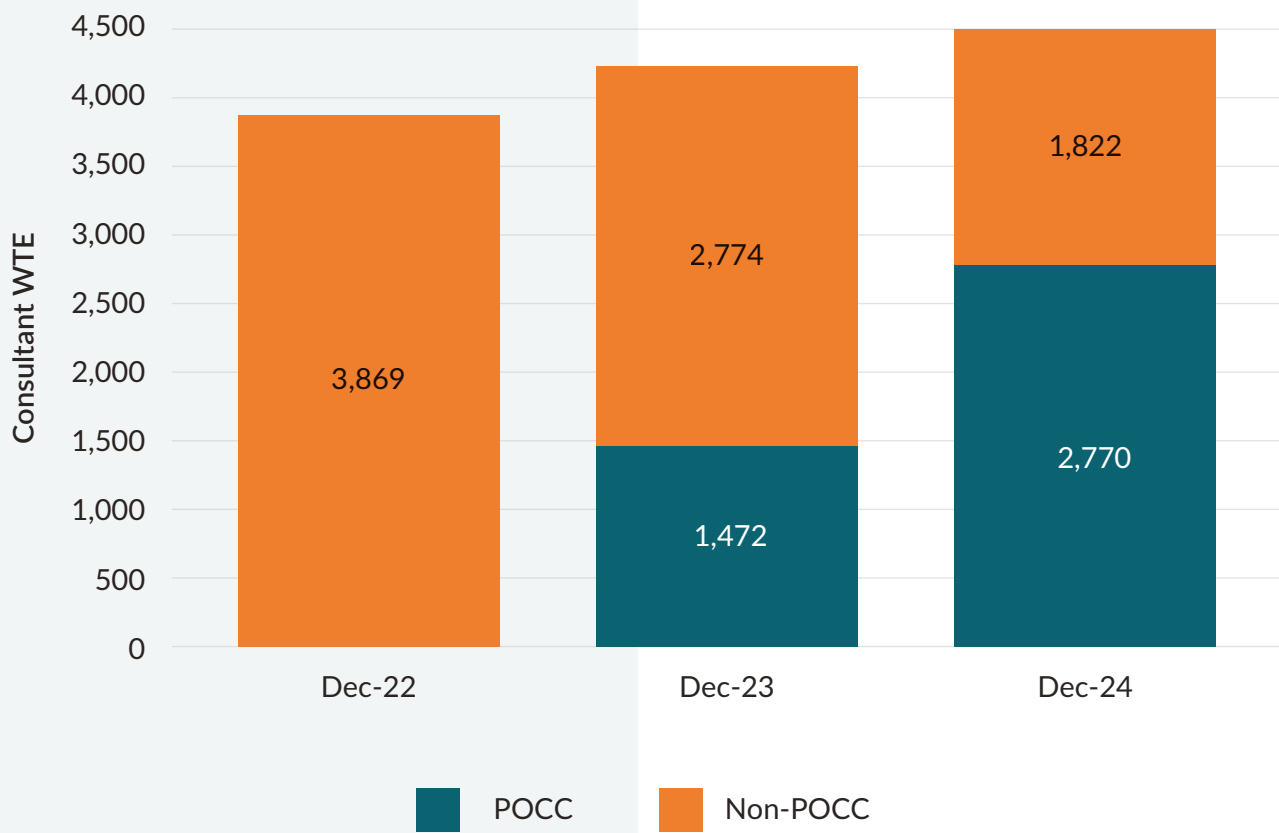
The Government is also committed to growing consultant numbers substantially in the coming years in accordance with established health policy.



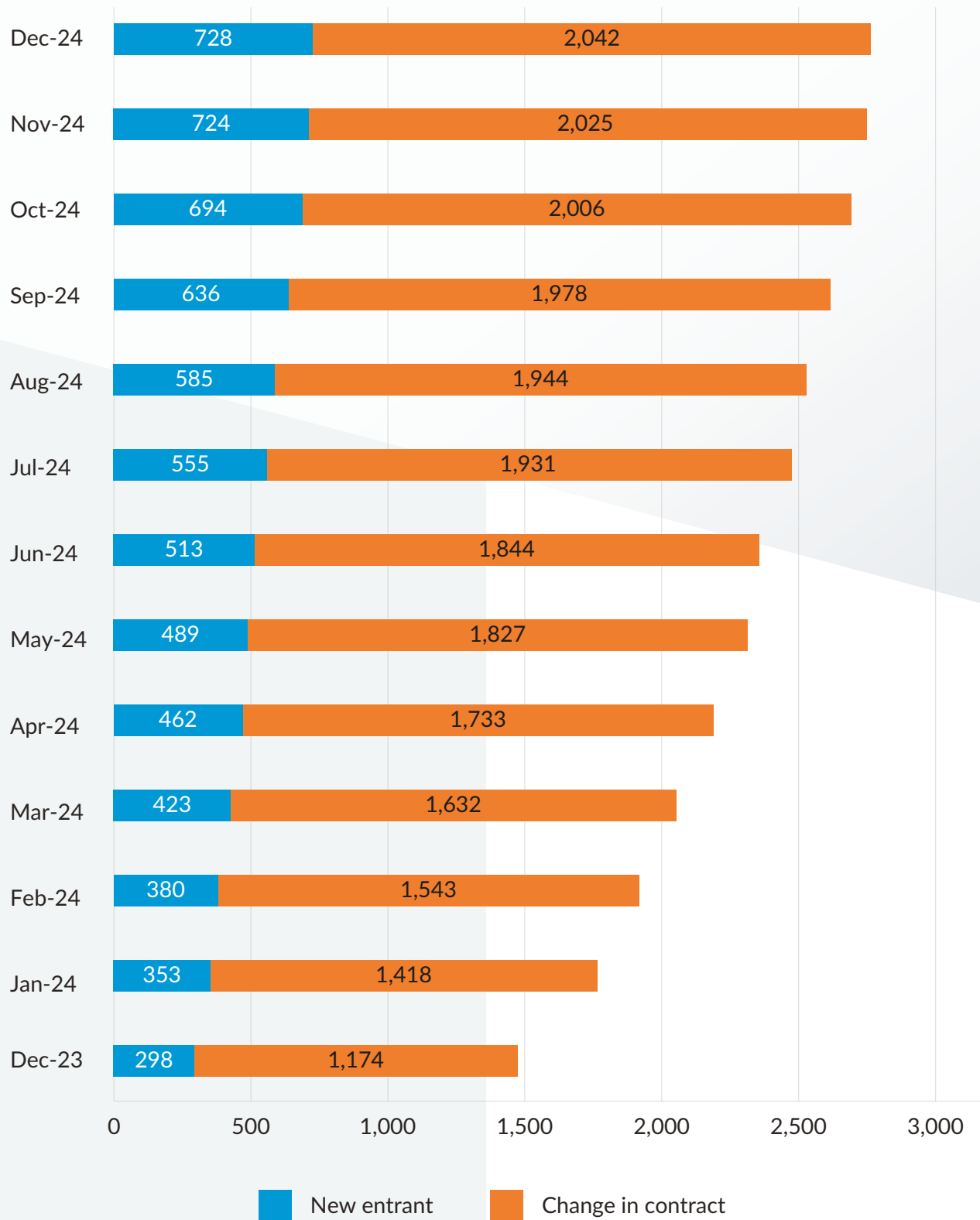
2024 POCC Progress

- As of 11 December 2024, there were 2,770 consultants who had signed the POCC; this is made up of 728 new entrants and 2,042 change of contracts.
- The HSE has set up a new steering group that will take on the responsibility of monitoring and measuring POCC impact and benefit to patients. The first meeting of this group took place on 23 September 2024. Reporting on impact of the POCC and benefits to patients will be undertaken through the Productivity and Savings Task Force.

POCC vs Non-POCC over time



Public only consultant contract uptake





Eligibility Framework

In 2024, a Strategic Review of the existing Eligibility Framework commenced which will develop evidence-based 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.

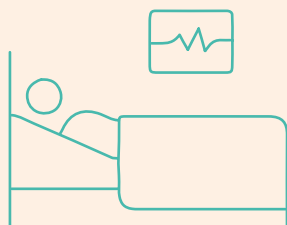
The objective of the review is two-fold: (1) to review the existing framework to clearly assess what is working well and fit-for-purpose, and (2) to inform policy options and proposals to enhance eligibility and access to services based on robust evidence and focussed on improving health outcomes.

2024 Eligibility Framework Progress

In 2024, the Department of Health completed a benchmarking exercise comparing Ireland's eligibility framework against other international jurisdictions. There has also been extensive stakeholder engagement across the HSE and this work will continue into 2025.

Case Study: Public In-Patient Hospital Charges

Acute public in-patient charges have been abolished in all public hospitals with effect from 17 April 2023. The existing charges of €80 per day, up to a maximum of €800 in a year, had been in place for many years.



The removal of these charges is an important step towards reducing the healthcare costs of patients and families.

People are no longer charged when accessing public in-patient care in our public hospitals. It will reduce the cost of care for some patients by up to €800 per year.

This significant change to healthcare provision in Ireland is another important step in ensuring that people have access to affordable healthcare services when needed.

The abolition of public in-patient charges is part of a broader suite of other affordability measures and services funded over recent Budgets, such as the abolition of public inpatient charges for children, reductions in the Drug Payment Scheme threshold to €80 per month, the introduction of free contraception for women aged 17-35, GP Visit Card eligibility measures (including to people who earn up to the median household income). The abolition of hospital charges, in conjunction with the range of other health affordability measures introduced, together enable significantly more people to access affordable health care and help reduce the healthcare costs of patients and families.

4.2: Improve Service Quality

Building trust and confidence in our health system is critical to the successful functioning and delivery of services. Trust between the citizen or patient and health care providers is linked to improved experiences and outcomes.



Patient Engagement

Patient engagement² is designed to facilitate and strengthen the role of those using services as co-producers of health, and healthcare policy and practice. Patient engagement supports patients' improved access to and experience of the health system, through health and social care service quality improvements instituted in response to patient and service user insights.

Better Together: The Health Services Patient Engagement Roadmap is the roadmap for patient and service user engagement in the HSE and provides guidance and tools for healthcare staff to create a strong culture of meaningful Patient Engagement. The HSE is producing a partnership learning programme for patients, service users, staff and other stakeholders to develop the necessary skills, confidence and tools needed as effective partners, based on a co-design process undertaken in 2024 with patient partners and service users. In 2024, the HSE undertook several patient partnership initiatives as part of their commitment to creating a more person-centred healthcare system. These initiatives serve to involve patients and service users in the healthcare process and to ensure that their voices are heard and respected.

The following achievements reflect the HSE's commitment to making patient partnership a fundamental cornerstone of healthcare, ensuring that patients' voices are heard and respected in the design, delivery, and evaluation of healthcare services.

2024 Patient & Service User Partnership Progress

In 2024, the HSE showcased several examples of good practice in patient & service user partnership across various healthcare services, including:

- Patient and Public Partnership Conference:** This annual conference brought together patients, healthcare providers, and other stakeholders to share best practices and discuss ways to improve patient engagement. The 2024 conference focused on "Changing patient outcomes: one partnership at a time" and facilitated collaborative discussions and workshops.
- National Patient and Service User Forum:** This forum provides a platform for patients and service users to actively participate in the design, delivery, and evaluation of healthcare services. In 2024, the Forum held 10 meetings and worked to ensure that patient voices were heard and considered in decision-making processes across several policy areas including:
 - The co-design of the Partnership mechanisms within the Health Regions.
 - The co-design agenda of the HSE Patient and Public Partnership Conference.
 - The co-design of new Partnership Mechanisms at the national level.
 - Forum members also participate in committees, focus groups, conferences and other events including as members of the HSE Digital Health MyHealth@IE Steering Group; the HSE National Care Experience Steering Group; the HSE National Elective Care Programme Steering Group; and the HSE Population Based Planning Advisory Group.

² The term "engagement" encompasses terms such as involvement, participation, partnership, collaboration, co-production and focuses on the human connections between people using healthcare services and those providing the service.

National Care Experience Programme

Research shows there are positive associations between patient experience and objectively measured health outcomes. The National Care Experience Programme (NCEP) is a joint initiative from the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health. Patients are asked about their experiences of care in order to improve the quality of health and social care services in Ireland.

The NCEP currently 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

2024 NCEP Progress:

- *National End of Life Experience Survey* findings were published in April. The survey along with the responses from the HSE, Nursing Home Ireland and Céile Care are available [here](#).
- *National Inpatient Experience Survey* findings, reflecting patient feedback about their recent experiences in public acute hospitals, were published in December 2024. The findings highlighted areas of positive patient experience, particularly in patient safety and communication among hospital staff. The majority of patients felt confident in the safety of their treatment and care.

National Clinical Effectiveness Committee

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. In 2024 NCEC Progress included:

- Publication of the National Clinical Guideline for Adults with Type 1 Diabetes was published in May 2024 (Version 2)
- Updates of the following NCEC National Clinical Guidelines (NCGs) were completed:
 - NCG No. 7 Diagnosis, Staging and Treatment of Patients with Breast Cancer;
 - NCG No. 25 Diagnosis, Staging and Treatment of Patients with Rectal Cancer.

Health Literacy Toolkit

In 2024, the Health Literacy Liaison Group formed a working group consisting of the Health Information Policy Unit and SOLAS (the Further Education Authority), and commenced work on it with an outline prepared and presented at the Health Literacy Research & Practice Webinar in October 2024 for Health Literacy Month.

HSE Health App

In 2024, the HSE made significant progress in developing the Health App as part of their eHealth & ICT Capital Plan. The app has been designed to empower patients through easy to access health information, appointment scheduling tools and as a means of communication with healthcare providers. These achievements reflect the HSE's commitment to leveraging technology to improve patient care and engagement.



Patient Safety Assurance & Quality

Patient Safety and Quality initiatives are critical enablers for delivering safe, high-quality care and can contribute to good care experiences for patients and families across all care settings.

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 Improvement Priorities:



HSE Patient Safety Strategy 2019-2024

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.

2024 Patient Safety and Assurance Progress

The Sláintecare Patient Safety Assurance Project (SPSAP) working group was established within the NPSO and convened in June 2024. Key patient safety strategic priorities for the NPSO have included leading a programme of patient safety measures focused on patient safety policy and legislation, extending the national clinical effectiveness framework, enhancing patient safety performance and surveillance, advancing health policy in relation to antimicrobial resistance, and supporting the Independent National Patient Safety Council.

In relation to promoting public awareness regarding patient safety initiatives, the NPSO marked World Patient Safety Day 2024 with various measures; from a social media campaign to the NPSO Conference 2024 which invited 600 delegates to attend an event at the Printworks, Dublin Castle to explore and learn about the theme “Think Global, Act Local”. Moreover, the NPSO collaborated with the HSE and the International Society for Quality in Health Care (ISQua) to organise and host an International Collaborative Seminar on patient safety performance.

Finally, officials from the NPSO attended the Global Ministerial Patient Safety Summit in Chile and the ISQua conference in Turkey to represent the interests of Ireland in April and September 2024 respectively.

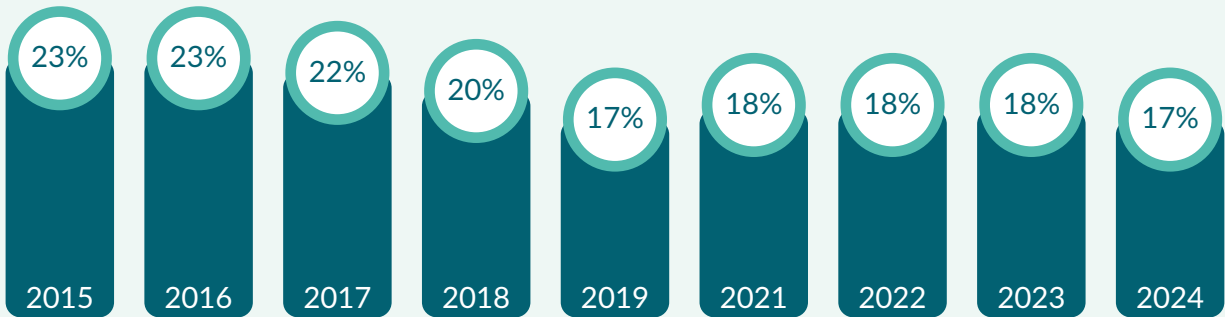




Public Health, Prevention, Health Promotion, & Social Inclusion

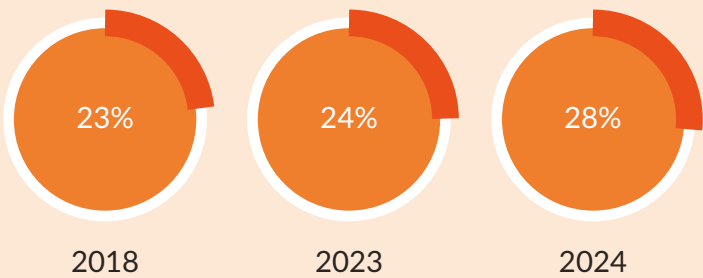
Smoking

Prevalence of smoking by year

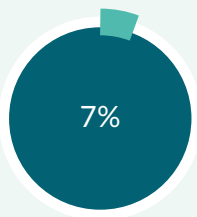


Alcohol Use

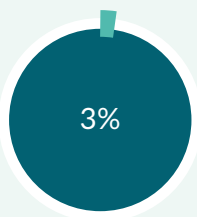
Incidence of binge drinking in the population in the past 12 months



Long COVID



Have had symptoms of Long COVID

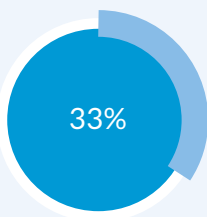


Have had a diagnosis of Long COVID from a doctor

Sleep



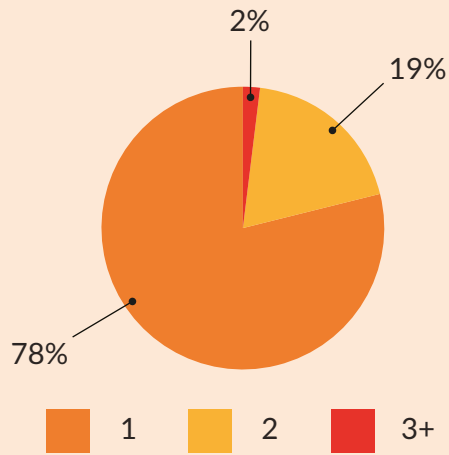
Average number of hours sleep on a weeknight/worknight



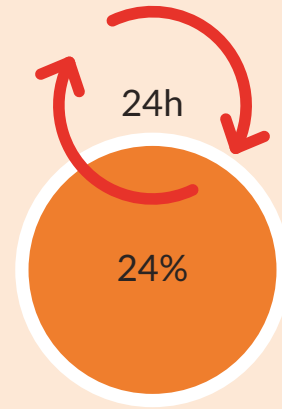
Report sleeping for 6 hours or less

Caring Responsibilities

Number of care recipients per carer

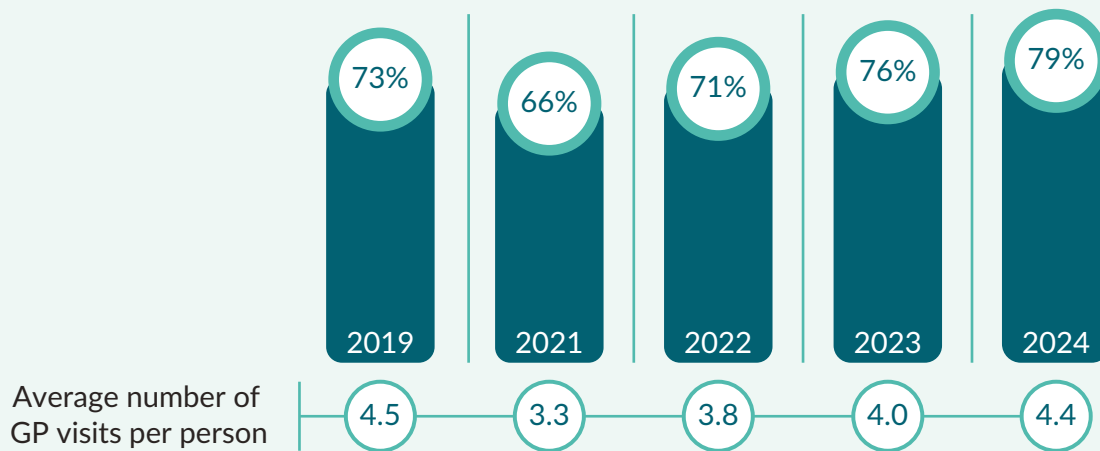


Carers providing around the clock care



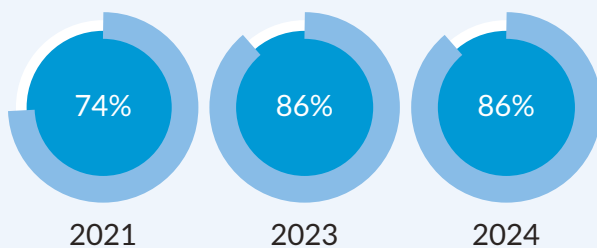
GP Utilisation

Visited a GP in the previous 12 months

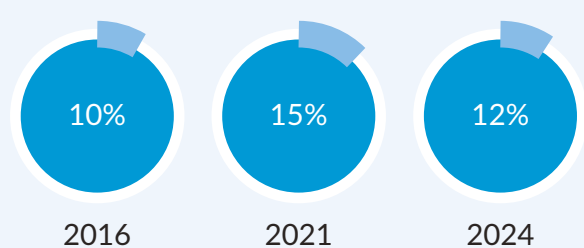


Mental Health & Wellbeing

Quality of life
(good/very good)



Probable Mental Health Problem
(MHI-5 Score of 56 or lower)



The Healthy Ireland Programme focuses on health promotion and prevention measures designed to support healthy living and reduce the four major behavioural risk factors for chronic disease, namely tobacco and excessive alcohol use, inactivity and obesity.

The Healthy Ireland Framework and subsequent **Healthy Ireland Strategic Action Plan, 2021–2025**, provides the roadmap to supporting good health and wellbeing, improved access to services, healthy environments, improved resilience and ensuring that everyone can enjoy physical and mental health and wellbeing to their full potential. The process of reviewing the Framework has commenced and will be completed in 2025, prior to drafting its successor.

Significant progress was made in 2024, with the re-drafting of the National Physical Activity Plan and the second National Sexual Health Strategy almost complete. The Free Contraception Scheme was expanded to include women aged 32-35 in July 2024, and additional resources were provided to support HIV Pre-Exposure Prophylaxis (PrEP) and free home STI testing in Budget 2025. The period poverty grant scheme was fully allocated in 2024, with 26 Local Authorities and 10 NGOs.

The Health Behaviour in School-Aged Children Study 2022, and **Healthy Ireland Survey 2024** were launched and published. A new National Physical Activity Framework 2024-2040 will put in place long-term coherence across all stakeholders towards the promotion of physical activity and will be delivered in the first instance by a National Physical Activity Action Plan 2024-2029.

The Healthy Communities Programme aims to address health inequalities through tailored interventions supporting health and wellbeing in 20 communities. Over the last 3 years, €4.2m has been provided in seed funding to the Healthy Communities areas resulting in the delivery of 300 community co-designed projects. In 2024, 72 seed-funded projects were implemented, addressing issues such as health literacy, food poverty and childhood trauma. HSE performance metrics indicate that the programmes included in Healthy Communities supports (smoking cessation, healthy eating and parenting programmes and social prescribing) are performing well. Funding to expand the Healthy Communities programme to 4 additional areas was allocated in Budget 2025, for completion in the second half of 2025.

Healthy Communities Project having a massive impact in north inner city



The success of any Sláintecare Healthy Communities Project is dependent on the level of trust and engagement between the community and the agencies that seek to provide services, according to Mellany McLoone, Chief Officer, Community Healthcare Organisation, Dublin North City and County. The Northeast Inner City (NEIC) Sláintecare Healthy Communities Project: Impact Evaluation Report demonstrates the huge success that the project is having in Dublin's inner city thanks to a high level of this engagement. It features many case studies illustrating its impact, including one participant, diagnosed with cancer, who explained that they were "close to shutting the door cause I was so hurt."

They did more for me than anything. The staff member gave me inspiration to come back to life. Small steps maybe. It's done me a world of good. To even know that they care for me. They rang me, texted me, listened to me. There are things out there to help. They put me on to little things - opened doors for me. Cause I didn't have the mind to."



Noel Wardick, Chief Executive Officer, Dublin City Community Co-Op, said, "The Healthy Communities Project in the NEIC is proof that targeted and sustained investment, combined with passionate staff and a genuine multi-agency partnership approach, bears fruit and transforms lives. The challenges in the NEIC may run deep but so too do the resilience, determination and humanity of its residents."

Healthy Prisons

Poor levels of physical, social, and mental health are more common in prisons than in the general population, reflecting the health and societal inequalities experienced by prisoners in the wider community. To address this, the Healthy Prisons Project aims to promote the health and wellbeing of the prison population while recognising that a whole of systems approach is required to bring about long-term sustainable change. This includes focusing on the organisational culture within prisons as well as identifying the needs of prisoners and staff in relation to wellbeing.

2024 Healthy Prisons Progress:

- The HRB Health-Promoting Interventions in Prisons: An Evidence Review was finalised in Q4 2024 and is awaiting publication.
- A Healthy Prisons Working Group was established by the Irish Prison Service in early 2024 with representatives from the Department of Health, Department of Justice, the HSE and other key stakeholders. The role of the working group is to oversee the development of the Healthy Prisons Framework. In 2024, the group signed off on the Terms of Reference, the evidence review and *A Review of Health Recommendations in the Irish Prison System: 2011-2024* conducted by the Department of Justice.
- To inform the Healthy Prison Framework, a mapping exercise and consultation with key stakeholders in the prison setting, including the prison population is being undertaken by the Institute of Public Health. The work programme was signed off in 2024 and will be undertaken in 2025.

Men's Health

There remains a strong rationale for a continued policy focus on men's health. While there have been improvements to men's health overall, there continues to be significant differences in health outcomes not just between men and women, but between different population groups of men. The health needs of men, in particular marginalised and disadvantaged men, require a gender specific approach to reduce overall health inequalities. The National Men's Health Action Plan seeks to address many of these issues including the development of an approach to promote

gender equality and improve the engagement of men with their health and wellbeing.

2024 Men's Health Progress:

- ***The National Men's Health Action Plan: Healthy Ireland - Men (HI-M)³ 2024-2028*** was launched by HSE on 18 November 2024.
- Implementation of phase 2 of On Feirm Ground health and wellbeing programme in partnership with the Department of Agriculture, Food and the Marine and HSE included OFG2 workshops held across Ireland with a total of 47 workshops delivered with 603 participants. The aim of the programme is to train agricultural professionals to support farmers wellbeing and connect them with the necessary support services. The participants trained include staff from Department of Agriculture, Private Vets, Veterinary Nurses, Community Nurses, Farming organisations and Agricultural advisors. Evaluation will be completed in 2025.



'On Feirm Ground' was commissioned by the Department of Agriculture, Food & Marine, the Department of Health and the HSE to examine how agricultural advisors might be trained to engage with and support farmers on health issues.

- The CAIRDE project⁴ aims to reduce suicide stigma, enhance knowledge of suicide and mental health issues, and increase help-seeking and help-offering in the construction industry. In order to do this, the CAIRDE project needs to understand the current issues in the construction industry and what needs to change. Understanding is being improved through interviews, questionnaires, workshops and focus groups with employees and employers in the construction sector. In 2024, CAIRDE successfully developed and delivered interventions and run training programmes including eight workshops with 155 attendees which will inform and shape developments in 2025 and published a series of academic journal articles.

- Funding was secured in Estimates 2025 for a National Lead for Men's Health in the HSE.

Mental Health Promotion

Good mental health is a key component of healthy lives and wellbeing for all. There is a need to approach the promotion of positive mental health at a population and community level through a whole of government and whole of society approach.

The National Mental Health Promotion Plan aims to achieve a healthy Ireland where positive mental health and wellbeing is actively promoted, across the life course, and in the everyday settings including schools, homes, workplaces and communities.

2024 Mental Health Promotion Progress:

- **The National Mental Health Promotion Plan – Pathways to Wellbeing** was completed and launched in December 2024.
- Draft actions and responsibilities agreed with other government departments and agencies will be revisited in 2025 to sign off on responsibilities, timelines and reporting mechanisms.
- Funding was secured in the Estimates 2025 process for a National Lead for Mental Health Promotion in the Department of Health to drive implementation.

National Sexual Health Strategy

The National Sexual Health Strategy (NSHS) takes a life course approach, acknowledging the importance of developing a healthy attitude to sexuality in young people, and of building on that foundation for positive sexual health and wellbeing into adulthood and older age. The NSHS supports positive sexual health and information and the prevention of adverse sexual health outcomes.

A Review of the National Sexual Health Strategy (NSHS) was published at the end of March 2023. The review found that the majority of the actions under the first Strategy were successfully progressed. Recommendations included widening the scope of the next Strategy.

Work on drafting the second National Sexual Health Strategy is almost complete, the Strategy will be submitted for Government approval and launched in early 2025.

2024 National Sexual Health Progress

In order to expand sexual health services and provide additional supports to our rapidly growing population, additional funding has been provided in Budget 2025 to support sexual health services. The HIV Pre-Exposure Prophylaxis (PrEP) scheme involves providing low doses of anti-retroviral medication to people who may be at risk of HIV exposure, thereby preventing infection. An additional €550,000 has been allocated, through Budget 2025, to further support delivery of PrEP. This additional funding is comprised of €200,000 for additional PrEP drug costs, and €350,000 for additional staffing in the public STI clinics from July 2025, increasing capacity for in-person appointments. This brings total funding for PrEP to €6.45m in 2025.

Furthermore, an additional €600,000 has been allocated to support the free home STI testing scheme to address the increasing demand for the service. This brings funding for home STI testing to €4.82m in 2025. Approximately 126,000 tests were ordered in 2024, with a return rate of approximately 70%. Just under 10% of those returning kits for analysis experienced a reactive⁵ result and were referred onwards for follow up testing and/or treatment. The HPSC advises that additional access to testing may be delivering results; rates of gonorrhoea and chlamydia had declined in 2024 from rates recorded in 2022 and 2023.

Approximately €200,000 has been allocated to support the free contraception scheme, enabling expert advice to be applied to the inclusion of free contraception in the forthcoming expansion of pharmacy services, and supporting forthcoming public information campaigns in 2025 regarding those changes. In summary, an additional €1.4m has been allocated to support sexual health and contraception in 2025. In summary, an additional €1.4m has been allocated to support sexual health and contraception in 2025.

³ <https://www.hse.ie/eng/services/publications/health-and-wellbeing/national-men-s-health-action-plan-2024-2028.pdf>

⁴ <https://mhfi.org/cairde.html#:~:text=This%20project%20is%20known%20as%20CAIRDE%20%28Construction%20All,increase%20help-seeking%20and%20help-offering%20in%20the%20construction%20industry>

⁵ Reactive Result means a "possible positive result, to be confirmed via follow up".

Free Contraception Scheme

The free contraception scheme was introduced in September 2022 and initially targeted women aged 17–25, ordinarily resident in Ireland. It has now been sequentially expanded to include women aged 17-35 inclusive. Free contraception is supported by approximately 2,400 GPs and 2,050 pharmacists nationwide, supported by budget allocations of €9 million in 2022, €31.5 million in 2023 and €48m in 2024. Approximately 287,000 women accessed the FCS up to end November 2024.

The scheme covers dispensing of prescription contraception by pharmacists, as well as consultations with GPs, primary care, student health and family planning centres. The scheme additionally covers fittings, checks, injections and/or removals of Long-Acting Reversible Contraception, when prescribed (LARCs; coils, implants, injections).

Case Study: Free Contraception



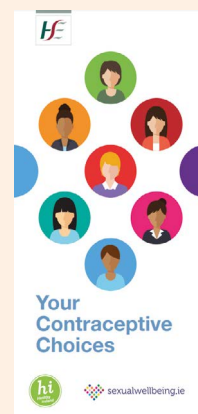
September 2022 saw the introduction of a free contraception scheme, initially for women aged 17-25. The scheme has been gradually extended and now includes women aged 17-35 inclusive in 2024. Free contraception is supported by approximately 2,400 GPs and 2,050 pharmacists nationwide and by a budget allocation of approximately €52m in 2025.

The scheme covers dispensing of prescription contraception by pharmacists, as well as consultations with GPs, primary care, student health and family planning centres. The scheme additionally covers fittings, checks, injections and/or removals of Long-Acting Reversible Contraception, when prescribed (LARCs; coils, implants, injections).

During the first six months of 2024, just under 169,000 women accessed the scheme at least once. This compares to just under 189,000 women who accessed the scheme in 2023, and just under 88,000 during the last four months of 2022.

An additional Budget 2025 allocation has been made to support the free contraception scheme, enabling expert advice to be applied to the inclusion of free contraception in the forthcoming expansion of pharmacy services, and supporting public information campaigns.

It is important to note that prescription contraception, while being very effective at preventing unplanned pregnancy, does not protect against sexually transmitted infections (STIs). The National Condom Distribution Scheme supports both STI prevention and accessible contraception for men and their partners. Free condoms can be accessed through the national network of STI clinics, participating charity and NGO partners, on participating 3rd level campuses and with orders from the free home STI testing scheme. Just over 1.2 million condoms and just under 800,000 lubricant sachets were distributed in 2024.



2024 Free Contraception Scheme Progress

- Future planning, supported by the Programme for Government, Securing Ireland's Future, 2025, is for phased expansions up to the age of 55 (after which, prescription of contraception is not usually clinically recommended).
- The National Women and Infants Health Programme (NWIHP), managing and overseeing our maternity services, have received funding since 2023 to provide contraception on an emergency basis, through maternity units, hospitals and sexual assault treatment units, to women attending post-natal, termination of pregnancy (ToP) clinics, or sexual assault treatment units (SATUs), who may face various barriers in accessing the scheme through primary care.
- NWIHP report that the scheme is progressing well, expanding access to long-acting reversible contraception in particular. They will be supporting more Health Care Professional training in maternity and gynaecology services as well as in related areas (e.g. STI clinic staff) to fit coils and implants. In collaboration with the HSE National Social Inclusion Office, NWIHP are also supporting training in terms of awareness and interventions with women who may be experiencing domestic, sexual or gender-based violence (DSGBV).
- A scheme was put in place in 2024 to support access to contraception, through the Women's Health Service, for people working in the sex trade. This support enabled a GP to attend the clinic on a weekly basis and provide contraceptive options, including long-acting reversible contraception such as implants and coils. Prior to this initiative, approximately half of the women attending were only using condoms, which, while essential for STI prevention, are not as effective in preventing pregnancy. The initiative has also enabled additional nursing, social care and multilingual information supports.

Period Poverty

Healthy Ireland leads on supports for period poverty. In 2022, funding was provided to progress period poverty mitigation projects with funding increases in 2023 and again in 2024, bringing total annual support for period dignity measures to €914,000. The funding is allocated in partnership with the HSE National Social Inclusion Office (NSIO), local authorities, family resource centres and community partners to support those most in need.

An Inter-Departmental Period Poverty Implementation Group was established in 2021 to co-ordinate measures across government. A Procurement Framework is now in place to support the purchase of products and no-cost vending machines to equip facilities. Support is being provided to local authorities and community partners to equip their facilities and to distribute period products to those most in need.

To expand the evidence base, menstrual health and period poverty questions were included in the Healthy Ireland Survey, 2022. The Survey found that 24% of women (and 35% of 15-24 year-olds) have experienced at least one indicator of period poverty and 51% of women are limited on occasion from participation in daily activities by period symptoms.⁶ 6% of families also reported wider issues with hygiene poverty.

The Health Behaviours in School-Aged Children Study, 2022⁷, found that 60% of girls who have begun to menstruate reported missing school on occasion as a result of period symptoms (including pain, heavy bleeding, stomach cramps, and/or mood changes). 10% of girls who have begun to menstruate reported being unable to afford period products on one or more occasions.

⁶ <https://www.gov.ie/en/publication/f9e67-healthy-ireland-survey-2022/>

⁷ <https://www.universityofgalway.ie/hbsc/>

2024 Period Poverty Progress

- Access to free period products in public buildings and publicly funded services was expanded, all 31 Local Authorities have now participated in the scheme at least once between 2022-2024.
- Partnering was successfully undertaken with the HSE National Social Inclusion Office (NSIO). In 2024, through the Healthy Ireland Fund or NSIO, all 9 Community Health Organisations, 26 Local Authorities, 38 Family Resource Centres and 10 NGOs were supported to provide period products to those in need.
- Supporting the evidence base through publishing further research (the HBSC 2022 report for Ireland was published in May 2024).
- Resources developed for focus groups to provide information on menstrual health.
- More information regarding period poverty and period dignity schemes and support for menstrual health are available on the Healthy Ireland⁸ and HSE National Social Inclusion Office⁹ websites.

Case Study: Period Poverty



The 2021 Period Poverty in Ireland Discussion Paper recommended a number of period dignity measures, to ensure access to period products for women in need. These include:

- Expanding access to free period products in public buildings and publicly funded services
- Partnering with services and NGOs to provide period products to those in need
- Supporting the evidence base through further research
- Wider procurement options and supports

The Department of Health and HSE were allocated €714,000 in 2022, rising to €914,000 in 2024 for period dignity supports in the community. Supports are provided through the health sector and its partnerships, with local authorities, community health organisations, family resource centres and NGOs. The HSE scheme supported all 9 CHOs and their community partners, while the

Healthy Ireland Fund supported 26 Local Authorities, 38 Family Resource Centres and 10 NGOs in 2024. Expressions of interest for 2025 are currently being processed.

Focus groups and feedback indicate that many women are struggling with cost-of-living increases and really welcome these supports. These initiatives are also widening the conversation around women's health issues more generally and reducing stigma, enabling women to access the care they may need.

Menstrual health and period poverty questions were included in the Healthy Ireland Survey, 2022. The Survey found that 24% of women have experienced at least one indicator of period poverty and 51% of women are limited on occasion from participation in daily activities by period symptoms. Moreover, 6% of households experienced wider hygiene poverty.

The Health Behaviours in School-Aged Children Study, published in May 2024, included a module on period poverty. HBSC found that approximately 10% of school students had experienced period poverty and that 60% were missing school, on occasion, as a result of period symptoms.

⁸ <https://www.gov.ie/en/publication/21020-period-poverty/>

⁹ <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/news/hse-period-poverty-pilot.html#:~:text=Period%20poverty%20is%20when%20someone%20can%27t%20afford%2C%20or,stigma%2C%20increase%20education%20and%20distribute%20free%20period%20products>



National Clinical Programme for Obesity

Obesity Programme

In Ireland, overweight and obesity poses an increasing challenge, with one in five children and almost 60% of the adult population now living with overweight or obesity, according to the [Healthy Ireland Survey 2024](#). Based on self-reported measurements, 42% reported a normal body weight, 35% reported living with overweight, 21% reported living with obesity, and 2% reported underweight measurements. These bodyweight figures are unchanged when compared to 2022 and are only slightly different to the 2019 results (measured in person that year) when 37% reported living with overweight and 22% reported living with obesity.

The policy for addressing obesity in Ireland is [A Healthy Weight for Ireland, the Obesity Policy and Action Plan \(OPAP\)](#), which was launched in September 2016 as part of the Healthy Ireland Framework. The OPAP covers a 10-year period up to 2025 and aims to reverse obesity trends, prevent health complications, and reduce the overall burden for individuals, families, the health system, and the wider society and economy.

The HSE Model of Care for the Management of Overweight and Obesity in children and adults was launched on World Obesity Day on 4 March 2021. This sets out how healthcare for children, young people and adults living with overweight and obesity in Ireland should be organised and resourced now and into the future. The Model of Care covers the whole spectrum of care for overweight and obesity, from prevention in the community, through primary and secondary care on to specialist treatment including surgery.

2024 Obesity Programme Progress

- Healthy Weight post-campaign research report finalised: IPSOS B&A, research consultancy, completed the research report in February 2024. The key findings revealed that the majority of the target group would like to live healthier than they currently do – on a par with the national average, 41% of 25-34 year-olds would currently describe themselves as overweight/ obese while 16-24s are lower at 20%. The link between obesity, stress and sleep is considerably stronger among 25-34s compared to 16-24s. Generally, awareness and understanding of obesity appears weaker among 16-24s compared to 25-34s and all adults.
- Finalise and disseminate resources on revised recommendations for Vitamin D supplementation: Vitamin D supplementation resources were disseminated to pharmacies and HSE facilities nationwide in Q1 2024 and are available on HSE and Gov.ie websites. The resources were disseminated again in Q4 to cover the winter months when vitamin D supplementation is recommended.
- Preparatory work on the development of a new Obesity Plan for 2026 onwards commenced: internal discussions are underway in the Department of Health (DoH) to prepare approach to development of new OPAP for 2026 and planning is underway for a stakeholder workshop in Q1 2025.
- Finalise evaluation of Sugar Sweetened Drinks (SSD) Tax: The evaluation of the SSD Tax, published in September 2024, shows that both policy objectives of the tax are being met. First, sugar consumption through carbonated drinks has reduced from 5 kilograms per person when the SSD Tax was introduced to 3.8 kilograms per person in 2022. Secondly, there has been a notable acceleration of product reformulation by industry. Four out of five of the leading soft drinks brands “full sugar” versions have been reformulated to fall outside the tax threshold altogether.

- Collaboration with Coimisiún na Meán on development and revision of online safety and media codes to address marketing to children of foods and beverages of public concern: The Department engaged with Coimisiún na Meán on a number of occasions in 2024, both bilaterally and through meetings of the National Intersectoral Working Group on Restricting Marketing of unhealthy foods to children, to discuss revisions of codes relating to high fat, salt and sugar commercial communications to children. The Department made a submission to a

Consultation on the Broadcast and Media service Codes in December 2024 and coordinated a submission on behalf of the National Intersectoral Working Group.

- Agree approach on development of new Breastfeeding Strategy in consultation with HSE: In preparation of a national Breastfeeding strategy, the Department of Health established a Breastfeeding Steering Group in 2024 to oversee development of this strategy, in addition to funding secured in Budget 2025 for an Infant Feeding Survey and agreement to establish an All-Island Breastfeeding Network.

Case Study: Social Prescribing - Clonmel 2024

"I live alone and I was very set in my ways. I did not really socialise because I was afraid to do so. I have Bipolar since I was 24 years of age, and for years stayed stable and well. I became unwell and it



Social Prescribing Link Worker
Clonmel Community Resource Centre



was a very sudden shock to me, as I had managed my illness for years. I came out of hospital after a month's stay, and I heard of Social Prescribing. I met regularly with a social prescribing link worker called Mary Anne. I wanted to meet people, but I did not have the confidence, and did not know how I could do it. The 1:1 meetings suited me and Mary Anne encouraged me and listened to me. Things have changed completely now, Mary Anne linked me in with a walking group, I enjoy the exercise, and I love the interaction with new people and the chat, of course. I also joined a 100-member choir, and love every minute of it. The wellbeing plan I made with Mary Anne was crucial, especially when you live on your own. It is a backup for staying well and recognising the signs and symptoms of wellness and becoming unwell, and how to manage it. I'm no longer afraid to socialise, meet new people, and learn things".

Healthy Ireland Surveys and Research

Healthy Ireland Surveys are designed to provide an evidence base to underpin the Healthy Ireland Framework and other key Department of Health policies. The surveys also support the wider Government Well-Being Framework, led by the Departments of the Taoiseach and Public Expenditure, NDP Delivery and Reform.

2024 Healthy Ireland Surveys Progress

- Fieldwork for the Healthy Ireland Survey, 2025 has commenced. The 2024 Survey was published in December 2024¹⁰ with key findings summarised on the Healthy Ireland website. In summary: Smoking and weight measurements remain broadly similar to previous years
- Smoking and weight measurements remain broadly similar to previous years.

¹⁰ <https://www.gov.ie/en/publication/d1ab3-healthy-ireland-survey-2024/>

- Mental health metrics show a steady improvement from 2021 but are not yet back up to pre-Covid measurements in 2016.
- Alcohol consumption had declined during the pandemic, but are increasing once more, with binge-drinking back at pre-pandemic levels.
- People's perception of their own general health status has declined, with 7% reporting having had Long Covid.
- GP visits are higher per capita than before the pandemic.
- Given that the population has increased significantly, this translates to a significant increase in GP utilisation and pressure on health services.
- The number of people reporting having caring responsibilities has risen since 2019.
- The Health Behaviours in School-Aged Children Study 2022¹¹ was published in May 2024, our University of Galway HBSC partners are working on the HBSC Trends Report for Ireland. The 2022 Report highlights:
 - A decrease in the number of children smoking (9% in 2022 vs 12% in 2018) and using cannabis (6% in 2022 vs 8% in 2018).
 - There was also a welcome decrease in the number of children who have consumed alcohol.
 - However, increases in cyberbullying (from 15% in 2018 to 18% in 2022) and decreases in the proportion of children feeling very happy with their life (42% in 2018 to 28% in 2022) were also noted.
 - Fruit and vegetable consumption in children has increased, while physical activity levels are stable.
- Collaboration to support the Government Well-being Framework, led by the Department of the Taoiseach, and the Health System Performance Appraisal (HSPA)¹² is ongoing.

- Collaboration with the Departments of Sport and Education to support physical activity and sport policy and the Active School Flag programme.

Social Inclusion

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. The following targeted measures have been designed to support socially excluded groups:

- 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.

2024 Social Inclusion Progress:

The Inclusion Health Framework

The consultation process for the Inclusion Health Framework was completed in 2024. This will provide detail from a range of stakeholders on what needs to be included in the forthcoming framework, due to be published in 2025.

Social Determinants of Health for Travellers

The National Traveller Health Action Plan, which was published in 2022, continues to be implemented, with a further €500,000 provided in Budget 2025 for a programme focused on the health of Traveller children, in conjunction with National Healthy Childhood Framework. In addition to this a fund of €710,000 to address

the social determinants of health for Travellers was released by the Department of Health as a funding call in 2024 to 5 successful projects, which will begin their work in 2025.

National Traveller Health Action Plan 2022-2027



¹¹ <https://www.universityofgalway.ie/hbsc/>

¹² <https://hspa.gov.ie/>

Refugee and Migrant Health Partnership

The Refugee and Migrant Health Partnership (RMHP) is a collaboration between the University of Limerick's WHO Collaborating Centre for Participatory Health Research with Refugees and Migrants and the Department of Health. The goal of the RMHP is to involve refugees and migrants directly in the development of public health policy, through a number of actions and objectives.

The work of the RMHP aligns closely with Sláintecare as it prioritises the health of refugees and migrants in Ireland through their active participation and engagement in health policy decision making. It examines barriers to equitable healthcare within a public health framework, emphasising practical implementation in policy development, health service planning and ongoing research.

Activities in 2024 to improve refugee and migrant participation included:

- Launch of PPI includes Public and Patient Involvement Ignite Network Action Plan to include refugees and other migrants in health research through the development of a national inter-sectoral network. The project used arts-based methods including music and singing, and was launched in October 2024.
- The second inaugural Refugee and Migrant Health Seminar, University of Limerick (UL) Dec 2024. The focus of the seminar was policy and service development and gaps in service planning and provision. The event included diverse presentations from across public health and primary care, and panel insights from the NGO sector.
- Communication and Interpreting in the Irish Healthcare System – micro-credential to upskill people who interpret, advocate or mediate for refugees and migrants, as well as clinicians and healthcare managers/planners.
- Scoping review of the patient safety implications of using AI to interpret healthcare consultations with refugees and migrants.

Health Diversion Scheme for people in possession of drugs for personal use

A draft Health Diversion Scheme has been devised by the Department of Health, Department of Justice and An Garda Síochána. This scheme is under consideration with a view to enabling members of An Garda Síochána to make referrals to health services in the circumstances as set out in the scheme.

With regard to health service delivery, the HSE has advised that the recruitment of Support, Ask and Assist, Offer Assistance and Refer (SAOR) Practitioners to support the operationalisation of the Health Diversion Scheme remains ongoing. The HSE is actively engaging with HSE Addiction Services Managers to progress this and ensure national coverage of the service.



Case Study: Sláintecare Healthy Communities Bray



Sláintecare Healthy Communities was launched in Bray in 2021, as a collaboration between HSE Health and Wellbeing, Wicklow County Council, and Bray and North Wicklow Area Partnership. This partnership approach is designed to ensure successful delivery of programmes and services such as 'Healthy Food Made Easy', parenting programmes, social prescribing, 'We Can Quit' and HSE stop-smoking service which are delivered to the people of Wicklow through the local library and chronic disease hub in Bray.

The 'Supporting Parents and Early Childhood Services' (SPECS) service is a great example of Sláintecare Healthy Communities in action. SPECS takes a prevention and early Intervention approach to working with caregivers to improve outcomes for children. In 2024, SPECS engaged with over 150 parents through workshops and programmes such as 'Parenting When Separated.'



Bray and North Wicklow Area Partnership coordinates Sláintecare Healthy Communities roles such as the Community Food and Nutrition Worker and Community Tobacco Worker. The

Sláintecare Healthy Communities workers take a proactive approach to issues such as food poverty and de-normalising

tobacco use through innovative approaches like 'Smoke and Vape Free Homes' in partnership and guided by HSE, Health and Wellbeing policy.

A five-week menopause programme was introduced in Bray through the Sláintecare Healthy Communities, where a need was recognised for evidenced based information on menopause. The pilot featured expert speakers, including GPs and physiotherapists covering topics such as medical treatments, bone health and lifestyle choices. By opening up access to trusted health information in the local family resource centre, the initiative helped break stigma and address health disparities, for perimenopause and menopausal women. In line with the principles of Sláintecare delivering the right care, at the right place at the right time, the ability to listen and respond to the most disadvantaged communities has further enabled successful implementation of Sláintecare Healthy Communities in Bray.



Sláintecare Healthy Communities has provided the platform to empower community led health promotion in Bray not just through the provision of evidenced based programmes but by building on partnership and collaboration from the ground. Communication, collaboration and resource sharing has enabled all partners from the HSE, Local Authority and Bray and North Wicklow Area Partnership to serve the health and wellbeing needs of the people of Bray.

Women's Health

In 2024 we continued to improve women's healthcare across the health and social care sectors. Building on Ireland's first ever Women's Health Action Plan 2022-2023, **a new action plan for 2024-2025** was published, ensuring a continued focus and delivery of key women's health actions. Women's health remains a priority in the Programme for Government. The Department of Health continues to listen, invest and deliver for women and girls in Ireland.

In 2024 the following initiatives were delivered under the women's health programme:

- Free Contraception Scheme was expanded in July 2024 to include all women aged 17 up to and including 35 years of age.
- 6 menopause clinics open and operational – over 1,700 new patients seen nationally in 2024.
- 16 see and treat ambulatory gynaecology open and operational in the community – over 20,000 new patients seen nationally in 2024.
- 5 postnatal hubs open and operational in the community – over 4,500 women availed of Postnatal Hub services nationally in 2024.
- 6 regional fertility hubs open and operational – over 3,000 new patients were seen in 2024.
- Progressed development of a model of healthcare services for Traveller women who are experiencing homelessness – funding provided to three local regions which aimed to provide care for Traveller women experiencing homelessness.
- Cervical cancer elimination strategy initiated – Ireland publicly committed to the World Health Organisation's (WHO) global initiative to eliminate cervical cancer - one of the first countries in the world to do so. A national action plan has been published to ensure Ireland remains on track to eliminate cervical cancer and realise its vision to make cervical cancer rare in every community by 2040.
- Funding allocated in the 2021 budget of €1.58 million has resulted in a 4-fold increase in lactation consultants working across both community and maternity services since 2017-24 additional lactation consultants were recruited in 2024 to enhance breastfeeding support services.

Case Study: Postnatal Hubs

In the 2020 National Maternity Experience Survey, women highlighted that improving postnatal care in the community should be a priority. In response, a pilot was funded for 'Postnatal Hubs' a new service, attached to maternity units with spokes into their local communities, providing midwife-led care for women, infants and their families in the weeks following birth. Five pilot Postnatal Hubs were open by the end of 2023 in Carlow-Kilkenny, Cork, Kerry, Portlincula and Sligo. These Hubs are providing a wide range of services for women, including:

- Health checks for mothers and babies
- Birth reflections and wellbeing support
- Lactation and feeding support
- Physiotherapy
- Helplines and virtual appointments.

These Hubs are also providing vital support to women in recognising wider health needs and referring on to other

services, such as perinatal mental health services and urogynaecology. Over 4,500 women attended Postnatal Hub services in 2024. Funding in 2024 and 2025 is establishing 8 further Postnatal Hubs across the country, bringing the national network to 13.

"This is my third baby and for the first time I feel the focus is on me. I would never have called to the hospital about something like this before" – service user, Postnatal Hub.



Women at the 'Muma' Postnatal Hubs at Kilkenny

We will continue to embed existing women's health initiatives, listen to women and target new and innovative areas to improve healthcare for women and girls in Ireland.



Disability Services

Specialist disability supports and services are delivered to approximately 80,000 people through the HSE, as well as community and voluntary organisations funded by the HSE under sections 38 and 39 of the Health Act, along with a smaller number of private for-profit organisations. The people supported through these services are those with more complex needs, or about one in five of those who reported having a disability 'to great extent' in the 2022 Census. These services are intended to complement mainstream health and social services, which should be accessible to people with disabilities.

The Sláintecare objective of increasing levels of health and social care provision in a community setting dovetails closely with the overall policy direction of disability services. For more than a decade, disability services have been undergoing a reform process known as 'Transforming Lives' which seeks to move services away from the traditional and outmoded model of segregated provision and towards more community-based and inclusive supports and services, in line with a rights-based approach, underscored by Ireland's commitments under the United Nations Conventions on the Rights of Persons with Disabilities.

The Action Plan for Disability Services 2024-2026, published in December 2023, sets out targets for the development of necessary capacity in specialist disability services in addition to driving reforms in how those services are planned and delivered.

The Action Plan fulfils a Programme for Government commitment to implement the recommendations of the Disability Capacity Review. It is intended to address these capacity deficits on a phased basis, and this Plan represents the first phase of this process.

2024 Disability Services Progress

220 new priority one residential placements were developed by the end of December 2024.

- A further 57 transfers from congregated settings up to December 2024.
- 1,848,002 Personal Assistant (PA) hours were delivered in 2024. The number of people in receipt of PA at the end of 2024 is 2,780 which is ahead of NSP target of 2,740.
- 3,850,161 Home Support hours delivered in 2024, which was 10.6% ahead of the NSP target and 8.3% ahead of the same period last year. The number of people in receipt of home support at the end of 2024 is 6,649, which is down on NSP target of 7,326. New Day Service places for the 2023 school-leaver intake was circa. 1,200 places.
- Progress was made on the position paper on respite policy.
- Progression of the work of the PA review group.
- Progression of the work of the Interdepartmental Workforce Steering Group, chaired by the Minister of State for Disabilities.

Implementation reports detailing Action Plan progress are published bi-annually and can be viewed here: gov.ie - **Action Plan for Disability Services 2024-2026: Publications**

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

A major priority for the HSE is to significantly improve access for children and families to services. The availability of integrated services for children and families is a cornerstone of supporting each child to have the best chance to realise their potential. The HSE, and its partner agencies, will continue to implement

the actions set out in the Roadmap for Service Improvement 2023-2026 Disability Services for Children and Young People.

Approximately 70,000 children need the support of specialist Disability Services and the HSE report that over 10,000 children were referred to the CDNTs in 2024. At the end of 2024, HSE data shows that there were over 42,000 children on the Children's Disability Network Teams (CDNT) open case-load.

There are very significant challenges in relation to improving access to specialist disability services including:

- Consistent growth in the number of Assessment of Need (AON) applications under the Disability Act, with HSE advising that there was over 20% increase in the number of applications for AON received in 2024, when compared to 2023.
- Recruitment and retention of staff to Children's Disability Network Teams (CDNTs) is noted by staff and Children's Disability Network Managers (CDNMs) as the most critical factor in achieving service improvement and quality required outlined in the Roadmap.
- The 2024 National CDNT Staff Survey confirms that, in spite of the year-on-year increase, there still remains a staff vacancy rate of 22% which is impacting on the level of support available to drive existing and oncoming multiple workstreams required and agreed to deliver on Roadmap Actions in 2025.
- Funded new development posts 2025 vs those defined in the Roadmap 2023-2026: The Roadmap detailed 180 new development HSCP posts in 2025 whilst 20 Senior Therapist posts, 20 Staff Grade posts, 20 Health and Social Care Assistant posts and 15 Clinical Trainee posts have been funded.

Key Progress in 2024:

- Key Governance groups are in place to oversee implementation of the Roadmap actions.
- The latest CDNT Workforce Survey as of 16th October 2024 shows that, the CDNT workforce has grown to 1866 Whole Time

Equivalents (WTE). This represents a year-on-year growth of 17% from October 2023 figures equating to an additional 272 WTE in the workforce.

- Therapy Assistants grade has commenced roll out in the CDNTs. HSE advise 30.40 WTE have been recruited to date with a further 7.25 WTE in process of recruitment.
- From January to December 2024, HSE advise that an average of circa 16,000 children and families per month participated in an initial contact, one or more group and/or individual interventions.
- A total of 4,162 AONs were completed in 2024, a 30% increase on the 3,205 completed in 2023.
- Under the AON Waitlist Initiative, 2,479 private AONs were procured during June to December 2024.
- HSE advise that a communications workshop with CDNT staff via an online webinar was delivered on initial engagement with families and introducing them to CDNT services. In addition, a Guidance for CDNT Administration and Reception Staff on communicating and responding to parent queries was developed and issued.
- National CDNT Training Programme 2022-2023 was completed in March 2024. Phase 2 - National CDNT Training Programme 2024-2025 commenced with 40% of the funding allocated in 2024 and the balance in Q1 2025 to CHOs, to deliver flexible, responsive training in line with changing competency gaps identified by their teams.



Mental Health

The mental health focus for delivery of strategic objectives under Sláintecare centres on delivery of Sharing the Vision (StV) and Connecting for Life (CfL). These 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.

StV: Ireland's national mental health policy, *Sharing the Vision: A Mental Health Policy for Everyone (2020-2030)*, aims to enhance the provision of mental health services and supports across a broad continuum from mental health promotion to specialist mental health delivery during the period 2020-2030. The independently chaired National Implementation and Monitoring Committee (NIMC) is collectively responsible for driving and overseeing the implementation of Sharing the Vision.

CfL: *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024* is Ireland's national suicide prevention strategy. It aims to reduce suicide and self-harm rates, in general and in priority groups. The strategy focuses on the primary and secondary prevention of suicidal behaviour and addresses a broad range of risk and protective factors.

Youth Mental Health: The new HSE National Office for Child and Youth Mental Health is a significant development which will improve leadership, operational oversight and management of all service delivery and improvement across youth mental health. The Office has developed a new Youth Mental Health Action Plan which will be published in 2025. The three-year Plan sets out a roadmap to ensure all children and families have equitable and timely access to high-quality mental health services. This plan identifies 16 priority improvement themes which incorporate all recommendations from recent reports and audits as well as existing improvement initiatives.

Mental Health Bill: An overhaul of mental health legislation to bring a more person-centred approach to acute mental health care and treatment, a revised involuntary admission process, and the expansion of regulation to all acute and community mental health services.

Mental Health Progress 2024

- **StV:** As of end-2024, of the 100 recommendations in Sharing the Vision, 52 recommendations are reported as 'On-track', 25 are experiencing 'Minor Delivery Issues', whereas 8 are reported as having 'Major Delivery Issues'.

- 17 recommendations have to date been approved as 'Complete' and transitioned to business as usual.
- The development of the second Implementation Plan 2025-2027 for Sharing the Vision is underway, with extensive stakeholder consultation undertaken and an enhanced, implementation science-based approach taken as part of the development process. The Plan is due to be finalised in March 2025 and launched in April 2025.
- **CfL:** Work continues on the implementation of Connecting for Life. The strategy contains 69 actions with substantial progress on implementation having been made throughout 2022, 2023, and 2024. As at Q4 2024, of the 60 actions for which updates were received, 58 actions were on track, 1 was logged as needing attention and 1 was off-track.
- The evaluation of Connecting for Life and its implementation is progressing well and due for completion in Q2 2025. There has been extensive engagement with stakeholders in the course of this evaluation, the evaluators have been given access to all materials requested, and interviews and rapid insight sessions with implementation leads have been completed. Work on the development of a successor strategy to *Connecting for Life* has commenced and will be completed in Q4 2025, for publication by year end.
- **Youth MH:** HSE Mental Health Services have been successful in reducing CAMHS waiting list trends nationally, including utilising Waiting List Action Plan (WLAP) and Strategic Healthcare Investment Framework (SHIF) funding. A key target group continues to be those waiting over 12 months. The HSE Child Youth Mental Health Office (CYMHO) finalised its new Action Plan in late 2024, and this is due to be launched in early 2025. Budget 2025 initiatives for YMH are being progressed in line with the HSE Service Plan 2025.

- **MHB:** Bill passed Second Stage on 19 September 2024. The Bill fell with the dissolution of the previous Dáil, and Department will work with incoming Government to reinstate Bill.



Older Persons

Ireland has one of the most rapidly ageing demographic profiles in the EU. A number of important measures were undertaken in recent years to meet the needs of an expanding older population, make the service more responsive to their needs as well as improve service quality and safety.

Sláintecare strategic reform programmes such as the Enhanced Community Care Programme (ECC), the Integrated Care Programme for Older Persons (ICPOP) and the modernisation of care pathways more generally also impact on service improvement for older persons. The following enhancements to reform services, included increased provision of home support services; enhanced provision of community-based care, including for people with dementia; to continue to ensure that consistent standards of care and safe long term residential care is accessible and affordable for everyone through the Nursing Home Support Scheme, and to ensure the continued implementation of the Nursing Homes Expert Panel's recommendations. The Programme for Government (PfG) has supported significant increase in the budget to support home care.

Standardising care needs assessment is a priority for the Department of Health and the Health Service Executive for a uniform approach and equitable allocation of resources. The interRAI <https://interrai.org/> is an evidence based digitally supported assessment system which facilitates access to, and exchange of information which is a key enabler of integrated care and development of the statutory home support scheme. InterRAI provides a comprehensive assessment that is a necessary pre-requisite for needs identification and the provision of individualised community services and supports that enable older people to achieve their optimum potential in living healthy, happy and independent lives in their community.

National and international policy initiatives to support ageing-in-place have focussed the importance of home care services. The HSE have committed to the national rollout of interRAI as part of a reformed model of home support service delivery. It is a key enabler of the statutory home support scheme which is currently in development and includes a regulatory framework for providers of home support services. Analysis of aggregated interRAI data will shape service and policy decisions and facilitate national and international comparisons.

2024 Older Persons Progress

National implementation of a standardised single assessment tool (interRAI) remains a priority. Over a 12-month period, a total of 4,470 clients across multiple HSE Health Regions have been assessed using interRAI. This figure represents 27% of all new applications for home support in 2024 which is an improvement on 2023 (17%) but falls short of the target of 60%. The HSE developed a draft 'Future Home Support Service Operating Model' (FHSSOM) which includes a plan for full rollout of interRAI and a clearly defined end to end service user pathway.

In May 2024, the HSE Home Support Steering Group endorsed the interRAI Workstream recommendations that interRAI needs assessments for FHSSOM should be carried out by trained healthcare professionals (HSE / HSE funded) who are ideally professionally or clinically known to the service user and that staff should have protected time to undertake interRAI Ireland training and to maintain competency. An analysis of interRAI training requirements was carried out in September 2024 and it is estimated that approximately 327 assessors are required per HSE Health Region. An interRAI Training Plan was issued from the National Director to the Regional Executive Officers. Progress in training assessors has been slow due to challenges with release of front-line staff for training (31 hours) over the winter period, but it is hoped that this will gather momentum in 2025 with a commitment of 18,100 interRAI assessments in the HSE 2025 Service Plan.

The DoH is monitoring performance metrics and there is focused engagement with the HSE regarding interRAI implementation and key deliverables and outputs. The HSE prepared and presented an 'interRAI Home Support Report' to the DoH which confirms that the interRAI Home Care Assessment provides outcome measures specifically designed to assist in determining levels of personal care (PSA) and prioritisation (MAPLe). Research analysis on interRAI data outputs is ongoing, testing the methodology for the introduction of a care band system whereby service users are allocated to subgroups according to their needs and expected service requirements. This will inform a priority matrix and a decision-making framework for the allocation of home support hours and other services. This is an essential building block of the statutory home support scheme which will provide equitable access to a person-centred quality-based service and provide for greater service efficiencies and responsive policy development.

The National interRAI Office continues to develop, test and deliver software in conjunction with interRAI International, HSE Technology & Transformation and a commercial software developer (Civica) to interface with national ICT systems which are currently in development.





Oral Health

The delivery of *Smile agus Sláinte, the National Oral Health Policy*, aims to transform oral healthcare services 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 setting. 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 addresses the models of service alongside supporting legislative reform and strategic workforce planning.

Oral Health Progress in 2024

DoH-HSE joint action to develop a Phase 1 National Implementation Plan:

A draft implementation plan for 2025-2027 was drafted and opened to external consultation July and August 2024. The plan is now being updated on foot of that consultation. A draft oral healthcare workforce census framework was developed over the course of 2024 after extensive stakeholder engagement. The next steps are to support the Dental Council to deliver the workforce census skills assessment by examining the legislative basis and IT supports the Dental Council needs to roll out the census as part of the registration process.

In 2024, a concept paper on dental auxiliary grades was developed which formed the basis of a scoping exercise on a mid-level professional grade for the sector. This work will inform the scope of the necessary practice design and establish a pilot for a mid-level professional grade in oral healthcare. The project commenced in Q3 2024 with external support under the supervision of an oversight group. By the end of 2024, the project had met all key milestones, with stakeholder engagement ongoing from late 2024 through to 2025. The final project plan, recommendations and research report will be finalised and presented to the oversight group by Q2 2025. A potential pilot for direct access for dental auxiliaries in a health region is being considered with potential future roll out.

The priority areas to be considered for the development of interim enhancements to

the regulatory framework in 2024 have been agreed with the Dental Council. A Principle and Policy Paper for legislative proposals in relation to Continuing Professional Development (CPD) has been drafted in preparation for stakeholder engagement planned to refine the Department's policy output and inform the drafting of Heads of Bill. A paper is being drafted in relation to other proposed interim enhancements including providing a more robust statutory basis for the Council to establish, maintain and monitor dental education standards.

A series of thematic engagements between the Department and the Dental Council to discuss legislative matters in more depth have taken place, with further engagements planned. These are important inputs to the overall regulatory reform programme that the Department is developing, with the objective of introducing a new modern regulatory framework for all relevant aspects of dentistry, with the planned publication of a new Dentists Bill intended to take place by end-2027.

The Health Research Board's review of the impact of community water fluoridation on the oral health of the population is undergoing peer review before subsequent publication.

The HSE commenced development of an oral healthcare assessment programme in 2024 to identify and plan for current unmet needs among those in residential settings. The guideline is being developed by a multidisciplinary group which includes nursing and disability service representation. The tools and content will be hosted on HSELandD which will enable access for service providers of nursing home and residential care services. The emphasis is on supporting positive oral health through care plans and daily oral health practices. The guideline is due for publication at the end of Q1 2025.

HSE progressed the development of clinical and related workstreams to support the commencement of the rollout of new oral healthcare packages to children aged 0-7. This work will continue throughout 2025.

The HSE also progressed development in 2024 of the clinical components and consultation engagement strategy to define the care packages, clinical pathways and potential referral pathways between primary and secondary care oral health services.

4.3: Build Capacity

Under the Programme for Government public investment in healthcare infrastructure and capacity is continuing. Planning for future capacity requirements ensures 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 healthcare 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.

Strategic Workforce Planning Progress 2024

Significant progress has been made working with DFHERIS and the Higher Education Sector to increase student training places for the health sector.

- In September 2022 an agreement was secured with the Irish Medical Schools for an additional 200 Irish/EU medicine student places by 2026.
- Over the period 2014 to 2023 first-year nursing places in Irish Higher Education Institutions (HEIs) grew from 1,570 to 2,100 – an increase of almost 34%.
- In 2023 over 660 additional student places were provided in the Higher Education Sector on health-related courses. This includes over 120 student places in Nursing and Midwifery, and 80 student places in Allied Health Professions in Northern Ireland.
- In 2024, 26 medicine places in Northern Ireland were co-funded by the Department of Health and DFHERIS. A further 25 medicine places in Northern Ireland will be funded in 2025.

- In July 2024, Government approved the prioritisation of funding to support the expansion of training places in priority healthcare areas including Speech and Language Therapy, Occupational Therapy and Physiotherapy. This will contribute to delivering expansion in the region of 35% in these vital disciplines over the next two academic years.

Additional places commencing in September 2024 include:

- **15 additional Speech and Language Therapy places** - Expansion of University of Galway BSc programme.
- **40 additional Occupational Therapy places** - Introduction of new BSc programme with 20 places in Occupation Therapy in UL and expansion of 20 places on University of Galway BSc Occupational Therapy programme.
- **15 additional Podiatric Medicine places** - Expansion of University of Galway BSc programme.
- **10 additional Physiotherapy places** - Expansion of RCSI BSc programme.
- **40 additional Medicine places** - Continued implementation of 2022 agreement.
- **Additional Nursing and Midwifery** - Approximately 170 additional places.

In addition, 161 additional student places in nursing and allied health professions have been provided in Northern Ireland in academic year 2024/25. This includes an increase of 78 places in nursing and an increase of 83 places in allied health professions, including Physiotherapy, Occupational Therapy, Dietetics Speech and Language Therapy, Dietetics and Radiography. Further work is underway to increase the domestic supply of health-related professionals.

Long Term Strategic Health and Social Care Workforce Planning:

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. Over time, the scope and capacity of the health and social care workforce planning model will be further expanded by incorporating new datasets and research to underpin the Department's Health and Social Care long-term workforce planning and modelling.

Integrated Care:

From 2024–2026, the Department of Health is working on a project in collaboration with the HSE and the Organisation for Economic Cooperation and Development (OECD), funded by the European Commission under the 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”. 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 and community-based care. The project is progressing, and the OECD is working closely with the Department of Health and HSE to advance deliverables.

Increase number of medical postgraduate training places, in line with medical workforce targets.

Increases in specialist postgraduate training places and supply of medical professionals were planned for 2024. Working in collaboration with HSE NDTP and Forum of Postgraduate Training Bodies in 2024, the following was delivered:

- Establishment of 94 Senior House Officer Posts to accommodate expedited GP training expansion.
- 11 new specialist post graduate training posts.

NCHD Workforce

The National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce was established by the Minister for Health in September 2022. The Terms of Reference for the Taskforce were 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 publication of the NCHD Taskforce Interim Report Recommendations in April 2023, the Minister for Health published the final report of the Taskforce in February 2024. 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. In 2024, the HSE established structures for progressing implementation of the recommendations across clinical sites, and implementation plans were developed for prioritisation of recommendations in 2024.

In 2024, projects to improve learning environments and working and wellbeing standards for NCHDs on clinical sites were funded and completed. Other deliverables included enhanced NCHD induction standards, guides and supports, particularly for NCHDs new to the Irish health service, the launch of the HSE Occupational Health Specialist Support Hub for NCHDs, and increased flexible training and working opportunities for NCHDs.

Implementation of recommendations and engagement between the HSE and the Department of Health is ongoing to monitor progress with implementation and prioritisation of the recommendations.



Workforce Reform

Sláintecare focus on community care services and community healthcare networks is transforming healthcare delivery with a focus on care closer to home. With our existing health and social care workers, optimising teams can have benefits on service efficiency

through reconfiguration and the promotion of person-centred care, with patient safety and staff wellbeing as key measures of outcomes. Developing a highly skilled health and social care workforce will support the health system's resilience, by increasing levels of workforce capable of delivering high quality care, including specialist care. Workforce reforms will support preparedness, agility and patient access across the health system.

Policy on Advanced Practice in Health and Social Care Professions

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. The focus of work in 2024 was to develop the policy and to prepare for the initial rollout in 2025.

Progress in 2024:

- The work with regard to standards and regulation of Advanced Practice in Health and Social Care Professions in Ireland, the evidence base and approach to Advanced Practice in other jurisdictions was reviewed.
- Development of this policy will be supported by the Evidence for Policy (EfP) programme, a collaborative initiative between the Health Research Board and the Department of Health (DOH) to support research projects that aim to strengthen the evidence base for policy development and evaluation of policy implementation by the DoH.
- Consideration is being given to Advanced Practice in operation, including integration across and within clinical services and programmes across the six health regions. Work in 2024 included identifying areas for the initial rollout of candidate Advanced Practice Health and Social Care Professional (HSCPs) roles in 2025.
- The Department is working with the HSE to ensure these posts support improvements in primary and community care, in line with new regional structures in the HSE and areas of policy priority (including nursing, midwifery, and Health and Social Care Professionals (HSCP) led care in the

community, cancer care, women's health, acute care areas experiencing challenges with access to care).

Designation of Appropriately Trained Physiotherapists as Referrers for Medical Radiological Procedures

The designation of appropriately trained physiotherapists as referrers for medical radiological procedures will support the delivery of effective and efficient patient care and result in fewer health professionals being involved in the patient pathway. In 2024, work progressed to develop the policy and implement the necessary legislative change to enable appropriately trained physiotherapists to refer for medical radiological procedures, such as x-ray.

Progress in 2024:

- An Expert Working Group was established in March 2024 to support the development and implementation of this policy. Consideration is being given to this practice in operation, including integration across and within clinical services.
- One hundred Physiotherapists working in relevant roles in the Irish health service commenced the Professional Certificate Referring for Radiological Procedures (Physiotherapists) training programme in University College Dublin in 2024. This training was funded under the Sláintecare Integration Innovation Fund (SIIF).
- Work has progressed with CORU, the regulatory body responsible for registering physiotherapists, to establish a regulatory mechanism to allow for a legislative amendment to S.I. No. 256 of 2018. The establishment of the training programme is also a key milestone towards this. This legislative amendment is required to designate appropriately trained physiotherapists as referrers for medical radiological procedures.
- Work will continue in 2025 to provide the appropriate training for further physiotherapists working in relevant areas.



Health Infrastructure including Elective Treatment Centres & Surgical Hubs

National Elective Ambulatory Strategy

The Government agreed in December 2021, subject to the necessary Public Spending Code requirements and approvals being met, to implement a national strategy of elective ambulatory care, with the establishment of dedicated Elective Treatment Centres in Cork, Galway and Dublin. The development of these elective centres will change the way in which day case, scheduled procedures, surgeries, scans and outpatient services can be better arranged across the country, ensuring separation of care, greater capacity in the future and helping to address waiting lists.

While this longer-term capacity is being planned and delivered through the new elective treatment centres, new 'surgical hubs' are being developed to deliver more immediate elective capacity for day case procedures and to positively impact waiting lists.

Progress in 2024:

- Elective Treatment Centres: During the course of 2024, proposals for the new Elective Treatment Centres were developed. The Elective Care Programme took forward a range of workstreams including Clinical, Operational, Digital and Workforce that will support the Design Team to prepare the final project brief, procurement strategy and detailed business case required to meet Approval Gate 2 of the Infrastructure Guidelines.
- The Integrated Design Team (IDT) and Project Controls Team (ICT) was appointed at the end of the year following a rigorous procurement process. A preliminary design brief was developed by the HSE to inform the IDT on their appointment and form the basis of their detailed design work going forward.
- The IDT will now undertake detailed analysis in terms of timelines for the Elective Treatment Centres in Galway and Cork to become operational. These will be dependent on a number of factors including the agreement of standardised briefs, procurement strategy, completion of external reviews, approval by government to proceed to tender and finally construction timelines which will be dependent on availability of construction workers and materials.
- During 2024, work to progress the two emerging preferred sites in Dublin, at Connolly Hospital in Blanchardstown, and at the current Children's Hospital site in Crumlin continued. Demand modelling has also commenced to inform the scope and the scale of the Dublin Elective Treatment Centres.
- Surgical Hubs: During the course of 2024, planning approval was granted for all planned Surgical Hub sites. This significant development meant that much progress was made over the year both in terms of physical infrastructure and planning for future operations. The Surgical Hub in South Dublin was completed at the end of 2024 and was officially opened in February 2025. The Surgical Hubs in North Dublin, Galway, Cork, Waterford and Limerick are under construction and due to become operational over the course of 2025 and 2026.

Surgical Hubs are being developed to reduce number of people waiting for non-complex, high-volume day case care and reduce length of time people are waiting

Background:

The first surgical hub in Ireland was established in the Reeves Centre at Tallaght University Hospital and since opening in December 2020 there has been a reduction in both the total number of patients waiting for a day case procedure and the length of time patients are waiting.



Building upon this success, the Government approved six additional HSE Surgical Hubs which will be located in South Dublin, North Dublin, Galway, Cork, Waterford and Limerick, the first of which completed construction in 2024 and opened in February 2025. The surgical hubs are being developed to expand capacity for planned day case surgery and minor procedures.

What is a surgical hub?

The HSE Surgical Hubs will be developed on a standard building design with two operating theatres and two minor procedure rooms, as well as areas where patients will recover after their procedures. The hubs will open from 8am to 8pm, 6 days per week. Patients will come in, have their procedure, recover and go home on the same day.

The hubs will provide a wide range of day case specialties including general surgery, dermatology, gynaecology, ophthalmology, ENT and orthopaedics and will care for patients who require non-complex procedures which are in high demand, for example varicose veins, hernia repair and other keyhole surgery.

The hubs will be in separate buildings with dedicated resources protected for patients requiring these procedures. Once fully operational each hub will be able to deliver an additional 10,000 operations or minor surgical procedures and roughly 18,500 additional outpatient appointments per year.

Separating emergency and non-emergency care

Reducing waiting lists and waiting times for patients is a key priority for the HSE. One reason that waiting lists are growing is the ever-increasing pressure on hospital emergency departments which can result in non-urgent procedures being postponed.



Expansion of Pharmacy Services

Expansion of pharmacy services will 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. Pharmacist prescribing will leverage pharmacists' expertise, alleviate pressures in the health service, including on General Practice, and provide timely care for common conditions.

Progress 2024:

- Final report of the Expert Taskforce to Support the Expansion of the Role of Pharmacy was published in August 2024
- Prescribers can write 12-month prescriptions for their patient if they deem it safe and appropriate to do so, since 1 March 2024.
- Pharmacists can extend certain six-month prescriptions for up to an additional six months if they deem it safe and appropriate, since 1 September 2024.
- DoH put the key legislative enablers in place for this service in February of 2024. This included secondary legislation (SI 72-74 of 2024). Primary legislation (Health Miscellaneous Provisions Act 2024) was introduced in July 2024 and is a key enabler for the Common Conditions Service.
- The Pharmaceutical Society of Ireland (PSI), the pharmacy regulator, prepared educational materials for pharmacists.

The Expert Taskforce to Support the Expansion of the Role of Pharmacy:

The recommendations of the Taskforce, published in August 2024, relate primarily to achieving a Common Conditions Service (CCS). The remaining recommendations relate to achieving independent, autonomous prescriptive authority for pharmacists and further supporting recommendations.

The CCS, when implemented, will allow for people to access treatment for common conditions from their community pharmacist. 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 conditions¹³ recommended by the Taskforce. It is predicted that this will move care out of unscheduled acutes and GP clinics, and into community pharmacies, creating additional capacity in these areas.

In 2024, an Implementation Oversight Group (IOG) was established which has representatives from the key stakeholders. The IOG is working together to put the enablers in place to operationalise the service. The IOG met four times in 2024, and has made significant progress on legislation, education and training for pharmacists and clinical elements of the service.



Planning Future Capacity

Ireland's changing demographics and ageing population are key drivers of the increased demand on our health services. To effectively plan for future service design requirements, the Department of Health is undertaking important research to analyse capacity requirements for determining future needs based on these changing demographics within the wider context of the Sláintecare reforms.

As part of efforts to improve the planning process for future capacity, the Economic and Social Research Institute (ESRI), HSE and the Department of Health are collaborating to jointly develop a capacity planning framework. This work includes building out the Hippocrates Projection Model that provides base year estimates and future projections of healthcare demand, capacity and expenditure for selected Irish health and social care services.

This work is complemented by the recently published Strategic Healthcare Investment Framework (SHIF) which will support 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.

¹³ Shingles, Conjunctivitis, Impetigo, Oral Thrush, Vaginal Thrush, Allergic Rhinitis, Uncomplicated Urinary Tract Infection, Cold Sores.

Progress 2024:

Capital and Investment

In August 2024, the Strategic Healthcare Investment Framework (SHIF) was published. Its implementation will enhance the assessment and speed of delivery of capital investments and ensure that they are targeted toward satisfying an identified need, that they are evidence-informed, equitable, and they will enable reform to be achieved, with the overall objective of having better health outcomes for the population of Ireland. SHIF has three component parts. It uses a four-option 'intervention hierarchy' which interrogates the rationale behind a proposal. This is to ensure it is identifying the correct solution to the correct problem. As a guiding principle, new infrastructure investment will be contingent on the productive use of existing capacity. The second component is grounded in the principle of the 'Continuum of Care' (the Sláintecare vision), which envisages the patient pathway as starting at a community level and only progressing to an acute facility if necessary. The third component contains six investment criteria. SHIF therefore sets out standard principles for the development and assessment of evidence-informed capital proposals.

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 the 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 both the SHIF and the CAF.

Acute Inpatient Bed Capacity Expansion 2024–2031

The **Acute Inpatient Bed Capacity Expansion Plan 2024–2031** was published in 2024 and provides for an expansion of acute inpatient capacity that aligns with the findings of the Capacity Review 2018, and that considers interim and longer-term demand modelling. This acute inpatient capacity expansion plan aligns with the Strategic Health Investment Framework (SHIF) and sets out a total planned capacity for delivery of 3,438 additional new acute inpatient beds and 929 replacement acute inpatient beds over the period 2024 to 2031.

Health Service Capacity Review

During 2024, the Economic and Social Research Institute (ESRI) developed a refreshed Health Service Capacity Review on behalf of the Department of Health. This included consideration of data at both a national and regional level in relation to 3 workstreams: (1) public acute hospitals; (2) primary care; and (3) older people's services. Three collaborative workshops took place during the year between the ESRI, Department of Health and HSE, to consider the quality and compatibility of health management data from a number of sources as well as the modelling assumptions to be used in the capacity projections.

Draft capacity projections at a national and local level were developed by the ESRI which will be further refined in 2025 leading to production of a number of papers and an overarching final report. The Hippocrates projection model is being used in this work and will be developed to allow for the inclusion of future additional data and policy considerations as required.

4.4 Enabling Reform

Enabling Reforms are initiatives or programmes that create the conditions necessary for broader and more effective transformation of Ireland's Health and Social Services. These reforms are designed to improve service delivery by driving efficiencies and transparency and making services more responsive to the needs of the people of Ireland. Sláintecare enabling reforms provide the foundation for a more integrated, high-quality health and social care service that can better serve the needs of the population.

Restructuring the HSE into six operational regions, supported by enabling functions at the centre, will support the delivery of more efficient, integrated, streamlined and productive services. Designed to bring about integrated care, effective decision-making and local focus, these HSE Health Regions, which commenced in March 2024, will mark a significant departure from previous arrangements.

Implementation of the digital health strategy, *Digital for Care* – Strategic Digital Health and Social Care Framework (2024-2030), published

in May 2024, will be critical to connecting health information and data, which will improve communications, process efficiencies and patient experiences in our health and social care service.

The Sláintecare Integration Innovation Fund (SIIF) continued to support and embed person-centred innovation culture within the Irish health sector, in 2024, 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. The Productivity and Savings Taskforce was established in January 2024 to drive a programme of work designed to achieve savings and efficiencies across the HSE in order to optimise the use of health funding by delivering safe health services to as many people as possible in a timely way.



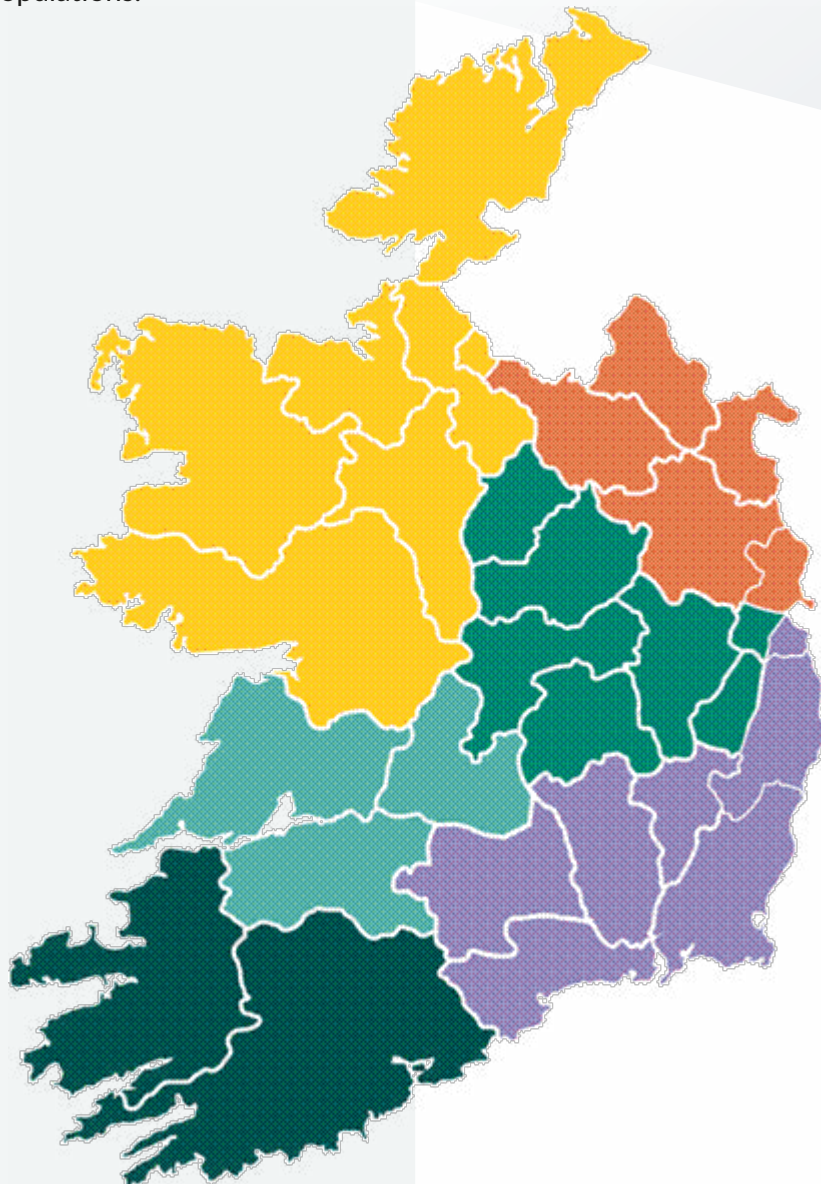


HSE Health Regions

The Health Regions reform involves the reorganisation of the HSE into six operational regions with responsibility for the planning and coordinated delivery of health and social care for their respective populations. This is a foundational recommendation of the Sláintecare Report.

The *HSE Health Regions Implementation Plan* was approved by Government and published in July 2023. The Plan sets out the high-level programme of work required to operationalise the Health Regions. The six new Health Regions commenced in March 2024, with the six Regional Executive Officers (REOs) commencing their roles shortly thereafter. The REOs are fully accountable and responsible for the planning and delivery of integrated care for their respective populations.

- **FSS an Iarthair agus an Iarthuaiscirt**
HSE West and North West
- **FSS Bhaile Átha Cliath agus Oirthuaiscirt**
HSE Dublin and North East
- **FSS Bhaile Átha Cliath agus Lár na Tire**
HSE Dublin and Midlands
- **FSS an Iarthair Láir**
HSE Midwest
- **FSS Bhaile Átha Cliath agus Oirdheiscirt**
HSE Dublin and South East
- **FSS an Iardheiscirt**
HSE South West



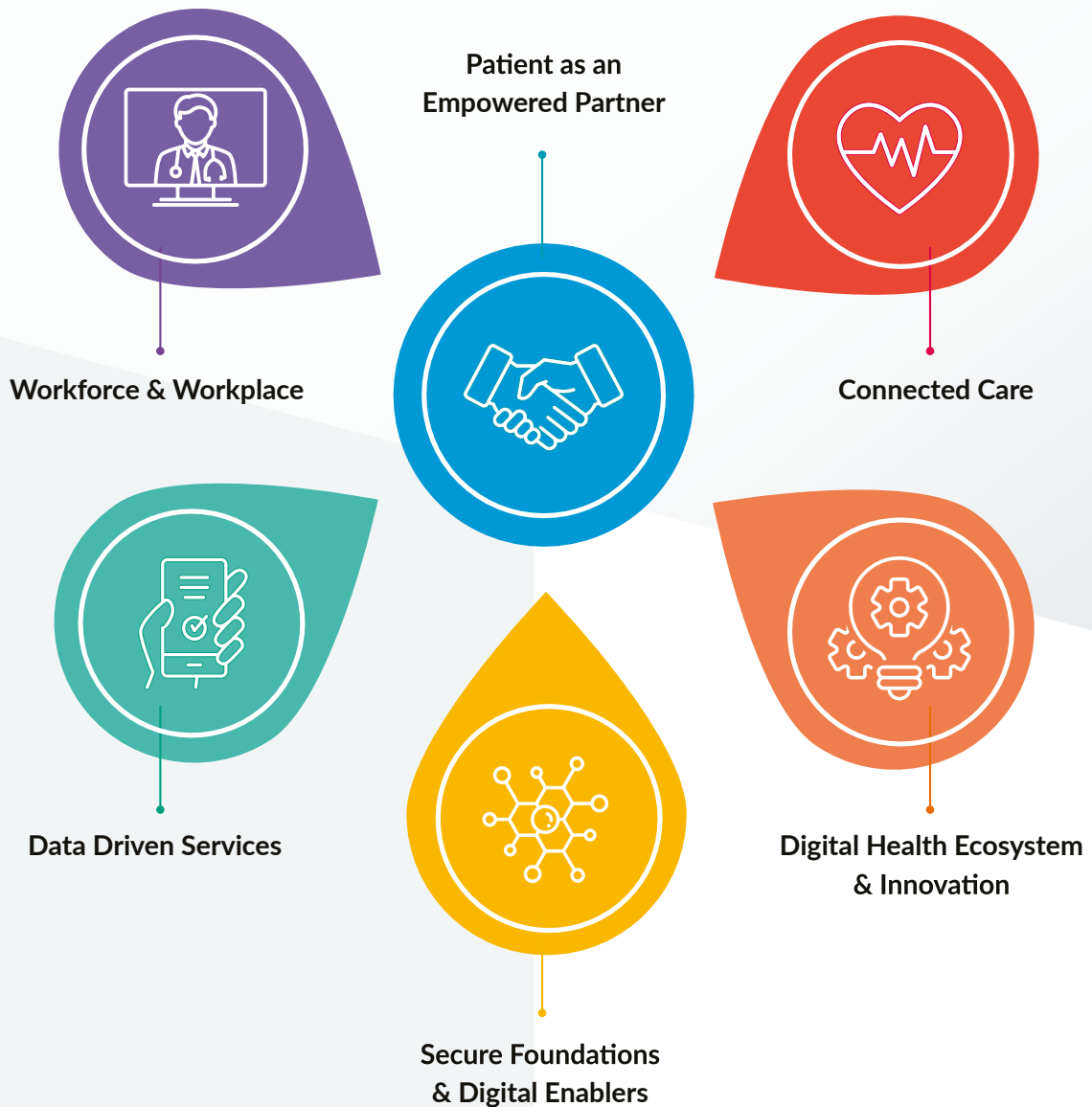
HSE Health Regions Progress in 2024:

- A Health Regions Programme Steering Group was set up to oversee the next phase of programme implementation, replacing previous governance structures.
- The revised HSE Senior Leadership Team, which includes the six REOs, was established.
- From 1 October 2024, the Health Region management structure replaced existing CHO and Hospital Group structures, and responsibility and accountability transferred to the new Health Region Executive Management Teams (EMTs). Recruitment for the appointment of Health Region EMT posts continued.
- Integrated Healthcare Areas (IHAs) are the sub-regional geographies which provide integrated acute and community care for their populations. The mapping of the 20 IHAs was finalised and recruitment for IHA Managers continued. The design phase of the Integrated Service Delivery (ISD) model that will underpin the IHAs continued in advance of rollout in March 2025.
- The Department established a PBRA Expert Group in March 2024 tasked with examining and developing the approach and methodology applicable to population-based service funding. The Group met on a number of occasions during 2024. To support the transition to the PBRA approach, funding for Estimates 2025 was allocated on a Health Region basis.
- HSE Public Health commenced the development of a Population-Based Planning Framework, facilitating a common approach to population-based planning across health and social care. As part of this, a Health Care Needs Assessment Framework has been developed, and Regional Population Profiles were prepared and published.
- The HSE agreed the co-designed structures and remit of regional patient and voluntary forums. The Plain English version of the 'Proposal on Patient and Service User Partnership in Health Regions Design' was finalised and published online in July 2024.
- An external evaluation of the reform launched to establish a continuous learning feedback loop alongside a longer-term assessment of impact. The evaluation supports the HSE and DoH to understand common barriers and enablers, to highlight where reforms are working well, and to identify opportunities to improve.



Digital Health Transformation

The Digital Health Programme is a critical enabler of the Sláintecare.



A modern, patient-centred, and sustainable health and social care system for patients and workforce

“Digital for Care 2030: A Digital Health Framework for Ireland 2024-2030” was published in May 2024. 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 to provide clear direction, alignment and guide investment towards Digital Health and Social Care goals for 2030 and beyond.



Some of the significant digital solutions, that were implemented or progressed in 2024 include:

- **HSE Health App:** Up to 1,500 patients trialled the Health Service Executive



(HSE)'s Health App before the end of 2024. The app was formally launched in February 2025 with a wider rollout planned in 2025. While the functionality of the first release will be limited, the

app will develop over time to offer the public a safe, secure, and convenient way to access personal health information, trusted sources of health information and advice, e.g., Health A to Z from HSE Live, reminders for appointments, access to virtual care and more options to interact digitally with the health service, should patients wish to do so. The initial release of the app will be the first step in enabling public patients to access their own health information online, with additional features and data offered through subsequent releases on the Apple App Store and Google Play Store. Digital versions of the medical card and GP visit card, as well as information about medications reimbursed by the state (PCRS for public patients), will form part of the first release of the app.

- **National Shared Care Record:** The National Shared Care Record will enable the health system to gather patient data from primary, community and acute settings and present it as one unified digital health record. Both patients and healthcare professionals will access this data via the HSE Health App and a Secure Clinical Portal, ensuring that everyone involved in a patient's care has access to the same information. The utility of the shared care record will be dictated by what data is available from existing systems. In many cases those systems will need to be updated or replaced to ensure consistency of data. The procurement process was completed in December and

all tenderers have been notified of the outcome. Once contracts are in place, the selected platform will be designed, built and configured throughout 2025.

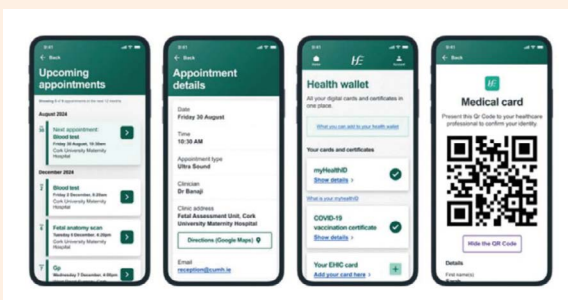
- **National Electronic Health Record Programme:** A new integrated National Electronic Health Record (EHR) programme has been stood up with the initial focus on developing the preliminary business case and procurement strategy. The scale of investment required is likely to require compliance with the public spending code infrastructure guidelines for major infrastructure programmes.
- **Community Connect:** As part of the integrated EHR programme, a project to implement foundational capability across all community services is proceeding. This community programme will also consolidate a number of smaller community projects into a single integrated community programme. This programme will proceed at pace and will later merge with the National EHR programme. A programme steering group for the community project is being put in place to ensure we drive this programme forward in the required timeframe.
- **CHI EHR:** There are two components: (1) deployment of the Electronic Health Record systems and (2) Delivery of ICT infrastructure. Both are progressing well. More than 70% of the network infrastructure has been deployed as this is needed to support building systems. The remainder of the infrastructure will be deployed on a phased basis in preparation for CHI's commissioning of the site. The EHR team have designed, built and are configuring the system to meet the needs of the service. The system will need to interface with lab analysers and other equipment that can only be deployed during the commissioning phase.
- **IFMS:** Progress deployment of the National Financial Management System (IFMS) to align with all 6 HSE Health Regions and complete deployment across the statutory system to all remaining HSE Health Regions by the end of 2025.

- RPA and AI:** An accelerated deployment of Robotic Process Automation (RPA) continues in hospitals across all Health Regions delivering efficiencies in the administration and management of outpatient waiting lists. An RPA solution was delivered to Nursing and Midwifery Board of Ireland (NMBI) and made available to all healthcare organisations to automate annual registration verification of nurses and midwives. The HSE Board has approved the establishment of both a national working group to develop an AI Implementation Framework for the use of AI in the public health sector, and an AI and Automation Centre of Excellence (CoE) in the HSE.
- Acute Virtual Wards (VW):** These are now live in two HSE Health Regions (Limerick in the Mid West and St Vincent's in Dublin Southeast). Four more are planned for delivery in 2025. Further expansion of both acute and community Virtual Wards will be pursued beyond 2025. There are also numerous smaller telehealth and virtual care 'seedling' projects being supported through the Sláintecare Integration Innovation Fund.
- Healthcare Data Analytics Project:** Deployment of the HSE Demand and Capacity Visualisation Platform continues at pace, but it has been refocussed to prioritise Outpatient Waiting List Management.
- Cyber Resilience Programme:** Work continues on building cyber resilience across the health system. Following the ransomware attack in 2021, the Board of the HSE commissioned an independent post incident report (PIR) and the HSE are working through those recommendations. The HSE has focussed on the ones with greatest impact and also those that can be delivered easily. Health service data is considered highly valuable by cyber criminals. Consequently, the overall threat landscape for health services internationally is increasing year on year, with several high-level attacks in 2024 with significant operational and financial impacts. The new Chief Information Security Officer (CISO) took up post with the HSE at end of October 2024.
- Digital Foundations and Enablers:** We will continue to invest to improve digital foundations/enablers through upgrades and expansion of core ICT infrastructure, networks, servers, cloud services, licensing and ICT service operations, compliance with regulations and implementation of data and digital standards. Given the scale of the health service and the IT operation that support it, this remains an important area for investment in 2025, but the focus for investment will be on technical infrastructure, standards and enablers that are directly aligned with delivering Digital for Care.
- Enterprise Wireless:** A priority that will extend into 2025 is to expand the footprint of WiFi capability for staff and patients as widely as possible, so that as many hospitals and healthcare facilities as possible have this capability in place by the end of 2025.

HSE Health App

The Department of Health and HSE have developed a new digital health service, the HSE Health App.. It gives people secure access to information about their healthcare. It is one of the first initiatives delivered as part the HSE's implementation of Digital for Care, the government digital health framework.

Over time, the app will become the main channel for people to securely access their health information and a range of services online, with an initial focus on enabling access to their hospital appointments; carrying a list of their self-declared and reimbursed medication; COVID-19 and flu vaccination records; and digital versions of their European Health Insurance Card and Medical Card.



The first release is focusing on maternity services. Expectant mothers are able to view their hospital appointments.

During 2025, people using the app will be able to see all their hospital appointments, along with their referrals and waiting list information.

The team is working with patients and clinicians to design the app and a pilot ran with a group of expectant mothers in Cork University Maternity Hospital in June of this year. Feedback from the pilot helped us to refine and improve the app's functionality before its wider release.

The app was very well received during the pilot, with one expectant mother telling us, "The app has been amazing, very handy, and completely invaluable to me during my third trimester with all the extra appointments."

To support the rollout, the project team are engaging with maternity services around the country. The launch of the app is a significant step towards putting your health in your hands and a great example of how the HSE is delivering Digital for Care.

For the first release, the HSE Health App is available in English and Irish. Other languages are being explored for future versions. Any member of the public aged 16 and over can use the HSE Health App. The app is now available on the Apple App Store and Google Play Store. For more information see www.hse.ie/HSEapp

Case Study: HSE National Virtual Ward Programme

The health service in Ireland is facing significant challenges, with increasing demands for acute hospital services leading to potential delays for patients in accessing both unscheduled and scheduled care. The HSE's National Virtual Ward Programme launched the first two Pilot Acute Virtual Wards at St Vincent's University Hospital, Dublin and University Hospital Limerick in 2024. These Acute Virtual Wards are the first of their kind in the Irish healthcare system.

Eligible patients receive the same level of clinical care in an Acute Virtual Ward, as they would as an inpatient in a hospital, from the comfort of their own homes, facilitated by the use of remote monitoring technology.



The Acute Virtual Wards are harnessing digital technologies and innovations to improve patient access to care; help to expand capacity; increase efficiency and productivity; and reduce costs.

Implementation of this model of care aligns with the aims of Sláintecare and the Department of Health's recently published Digital for Care: A Digital Health Framework for Ireland 2024-2030.

From 1 July 2024 – 31 January 2025, the Acute Virtual Wards have treated over 600 patients using over 4,400 virtual bed days. Initial data and feedback is promising, with Acute Virtual Wards reporting operational and performance improvements, as well as improved patient and staff experience.

Work is underway to build out the Acute Virtual Wards further, expanding access to a wider cohort of patients and maximising usage at existing sites, as well as potentially launching Acute Virtual Wards at other hospitals.

The biggest benefit for me was that I could relax at home again because I live on my own - **Virtual Ward Patient**

"We've had 50 patients through our virtual ward so far in six weeks and we haven't had one negative feedback" - **Clinical Nurse Manager on the Virtual Ward**

More information about Virtual Wards is available at <https://www.hse.ie/eng/about/who/strategic-programmes-office-overview/national-virtual-ward-programme/>



The Health Information Bill

The Health Information Bill was published in July 2024. The purpose of the Health Information Bill is to ensure that Ireland has a fit-for-purpose national health information system that enhances patient care and treatment as well as supporting better planning and delivery of health services into the future.

The Bill has a priority focus on electronic health records and will provide a clear legal basis for the establishment of electronic health records for everyone in Ireland giving patients easier access to their own health information. It is therefore a strategic enabler for the Department's Digital for Care – A Digital Health Framework for Ireland 2024-2030, and the HSE's Digital Health Strategic Implementation Roadmap. The Health Information Bill will also facilitate appropriate sharing of patient information across healthcare sectors. The Bill is the first in a suite of legislative measures to give full effect to the European Health Data Space (EHDS) Regulation.



Creating a Culture of Innovation

We are continuing to foster a culture of innovation to support the delivery of health service reform, through the Sláintecare Integration Innovation Fund (SIIF). The SIIF is a ring-fenced multi-annual fund supporting projects with a focus on delivering the Right Care, in the Right Place, at the Right Time.

The aim of the Sláintecare Integration Innovation Fund is to test and evaluate innovative and integrated models of care and new ways of working, leveraging technology where possible, by funding projects that serve as a 'proof of concept' with a view to mainstreaming/scaling if successful.

16 projects were operational in 2024 under Rounds 2 & 3 of the fund. Preparations for the SIIF Round 4 callout in 2025 commenced in 2024.

Pobal administers the fund on behalf of the Department of Health. The Department also works closely with HSE Sláintecare Transformation and Innovation Office (STIO) to deliver the SIIF Programme.

The priority themes for SIIF funded projects in 2024 included:

- Digital Innovation and transformation solutions with a focus on integrating digital innovation in service delivery.
- Workforce Reform - Advancing roles (Advanced Practice in HSCP, Advanced Nursing and Midwifery Practice).
- Reform Agenda – New models of integrated care.
- Improving Oversight and Partnership in the health sector.

Although a number of projects were impacted by the employment control measures which are in place since June 2023, they have made good progress. Achievements and patient feedback reported from round 2 & Round 3 projects in 2024 include:

Case Study: Graduate Diploma in Primary Care Nursing Practice (PCNP)

The programme, launched as a two-year pilot in September 2023, has seen 117 nurses participate. Led by a cross-disciplinary team from UCD School of Nursing, Midwifery, and Health Systems, and UCD School of Medicine, it was open to General Nurses in Public Health Nursing and General Practice Nurses. The blended learning approach is innovative in pioneering new interdisciplinary approaches and integrating digital culture to enhance student learning and new ways of working.

Graduates will be expert generalists, competent in providing comprehensive health assessment in primary care specialist areas while using technology-enabled solutions. They will support the shift towards community care, advancing the Sláintecare vision to provide the right care, in the right place, at the right time.

Outcomes (1st intake of students):

- Graduates are excelling in key areas like women's health, children's health, chronic disease, symptom management and palliative care, with a 100% pass grade for relevant modules.
- Students are utilised, enhancing integrated care between community and acute services, with a 100% pass grade for relevant modules.

Student Feedback:

- "[I] have a much better understanding of community services, enabling people, Sláintecare and its ethos."
- "[I'm] providing a more person-centred approach now, and a different approach in providing health promotion."

Patient Feedback:

- "They could intuitively see that things were happening. They would keep you informed so you didn't have to ask questions."

**Graduate Diploma in
Primary Care Nursing Practice**
(One Year Blended Learning)



Case Study: National Osteoarthritis Hip and Knee Pathway

This pathway is currently being testing in the following regions:

- HSE Dublin & Northeast – Louth Meath IHA including Our Lady's Hospital, Navan
- HSE Dublin & Southeast – Carlow/ Kilkenny/South Tipperary & Waterford IHA's including University Hospital Waterford.

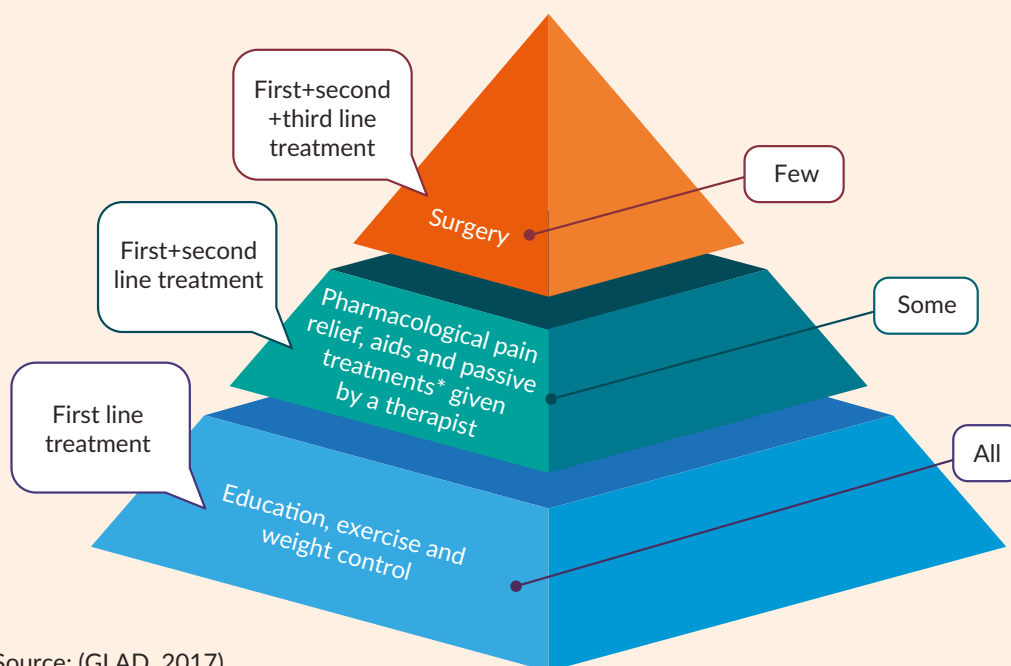
The pathway aims to improve early access to conservative management for people presenting to GPs with osteoarthritis symptoms of the Hip/Knee joint. GPs can refer patients to a 6-week interdisciplinary (physiotherapy and dietetics) community-based programme.

Best practice guidelines, (NICE, 2022), recommend a stepped approach to managing osteoarthritis, outlined below:

This pathway addresses the first line of treatment: education, exercise, and weight control. Referrals are sent directly from GPs to on-site clinicians, with only patients unsuccessful in the programme being scheduled for OPD appointments to determine next steps.

Since April 2023, **1,533** patients have been managed through the pathway, with **47 (3%)** requiring an OPD appointment with an orthopaedic surgeon. Of these, **14 required surgical intervention** (1% of all referred). The primary referral source has been GPs in the pilot areas. **97%** of referrals were triaged within five working days, exceeding the 75% target. Referrals to OPD clinics have remained below the proposed maximum target of 70 per month across both sites.

An app has been developed as part of the project to help users self-manage symptoms and sustain gains from the programme long-term. The project is continuing to test all aspects of the pathway, including further app development.



Source: (GLAD, 2017)

Some of **the feedback we have captured from patients** participating on the pathway



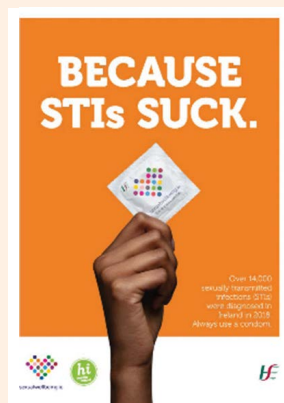
Overview: Osteoarthritis in over 16s: Diagnosis and management: Guidance (2022) NICE. Available at: <https://www.nice.org.uk/guidance/ng226> (Accessed: 13 February 2025).

Treatment for osteoarthritis - GLA:D AU (2017) GLA:D Australia. Available at: <https://gladaustralia.com.au/treatment-for-osteoarthritis/> (Accessed: 13 February 2025).

Case Study: Home STI Testing Scheme

STI rates are rising, both here in Ireland, and internationally. In response to the growing need for accessible and discreet sexual health services, the free HSE Home STI Testing service was rolled out nationally in 2022, following an initial pilot funded by the Sláintecare Integration Fund in 2021.

The service is free at the point of use, avoiding both cost and stigma related access barriers and facilitating higher early detection rates, thereby preventing both onward transmission of infection, and infection related harm.



Integrating the online STI testing programme, with the established public STI clinics, nationwide, allows people to test for STIs in the comfort and privacy of their own homes, reaching those who may be reluctant to visit an STI clinic in person. Those experiencing reactive results (approximately 10%) are then invited for follow-up treatment as appropriate.

The scheme has been very successful, adding approximately 33% to national testing capacity. Additional funding to support increasing demand for the scheme has been allocated through Budget 2025, bringing the budget for 2025 to €4.82m. Approximately 10,000 kits are issued every month.

STIs are easily manageable and treatable if diagnosed early; the home testing scheme is a key enabler for early detection and treatment.

The most recent HPSC reports¹⁴ indicate that STI rates have marginally decreased in 2024 in comparison with 2022-23, mainly driven by decreases in chlamydia and gonorrhoea diagnoses, and declines in first-time diagnoses of HIV. Moreover, the percentage of reactive results from home STI testing has declined marginally

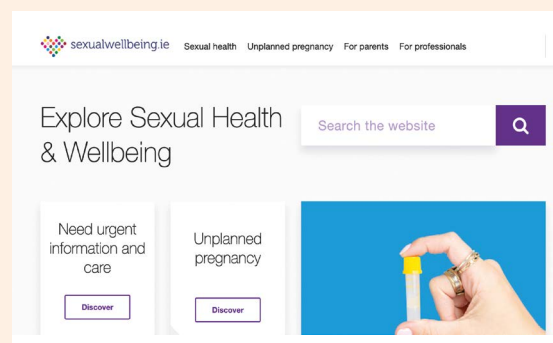


from over 10% to 9.7% towards the end of 2024. While ongoing vigilance is needed, these outcomes may indicate that increasing testing and early detection may be decreasing onward transmission rates.

The success of this initiative underscores the importance of adapting healthcare services to meet the evolving needs and



preferences of the population, reducing barriers to timely care and making strides toward a more inclusive and proactive approach to sexual health in Ireland.



¹⁴ https://www.hpsc.ie/a-z/sexuallytransmittedinfections/publications/stireports/HIV_mpox_&_STI_trends_in_Ireland_Report_Website_Week1-52%202024.pdf



Driving System-wide Productivity Improvement

The Productivity and Savings Taskforce was established in January 2024. The Secretary General of the Department of Health and the CEO of the Health Services Executive (HSE) co-chair the Taskforce and drive a programme of work designed to achieve savings and efficiencies across the HSE in order to optimise the use of health funding by delivering safe health services to as many people as possible in a timely way. To achieve this goal the Taskforce has identified savings and opportunities to improve productivity across the health sector through procurement and other cost saving measures, implementing, monitoring, and reporting on agreed savings reductions each month.

A National Productivity Unit (NPU) was established in the HSE in 2024, reporting directly to the CEO, and supported by external expertise in international healthcare savings and productivity. This team supports the CEO and Regional Executive Officers (REOs) to drive and deliver the productivity and savings initiatives and actions of the Taskforce. Identification of productivity improvement opportunities, advice on implementation, measurement and publication will be the four key task areas of this team reporting to the CEO.

Meetings of the Taskforce were held monthly in 2024, and this will continue in 2025. The Taskforce provides periodic updates to the Minister for Health as stated in the Terms of Reference. Minutes of the Taskforce's meetings are published online.

Progress in 2024:

In March 2024, the Taskforce published an Action Plan setting an ambitious and realistic programme of savings targets, aimed at minimising the level of financial risk the HSE is facing in 2024; and a range of productivity measures that aim to maximise access to health services for the public.

In October 2024, the Taskforce published a Progress Report, detailing updates and recalibrations to the original plan.

This included revised savings targets in accordance with the two-year expenditure agreement on Health funding for 2024 and 2025, the details of which were set out in the Summer Economic Statement for 2024. As part of the expenditure agreement with the Department of Public Expenditure, NDP Delivery and Reform, the HSE's final revised expenditure limits for 2024 incorporated a savings target of €251 million.

Responsibility for achieving expenditure within the revised expenditure limits was devolved to the REOs. The individual REOs had flexibility over what measures to take to achieve their revised expenditure targets; therefore, the exact breakdown of the savings was within the control of the individual Regions. By achieving an overall expenditure outturn within the revised expenditure limits in 2024, the HSE achieved its full €251 million savings target for 2024.

The HSE's National Service Plan for 2025 sets a target of an additional €382 million savings in 2025 (cumulative savings of €633 million in 2025). These savings targets have been incorporated into the health expenditure allocation provided in Budget 2025; therefore, the achievement of expenditure within budget in 2025 is dependent on the delivery of these savings. In order to achieve the necessary savings, the Taskforce is proposing a number of areas to target for savings measures in 2025. Additionally, the Taskforce has identified key productivity areas that will create high impact over a short and medium term. There will be a strong initial focus on increasing site and consultant level productivity, for example, by maximising existing consultant capacity, such as theatre hours and outpatient clinics, and full implementation of the new Public Only Consultant Contract.

Savings Measures:

- Medicines – Use of Medicines Sustainability Taskforce highly successful in delivering savings ahead of targets in 2024.
- Management Consultancy – Specific reductions mandated by the CEO on track to deliver savings target in 2024.



Productivity Measures:

- Productivity Data – Publication of data, particularly Outpatient (OPD) data via Health Performance Visualisation Platform (HPVP), allowed comparisons between hospitals and specialisms, which is an essential building block for driving productivity improvements.
- Performance Management – Taskforce focus on reinvigorated consultant performance management process has been successful to date; further progress needed in 2025.
- Activity Based Funding (ABF)– Taskforce driven examination of ABF implementation has been successful to date. Reductions to transition payment agreed; further progress on practical implementation of ABF needed in 2025.

Case Study: **Optimising health service productivity - 'Ensuring we use everyone's time more efficiently and effectively - small changes, big results'**

Investment in our health service is now at its highest level in the history of the State. The ever-evolving nature of health service demand and care delivery pathways means providing the maximum amount of appropriate patient care to the population is an ever-increasing challenge. This challenge needs to be addressed in a sustainable way. Ensuring we are optimising the productive use of our available and finite resources to deliver the maximum amount of patient care is vital to achieving this.

In this context, one of our most valuable resources is time. To quote the author William Penn, "Time is what we want most, but what we use the worst." Ensuring we use everyone's time-our service users', their families, and our staff's - in the most efficient and effective way is key to optimising the productivity of the health and social care services we deliver to the public every day.

By eliminating unnecessary variation, duplication and waste from our processes, we can release time to staff to deliver more care to the public we serve. We can achieve this through process optimisation and innovation, operational and clinical efficiencies, and faster decision-making.

A joint Department of Health/HSE Productivity and Savings Taskforce was established in January 2024 to focus on optimising is the productivity of the health service.

The HSE CEO Bernard Gloster established a dedicated HSE National Productivity Unit (NPU) in June 2024 to support the work of the joint taskforce. The NPU is the focal point through which a standardised framework for productivity throughout the HSE will be delivered.

This productivity framework will enable staff across our health regions and HSE Centre to collaboratively innovate, embed, sustain and scale data-led and evidence-based initiatives to improve efficiency and optimise productivity across operational and support services. Our aim is to support health regions in their continued focus to improve the quality of care, to reduce wait times and deliver better health outcomes for patients.

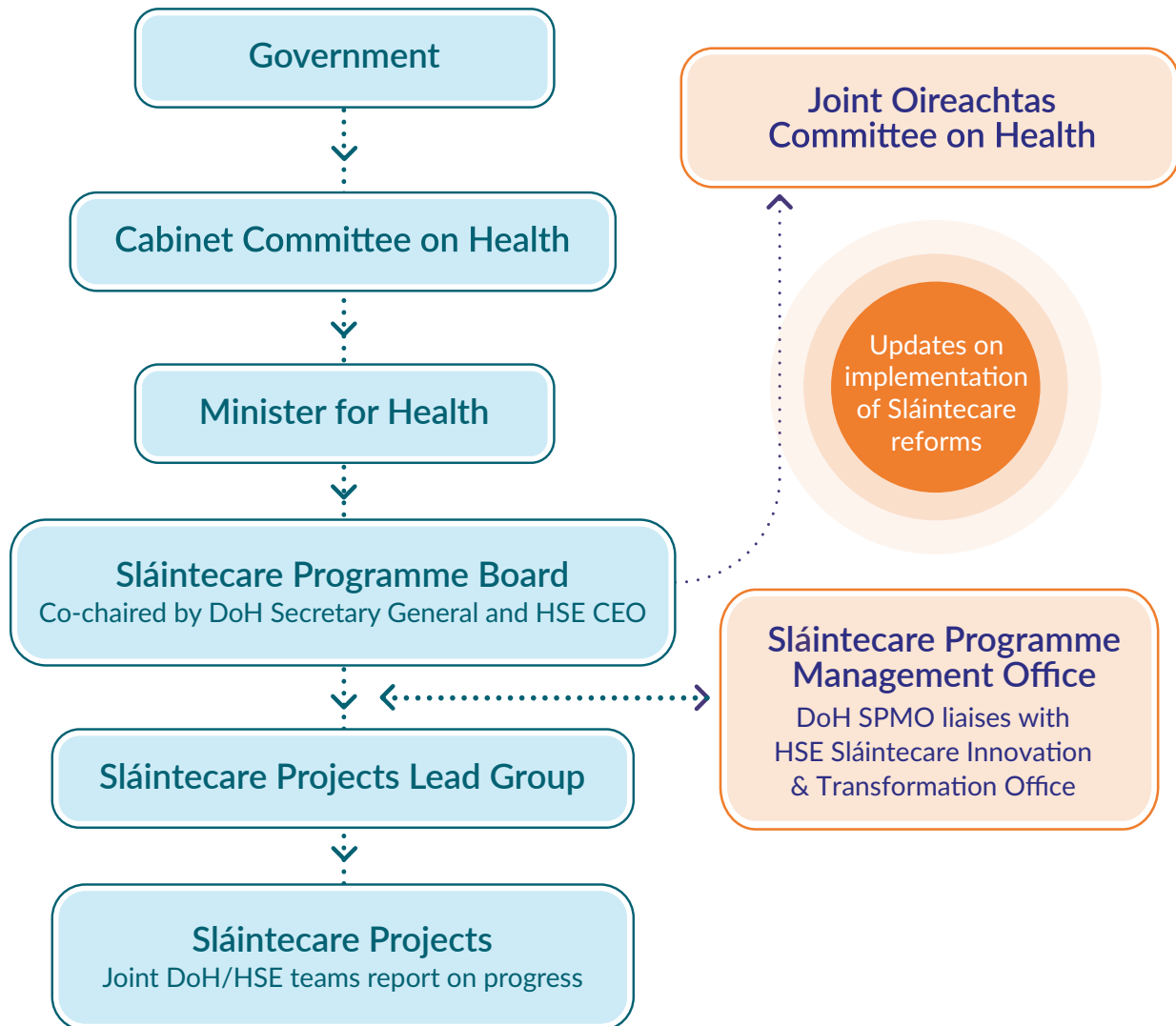




5.0

Governance & Accountability

5.0 Governance & Accountability



Sláintecare implementation is driven by the Sláintecare Programme Board, supported by the Sláintecare Programme Management Office (SPMO).

The Programme Board is co-chaired by the Secretary General of the DoH and CEO of the HSE. It comprises the joint leads of the reform projects from DoH Management Board, HSE Centre Senior Leadership Team and Regional Executive Officers, as appropriate, and representatives from the Department of an Taoiseach and Department of Children, Equality, Disability, Integration and Youth.

The role of the Programme Board is to:

- Provide leadership, direction, oversight, support and guidance to the Sláintecare reform programme to ensure a coordinated, integrated, effective approach across DoH and HSE.
- Ensure effective communication and information sharing across all aspects of the programme and its constituent projects, throughout the DoH and HSE, and with all key stakeholders.

- 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 projects.
- Receive formal progress updates from the Management Board/HSE Centre Senior Leadership Team project leads, monitor overall implementation progress and address escalated matters.
- Serve as the escalation path to resolve issues and make resource changes to the scope of a project if necessary.
- Review programme risk register and risks mitigation plans.
- Ensure there is an effective, joined up citizens and staff communications plan across the reform programmes.
- Ensure the Sláintecare reform programmes are adequately resourced and supported.

Since its first meeting in November 2021, the Programme Board met 16 times in total. It met on 5 occasions in 2024. The minutes of the meeting are published [here](#) as a matter of course.

The co-chairs of the Sláintecare Programme Board attend the Joint Committee on Health (JCH) on a quarterly basis on matters specifically relating to 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, are provided through the Cabinet Committee on Health, chaired by the Taoiseach, on a bi-monthly basis.

The Sláintecare Programme Management Office (SPMO) role 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.
- Work with Projects Leads to prepare the multiannual 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.






6.0

Next Steps - Sláintecare 2025+

6.0 Next Steps - Sláintecare 2025+

Sláintecare 2025+ is being designed to ensure that improved patient experience and outcomes are the central focus of our reform programme to improve health and social care services in Ireland. Sláintecare 2025+ is focussed on the path to achieving universal healthcare that 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.
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Notes

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Rialtas na hÉireann
Government of Ireland