Home & Community Care Ireland

POSITION PAPER

The Case for Changing the Fastest Finger First Model in Home Support

By Home & Community Care Ireland

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jamie@hcci.ie

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1. Executive Summary

The HSE's Fastest Finger First (FFF) model is currently used to allocate home support hours to authorised providers. While intended to create a more efficient and streamlined referral process, the model has instead resulted in significant structural problems across the home care sector. FFF generates inefficiencies, undermines choice and person-centred care, and contributes to growing waiting lists - issues that arise from system design rather than provider behaviour.

Under FFF, referrals are issued simultaneously to all approved providers or all providers selected by the client from a list presented to them, who must respond within seconds to secure an allocation. Providers are required to accept 70% of referrals to remain authorised, even though they typically secure only 11–25% of those they accept. Referrals arrive with minimal information and include rigid, non-negotiable visit times, preventing providers and clients from arranging care that reflects real capacity or personal needs. This results in unnecessary waiting lists and contributes to avoidable admissions to residential care or increased reliance on family carers.

The model prioritises speed over suitability. It creates a competitive environment based on reaction time rather than quality, appropriateness, or training. The lack of alignment between client needs and provider skillsets also undermines staff development, as specialist training cannot be matched to referrals in the current system. Furthermore, FFF is incompatible with the emerging regulatory framework for home support, particularly the requirements for provider-led care planning under the Home Support Providers Bill 2025, due to come into full effect in 2029.

A more effective and person-centred alternative already exists. Consumer Directed Home Support (CDHS), in operation since 2018 in parts of Ireland, enables clients to choose their provider and agree visit times that work for them. CDHS evaluations show high client satisfaction and cost-neutrality relative to traditional home support. However, low visibility, inconsistent availability, and the absence of clear national guidance have kept CDHS underutilised.

As Ireland moves toward a Statutory Home Support Scheme and a new regulatory model, the current allocation system is no longer sustainable. Phasing out Fastest Finger First and replacing it with a client-choice model, possibly an expanded and standardised CDHS, offers a practical, evidence-based pathway toward a modernised home support system that promotes dignity, flexibility, and better use of resources.

2. How the Fastest Finger First Model Works

2.1 What is Fastest Finger First?

Fastest Finger First (FFF) is the model used by the HSE to refer home care packages and allocate home care hours to authorised home care providers.

2.2 Fastest Finger First Referrals

Within the FFF framework, the HSE refers service requests to all approved home support providers simultaneously via email.[1] Referrals state the exact time that visits need to take place and the client's general location but have limited or no information about a client's care needs, family support network or other background information that would help inform efficient and person centred delivery of home care.

2.3 Provider Response to Fastest Finger First

The HSE can send a referral at any time during business hours. Approved providers are required to accept 70% of HSE referrals or risk being removed from the Authorisation Scheme. However, HCCI research found that providers will only win between 11% to 25% of the referrals that they accept.

The provider who responds first is awarded the allocation, regardless of their actual capacity, suitability, or the preferences of the service user. Providers often have seconds to respond, meaning most providers have a staff member dedicated to accepting referrals.

[1] Clients approved for home support are typically presented with a list of approved providers in their area. They can choose to select as few or as many as they wish. In practice, many clients are advised by the HSE to select most or all the providers in their area to increase the chances that their package will be accepted. Where we say "all providers" in this paper, it is this process that we refer to.

2.4 Client Impact of Fastest Finger First

FFF means that home support clients typically have little to no choice in which provider delivers their home support and often minimal input into their care plans. The rigid FFF model also results in clients not being allocated a provider - instead joining the waiting list for home care, entering residential care or placing a high burden on family carers. This is because the referral states the exact time of the visit, which clients or providers cannot change. For example, if a referral says 7.30am and the provider can do 8am, it is not possible for the provider to adjust the referral. Instead, the client enters the waiting list.

3. Impact of HSE's Fastest Finger First Policy

3.1 Administrative Inefficiency

Administrative teams across all types of providers spend considerable time responding to allocations they seldom secure. The FFF model also leads to repeated reallocations when providers who secure care hours are unable to fulfil them, causing delays for vulnerable clients. These inefficiencies are inherent in the system's design, rather than reflective of providers' intentions or actions.

3.2 Loss of Choice and Person-Centred Care

By favouring speed over suitability, the FFF model undermines the HSE's duty to provide person-centred and equitable care. FFF overlooks service users' preferences, and providers are pressured to accept care packages without adequate information or preparation. This situation arises directly from the allocation criteria set by the HSE.

3.3 Competition on Speed not Quality

FFF causes intense competition based solely on response speed rather than the quality or appropriateness of care. It also leads to competition on technology, as providers with more advanced systems become better equipped to response quickly to referrals. This unhelpful competition is inherently part of the FFF model.

3.4 Waiting Lists and Unmet Need

FFF's inflexibility results in people entering the waiting list for home support, even if there is carer availability in the area. A FFF referral includes a fixed visiting time, e.g. 8am. There is no scope for either the providers or the client to change this. This means

that even if the provider has capacity an hour earlier and the client is agreeable, the client will still enter the waiting list because FFF is an inflexible model that does not, in practice, allow any changes.

3.5 Staff Morale & Training

Schedulers and other back-office staff devote considerable time to monitoring and accepting referrals they are statistically unlikely to secure. Home care workers are disincentivised from taking on additional training because FFF is incapable of matching a client with dementia to a carer with specialised dementia training.

3.6 Future Regulatory Compliance

FFF is very clearly incompatible with the Home Support Providers Bill 2025 and the new regulatory framework that is due to come into effect in 2029. Regulations will transfer responsibility for care plans and needs assessments onto the provider. This requires a far more considered referral process that takes account of client choice and preference, provider capacity and staff training. Further conflicts between FFF and regulatory compliance are outlined in HCCI's submission to the pre-legislative scrutiny of the Home Support Providers Bill.[2]

[2] HCCI. Submission to Pre Legislative Scrutiny on the General Scheme of the Health (Amendment) (Licensing of Professional Home Support Providers) Bill 2024

4. A Better Alternative – Rolling out a Client Choice Model for Home Support in Ireland

4.1 Client Choice Models in Home Support

Ireland's prescriptive home support model is outdated and increasingly an international outlier as other jurisdictions engrain choice based models in their home support services. Client choice is central to home support in the UK, Australia, the US and many European countries.[3] The HSE offers client choice in some parts of Ireland, but as this section explains, there is poor awareness and uptake of this option.

4.2 HSE's Consumer Directed Home Support

Consumer Directed Home Support (CDHS) is a model of HSE funded home support that gives individuals and families significantly more choice and flexibility in how their care is delivered. It has been in operation since 2018.

4.3 How Consumer Directed Home Support Works

Instead of the HSE arranging the provider and scheduling, a client chooses an approved provider and coordinates times with the provider that work for them. For example, if a client has family care on the weekend, they can use CDHS to allocate more care during the week or if a provider is extremely busy between 7am and 8am, the client and provider could arrange to deliver care at a later time. Under the FFF system, this type of basic flexibility is almost impossible to arrange.

[3] Irish Medical Times. 'Consumers' Set To Get More Say On Home Care.

4.4 Current Availability of Consumer Directed Home Support

CDHS is already in operation in some parts of the country. However, CDHS is not well advertised and the HSE do not maintain a list of locations where you can access it. This means that, in most cases, a person must already be aware of CDHS and has to request it rather than it being a standard option for all applicants.

Further, the HSE does not maintain a record of how many applicants avail of CDHS. An evaluation of CDHS showed broad satisfaction with CDHS and reported that it was generally cost neutral compared to traditional home support.[4] The evaluation made a number of recommendations including increased awareness and implementation of CDHS as a choice for home support applicants. However, the evaluation has received little political or policy consideration and the recommendations have not been implemented. CDHS remains a small, underutilised service.

4.5 Benefits of a Client Choice Model

Implementing and scaling a client choice model would modernise and align our home support service with international best practice. Benefits include:

- More patient centred care.
- More client choice and respect for client preference.
- Better alignment of needs and skills.
- Greater flexibility in scheduling.
- More efficient use of existing capacity.

[4] Amanda A Phelan, Alice Duggan, Deirdre O'Donnell, and Fealy Gerard. Evaluating A Consumer-Directed Health Care Pilot For Older People In The Community. https://pmc.ncbi.nlm.nih.gov/articles/PMC6846500/

- Reduced administrative waste.
- Improved market fairness and resilience.
- Alignment with future regulation.
- Cost neutral initially, with scope for savings from improved efficiency.

5. Recommendations

HCCI supports the phasing out of the Fastest Finger First model of home support in favour of a model that prioritises client choice and person centred care, with referrals based on the level of training and provider capacity. Recommendations to support this include:

- Commit to phasing out the Fastest Finger First model.
- Introduce and scale a client choice referral model nationwide.
- Publish clear eligibility, access, and operational guidance for CDHS.
- Publish data on CDHS uptake, eligibility and coverage.
- Develop a platform for clients to compare home support providers.
- Embed client choice into the home support regulatory framework that is currently in development.

6. Conclusion

The Fastest Finger First model was introduced with the intention of streamlining home support referrals but its design has led to systemic inefficiencies, unmet need, and barriers to person centred care. This paper highlights many challenges that have emerged from FFF: loss of client choice, waiting lists and administrative burdens. These issues stem from the structural design of home support, not provider behaviour.

Ireland's ageing population and the growing complexity of home support needs requires us to develop a referral system that is modern, fair and aligned with international best practice. The clear conflict between FFF and the new home support regulatory framework, that will be fully implemented by 2029, puts a hard deadline on when FFF must be phased out.

FFF is also in conflict with the principles of Sláintecare and the Statutory Home Support Scheme. There is scope to investigate reform of the system through both programmes of reform (as well as through the Commission on Care for Older People).[5]

Consumer Directed Home Support offers a proven, cost neutral pathway to a more responsive and effective system. The HSE should immediately prioritise further evaluation, awareness and roll out of CDHS.

In the long run, a client choice model, whether CDHS or another commissioning method, should become the default option for allocating home support packages. As

[5] The Commission is charged with examining the health and social care services and supports provided to older people across the continuum of care and with making recommendations for their strategic development. Subsequently, a cross-departmental group will be established under the auspices of the Commission to consider whether the supports for positive ageing across the life course are fit-for-purpose and to develop a costed implementation plan for options to optimise these supports.

well as improving patient outcomes, this would reduce reassessments, inappropriate allocations and administrative waste – thereby strengthening efficiency and budgetary controls.

Reforming the referral model is not simply a technical adjustment; it is a necessary step toward ensuring that every person receiving home support can access care that is appropriate, dignified, and centred on their preferences. By committing to phase out Fastest Finger First and scaling a client choice model nationwide, the HSE can create a home support system that is sustainable, equitable, and genuinely person centred.