Hospital waiting lists
Initiatives to reduce

3. The Hon. Member for Douglas South (Mrs Beecroft) to ask the Minister for Health –

Whether there are any initiatives planned to reduce the waiting lists in Noble’s Hospital?

The President: We move on to Question 3, Hon. Members, and I call on the Member for Douglas South, Mrs Beecroft.

Mrs Beecroft: I ask the Question standing in my name.

The President: The Minister for Health to reply, please.

The Minister for Health (Mr Anderson): Madam President, I am aware of, and share, the concerns about waiting times in some areas which have been expressed by a number of Members of this Hon. Court, and I thank the Hon. Member for the opportunity to provide some background information on the problem and to outline my Department’s plans addressing areas of particular concern.

I must, though, stress from the outset that our plans do not include the knee-jerk reaction of seeking to expend large sums of money on waiting list initiatives – which, clearly, we do not have – which merely provides temporary relief and does not address the underlying problems which lead to excessive waiting times. Nor, Madam President, am I going to accept comparisons with the arbitrary and increasingly discredited waiting-time limits applied in the UK, which are quietly being abandoned, not least because they are not based on clinical needs and, in some cases, have apparently encouraged harmful target chasing to the detriment of patient care.

Turning now to the detail, Madam President, in many areas our waiting-time performance is good. For example, in out-patients, urgent breast surgery cases are seen within three weeks, or in most cases considerably less, and routine breast surgery cases in six weeks. The average wait in other areas is also quite good, and the examples I am about to give are the actual average waiting times for patients who attended for a new out-patient appointment in August of this year. Clearly, routine referrals will take longer, urgent ones much less, and so what I am quoting is the average wait.

In the general medicine specialty, the average wait is 11 weeks; in general surgery, 10 weeks; gynaecology, eight weeks; paediatrics seven weeks; and urology, 11 weeks.

That said, there are areas where our waiting times are, frankly, unacceptable, most notably in dermatology, with the average wait of 42 weeks; diabetic medicine, 30 weeks; ophthalmology, 27 weeks; respiratory physiology, 52 weeks.

In the worst circumstances, some people may have to wait up to two and half years for routine appointments in a busy specialty.

At this point, I must point out to Hon. Members that these are average waiting lists and cases which require urgent treatment are seen far more quickly. I cite the example of breast surgery but other examples include one to two weeks in general medicine, four weeks in ophthalmology and 10 weeks in orthopaedics.

In addressing our unacceptable waiting times, Madam President, I think we have to accept that, in many cases, we simply do have too much demand placed on our limited resources, and that there are no easy answers to that. We are a small nation facing particular pressures. I do not see that we can, or should, attempt to do what the UK did several years ago, which was pump in huge and unsustainable funds, in an attempt to get themselves out of a problem. We need to be, and are being, more subtle and considered in what we are doing, in order to achieve a sustainable and acceptable improvement.

Turning now to what we are doing: firstly, we are reviewing the key pressure areas, to make sure that we are achieving maximum productivity from existing resources, without compromising on the quality of care. In particular, we need to look closely to ensure that patients are not being reviewed and followed up more than is clinically necessary, as that would have a direct effect on the number of new patients who can be seen.

Secondly, we have looked closely at the demand placed upon our hospital services to identify where the demand for service is coming from and whether it is appropriate, particularly by benchmarking ourselves against similar UK populations.

The indications are that some of the demand placed upon hospital services is inappropriate and we are now beginning to look at specific areas where we might address this. The inappropriate use of accident and emergency and ambulance services are good examples, which we are addressing through our ‘Choose Well’ campaign, and our changes to our blood clinic arrangements are an example of one service where we have reconfigured, redirected demand and improved services for patients.

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We will also be reviewing ‘Did Not Attend’ (DNA) rates, particularly in the most pressured areas, as patients failing to attend represent not only a delay in their own appointment, but also a missed opportunity for another patient to use that appointment.

Thirdly, Madam President, we are implementing structured care pathways and guidelines to ensure that the correct patient be seen in the correct place at the correct time by the correct person – anything else means that scarce resources are not being used correctly.

We already have a number of care pathways in place. Diabetes is a recent example where patients who do not require hospital care are being discharged back to the GP care, thus freeing up hospital appointments for those who require them. A triage of back pain cases to make best use of physiotherapy and release orthopaedic surgeons’ time is another example.

Finally, we are building upon the success of the ‘Live Well, Stay Well’ project, initiated in Ramsey, which will cover the whole of the Island and which, with support from our professional staff, helps patients with long-term and chronic conditions to achieve a better quality of life, improve their self care and reduce the number of hospital appointments and admissions they require.

Madam President, we are aware of the problems in some areas and are addressing them in ways which will prove sustainable, I trust the above information will reassure Hon. Members that we are taking a responsible and considered approach to problems of excess waiting times.

The President: A supplementary, the Hon. Member for Douglas South.

Mrs Beecroft: Thank you, Madam President.

I am grateful to the Minister for his honesty over the waiting lists and obviously some of them are unacceptable. I would like to make the suggestion that there are a lot of people who are not told initially how long the waiting list is when they are given appointments or referrals and when they are, sometimes they are told it is a year’s waiting list and then, after six months, they check to see how long they have got to wait and they find out it is 14 or 16 months. This actually causes unnecessary upset for these patients.

I would like to suggest that the Minister actually considers putting another page on the website where they are listed by specialty and length of time and even possibly updated just once a month saying the last time it was updated. This would remove false expectations from people and maybe have better relations, really, because they would not feel that they had been misled by waiting times or anything and not informed correctly.

Thank you.

The President: Minister.

The Minister: I would like to thank the Hon. Member for her suggestion, something that I will take back to the Department.

Unfortunately, some of the data that we have is not terribly accurate and that is one of our concerns. A new system is being put in place, but until that system is in place and up and running I think the accuracy of some of the figures might be a little bit debatable. I am sure once we have got more accurate information that is a very good idea and it is something we will consider.

The President: The Hon. Member for Ramsey, Mr Singer.

Mr Singer: Thank you, Madam President.

Waiting list lengths are dependent on the amount of work undertaken by the consultants. Could I ask the Hon. Minister, what contractual terms are in a consultant’s terms of service, specifying the proportion of NHS work to private work, and the use of the hospital operating theatres? How is this monitored? What sanctions are taken against a consultant who breaks that part of his or her contract?

The President: Minister to reply.

The Minister: Thank you, Madam President.

Obviously, I do not have that detailed information. The Hon. Member will be aware that consultants do have very detailed contracts and they do vary from consultant to consultant. However, I can give the reassurance that these contracts are very closely monitored by the hospital to make sure they are not being abused… I am confident they are not being abused and that consultants are not doing any extra in NHS time than they should be.

The President: The Hon. Member for Douglas East, Mrs Cannell.
Mrs Cannell: Thank you, Madam President. I just want to ask the Health Minister was I correct when I heard him say that urgent breast cases are seen in three weeks’ time, that a patient has to wait three weeks? Does he not realise that that actually falls well below the national standard, which was two weeks when we had a dedicated breast care consultant in post?

The President: Minister.

The Minister: Thank you, Madam President. The Hon. Member will remember that I said in my Answer that these were actual waiting lists from August. However, I am very confident that that time has actually been reduced significantly in the case of breast care and it is down now to less than two weeks.

The Hon. Member will be aware that the locum consultant we had actually left at short notice and that did extend the waiting times for a short time.

The President: The Hon. Member for Douglas South, Mrs Beecroft.

Mrs Beecroft: Thank you, Madam President. Would the Minister confirm some sort of timeline that we can expect the new systems that he referred to earlier, as far as the data – when these would be implemented?

The President: Minister. 

The Minister: Thank you, Madam President. I am not in a position to give an accurate timeline. What I hope to do, however, in the not-too-distant future, is to give a presentation to Tynwald Members on the waiting lists and what we are doing to try and address them. At that stage, we might be able to help the Hon. Member in that respect.

The President: The Hon. Member for Ramsey, Mr Singer.

Mr Singer: Thank you. The Hon. Minister said that he was not aware, or he did not have available, the contractual terms of the consultants’ work. Could he possibly circulate to Members what is the standard for employment of consultants and how it is specified how much NHS work they can do before they actually do private work? Perhaps he would like to circulate that to Members.

The President: Hon. Member, that does not relate to the original Question, but I will leave it with you as to whether you wish to reply.

The Minister: Madam President, I think that would be adequately covered in a presentation that we hope to make in the not-too-distant future.

The President: The Hon. Member for Onchan, Mr Quirk.

Mr Quirk: Thank you, Madam President. Can I ask the Minister regarding… he did indicate the review and I think that is welcomed. Part of the issue that I see, and would the Minister not agree with me, is the cancellation of appointments and also to the private healthcare? Will he factor into that to see what difficulties there are there when opportunities are posed to a person, when the private healthcare situations are done in a matter of months and the NHS in a matter of years?

The President: Minister.

The Minister: Madam President, I think the Hon. Member is alluding to the fact that sometimes people are going on to have the private option, because they are informed that there is a very long NHS waiting list.

We have to accept that the consultants very often do have private unoccupied time, for example, and therefore the opportunity is there for patients to ‘frequent’ themselves of that opportunity. However, that is just a fact of life. It happens not just here, but in the UK. The NHS consultants have contracts which enable them to do private work and, without those contracts, we would not actually have the consultants working on the Isle of Man.

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