

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
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ANSWER TO BE TABLED ON TUESDAY 17th JANUARY 2017**

Question

What are the current waiting times for a consultant appointment, and follow-up treatment where necessary, across all specialities in the Health Department, including Adult Mental Health and Child and Adolescent Mental Health Services?

Answer**Hospital specialties**

All referrals to Consultants are graded by clinical need into 'urgent', 'soon' or 'routine' categories in order to give the appointments booking team an appropriate clinical guide for urgency of appointment required.

As a general guide, 'urgent' patients are given an appointment within 2 weeks, 'soon' patients are given an appointment within 8 weeks and 'routine' in chronological order after all graded 'urgent' and 'soon' are booked.

The same grading is given to a patient when adding them to the waiting list for a procedure/treatment.

The length of time a patient may wait does vary by specialty and varies each week within specialties. The variation is driven by:

- Number of available doctors
- Number of referrals received
- Number of patients being added to the procedure list
- Bank Holidays
- Time of the year
- Number of pre-advised patient cancellations

The patient administration system (TRAK) used to record receipt of referrals and the appointments allocated would ordinarily provide the data to allow us to provide to this question. Unfortunately, since an upgrade to the TRAK system in December there have been issues with the 'clock' embedded in the system, which is not allowing us to extract reliable data at this time for hospital-based appointments. This is being rectified by the manufacturer and as soon as data is available this information will be circulated to all States Members.

The last reliable data is from November 2016 and is detailed below in the table. This shows the average number of weeks patients who were seen in November had waited for their appointment or treatment. This includes all three categories of clinical urgency.

Specialty	Average wait in weeks for first out-patient appointment	Average wait in weeks for procedure
Ears Nose and Throat (ENT)	7	7
Cardiology	5	*
Dermatology	13	*
Diabetes medicine	16	*
Gastroenterology	11	5
General Medicine	5	*
General Surgery	6	6
Gynaecology	6	4
Infectious Diseases	7	*
Nephrology	12	*
Neurology	14	*
Ophthalmology	6	11
Oncology	2	*
Oral Surgery	12	3
Orthopaedics	13	12
Paediatrics	12	*
Pain	9	7
Respiratory	10	*
Rheumatology	8	*
Urology	7	5

*These specialties don't have in-patient or day case waiting lists due to the nature of the specialty

CAMHS

Within CAMHS, referrals are made to the service rather than individual practitioners so most referrals are appropriate for assessment by any member of the multi-disciplinary team. Waiting times reported for assessment therefore are for the service as a whole rather than particular clinical disciplines.

During 2016, the average wait from referral to first offered appointment was 16.83 days with the median wait being 15 days.

The target timescale for initial assessments is:

Priority 1 (Urgent, high risk) 2 working days

Priority 2 (Soon, moderate risk) 2 weeks

Priority 3 (Routine, very low or no apparent risk) 4 weeks.

The 2016 Key Performance Indicator reported that these assessment timescale targets were achieved in 89.4% of cases. Where assessment timescales are not met, this may be due to families declining the first appointment offered.

Following initial assessment, the priority rating for allocation to treatment may change to a higher or lower priority based on the clinical findings at assessment.

Target timescales for allocation to treatment are:

- Priority 1: instant allocation to a duty worker to hold the case which could involve daily contact. The case may then be moved on to another worker or workers in the team for ongoing treatment
- Priority 2: allocated within 2 weeks for treatment to commence within 4 weeks.
- Priority 3: allocated within 4 weeks for treatment to commence within 6 weeks.

Waiting times for allocation to treatment are not currently available from informatics, but service level data indicates that targets are generally met for Priority 1 and 2 cases. However, this negatively impacts on the service's ability to meet target timescales for Priority 3 cases. Clinically it is essential to manage the risks associated with Priority 1 and 2 cases meaning that allocation of Priority 3 cases is delayed and these cases can have waits averaging 3 to 6 months. There is seasonal variation in referral rates – for example, referrals usually drop significantly during the school summer holidays – and this enables the service to address the Priority 3 waiting list. However as referrals rise again, the waiting list grows.

On occasion, a referral may indicate that the initial assessment would be most appropriately undertaken by a Consultant Psychiatrist – for example, if a General Practitioner has already commenced prescribing of an SSRI anti-depressant to an under 18. The service aims to follow UK National Institute of Clinical Excellence (NICE) Guidelines, which recommend that such prescribing should only be undertaken under the direction and supervision of Consultant Psychiatrists, so in these cases initial assessment is undertaken by a Consultant. The service currently provides two appointment slots per week for Consultant Psychiatry initial assessments plus a further appointment for an Associate Specialist Doctor per week.

In terms of allocation to a Psychiatrist for treatment, very few cases would be appropriate for only Consultant input as Consultant capacity is most appropriately targeted at the most complex and high risk cases, so the case is usually allocated to a Care Co-ordinator with Consultant input arranged as required. Joint appointments involving Care Co-ordinators can be arranged relatively quickly as required. Similarly, if another practitioner requires a Consultant Psychiatrist assessment or review of a case because of new symptoms or concerns or escalating risk, this can be arranged if required within a few days. Duty workers have daily access to Consultant Psychiatry supervision and if necessary this time is used to jointly see a case. Cases requiring inpatient admission to either Robin Ward or Orchard House also receive same day Consultant Psychiatry input.

Due to the need to address the challenges in being able to provide timely treatment interventions we have appointed two extra psychiatrists who are providing an extra 12 sessions a week between them. They have been appointed for 12 months, which will help to reduce waiting times and improve service provision.

Adult mental health

The adult mental health service receives referrals into the multi-disciplinary team rather than to individual consultants. This is in line with best practice and ensures the presenting problems and needs of the client are matched to the appropriate professional skills.

There is an on-call service which ensures that consultant input is available 24/7, 365 days a year. The service receives three levels of referral:

Emergency Referral

The patient will be seen within 30 minutes by a mental health professional from the liaison mental health team who can contact the on-call consultant at all times.

Urgent Referrals

Urgent referrals will be seen within 24 to 72 hours depending on referral information.

Routine Referrals

A questionnaire opt-in form will be sent to the patient.

In 2016, the average wait from the time the opt-in form was returned to the service to assessment was 16.4 days and the median wait was 15 days.

Once people have been assessed as requiring further treatment and care they will be allocated to one of the three levels described below. As people's needs change, so will the care level they require.

Level 1 – This response is designed to meet the needs of people who have been assessed as having complex or multiple clinical and risk or safety needs which require a range of interventions from the multi-disciplinary team. The person will receive input from the Consultant Psychiatrist, Mental Health Nurses, Staff Grade Doctors, Psychologist, and Occupational Therapists.

This will include people receiving complex home treatment, inpatient care, those subject to an article of the mental health law and people who are at risk of imminent crisis or admission.

Level 2 – This level provides interventions for people with mental health problems whose needs are less complex and have low to moderate associated clinical risks. A non-consultant grade doctor in conjunction with an allied mental health professional will work with the person and their carer in developing and implementing the care package. This may involve a continuation of an episode of care from level 1, be a new referral, or an enhanced level of care from a level 3 (see below).

Level 3A – This level provides care and interventions for people whose needs can be met by a community mental health nurse practitioner or allied mental health professional (Occupational Therapist, Social Worker or Psychologist). They will provide interventions with a moderate degree of clinical complexity and at low to moderate clinical risk. The person may be directed to this level following referral and assessment or when nearing the end of their recovery journey.

Level 3B – This level is for people who are at low level of clinical risk and complexity. Social inclusion and integration interventions are provided by Health Care Assistants who receive clinical and case management supervision from a Mental Health Nurse.