

21.07.19

**4 Deputy M. Tadier of St. Brelade of the Minister for Health and Social Services regarding waiting times for eye appointments: (OQ.176/2021)**

Will the Minister state the current waiting times for eye operations and is it his assessment that such waiting times are satisfactory? Is it also his assessment that waiting times generally across the health service are satisfactory?

**The Deputy of St. Ouen (The Minister for Health and Social Services):**

There are currently 299 patients waiting for surgery within ophthalmology, of which 43 patients have their surgery scheduled prior to the end of August. Those patients have an average waiting time of 120 days. The remaining 256 patients will be offered dates for surgery from September, with patients booked in line with clinical priority. Ophthalmology has been challenged by disruption caused by the COVID-19 pandemic, however there is underlying pressure in terms of capacity versus demand. For this reason we are recruiting additional medical, nursing and administrative support alongside equipment and the expansion of the physical estates in which the service operates. Recruitment of the nursing and administrative posts has been successful, however expanding the medical workforce continues to be a challenge for ophthalmology, which is recognised as a speciality that is hard to recruit to nationally. The question also asked me for the wider view generally across the health service and the issue is that waiting times in some specialities are not satisfactory and, of course, I would like to reduce them considerably. In other respects, waiting times are, one could say, satisfactory. One would always hope to bring waiting times to the very minimum possible, which is what we will always try to do. In terms of the comparison with the U.K. (United Kingdom) my understanding is that waiting times in Jersey are generally good.

**4.4.1 Deputy M. Tadier:**

Is the Minister aware of some patients complaining that they have been told they have to wait for 4 years for certain eye operations and also being encouraged often directly to go private to avoid having to wait such a long time?

**The Deputy of St. Ouen:**

I am not aware of a 4-year wait for an operation. If the Deputy has any such issues or knowledge of that perhaps he will get in touch with me directly. What I think there may be some confusion about is that when a patient may start developing problems with their eyes and first see their specialist it is not appropriate to operate immediately and it is necessary for medical reasons to wait a time before an operation is at the right time to conduct. It may be that that is the longer period that people are getting confused about. If the Deputy wishes to contact me I will take up that point.

**4.4.2 Senator S.C. Ferguson:**

How many consultant ophthalmologists does the Ophthalmology Department intend to engage?

**The Deputy of St. Ouen:**

We are seeking one additional ophthalmologist at the present time.

**4.4.3 Senator S.C. Ferguson:**

Will the department be more relevant in employment techniques than were held with Dr. Alwitry?

**The Deputy of St. Ouen:**

I am sure the States Employment Board has learned the lessons it needed to from that case the Senator refers to. The process is one conducted by the States Employment Board and I cannot answer for its processes, but I certainly hope that all will proceed well.

**The Greffier of the States (in the Chair):**

Deputy Southern, Deputy Morel, the Constable of St. Saviour and Senator Vallois. I am going to be quite strict about moving on after that because we have a lot of questions to get through.

**4.4.4 Deputy G.P. Southern:**

Is it not the case that we are moving slowly but inexorably towards a 2-tier medical service where those who can afford get prompt, timely action and those who cannot do not?

**The Deputy of St. Ouen:**

That must never be the case, and we are working hard within H.C.S. to ensure transparency, so that members of the public can be sure that the public time that is given by consultants in accordance with their contracts is utilised entirely on public work. We are getting to the position where that is absolutely transparent and that will be the rule and be shown to be.

**4.4.5 Deputy K.F. Morel of St. Lawrence:**

Notwithstanding the Minister's explanation about waiting times for eye operations, while he does not recognise a 4-year waiting time would he recognise a 2½-year waiting time? Coincidentally I had a conversation with a parishioner today who has waited 2½ years for a fairly basic eye operation. Does the Minister recognise 2½ years as a more standard waiting time for eye operations?

**The Deputy of St. Ouen:**

I do not, I am afraid to say. Again, if the Deputy would like to contact me with details of that case. As I have said before, it is not always the case that the minute a patient in ophthalmology comes into our care that they are immediately placed on a list for an operation. More than that I cannot say without the details.

**4.4.6 Deputy K.F. Morel:**

Would the Minister provide the Assembly with a figure for what is the average waiting time at the moment for eye operations?

**The Deputy of St. Ouen:**

I have said that those patients having surgery by the end of August have waited 120 days or will have waited 120 days as an average. The remaining patients who will be offered surgery from September have an average waiting time of 144 days, slightly longer because they will not be the urgent cases. That is the information I have.

**4.4.7 The Connétable of St. Saviour:**

Do we know if the people sleeping homeless and rough have been offered the vaccinations, please?

**The Greffier of the States (in the Chair):**

I am sorry, Constable, that question does not relate to this particular question, which is about waiting times. You can ask that in questions without notice later on.

**The Connétable of St. Saviour:**

I will try again, Sir.

#### **4.4.8 Senator T.A. Vallois:**

I would like to hear from the Minister what he deems as satisfactory in terms of waiting times at the hospital and what more we could be doing to improve the service other than with regards to staff and education.

#### **The Deputy of St. Ouen:**

There is no single figure. A satisfactory waiting time depends on whether it is a routine appointment or soon, or urgent. It depends on the speciality, because there are different pressures in recruitment of staff and the capacity to fill vacancies. What I want to do is to ensure first that those waiting times are now publicly available and are accurate. Previously when I came into post what was published was an average waiting time, which was not a terribly great indicator. We now have online the waiting times that you can receive. When you know you are on a waiting list you can go on and, depending on whether you are soon, routine or urgent you can have a good idea of how long you need to wait. That has been an improvement and we want to continue with our transparency throughout the service. We will be measuring, for example, key metrics which is part of the question that Deputy Higgins will be asking later on, the performance report that H.C.S. is developing.

#### **4.4.9 Senator T.A. Vallois:**

Can the Minister advise what assurance he has given that referrals made to the hospitals that lead to the demand with regards to waiting lists, that those that are referred are appropriate and dealt with in a timely manner?

#### **The Deputy of St. Ouen:**

These are dedicated, professional people so I do trust them, that if a patient is referred to them they will deal with those patients in an appropriate and professional manner with the care that the service gives. If the Deputy has concerns about how patients are treated please raise them with me.

#### **4.4.10 Deputy M. Tadier:**

Is the Minister aware of a practice that exists for patients to be encouraged to go private? How does he feel about this, if he is aware?

#### **The Deputy of St. Ouen:**

It is certainly not anything I would condone or that H.C.S. management would condone. I have heard this before, so there is no practice direction, no encouragement given. Of course it is possible that when patients are talking to staff they might ask what the time would be if they went private. If they want to ask that, they should be given that information but there is no encouragement.

[15:30]

We wish to maintain our public lists; we will seek to improve on waiting times and I do not want people to be propelled to seek out private healthcare because they feel that public waiting times are not satisfactory.