

### **5.16 Deputy R.G. Le Hérissier of the Minister for Health and Social Services regarding revised waiting list targets:**

Have current waiting lists targets for certain operations been abandoned and, if so, when does the Minister intend to publish revised targets?

**The Deputy of Trinity (Minister for Health and Social Services):**

Our waiting list targets have neither been changed nor abandoned.

#### **5.16.1 Deputy R.G. Le Hérissier:**

Could the Minister then explain why an announcement was made that the department was struggling to meet certain targets while members of the public are being informed that target times have been extended? Is she saying that targets that were set under the previous regime are being religiously followed?

[12:45]

**The Deputy of Trinity:**

Wherever possible the current target for outpatients' appointments is 3 months from the date we receive referral to the appointment. For elective operations the target is also 3 months from the date a patient is added to the surgery waiting list to the day of operation. These waiting list targets do not apply to urgent patients because they will be prioritised and seen quickly. They are always a challenge and will continue to be a challenge, especially when the hospital is under great pressure, as it has been recently.

#### **5.16.2 Deputy G.P. Southern:**

I think I have asked this question before but I have not seen an answer. Will the Minister inform Members what types of operation she classes as "non-essential", which may be delayed or cease altogether? In particular has she noted the developments in the U.K. which mean that many hospital trusts are not carrying out cataract operations at the moment? Can she assure Members that cataracts will still be operable in Jersey?

**The Deputy of Trinity:**

Yes, as far as I am concerned cataracts will still be offered. We have no plans to change that at all. Regarding the list, I think the list of waiting times came to this House a couple of months ago but I am happy to get it revised and updated.

**Deputy G.P. Southern:**

My question was a list of non-essential operations which are ceased or to be delayed.

**The Deputy of Trinity:**

Yes, I can do that.

#### **5.16.3 Deputy A.E. Jeune:**

If there are targets set, could the Minister advise why letters sent to patients from the hospital, whose doctors have referred them there, show no indication of the likely timescale whatsoever?

**The Deputy of Trinity:**

Is the Deputy referring to the timescales of when they will have an appointment? If it is not on the letter perhaps it is something that we should be adding.

**Deputy A.E. Jeune:**

Yes, that is what I was referring to.

**5.16.4 Senator S.C. Ferguson:**

In the *J.E.P. (Jersey Evening Post)* just before Christmas there was a letter talking about, I think it was, the Endoscopy Department and saying that the waiting list is 84 weeks for non-urgent cases. Would the Minister like to comment on that and tell us what she is doing about it?

**The Deputy of Trinity:**

The waiting list review group meet every week to look at the waiting lists and this is one area that is under pressure. We are looking at ways of bringing it down, and it would mean probably a new consultant, which is in the process - if I remember rightly - of going out to appointment.

**5.16.5 Senator S.C. Ferguson:**

Surely if it had got to 84 weeks this must have been a problem that has been building up for some time. How is it that the department missed it?

**The Deputy of Trinity:**

Yes, it has been building up. We have tried to find ways of bringing that waiting list down and one of the ways I think that was brought in last year, if I remember correctly, is a mobile endoscopy unit to try and clear the list. But that has a knock-on effect on the rest of the hospital because some may come in for operations. So, it is looking at helping the list, but it is not the answer to bringing down the list and if there are any urgent referrals on that they are seen as soon as possible.

**5.16.6 Deputy M.R. Higgins:**

I am just wondering if the Minister can just refresh my memory, was it not the endoscopy unit that she took all the money away to use for funding something else? Would she please clarify the situation? If we have so many problems in endoscopy why raid that fund?

**The Deputy of Trinity:**

The money that was there was slippage, because to appoint any new consultant - and we are as I said in the process of appointing a new consultant - the job description, et cetera, has to be worked-up and it has to go to the Royal College of Physicians to be approved and come back again and out to advert, et cetera, and that certainly takes time. Unfortunately we were not able to do it within the timescale last year.

**5.16.7 Deputy M.R. Higgins:**

The amount of money I believe was £900,000. Surely a consultant does not cost £900,000. What happened to the rest of the money?

**The Deputy of Trinity:**

It is not only consultants, it is the nurses that need to be there, the admin staff that need to go with it, plus the extra equipment in the endoscopy unit. It is a whole package.

**5.16.8 Deputy R.G. Le Hérissier:**

Would the Minister not acknowledge that the previous policy sadly lies somewhat in tatters and that we agree with her that a revised list be published so that people can get an assessment of the true position? Because it is quite clear that the 12 weeks is an ideal and by no means is it universal. Would she agree with that statement?

**The Deputy of Trinity:**

Yes, as I have circulated a couple of months ago there are some that we do not reach and I think about 80 per cent of the patients who are referred for appointments or, I cannot remember the exact figure, are referred to surgery are reached. But it is a difficult area and one which we are trying to get on top of, but I think within the N.H.S. (National Health Service) they have met their targets but I think over the last couple of weeks they are removing those targets because they know that they cannot be met under these financial pressures that the N.H.S. are in. There is always a risk of hitting the target but missing the point.