

2.5 Deputy G.P. Southern of St. Helier of the Minister for Health and Social Services regarding ...

Will the Minister inform Members how the figures for elective surgery compare for the first quarter of 2012 and the first quarter 2008 in respect of the number of operations performed, the number on the waiting list and waiting times and explain any marked differences these reveal?

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services):

In order to answer this question, I must refer to some information which I sent to States Members earlier this morning. The information circulated shows that 179 more elective procedures were undertaken in quarter 1 of 2012 than in 2008, yet there are 396 more people on the waiting list than in 2008. It also shows that 15 per cent of those on the waiting list in 2012 have waited more than 3 months, compared to 7 per cent in 2008. In other words, we are undertaking more procedures but our waiting lists are growing. This is in line with a trend of increased demand across Health and Social Services and as we know, we are an ageing society and this trend, I am sure, will continue.

2.5.1 Deputy G.P. Southern:

Does the Minister believe that these figures reveal that she is maintaining frontline services for, in this case, elective surgery?

The Deputy of Trinity:

Yes, it does. But I think it does show increasing demand and, as I said, we are an ageing society and there are challenges ahead and we need to look at the way we are doing this and see if we can be more effective. That is part of the White Paper, which will come out later on this month.

2.5.2 Senator S.C. Ferguson:

Has the hospital looked at the reasons for the demand and analysed it? Is it the result of an increased population or what?

The Deputy of Trinity:

Over the last few months, Health and Social Services have raised different issues; it is not just one thing. It is several things. We are an ageing society, we are living longer, therefore we need more hip replacements, knee replacements, and also we offer very hospitalised service. If we can put more care in the community, people might be discharged that little bit earlier or even in fact not need to come into the hospital, which in turn will release more beds.

2.5.3 Senator S.C. Ferguson:

Does this mean that a proper analytical review has not been done of the reasons for the increase in demand?

The Deputy of Trinity:

If I mention to the Senator, KPMG did an awful lot of work and there is a 700-page evaluation of all Health and Social Services and it is in there.

2.5.4 Senator S.C. Ferguson:

Yes, but the actual demographic analysis has not been done in that report. Have the Health Department done that?

The Deputy of Trinity:

If she is asking for a specific piece of work it would be good if she could tell me what piece of work she is asking for and I will see if we have got it.

The Deputy Bailiff:

I think the question is whether or not a demographic analysis has been done of those who have been taking elective surgery in 2012 compared with 2008?

The Deputy of Trinity:

I am not too sure of that. I will look at that and come back to her.

2.5.5 Deputy R.G. Le Hérissier:

Notwithstanding the excellence of some of the KPMG work, would the Minister indicate whether or not her department has looked at the Guernsey scheme where a lot of the work is contracted out to a surgical group in order to deal, much better it seems than we do, with the peaks and troughs of operations so that we do not have these massive waiting lists and we do not build up, with all the associated costs, a massive cadre of surgeons on the Island.

The Deputy of Trinity:

Yes, we did look at Guernsey and we continue to look at how we can work with Guernsey. Guernsey has a totally different health system to us. That is just how it has evolved. Regarding waiting lists, as I said, it is always a challenge and that is part of what is in the White Paper, going forward. But we are an ageing society and where, if I just take hips and knee replacements, we are living longer, so those replacements will need to be replaced and we are looking at more consultants doing contractor services or whatever, so to bring them over to do some pieces of work once or twice a month or whatever.

2.5.6 Connétable J. Gallichan of St. Mary:

Is the Minister aware whether the public waiting lists are being affected by the loss of tax relief on private health insurance?

The Deputy of Trinity:

Not that I am aware of.

2.5.7 Deputy J.G. Reed of St. Ouen:

The Minister has made various claims about the ageing population, the reason behind the increase in elective surgery. Could the Minister provide this Assembly with evidence that indeed that is the case?

The Deputy of Trinity:

Proper evidence has already been supplied with the KPMG executive summary but also all the analysis behind it.

2.5.8 The Deputy of St. Ouen:

I did ask specifically for a particular analysis to support the evidence that we are facing the issue of an ageing population and it directly results in the increases as described by the Minister. I do not and have not required the whole KPMG report or other analysis that they have undertaken.

The Deputy of Trinity:

That is a similar to question to what the Senator asked and I will ensure that is given to you too.

2.5.9 Deputy G.P. Southern:

It is a 2-part question. Will the Minister explain to Members to what extent the increase in both the waiting list and waiting list times is due to staffing problems in the department and in particular, what measures does she have under consideration to bring these increased waiting times and numbers down?

The Deputy of Trinity:

As you see, the numbers have increased but if you look at the figures in 2010, there was a huge increase in the waiting times. I would also like to stress that, if it were an emergency operation, there would be no waiting times. Regarding the staff challenges, they continue to be a challenge and will always be a challenge, but we try hard with the consultants to bring down those waiting list times and if it means extra clinics, we will do that from time to time. Extra appointments in outpatients, obviously, have a knock-on effect to people needing more theatre time too.