

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.P. SOUTHERN OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 12th JUNE 2012**

Question

Will the Minister explain to Members to what extent the increase revealed in the response to my question on 15th May 2012, in both the waiting list and waiting list times for elective surgery, is due to staffing problems in the department and, in particular, what measures, if any, does she have under consideration to bring these increased waiting times and numbers down?

Answer

The information provided to States members in response to Question 6869 on 15th May 2012, which is copied below, showed that between 2008 and 2010 there was an increase in the waiting list and the waiting times for elective surgery, but that between 2010 and 2012 that upwards trend started to reverse.

The information also showed that the total number of elective public patients increased between 2008 and 2012. In Q1 2008 2,205 procedures were performed but 1,090 patient were still waiting and in Q1 2012 2,384 procedures were performed but 1,486 patients were still waiting ie. total patient numbers in Q1 2008 was 3,295 but had risen to 3,870 by Q1 2012 (c.18% increase over that period).

Some of that increase in total patient numbers will be the accumulative effect of those who remained on the waiting for long periods of time - albeit that trend also started to reverse in 2010 - but some of the increase in total patient numbers relates to increased demand.

HSSD will be undertaking further analysis of its waiting lists versus its referral rates in order to understand this more fully, but it is notable that some of the largest waiting list are in services such as Ophthalmology and Orthopaedics, which predominately manage older patients, and Diabetes, Bariatrics which predominately support patients with long-term chronic conditions. This is a reflection of the issues set out in the White Paper.

Inevitably some of the increase in waiting time experienced between 2008 and 2012 will be the result of staffing issues, including short term absence (e.g.; illness) or longer-term staff vacancies caused by recruitment and retention issues. HSSD works hard to manage these staffing issues in a number of different ways including:

- use of locums and bank staff
- creation of additional posts and associated recruitment
- service redesign or job plan redesign (for example nurse prescribing; creation of the new Assistant Practitioner role).

If HSSD is to bring all waiting times into line with the three month target investment is required in order that:

- services can be redesigned in order to enable more community provision and alleviate pressure on hospital capacity, as per the White Paper;
- increased demand can be better managed through an increase in staff and improved resources, not least a fit-for-purpose hospital.

Information previously provided in relation to Question 6869 on 15th May 2012

Elective elective surgery activity

The elective surgical activity in Q1 2008 was 2,205

The elective surgical activity in Q1 2012 was 2,384.

Elective surgery waiting list

1,090 patients in the Q1 2008

1,415 patients in Q1 2009

1,804 patients in Q1 2010

1,662 by Q1 2011

1,486 by Q1 2012.

Percentage of patients waiting over 3 month target:

7% in Q1 2008

12% in Q1 2009

25% in Q1 2010.

18% by Q1 2011

15% by Q1 in 2012.