

**4.14. The Deputy of St. Martin of the Minister for Health and Social Services regarding the current time that a new referral would normally expect to wait in order to see a consultant in Urology at the General Hospital:**

What is the current time that a new referral would normally expect to wait in order to see a consultant in Urology at the General Hospital?

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

All referrals received from G.P.s are graded for clinical urgency on receipt of the referral letter. If the referral is urgent, the patient will be seen in between 0 to 4 weeks. For routine referrals 71 per cent of patients are waiting less than 2 months, 88 per cent of patients are waiting less than 3 months and 96 per cent of patients are waiting less than 4 months.

**4.14.1 The Deputy of St. Martin:**

I thank the Minister for her reply. She may be surprised to know that I have a constituent who has been waiting more than 6 months. Does she think that is acceptable?

**The Deputy of Trinity:**

No. I understand that there is a very small number of 4 that are waiting as long as 6 months, but I understand they have all been given a date.

**4.14.2 Deputy M. Tadier:**

Does the Minister think there is any direct correlation between the fact that waiting lists are longer than desirable and the fact that we have a tax policy that is low-tax/low-spend and that there may not be enough money in the pot for a wealthy Island to provide basic services for their own residents?

**The Deputy Bailiff:**

I do not think the Minister is responsible for tax policy.

**The Deputy of Trinity:**

Indeed I am not.

**4.14.3 Deputy R.G. Le Hérisier:**

I wonder if the Minister could comment on the statement often put forward by patients: "I was on a 6-month waiting list. As soon as I went private I was seen the week after." What is the interaction between private consultation and public work at the hospital? This has always been a mystery for people and people who are busy to the gills all of a sudden, for private work, become un-busy.

**The Deputy of Trinity:**

We do not have any control over private patients and how they run their waiting lists, but it is an important factor to attract consultants over here that a percentage of their time is for private patients. It is well regulated and made sure that they are set within their times.

**4.14.4 Deputy R.G. Le Hérisier:**

Could the Minister clarify whether the public salary paid includes a proportion for private work?

**The Deputy of Trinity:**

No, it is because they are working, but I can give the Deputy a more accurate amount of the percentages of times.

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

What efforts are being made to reduce waiting times to more acceptable levels?

**The Deputy of Trinity:**

Most of the waiting times are seen within a 3-month period, but there are specialities - and this is one, as well as trauma and orthopaedics - that are above an acceptable level. The new hospital managing director is doing a complete review. We are trying to increase clinic times but that, as I mentioned before, has a knock-on effect on theatre space, increasing number of nurses and physiotherapists, pathologists, *et cetera*, and all of those come at an extra cost.

**4.14.6 Senator S.C. Ferguson:**

Yes, but, with respect, we are talking about consultants not about physiotherapists and nurses. Surely the contract given to a consultant who comes to work at the hospital does in fact specify a percentage of private work and a percentage of public work and it is incumbent upon the Minister and her department to maintain a proper balance between public and private work. What work has been done recently to ensure that there is a proper balance between public and private work? Has anybody checked with the consultants on the division? This is quite ridiculous. Will the Minister say what work is being done to ensure that a proper balance is being maintained between public and private work by consultants?

**The Deputy of Trinity:**

A lot of work is being done to make sure of that, but it is not just getting another visiting consultant. We have appointed 7 extra consultants over the last couple of years in different areas, E.D. (Emergency Department) being the main one. But along with a consultant has to come nurses and, especially with trauma and orthopaedics, physiotherapists, extra blood tests. You just do not have a consultant by him or herself. If it was an extra post, it needs to come with the allied professionals as well and that does come at a cost.

**4.14.7 Senator S.C. Ferguson:**

Yes, but we have plenty of time to start hiring commissioners and directors of change and so on and so forth when we should be looking at frontline staff, surely?

**The Deputy of Trinity:**

Frontline staff is important but there is extreme pressure in the hospital and that was the whole point of the White Paper, to bring more services out into the community, which will take some burden off the hospital by improving G.P.s to perhaps look after more diabetic patients to give an example.

**4.14.8 The Deputy of St. Martin:**

Would the Minister agree that, for any number of reasons, a reduction in waiting lists across the whole hospital creates a win-win situation and will she commit herself fully to reduce these lists?

**The Deputy of Trinity:**

Yes. The hospital director is looking to see if we can improve by more clinics and more effective working, but also to stress that a certain percentage - and I think it is about 6 to 8 per cent - of patients who have booked an appointment do not turn up for one and, between trauma and orthopaedics, that can be as many as 20 appointments a month.