

4.2 Deputy K.L. Moore of St. Peter of the Minister for Health and Social Services regarding the appointment of a 4th consultant in Trauma and Orthopaedics to help manage waiting lists:

Would the Minister inform Members whether her department is to appoint a fourth consultant in trauma and orthopaedics to help manage waiting lists?

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

The department are giving consideration to appointing a fourth trauma consultant. There have been significant increases in orthopaedic referrals over the last 6 months, an increase of over 15 per cent, so Health and Social Services is therefore developing a business plan which aims to address growing waiting lists. The business plan is likely to recommend the appointment of a fourth consultant, but this must be considered alongside other factors as well, such as requirements for beds, the extra theatre time, nursing and therapy capacity, G.P. (general practitioner) referral rates, conversion rates from clinic appointments to surgical procedures. In the meantime, my team is working hard to maximise the number of patients being seen by adding extra clinics and increasing the numbers of new referrals seen in each clinic.

4.2.1 The Deputy of St. Peter:

Unfortunately we do not have today more up-to-date figures due to an administrative fault, but on 1st December through the Chair, Minister, your children's orthopaedic waiting list was 26 weeks, which is 6 months. Do you think that is acceptable?

The Deputy Bailiff:

Does the Minister think that is acceptable?

The Deputy of Trinity:

No, but there has been a significant increase in people wanting to see a trauma and orthopaedic consultant, and that is the whole purpose of putting a business plan together, but also alongside that we need to do a review of how we can improve the extra clinics and the clinics that we have at present.

4.2.2 Senator S.C. Ferguson:

Does the Minister not consider that it would be better to have a new consultant for an area where we are having problems rather than appointing this plethora of new non-clinical managers, which appears to be happening in the Health Department?

The Deputy of Trinity:

I know the Senator is always quick to moan that I have got too many managers, but let me assure you that she has talked to the managers and there are not as many as she seems to think. We are an ageing population and that in itself has consequences on waiting lists, but also as we are living longer, people who have had hips and knees replaced will need them replaced again, so there is a lot of pressure on the department, of which we are aware, and a lot of work is being done to try and improve things.

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

Could the Minister tell us whether details of the time that patients must wait before receiving treatment are published on a per consultant or speciality basis, and if so, how often?

The Deputy of Trinity:

That is a very good point, because I think it is something that the public would be interested. I have produced some as a result of a written question, I think the back end of 2012, but I take the Deputy's suggestion and will take it back.

4.2.4 Deputy J.A. Hilton of St. Helier:

The Minister was made aware of the problem 7 months ago particularly in the Orthopaedic Department, and I am a little bit dismayed that still 7 months later we have not made that much progress. The Minister referred in her previous answer to a business case being worked up. Can she tell Members when the business case is going to be decided by herself and when we are going to see another consultant in place?

The Deputy of Trinity:

I wish it was just as easy as that, but as I pointed out, not only is it putting a consultant in place, it is also the added requirements that go along with it. We do need extra theatre space to be able to cope with the work done by an extra consultant. That needs extra nurses alongside that and physiotherapists, *et cetera*. So it seems quite simple on the surface, but it is not, and we are trying to work it out. The business case hopefully will be finished before the middle of this year.

4.2.5 Deputy G.P. Southern of St. Helier:

Can the Minister inform Members whether there are other areas where the waiting list is 6 months or beyond?

The Deputy of Trinity:

If I understand, the trauma orthopaedics is one of the longest specialities along with the Pain Clinic and all surgery.

4.2.6 Deputy R.G. Le Hérissier of St. Saviour:

Would the Minister explain why there has always been a lack of enthusiasm about approaching France and using their facilities?

The Deputy of Trinity:

Prior to the White Paper, we have been looking at France and other European countries, but again, it is down to people, I think, would prefer to stay here on the Island if possible, but also the medical workings are slightly different as well as the language. But it is definitely not ruled out.

[10:00]

4.2.7 Deputy J.H. Young of St. Brelade:

The Minister explained the unacceptable increase in the waiting list for trauma and orthopaedics because there has been a 10 per cent increase in referrals. The Minister suggested that this was due to ageing of the community. Can she tell us whether her managers have done any analysis of the causes for those referrals, to what extent they are attributable to accidents and injuries and to what extent they are underlying issues to do with ageing, which is not going to go away?

The Deputy of Trinity:

I hope we are going to be a very fit ageing society. A lot of work has been done; a lot of work was done for the White Paper to look at the ageing population and the effects that it has, and so that is why we need to put it in new services. But the hospital is an extremely busy place and we have over 180,000 outpatient appointments a year: that is 15,000 a month, that is just outpatients' appointments. So it is a busy place, but yes, I totally appreciate that the waiting list for some is unacceptably long.