

4.2 Deputy J.H. Young of the Minister for Health and Social Services regarding the waiting times for G.P. patient referrals to hospital consultants:

Will the Minister inform the Assembly whether all G.P. (General Practitioner) patient referrals to hospital consultants are treated within the National Health Service's maximum referral to treatment waiting time of 18 weeks and, if not, would she advise the proportion of referred patients who have not received treatment within this timeframe, the average delay, the specialisms most affected and what action she has taken to ensure patients receive prompt treatment?

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

I hope this positivity continues. In Jersey, we measure and manage our waiting times in a different way to the N.H.S. (National Health Service). We do not use the 18-week target. All our new referrals are measured in terms of 'time to appointment' and then 'time to procedure' once it is deemed that a procedure is necessary. We aim to keep our 'time to appointment' within 12 weeks, and our 'time to procedure' within 12 weeks, although this is not always possible and the situation is not ideal. Over the last 6 months we have received 1,000 more referrals from G.P.s than in the previous 6 months. The receiving consultants assess each referral and triage them into clinical categories based on urgency. All clinical urgent referrals are seen rapidly, within 4 weeks, and most often less. Currently 65 per cent of patients are seen within 12 weeks; 75 per cent within 16 weeks of their referral; and 76 per cent of patients have their procedure within 12 weeks of being seen and 86 within 16 weeks. The average wait for referral to treatment is not calculated in Jersey. Such a measure would however be meaningless as the wait within the different specialisms vary so dramatically. Specialisms most affected by delays are orthopaedics, dentistry, dermatology, gastroenterology and pain management. Each of these has a plan of action, which may include additional clinics, additional theatre sessions or additional staff, all of which require additional funds and/or facilities.

4.2.1 Deputy J.H. Young:

I am grateful for the Minister for her very comprehensive answer. Would the Minister agree that looking back through the record the Minister explained in her written answer on 5th April 2011 what the rules were, as it were, and a number of those specialities she has mentioned were not meeting her targets on that occasion and here we are? Can the Minister tell us please what she considers is the solution? Is this a matter of resources or is there some other issue that is preventing us from meeting these targets some 2 years later after questions?

The Deputy of Trinity:

There is not one size that will solve the problem overnight. In the N.H.S. they have had a massive investment into waiting list targets and still it has not been that successful. Over here, our numbers are increasing because we are an ageing population. As I said, there are over 1,000 - compared to the same time last year - extra referrals. We are doing a lot of work within the clinic time of seeing how we can streamline our waiting lists better, by saying that the patients who want an X-ray, go and have an X-ray first rather than seeing the consultant; by enhancing physiotherapy services so it might be appropriate to have physiotherapy first before seeing consultants; and also by putting on extra clinics and extra theatre space over the weekends.

4.2.2 Deputy M. Tadier of St. Brelade:

Does the Minister acknowledge that for certain types of operations such as hip and knee replacements, the waiting lists can be up to a year from the time of the doctor's appointment

and that if we also consider that, particularly the elderly may not visit the G.P. immediately when they need assistance, they could be waiting a very long time, does the Minister acknowledge that this is not an acceptable period of time to be waiting for people who are in extreme discomfort and what action will she take to ensure that these kind of operations are not having to be waited for so long?

The Deputy of Trinity:

Yes, I totally agree. It is unacceptable and that is why a lot of time and effort is being done to try and solve the problem, especially with orthopaedics because we are an ageing society and that age group - me included - will need some hip replacements and knee replacements, which are very important to keep their mobility going. We have appointed an arthroplasty nurse to free-up some doctor time, enhanced physio, as I said, to free-up some beds because some of those procedures will go on to needing operations but as you know we put in an application for some extra theatres. The theatre space is full at the moment and orthopaedics take well over 30 per cent of the theatre space as it is.

4.2.3 Deputy M. Tadier:

Does the Minister consider that it may be worth reviewing the split between private and public work that consultants do in order to make sure that waiting times can be reduced?

The Deputy of Trinity:

I have answered many questions on public and private split. All our surgeons undertake the full contract of 40 hours in the public sector. After that is what they can do privately.

[11:00]

But that will not reduce the waiting list time because, as I say, with an ageing population more people are coming through to our outpatients' appointments. We have approximately 200,000 outpatients' appointments a year.

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

Can the Minister confirm that the figures she gave show that one quarter of referrals are waiting more than 16 weeks?

The Deputy of Trinity:

Yes, the figures are what they are and I have never hidden any figures. It is difficult and we are trying desperately hard to improve the waiting times by putting in different initiatives.

4.2.5 Deputy G.P. Southern:

Can she further confirm that the extra 1,000 referrals she refers to are solely due to the ageing population?

The Deputy of Trinity:

That I cannot do because I have not got a breakdown of what that 1,000 was, but we have 1,000 more referrals. I think just under 500 of those are purely for orthopaedics.

Deputy G.P. Southern:

Will the Minister find those figures?

4.2.6 Senator S.C. Ferguson:

The department is applying Lean at the moment. Has the department applied Lean to the consultant's waiting lists yet and, if not, why not?

The Deputy of Trinity:

I am a full supporter of Lean because it has shown within Health and Social Services how effective it can be. If it is not going to be applied it is about due to be applied within waiting list times.

4.2.7 Senator S.C. Ferguson:

Why has it taken so long? Has the Minister discussed the Stroke Department at Plymouth Hospital and the improvements resulting from Lean with her managing director of the hospital?

The Deputy of Trinity:

Yes, a long time ago. I know the Senator has done the same, I am sure.

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

My understanding is that a fourth orthopaedic consultant was employed last year to address the issue of lengthy waiting lists. We were told at a recent Scrutiny hearing that in fact the waiting list had not reduced because of the number of additional referrals. Can the Minister tell Members what consideration has been given in light of the ageing population and in light of these increasing figures to employing additional orthopaedic consultants?

The Deputy of Trinity:

Employing additional orthopaedic consultants is not the answer because it is a whole range of different issues, which I have explained before, especially in orthopaedics, about having an arthroplasty nurse who can free-up some of that doctor's time and having more enhanced physio care pathway once someone has had an operation to be able to get them out of hospital that much earlier to enable someone else to get into that bed. So it is a knock-on effect. Also, if you have not got the theatre space you are not able to operate. With the new theatre modules it will improve but not for a certain while because once the theatre module space is in place we need to update the existing theatres.

4.2.9 Deputy J.H. Young:

Could the Minister advise me whether my constituent, who has waited 7 months for an appointment and then been told a hip replacement is urgently required, which will not be available to her for another 5 months, almost a year, why she would not be in ... if she was living in the U.K. (United Kingdom) she would be entitled to refer to an alternative hospital because of the failure to meet waiting times? Could the Minister tell us why she is not considering what options are available to people who are suffering, like my constituent, and why those options are not being considered?

The Deputy of Trinity:

If the Deputy wants to speak to me about his constituent I am happy to look into it. This is where we are here in Jersey. We do not refer, unless it is an operation that we cannot do here, to other hospitals in the U.K. for many reasons; really being away from the family and also the cost.