

**WRITTEN QUESTION TO MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY DEPUTY M.R. HIGGINS OF ST. HELIER  
ANSWER TO BE TABLED ON TUESDAY 2ND MAY 2017**

**Question**

Will the Minister advise members of the reasons for the current waiting times for orthopaedic patients and those with back-pain problems, and explain what steps, if any, he is taking to reduce those waiting times; and will he further explain how these services within his Department are manned and funded?

**Answer**

The orthopaedic service is one of the largest in the hospital and takes up 26% of all theatre capacity. The team sees approximately 1,800 patients per month in the clinics. In addition, there is the physiotherapy-led shoulder, wrist and spinal service.

The reasons for waiting times for any specialty are numerous and vary throughout the year. Below are some of these reasons, with specific application to orthopaedics:

- *Demand for the service – or referral rates*

Orthopaedics received 644 referrals from GPs in the first quarter of 2017. This is a slight increase from the 625 for the same period in 2016.

- *The mix of urgent versus routine referrals received*

Each referral is reviewed by a consultant and clinically graded for urgency as follows:

Urgent – seen within 2 weeks

Soon – seen within 8 weeks

Routine – seen in chronological order.

The greater the number of ‘urgent’ and ‘soon’ referrals, the longer the ‘routine’ referrals can potentially wait. The current average wait for an out-patient appointment (urgent/soon/routine combined) is 13 weeks.

- *The number of patients who do not attend their out-patient appointment*

Patients that do not attend their appointment have an adverse impact on clinic efficiency. Patients are sent text reminders about their pending appointment and work is underway to simplify the booking process.

- *The number of available doctors to undertake the clinics and theatres lists*

The number of available doctors has a major impact on the number of patients who can be seen; the number fluctuates with annual leave, sick leave, study leave and staff turnover.

- *Access to diagnostic tests*

MRI is a key diagnostic test used within orthopaedics and demand for MRI is high. The current MRI machine is already working extended days and an extended week.

- *Number of patients with complex or specialist needs*

Patients with complex or specialist needs may need to be seen by a visiting specialist consultant. These consultants visit at a frequency determined by the number of patients needing to be seen to make a visit viable. Urgent cases will be referred off-island, but waiting times in the UK are not within our control. However, contracts are reviewed and re-tendered and include our expectations of a responsive service. The spinal UK contract has just been let to a new provider in the South of England.

- *The volume of emergency trauma cases presenting to the hospital*

If the number of emergencies increases significantly (as they can do in icy weather), then the clinical teams have to divert their time, orthopaedic beds and theatre time to managing the emergencies. This can delay access for routine elective cases.

- *Theatre space/access*

This can be a limiting factor to increasing activity, however, the team has worked hard during 2016 to reduce the waiting times for a procedure. This time last year there were 459 patients waiting, with 240 of them waiting more than 12 weeks. Currently, there are 303 patients waiting, with 39 waiting more than 12 weeks.

*Additional factors:*

Funding has been identified to increase the medical staff complement and the associated cost of the activity. However, this post needs to be carefully considered alongside the access to theatres, out-patients and ward facilities.

### **Staffing and funding**

The orthopaedic team consists of 12 medical staff including 3 Consultants and 9 junior doctors, 1 specialist arthroscopy nurse, ward nurses and support staff, outpatient staff and physiotherapists. The 2017 funding for staff (excluding physiotherapists and outpatients as they are amalgamated within generic budgets) is £3,061,739.

The 2017 supplies and services budget is £1,624,360.