WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES BY DEPUTY R.G. LE HÉRISSIER

ANSWER TO BE TABLED ON TUESDAY 3rd JUNE 2008

Ouestion

How is the maximum waiting time limit of 6 months for treatment calculated? Are all specialities conforming limit? What exceptions exist and why?

Answer

The maximum waiting time for those patients on waiting lists for elective surgical procedures and certain diagnostic procedures is three months and not six months, as the Deputy states. As this is the maximum waiting time, it should be noted that the majority of patients are seen within weeks and not months. Some procedures have such low waiting times that the operations are scheduled at a time that is mutually convenient to the surgeon and to the patient.

All of the work – and indeed, all of the public and media statements made on the subject of waiting times – has focussed on these elective surgical procedures and certain diagnostic procedures.

The success in reducing waiting times is in large part due to the pivotal role of the Waiting List Project Group – which comprises of consultants, senior nurses and operational managers. Given the success to date (as above), the work of this Group is now moving to examine and reduce the outpatient waiting time – the aim being to reduce this to a maximum of three months. I shall be receiving a progress report on the Group's work in this regard in the autumn of this year.

Whilst in many specialties the concept of reducing the outpatient waiting time (i.e. the time from the GP writing a letter of referral to the patient receiving an outpatient consultation) translates well, in others it does not. A good example of the latter is diabetes. A patient might be referred to the Diabetic Centre, who may see a nurse practitioner first – or may require diagnostic tests undertaken by another specialist. The last health care practitioner a diabetic patient might see is the consultant – the consultant focussing his time on the most complex cases which require his expertise. Notwithstanding this, the aim is to reduce all waiting to all health care professionals where this is possible in a small island context.

Another example of patients having to wait longer than three months is in the field of musculo-skeletal medicine. Specifically, Jersey has two eminent orthopaedic specialists who visit the Island to undertake specialist shoulder surgery as they visit every six months and by definition, patients must wait more than three months – although there is the option of an eligible patient either visiting the specialist on the mainland or seeing the other of these two specialists.

One of the characteristics of small islands is that they have a high number of 'single handed' consultants – in other words, one consultant per specialty. This obviously causes difficulties to the continuation of the service if that consultant is absent for some reason.