

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.P. SOUTHERN OF ST. HELIER
ANSWER TO BE TABLED ON TUESDAY 16th NOVEMBER 2010**

Question

Will the Minister inform members of the current waiting times for patients for the following treatments, broken down by specialism, and state how these times compare with UK averages and targets?

- urgent surgery
- non-urgent surgery
- other non-invasive treatments

Can the Minister further inform members what criteria are applied to distinguish between urgent and non-urgent surgery lists and whether the lists have changed recently?

What measures, if any, has the Minister under consideration to ameliorate this situation and what deadline has she set to meet the targets for waiting times?

Answer

Members will be aware of the current waiting times as these were circulated within the past 2 weeks.

Urgent Surgery

The criteria set for urgent surgery is based upon clinical factors which are determined by the consultants in their own specialities and these will vary between specialities and sub-specialities. For example cancer patients will take priority because it is important for them to be seen, assessed and operated on, if appropriate, within a recommended timeframe. It is not possible to break down these details further - by specialism - as each patient is unique presenting with particular symptoms and different needs that are assessed on an individual basis.

Non Urgent Surgery

Non urgent patients are listed as being 'routine, by the operating consultant or his team as opposed to those considered to be urgent who will always take priority over the routine patients. Routine patients are scheduled for their treatment according to the date on which they were first added to the list. The length of these waiting lists is determined by the number of new outpatient referrals that are received and the number of patients seen who subsequently require surgery. With a growing elderly population this is a significant challenge in some specialities, for example ophthalmology, with increasing numbers of patients waiting for cataract surgery.

Non invasive treatment times

It is well recognised that there is sometimes a place for non-invasive or minimally invasive procedures and this will be determined by the clinician in consultation with the patient. A good

example is local initiatives to offer 'fast track' access to physiotherapy services for some patients who would otherwise have waited for orthopaedic assessment in outpatient clinics.

Comparison with the UK

It is not possible, or necessarily meaningful, to seek to make direct comparisons with the UK as local targets are measured on a different basis. The current target waiting time for outpatient assessment in Jersey, following receipt of a GP referral, is 3 months. Should surgery be indicated the patient will be added to the waiting list and, from that point, there is a target wait of up to 3 months before the operation. This does not include urgent patients, such as those with cancer, as these patients are always prioritised and seen and treated very quickly according to their clinical needs.

In the UK the 18 week target is measured from the date that the GP writes the referral to the hospital up until the date of the operation. This target has not been adopted in Jersey and it is not possible, with the current IT systems, to make direct comparisons with the UK. There was very significant investment in the NHS, over a decade, to achieve the UK targets. The new government have recently suggested withdrawing this target as there is a growing recognition that chasing targets, to the exclusion of many other priorities, does not necessarily meet the real clinical needs of all patients.

Local waiting times are tightly monitored within my department.