22.11.22

4 Deputy G.P. Southern of the Minister for Health and Social Services regarding waiting times for ophthalmic hospital appointments (OQ.121/2022)

Following her response to Written Question 204/2022, will the Minister provide the definitions of the categories “urgent”, “soon” and “routine” in terms of prioritising ophthalmic interventions; and, in light of postponed appointments and given the critical waiting time that is between referral from the G.P. (general practitioner) and the operation being performed, will she state whether a waiting time of 200 days is reflective of patients’ current experiences?

Deputy K. Wilson of St. Clement (The Minister for Health and Social Services):

I thank the Deputy for his question. The definitions for “urgent”, “soon” and “routine” in terms of prioritising ophthalmic interventions are as follows. “Urgent”, to be seen within 2 weeks; “soon” to be seen within 6 weeks and there is no identified standard for a routine appointment, or a routine wait. The average waiting time for a routine ophthalmology appointment is 200 days and therefore it is reflective of the experience of some patients. However, we know that other patients have experienced longer waiting times. Some have waited over 400 days. The triaging of referrals is carried out by consultants in ophthalmology, and this is an individual consultant decision depending on the information contained on the referral. We concentrate on the clinical information relating to the risk of sight loss and whether this risk will be temporary, for example, from cataract or permanent, for example, from untreated retinal detachment or progressive glaucoma. There are no set guidelines at the moment as to how to triage these referrals because many patients are being referred with more than one problem. For example, some have what they call watery eye condition, some have a cataract condition and raised eye pressure. Therefore, this has always remained an individual consultant decision. Specifically for cataract referrals, the consultant practice is to prioritise patients with severe visual loss or patients, for example, with only one seeing eye.

3.4.1 Deputy G.P. Southern:

Does the Minister accept that a wait of the order of 400 days is unacceptable in this jurisdiction given that if one was to go private one might get a cataract operation or the consequences of a cataract operation cleared up within 24 hours, is the reality, if you go private?

Deputy K. Wilson:

I agree that the waiting list and the waiting times for treatment are completely unacceptable. There is a combination of factors around this, particularly in relation to recruitment difficulties that we have experienced in the Ophthalmology Department. But also we are recovering post-COVID and there is a particular backlog. One of the things that we are trying to achieve is to reduce those waiting lists and to come up with some schemes that will tackle some of those who have been waiting, in particular, over 90 days. I would be happy to bring forward more details of those schemes in due course.

The Greffier of the States (in the Chair):

I believe the Constable of St. Mary is going to be making a contribution to the charities appeal.

3.4.2 Deputy R.J. Ward:

This question that was asked about access to private care within 24 hours. Is that the case and is that the case that that private care will happen on Island as well and so, therefore, there is a 2-tier provision if you can pay for it?

Deputy K. Wilson:

Thank you, Deputy. I think people have freedom of choice in relation to securing access to healthcare. I do not have any details in relation to private practice in front of me but I would be happy to provide those details if the Deputy would like to see the comparisons.

3.4.3 Deputy R.J. Ward:

The theme in answers that we get at moment which is details can be provided later, sometimes they do not appear. May I ask, is it the case that the same ophthalmologists are doing private work at the same time using our facilities and, therefore, you can cut back on your waiting time as long as you can pay, as long as you have the capacity to pay?

Deputy K. Wilson:

I would like to just respond to the Deputy by saying that I would be happy - and I genuinely mean this - to provide some comparisons around waiting times for private practice and also for services provided by the States, if I can get that data for him.

3.4.4 Deputy L.V. Feltham of St. Helier Central:

Has the Minister or her officers undertaken a root cause analysis to determine what has caused these extremely long waiting lists?

Deputy K. Wilson:

I think, as I have explained before, we have had some problems in the department in relation to recruitment. The team have changed the clinical model to try and move it from a consultant-led model to a middle-grade model where we have got more junior doctors being able to respond more proactively. We are actively recruiting in November for a consultant post as well. We also have the backlog of COVID, which is affecting most of the waiting lists. But I can assure you we are on to this to try and bring those waiting list times down for people.

3.4.5 Deputy L.V. Feltham:

Given the backlog that the Minister has talked about and the need for recruitment, has the Minister had any conversations with consultants to perhaps identify whether there is a possibility for consultants to do some of the work for public patients in the time that they are currently spending on private patients?

Deputy K. Wilson:

As you know, the department is at full stretch at the moment, given some of the shortfalls. Most of our activity, public activity, is managed appropriately within the resources that we have got. I think the activity will improve and the waiting list will see some reduction when we have got a full team in place.

Deputy L.V. Feltham:

Ma’am, could I ask the Minister to answer my question as to whether any conversations had taken place with consultants?

Deputy K. Wilson:

I am not aware directly of any consultant conversations with myself but, again, I can ask the team to see what discussions have taken place. I am not privy to their everyday conversations but I can follow that up for her.

3.4.6 Deputy G.P. Southern:

Is the Minister not in danger of overseeing the process of inventing a 2-tier system for healthcare on this Island? Will she commit herself publicly to ensuring that the health and care service remains free at the point of delivery?

Deputy K. Wilson:

I would like to just remind us that we already have a health service which is providing service free at the point of delivery.

[10:15]

But one of the things that we do have is an offer of choice and it is up to an individual to be able to choose which way they access healthcare.

Deputy G.P. Southern:

Sorry, it is a 2-tier system then; is that what the Minister is confirming?

Deputy K. Wilson:

What I have just said is that the system, the public health system, is there for everybody's use. If people choose to exercise their choice to go privately that is their individual choice.