WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES BY DEPUTY M.R. HIGGINS OF ST. HELIER QUESTION SUBMITTED ON MONDAY 24th JANUARY 2022 ANSWER TO BE TABLED ON MONDAY 31st JANUARY 2022

Question

"Will the Minister produce an up-to-date table for Members showing the waiting times for both in-patient and outpatient treatment for each discipline and procedure for the last three years, highlighting any particular areas of stress that have been identified and how he plans to deal with them?"

Answer

From January 2022, HCS waiting lists are now in three areas:

- Patients waiting for a first outpatient appointment with a consultant
- Patients waiting for an inpatient (elective) procedure this includes minor operations
- Patients waiting for a diagnostic procedure

Table 1 shows the current waiting list (as at 28th January 2022) for patients waiting for a first outpatient appointment with a consultant for acute secondary services. Specialties where the total number of patients waiting is less than 10 have been combined to protect confidentiality and avoid disclosure due to small numbers.

Table 2 shows the current waiting list (as at 28th January 2022) for patients waiting for a first outpatient appointment with a consultant for community-based services (Dental and some Physiotherapy services).

A detailed analysis was undertaken of the 2021 year end position compared to the 2019 year end position (pre-pandemic). This showed:

Outpatient PTL	Q4/19	Q4/20	Q4/21
Community	936	1449	2081
Acute	8122	8187	7049
Total	9058	9636	9130

- There has been a reduction in the total number of patients awaiting their first outpatient appointment over the last quarter.
- When compared to pre-pandemic levels, the total number of people waiting for a first outpatient appointment is minimally higher (0.8%).
- When reviewing the waiting lists by its component parts, it is evident that there has been a reduction in the number of patients awaiting acute secondary services when compared to pre-pandemic levels, with the total number of patients awaiting their first appointment reducing by 13%. When reviewing referral and activity data, it is evident that the reduction in the acute secondary care waiting list is driven by increased activity during 2021 as opposed to a reduction in referrals.
- Analysis of the community waiting list shows a significant (122%) increase in the volume of patients awaiting our community services (Dental services and some Physiotherapy services).

Table 3 shows the current waiting list (as at 28th January 2022) for patients waiting for a diagnostic procedure.

Table 4 shows the current waiting list (as at 28th January 2022) for patients waiting for an elective inpatient procedure/minor operation. Specialties where the total number of patients waiting is less than 10 have been combined to protect confidentiality and avoid disclosure due to small numbers.

A detailed analysis was undertaken of the 2021 year end position compared to the 2019 year end position (pre-pandemic). This showed:

Elective PTL	Q4 2019	Q4 2020	Q4 2021
Diagnostic WL	791	989	1378
Elective WL	1958	1659	1769
Total	2749	2648	3147

- There has been growth in the overall number of patients awaiting inpatient treatment over the last quarter. This is linked to an increase in the relative number of additions to the waiting list associated with increased outpatient activity.
- When comparing the current waiting list to pre-pandemic levels there has been an overall growth in the volume of patients waiting of 14%.
- When reviewing the waiting list by its component parts, the elective waiting list at the end of 2021 is 10% lower than it was at the end of 2019 (pre-pandemic).
- The diagnostic waiting list (endoscopy procedures) has increased by 407 when comparing Q4 FY 19 and Q4 FY21. This is linked to a reduction in the volume of endoscopy activity that took place during the immediate COVID response and also reduced throughput due to enhanced Infection Prevention and Control (IPAC) requirements.
- Growth in this waiting list has slowed in the second half of 2021 as the impact of the introduction of the Faecal Immunochemical Testing (FIT) programme in December 2021 is starting to be seen. It is anticipated that this reduction will continue through 2022 as the FIT programme is rolled out. In addition, solutions for additional endoscopy capacity are being reviewed with the clinical team.
- There has been a 25% reduction in the number of under-18s on the elective waiting list in 2021.

Specific areas that are being addressed within HCS are:

1. Dental, Orthodontic and Maxillofacial services:

Community Dental, Orthodontic and Maxillofacial services form part of an Executive-led Improvement Programme which is reviewing long-standing staffing challenges and referral behaviours from community services.

Recruitment of a substantive Maxillofacial consultant and also an Orthodontist has been successful. In addition, we have appointed a Dentist to a 1-year fixed-term appointment (starting March 22).

Dental Services for Children, COVID recovery business case will support further reduction in the community dental PTL. This is being led by Strategic Policy, Performance and Population (SPPP) and will go to Political Oversight Group for approval.

2. Endoscopy (surgical and medical):

Waiting time for endoscopy services has increased significantly during the pandemic. This increase is directly linked to a reduction in the volume of activity that was able to take place because of the COVID-19 pandemic. The Royal College of Physicians and Public Health England released guidelines for aerosol generating procedures (AGP) resulting in the adaptation of Infection Prevention and Control (IPAC) guidelines to necessitate downtime and enhanced cleaning between procedures to ensure sufficient air changes.

The Endoscopy team commenced the rollout of the FIT programme in November 2021, which will significantly reduce the number of patients requiring a colonoscopy or flexi-sigmoidoscopy through non-invasive screening methods.

In addition to the implementation of the FIT programme, discussions with the HCS Endoscopy team are taking place to increase the number of endoscopy suite sessions that are available on a weekly basis. In addition, the Care Group management team is exploring opportunities for insourcing and outsourcing support for this service to expedite recovery to pre-pandemic levels.

3. Physiotherapy:

A review of clinic profiles, job plan activity and first to follow up ratios identified opportunities for pathway improvement – adopting associated modifications, whilst maintaining the quality of services provided has been key to delivering a reduction in reducing the volume of patients awaiting their first appointment in December 2021.

This will remain the focus for FY22 to support a further reduction in the waiting list and associated time for assessment/treatment.

4. Ophthalmology (outpatients and elective):

Whilst there has been a 38% improvement (reduction of 340 patients) in the volume of patients awaiting their first outpatient appointment in FY21, continued focus on the delivery of ophthalmology improvement schemes is required. HCS has invested in additional posts for this service through GP21 growth monies, but recruitment was unsuccessful until the latter part of FY21. Whilst two medical posts have been appointed to, we are in the middle of recruitment for the third. Additionally, nursing and administration support has been recruited to.

Achieving and maintaining the full staffing complement and supporting clinically-led patient flow initiatives in this area ie increased volume theatre lists, improved use of technology and redefining clinic profiles will enable the continued improvement in waiting times in this field.

As we emerge from the COVID restrictions, we continue to review and flex the working practices and the capacity to assist in the improvement of patient experience.

Assurance has been provided by all Care Groups that outpatients continue to be dated in order of clinical priority followed by chronological order, undertaking both administrative and clinical validation as appropriate. Any patient waiting more than 48 weeks for treatment will have a clinical harm review undertaken, with outputs reported and monitored through the Clinical Harm Review Panel.

Table 1: Number of patients waiting for a first outpatient appointment, acute services, by specialty, as at 28^{th} January 2022

as at 28 " January 2022	Total Patients	% patients waiting
Specialty	Waiting	more than 90 days
Breast Surgery	84	0.0%
Cardiology	183	11.5%
Clinical Genetics	209	90.4%
Clinical Haematology	67	25.4%
Diabetic Medicine	90	38.9%
Endocrinology	102	15.7%
ENT	554	19.0%
Gastroenterology	346	48.0%
General Medicine	188	51.6%
General Surgery	380	29.2%
Gynaecology	310	26.5%
Infectious Diseases	28	50.0%
Nephrology	13	38.5%
Neurology	235	23.8%
Ophthalmology	547	58.0%
Oral Surgery	504	62.1%
Orthoptics	122	27.9%
Paediatric Trauma & Orthopaedics	10	0.0%
Paediatrics	229	27.1%
Pain Management	514	20.0%
Physiotherapy	557	11.0%
Podiatry	27	3.7%
Respiratory Medicine	177	31.1%
Trauma & Orthopaedics	630	16.3%
Urology	94	1.1%
Other specialties (where total waiting < 10)	31	22.6%
Grand Total	6231	31.6%

Data Source: HCS Patient Tracking List

Table 2: Number of patients waiting for a first outpatient appointment, community services, by specialty, as at 28th January 2022

Total Patients % patients waiting more than 90 days **Specialty** Waiting Community Health Services Dental 1415 92.7% Orthodontics 535 87.9% Physiotherapy 173 4.0% 2123 84.3%

Data Source: HCS Patient Tracking List

Table 3: Number of patients waiting for a diagnostic procedure, as at 28th January 2022

Specialty	Total Patients Waiting	% patients waiting more than 90 days
Colposcopy	54	44.4%
DEXA Scanning	46	100.0%
Endoscopy (Medical)	538	57.6%
Endoscopy (Surgical)	726	72.3%
Endoscopy (Urology)	22	13.6%
Grand Total	1386	65.5%

Data Source: HCS Patient Tracking List

Table 4: Number of patients waiting for an elective procedure, as at 28th January 2022

Specialty	Total Patients Waiting	% patients waiting more than 90 days
Cardiology	18	27.8%
ENT	229	39.7%
General Surgery	430	40.5%
Gynaecology	112	17.0%
Maxillofacial Surgery	72	22.2%
Ophthalmology	399	62.7%
Pain Management	40	42.5%
Trauma & Orthopaedics	475	43.8%
Urology	115	52.2%
Other specialties (where total waiting < 10)	14	21.4%
Grand Total	1904	44.3%

Data Source: HCS Patient Tracking List

Data prior to 2022 is not wholly comparable to these tables above as waiting lists can only ever be a snapshot of the number waiting at that point in time and were not reported in this way previously. The following Tables 5-7 show for patients seen in each year, the median number of weeks that they waited for that appointment/treatment.

Table 5: Median weeks waited to be seen for first outpatient appointment, by specialty and year

Specialty	2019	2020	2021
Breast Surgery	5	5	5
Cardiology	4	4	3
Clinical Genetics	24	39	
Clinical Haematology	4	7	7
Clinical Oncology	2	1	1
Dermatology	6	6	4
Diabetic Medicine	11	10	5
ENT	5	5	5
Endocrinology	7	6	8
Gastroenterology	9	8	9
General Medicine	11	12	13
General Surgery	8	7	8
Gynaecological Oncology	4*	4*	3
Gynaecology	6	5	5
Infectious Diseases	4	5	5
Medical Microbiology	1	1	2
Medical Oncology	0	1	1
Nephrology	5	4	8
Neurology	8	11	8
Ophthalmology	5	5	7
Oral Surgery	6	5	8
Orthoptics	13	15	14
Paediatric Trauma & Orthopaedics	11	12	11
Paediatrics	12	19	10
Pain Management	5	6	7
Physiotherapy	3	2	3
Podiatry	0	0	1
Respiratory Medicine	6	9	8
Rheumatology	5	4	6*
Trauma & Orthopaedics	9	10	15
Urology	8	6	5
Vascular Surgery	4	10*	

Data Source: Hospital Patient Administration System (TrakCare, Reports BKG1A, WLS6B) Median wait is calculated in number of days and divided by 7

^{*}indicates specialties/years where < 10 patients were seen in the year

Table 6: Median weeks waited to be seen for a diagnostic procedure, by specialty and year

Specialty	2019	2020	2021
Colposcopy			7
DEXA Scanning	15	14	
Endocrinology			0
Endoscopy (Medical)	4	6	8
Endoscopy (Surgical)	6	12	11
Endoscopy (Urology)	7	3	3

Data Source: Hospital Patient Administration System (TrakCare, API0002WL, ATD5L, BKG1A, WLS6B)

Where no figure is shown, no patients were recorded as having received first treatment in year.

Table 7: Median weeks waited to be admitted for inpatient treatment, by specialty and year

Specialty	2019	2020	2021
Cardiac Surgery	6*		1*
Cardiology	3	2	2
Clinical Haematology	4*		0*
Clinical Oncology	1*		
Community Health Services Dental	26	36	11
ENT	9	5	8
Endocrinology			0*
General Medicine	1	1	0
General Surgery	7	9	10
Gynaecology	7	8	8
Haematology		1*	0*
MaxilloFacial Surgery	8	13	13
Medical Oncology		2*	
Nephrology	2	1	3*
Ophthalmology	16	13	14
Oral Surgery	16	10*	8*
Paediatric Trauma & Orthopaedics	8*	10	8
Paediatrics			1*
Pain Management	6	5	5
Respiratory Medicine	1	1	1
Trauma & Orthopaedics	16	24	19
Urology	5	6	6
Vascular Surgery			1*

Data Source: Hospital Patient Administration System (TrakCare, API0002WL, ATD5L)

Median wait is calculated in number of days and divided by 7

Where no figure is shown, no patients were recorded as having received first treatment in year.

^{*}indicates specialties/years where < 10 patients were seen in the year.