REPLY BY THE MINISTER OF THE HEALTH AND SOCIAL SERVICES DEPARTMENT TO A QUESTION PURSUANT TO RULE 6 OF THE RULES OF PROCEDURE TO BE ASKED BY DEPUTY HUNTER ADAM

Question 1

Does the contract between the three parties, SSD/HSSD/MSG, not state a time limit of 8 weeks from referral to initial consultation: a time limit of 8 weeks from decision that surgery is required to operation: and that if either is extended, measures should be taken by which every party is accountable for delay?

Answer 1

The contract does state an agreed 8 week waiting time for outpatients, ie. an agreed waiting time of 8 weeks in orthopaedic cases where the patient is referred from the GP to a specialist consultant.

There is also an agreed 8 week waiting time for orthopaedic in-patient surgery; that is the agreed waiting time from the date of referral by the specialist consultant to the date of admission to the Princess Elizabeth Hospital (except at the Patient's request).

Question 2

What measures are HSSD taking in relation to the delay for these patients?

Answer 2

All orthopaedic referrals are prioritised based on the clinical requirements of the individual case. All emergency orthopaedic surgery and those individuals with the highest clinical priority cases are being admitted within 8 weeks from their consultant referral and sooner if the case demands.

There is a combination of significant and inter-related factors that give rise to pressure on this part of our service and we are experiencing the upper limits of demand that can be managed within our current system and with existing facilities.

The Health and Social Services Department is looking across the system for improvements that will reduce this pressure. The Acting Assistant Director of Acute Services is working together with the Guernsey Physiotherapy Group to look at enhanced recovery which will look at every part of the patient's journey to ensure that all elements ensure that the patient is best placed to recover quickly from the procedure. For example nurses and occupational therapists are now involved pre-operative clinics which enable them to get to know the patient and their circumstances, as well as introducing physiotherapy and strengthening exercises to them.

This involvement is to ensure that the timing of procedure enables appropriate planning of discharge timings and arrangements. Guernsey Physiotherapy Group is also working together with HSSD in redesigning the orthopaedic physiotherapy pathway offering more follow up treatments in the community which aims to expedite discharge from the acute hospital setting.

HSSD, together with the Medical Specialist Group and Social Security Department, are working closely to ensure that the various factors involved in this demand on the service are managed as effectively as possible within the practical constraints that are involved.

Question 3

When do patients have the right to elect to have [their] operation off-island at the expense of HSSD?

Answer 3

The contract states in relation to "Treatment exceeding waiting times" that the Patient will have the option of being treated locally by the Group at a time convenient to the Patient or will be offered treatment in the UK. In practice this section of the contract has not been exercised since it came into force. It has not been tested whether such treatment would be fully private or within the existing UK service provisions. Therefore as a result of the relatively shorter length of waiting times in Guernsey as compares to the UK, a patient who withdrew from the local treatment in order to enter the UK system would be expected to be treated sooner if they remained in the local service provision.

The delay to these orthopaedic procedures is the result of a number of inter-related factors and therefore the resulting impact cannot be attributed solely to any one of the organisations involved in the treatment and care of these patients. Any cost of patients' treatment off-island that did arise under the contract would be met initially by the Social Security Department. That cost would then be recovered from the Medical Specialist Group and/or Health and Social Services Department as appropriate.

Question 4

What are the reasons for delay?

Answer 4

The situation has arisen for several reasons. In recent years there has been a significant increase in the number of patients being referred by GPs to the orthopaedic consultants. While not all patients will need an operation, many do and this results in an increase in demand for theatre appointments. Theatre capacity is therefore one aspect which impacts on the waiting times for this patient group.

HSSD's current capacity for the sterilisation of surgical equipment and the physical space available for beds for orthopaedic admissions are not sufficient to keep up with the increase in demand for this type of surgery. This is therefore also contributing to patients currently experiencing longer than desirable waiting times.

Question 5

Lack of theatre time – what is the usage for theatre, is the fourth theatre being used?

Answer 5

3 theatres are used every day for planned lists. One of those theatres is dedicated specifically to orthopaedic surgery, a fourth theatre is reserved for emergency surgery. The orthopaedic theatre has specific air ventilation equipment installed as required and a list of 8 operating

lists per week is consistently undertaken in that theatre. An operating list is a four hour session in which a variable number of procedures can be completed depending on the type of operation. In 2014 approximately 1400 orthopaedic operations were undertaken.

Question 6

Lack of beds – is De Sausmarez ward fully open, or still at 15 beds?

Answer 6

De Sausmarez ward which is currently used for orthopaedic patients and has a maximum complement of 15 beds all of which are currently fully operational.

Question 7

Is the other surgical ward fully utilized – what is bed occupancy?

Answer 7

The other surgical ward, Giffard ward is used for patients who have been admitted for a wide variety of other surgical procedures as well as those patients who require admission for non-operative surgical investigations and patients with a head injury. This ward has 18 beds currently in operational use. This is the same number of beds that was approved for use by in November 2013 by the HSSD Board at that time.

The bed occupancy on Giffard, according to 2014 full year data, was between 49% and 75% occupied.

Question 8

Are there sufficient numbers of staff? – Deputy Hadley is on records as saying 70+ more staff required.

Answer 8

In December 2014 the Chief Executive set up a task force to look at recruitment and retention issues in acute services at HSSD. The task force concluded that a principal root cause of the current experienced staffing shortfall is based on a combination of factors. These are: an increase in hospital utilisation (for example number of patients, increase in the types of clinical procedures); the budgeted establishment; shift patterns and processes; and the need for a greater staff establishment post application of acuity and dependency models.

The task force recommended that HSSD should develop operational plans and/or policy to balance the demand and resources in the PEH. Options for doing that are to:

(a) increase efficiency by conducting a full review of current configuration, and shift patterns of nurses and professions allied to medicine to ensure the most efficient use of available resources is made;

(b) reduce workload to match staffing levels by reviewing the medical procedures conducted on-island and consider which are non-essential, which can be conducted off-island or provided in a different manner; and/or

(c) grow establishment to match workload by increasing budgeted FTE by 71.38 FTEs [a 14% increase against in scope roles] to align with acuity and dependency modelled establishment level at the additional annual staff cost of circa £3.1m.

Question 9

Are agency staff being employed? – I have heard they are not obtainable

Question 9

26 agency staff are currently being employed by the Department in acute services. Agency staff are available and the Department is continuing to work with agencies to recruit temporary and permanent staff to available posts.

Question 10

Have Medical beds been closed because of lack of nurses?

Answer 10

In a media release that was issued to all States Members on 19 May 2015, the Department confirmed that four of medical beds and four rehabilitation beds would be taken out of use for a temporary period over the summer months. This decision was made for a number of reasons, one of which is the current staffing levels. It also takes into account the seasonal fluctuation of demand on medical beds and the need to ensure the highest standards of patient care can be delivered. It is also important to alleviate pressure on current staffing levels. It is anticipated that the reconfiguration of beds in use at the Princess Elizabeth Hospital will be reviewed subject to the arrival and successful appointment of staff to vacant posts.

Question 11

The article suggests that bringing in a new consultant is being considered. What is the value of this if the problem is accessing admission for patients already assessed for operation due to lack of bed availability, theatre, staff shortage?

Answer 11

The key to reducing waiting times involves putting in place a number of changes that will each make a particular impact.

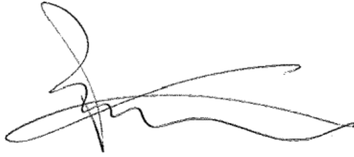
The Sterile Services equipment replacement that is planned for this summer will result in higher volume of instruments that can be decontaminated and sterilised which will in turn give a small increase in the number of major joint operations that can be planned into the existing orthopaedic theatre list and the hospital re-profiling programme includes reviewing theatre capacity. Until all of these factors have been addressed, the appointment of an additional consultant may not result in an improvement to waiting times.

Question 12

An Extended Scope Practitioner in Orthopaedics was employed as a trial 6 years ago and this proved very successful. Would this not be a favoured option?

Answer 12

An Extended Scope Practitioner will begin this summer as a trained specialist who will evaluate and prioritise referred patients prior to surgery, enabling surgeons to focus even more of their time on theatres. Clinical staff teams are delivering the proven ‘Enhanced Recovery’ programme initiative, which supports patients who have had orthopaedic surgery through a programme of more speedy recovery.



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