Waiting-list buster

The government has appointed an action team to deal with record increases in hospital waiting lists, but nurses say the initiative does not take patients’ clinical needs into account

By David Batty

THE GOVERNMENT’S new initiative to cut hospital waiting lists is too simplistic and underfunded to be effective, nurses have warned.

Their comments came last week after the Department of Health revealed that the number of patients waiting for treatment in England had risen to a record high of 1.2 million by the end of September. This represented a 14 per cent increase on 1996. A total of 818 patients had waited more than 18 months.

Health minister Frank Dobson reacted to the announcement by appointing a waiting-list ‘buster’ to bring hospitals with the worst record into line. Stephen Day, NHS regional director in the West Midlands, will head an action team backed by eight regional task forces.

Mr Day cut waiting lists in his own region significantly, but told Nursing Standard he received £30 million to achieve this. The new team has only £5 million from efficiency savings to promote good practice throughout England. Mr Day has admitted, on the Today programme, that extra resources will be needed.

The chair of the BMA Council, Dr Sandy Macara, said: ‘It is futile to assume that the matter can be rectified by efficiency savings when NHS trusts have already been squeezed dry and most of them will enter the next financial year in debt.’

The initiative has come under fire from nurses, who say that it does not take the clinical needs of patients into account.

The government’s immediate priority is treating the patients who have been waiting longer than 18 months. But Mr Dobson admitted this commitment could mean that patients with less serious conditions would be seen before those in greatest need.

‘Common sense and ethics suggest that we have to proceed on the basis of treating the worst first and the sicker quicker,’ he said.

However, he stressed that no one should have to wait longer than 18 months for treatment. Few people waiting for a less serious operation would regard their need as trivial, he added.

Over half of those waiting over 18 months came from three London hospitals offering specialist treatments: King’s Healthcare in south London with 177 patients waiting; Hammersmith Hospitals in west London with a backlog of 105, largely due to non-urgent plastic surgery and IVF treatment; and Mount Vernon and Watford Hospitals in the north with 189, mostly waiting for non-urgent IVF treatment.

Martin Woodcock, the RCN’s regional officer for North West Thames, said hospitals with the shortest waiting lists were not necessarily offering the best treatment.

‘This is a quantitative survey and not a great indicator of the quality of care provided. It doesn’t acknowledge that patients might be seen quickly but may not be satisfied with their treatment,’ he said.

The RCN’s assistant general secretary, Liz Jenkins, said that patients coming in through A&E had to be given priority, but added that cancelling a planned operation because the bed was taken was cruel and unnecessary.

‘This situation only arises because it is difficult to balance between emergency cases and elective operations,’ she said. ‘This is especially the case in inner city hospitals, many of which have a 95-98 per cent bed occupancy rate. Ideally, this figure should be 75 per cent, to give some leeway to deal with emergency cases and any winter crisis.’

Ms Jenkins recommended telephone checks to see whether waiting patients still needed treatment, claiming it could cut lists by 10 per cent.

Mary Daly, Community Practitioners’ and Health Visitors’ Association professional officer, agreed: ‘It is important that people who have been on waiting lists for many months are frequently assessed to make sure that their condition still requires hospital treatment. Undoubtedly, many could have been treated or managed in the community.’

London health research organisation The King’s Fund said the government was wrong to focus on the numbers waiting rather than waiting times. Chief executive Robert Maxwell said: ‘Ensuring no patient waits too long for hospital admission is more important than having 100,000 fewer patients on the list.’

There was no guarantee the government’s pledge to treat more patients would reduce waiting lists, Mr Maxwell said. Lists would continue to rise as technological advances led to the introduction of new therapies and treatments. New techniques would also allow people previously deemed unfit for treatment to undergo operations. And, as GP services improved, more patients would be spotted who would benefit from treatment.

‘Instead of trying to hit an irrelevant target, the government should concentrate on reducing waiting times. They must put some effort into understanding how and why people are on waiting lists,’ he said.

Stephen Day, an NHS regional director in the West Midlands, will head an action team backed by eight regional task forces.