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Why are we waiting? Outpatient appointments

1. Introduction

This briefing paper provides a synopsis of waiting times and targets for a consultant-led first outpatient appointment in Northern Ireland during the period from 2009 to 2015. In particular it examines:

- the number of people currently waiting for a first outpatient appointment;
- changes to Ministerial targets for a first outpatient appointment; the limited value of the targets, and health and social care performance against the targets;
- an indication of how long some patients are waiting for a first outpatient appointment and the clinical specialties where demand is highest;
- factors that have contributed to the unprecedented volume of people waiting for a first outpatient appointment, and
- actions being taken by the Department of Health, Social Services and Public Safety (DHSSPS) to address the recurring waiting time issue.

2. Outpatient appointments – what are they?

According to the DHSSPS, a consultant-led outpatient service is provided by Health and Social Care Trusts “to allow patients to see a consultant, or a member of their

team, for assessment in relation to a specific condition. Patients are not admitted into hospital for this assessment¹.

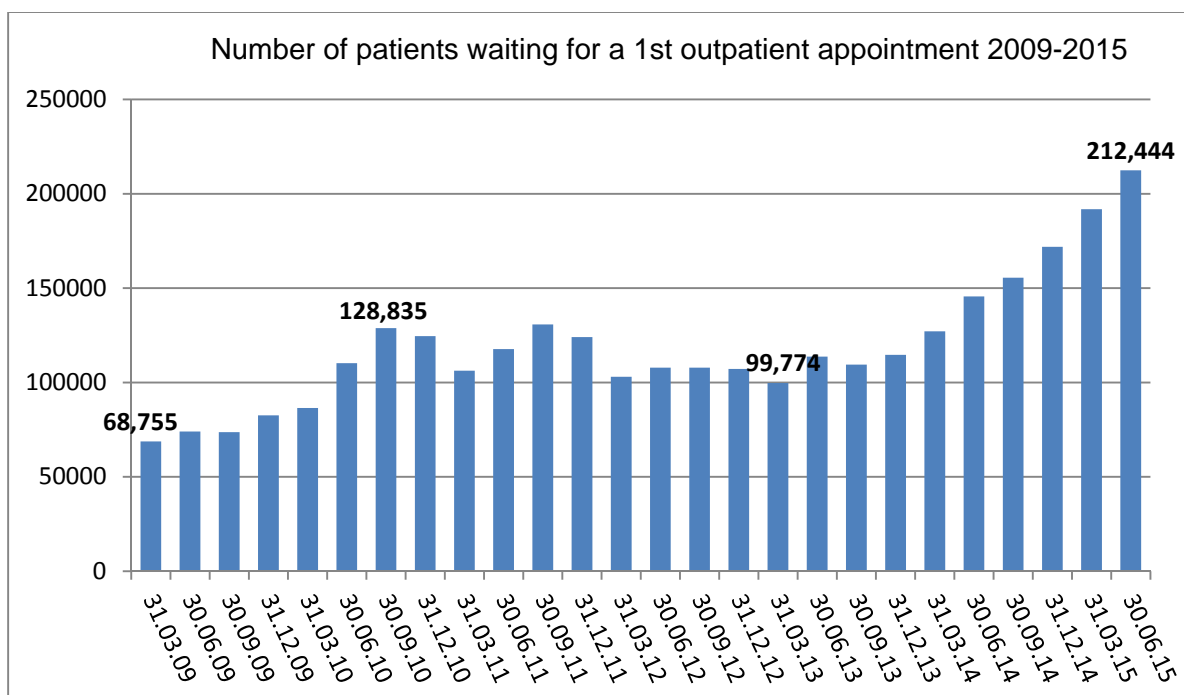
Outpatient appointments are usually provided during a clinic session and provide an opportunity for consultation, investigation and minor treatment. Patients may require a single appointment or additional follow-up appointments. Outpatient clinics are held for a variety of specialities, for example - paediatrics, gynaecology, and cardiology.

Current demand in Northern Ireland for outpatient appointments is high, with over 1.5 million appointments attended in 2014/15.² Whilst waiting times for these appointments have increased, it is well established that shorter waiting times can lead to less worry, earlier diagnosis, and better outcomes for many patients.

3. Number of people waiting for a first outpatient appointment (2009-15)

The number of people waiting for a first outpatient appointment is reported by the DHSSPS on a quarterly basis, and this is shown for the last six years in Figure 1. These figures also provide an indication of how the health and social care service is performing and the level of demand currently placed on the system.³

Figure 1. Historical trend: number of patients waiting each quarter for a first outpatient appointment (quarter ending March 2009-June 2015)⁴



¹ DHSSPS (2010) Reporting of Quarterly Outpatient Waiting Time Information: Data Definitions and Guidance Document (Departmental Return CH3) http://www.dhsspsni.gov.uk/ch3_data_definitions_and_guidance_document_2010.pdf p4.

² DHSSPS Outpatient Activity 2014/15. Available online at <http://www.dhsspsni.gov.uk/index/statistics/hospital/hospital-activity/outpatient-activity.htm>

³ Please note the data is not entirely accurate. Patients can sometimes be counted more than once if waiting for more than one clinical speciality. The DHSSPS has advised this would not be a common occurrence.

⁴ DHSSPS (2012) NI Waiting Time Statistics: Outpatient Waiting Times Quarter Ending December 2012, p8.

Figure 1 shows that in 2009 there were fewer than **80,000** patients waiting for a first outpatient appointment. The lowest number of patients waiting for an outpatient appointment between 2009 and 2015 was in the quarter ending March 2009, where **68,755** patients were waiting.

In 2010 there was a substantial increase in the number of patients waiting - which peaked in the quarter ending September 2010 (**128,835** patients waiting) and again in September 2011 (**130,783** patients waiting).

By the quarter ending March 2013, there was a reduction in the number of patients waiting (**99,774**) for outpatient appointments. This was due to a number of departmental actions (such as continued reliance on monies from June and October Monitoring Rounds to increase capacity) combined with other initiatives.⁵

Yet by the end of 2013, the number of people waiting began to increase rather alarmingly, and has continued to climb, peaking at its highest level to date in the quarter ending June 2015 (**212,444** patients waiting). This most recent figure is around **three times** the number of patients waiting for a first outpatient appointment in any given quarter in 2009. The number of people waiting for a first outpatient appointment in the quarter ending June 2015 is now at unprecedented levels.

4. Ministerial waiting time targets for a first outpatient appointment

This section of the paper outlines the DHSSPS Ministerial targets for a first outpatient appointment between 2009 and 2015. Key points to note are:

- Ministerial targets have been set for the *maximum* amount of time that patients should expect to wait for a first consultant-led outpatient appointment.
- These targets are determined annually within the Health and Social Care Commissioning Plan Direction for Northern Ireland.⁶
- The waiting time for a first outpatient appointment begins on the date the Trust receives a referral, and ends when the patient attends their first appointment.⁷
- Once the referral is made, the waiting time 'clock' starts ticking. When a patient is seen at their first appointment, the clock stops. If the patient needs to return for a *review* or subsequent appointments for treatment, there are no waiting time targets for them to be seen within.⁸ Yet, significantly, patients attend more 'review' appointments than 'first' outpatient appointments, so tracking those timeframes as a whole, which are currently unavailable, would be essential in terms of proper assessment of overall outpatient waiting times for treatment.

⁵ For example; increased use of the independent sector, weekend and weeknight work; examining specific areas of supply and demand.

⁶ See for example: Health and Social Care Commissioning Plan Direction (Northern Ireland) 2015. Available online at: <http://www.dhsspsni.gov.uk/2015-16-commissioning-plan-direction.pdf>

⁷ DHSSPS (2010) Reporting of Quarterly Outpatient Waiting Time Information: Data Definitions and Guidance Document (Departmental Return CH3) http://www.dhsspsni.gov.uk/ch3_data_definitions_and_guidance_document_2010.pdf p5.

⁸ According to the HSC Board, there are no targets for 'review' appointments as these are clinically driven and can vary depending on the case

- Instead, a separate waiting time clock is started if a patient requires treatment as an inpatient, for a diagnostic test, or a day case admission.⁹ As the waiting time data is not linked, it is therefore not possible to know if patients are being seen or treated in a timely manner, or to make meaningful comparisons with the rest of the UK.
- No other UK jurisdiction has set outpatient appointment targets in this manner¹⁰ - nor changed them as frequently as the healthcare sector in Northern Ireland.

4.1 “Moving” Ministerial outpatient appointment targets 2009-2015 – a timeline

Readers are referred to Table 1 for a summary of the Ministerial targets for a first outpatient appointment between 2009 and 2015. These government parameters have shifted over the timeframe to tackle the outpatient waiting list issue, as described below.

In 2009/10 and 2010/11, outpatient appointment waiting time targets were at their most stringent, in that *“no patient should wait longer than 9 weeks for a first outpatient appointment”*. For 2009/10 and 2010/11, these targets were not met.

This may explain why the Ministerial targets became even less ambitious in 2011/12. *“At least 50% of patients wait no longer than 9 weeks for a 1st outpatient appointment and no patient should wait more than 21 weeks.”* The 21 week cut-off period is likely to have been included to try to ensure that “long waiters” would not be neglected. However, neither part of the targets were met in 2011/12.

In 2012/13 the targets remained the same as the 2011/12 target parameters. The first part of the target was achieved; the second part (referring to *“no-one waiting longer than 21 weeks”*) was not.

In 2013/14 the Ministerial targets changed again and became more stringent: *“at least 70% of patients wait no longer than 9 weeks, with no-one waiting longer than 18 weeks”*. The first part of the target was only partially achieved¹¹ (see appendix 1), but the latter *18 weeks* part was not.

First outpatient appointment target parameters were changed again in 2014. For 2014/15, the targets were intensified to *“at least 80% of people should wait no longer than 9 weeks, with no-one waiting longer than 15 weeks”*. These more rigorous targets were also not achieved.

For 2015/16 the targets have been changed back to the levels set in 2013; *“at least 60% of patients wait no longer than 9 weeks and no-one waits longer than 18 weeks”*. Performance data against the year 2015/16 Ministerial targets has not yet completed at the time of writing. But, given the most recent DHSSPS outpatient statistics report










⁹ NI Assembly Research paper (RaISe) NIAR 820-11 By Dr J. Thompson. Northern Ireland Waiting Lists p 3.

¹⁰ For example separate inpatient and outpatient targets in England were integrated into the single 18 week Referral to Treatment (RTT) target which measures the patient journey time to treatment.

¹¹ Outpatient waiting times are reported on a quarterly basis. Two quarters (June and September 2013) showed that the 9 week target was met but the remaining two quarters (December 2013 and March 2014) were not achieved. See appendix 1.

(2015)¹² and the large volume of people currently waiting for a first outpatient appointment (this is at its highest level to date), the Ministerial targets for 2015/16 are, once again, unlikely to be achieved. Table 1 below summarises the overall HSC Trusts performance against the Ministerial targets.

Table 1. The changing Ministerial targets for a first outpatient appointment 2009-2015¹³

	Ministerial targets for a first outpatient appointment (2009-2015)	Target met by Trusts or not?
2015/16	<ul style="list-style-type: none"> From April 2015, at least 60% of patients should wait no longer than 9 weeks for a first outpatient appointment, and no patient waiting longer than 18 weeks. 	Data not yet completed for 2015/16, but currently not on track to be met.
2014/15	<ul style="list-style-type: none"> From April 2014, at least 80% of patients should wait no longer than 9 weeks for a first outpatient appointment, and no patient waiting longer than 15 weeks. 	 
2013/14	<ul style="list-style-type: none"> From April 2013 at least 70% of patients wait no longer than 9 weeks for a first outpatient appointment, and no patient waiting longer than 18 weeks. 	Only partially (see Appendix 1) 
2012/13	<ul style="list-style-type: none"> From April 2012: at least 50% of patients wait no longer than 9 weeks for a 1st outpatient appointment and no patient waiting longer than 21 weeks. 	 
2011/12	<ul style="list-style-type: none"> From April 2011, at least 50% of patients wait no longer than 9 weeks for a 1st outpatient appointment and no patient should wait more than 21 weeks. 	 
2010/11	<ul style="list-style-type: none"> From April 2010, no patient should wait longer than 9 weeks for a first outpatient appointment. 	
2009/10	<ul style="list-style-type: none"> From April 2009: no patient should wait longer than 9 weeks for a first outpatient appointment. 	

The overall performance against the first outpatient appointment Ministerial targets over the last 6 years has been very disappointing. It is clear that targets have not been met and 'tweaking' the targets each year has not had the presumed intended effect of targets being achieved. This poses a number of questions:

¹² DHSSPS NI Waiting Times Statistics Publications. Quarter ending 2015. Please see <http://www.dhsspsni.gov.uk/hs-ni-wts-outpatient-waiting-times-q1-15-16.pdf>

¹³ DHSSPS NI Waiting Times Statistics Publications. Available online at: <http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes/waitingtimes-outpatient.htm> Website accessed 29.9.15.

- Why are targets still being set and changed in this manner?
- Why are more realistic or meaningful targets or measures not used - as they are elsewhere - like “referral to treatment” (RTT)¹⁴ or the complete patient journey time?
- When targets get repeatedly missed, why are financial sanctions not imposed on the healthcare sector providers, or actions taken against those responsible?¹⁵

5. Length of time patients are waiting at present

As previously noted, the 2015/16 Ministerial target is “*From April 2015, at least 60% of patients should wait no longer than **9 weeks** for a first outpatient appointment, and **no patient should wait longer than 18 weeks***”. Of the 212,444 people waiting for a first outpatient appointment in the quarter ending June 2015:

- **129,224** (61% of all patients waiting) had been waiting more than 9 weeks¹⁶.
- **85,997** (40% of all patients waiting) had been waiting more than the maximum time of 18 weeks.¹⁷ According to the target, no patient should wait more than 18 weeks. Of these:
 - **58,810** were waiting longer than 26 weeks (approximately 6 months); and of those¹⁸;
 - **26,945** were waiting longer than 39 weeks (approximately 9 months)¹⁹;
 - **899** were waiting longer than 78 weeks (approximately 18 months).²⁰ This would indicate an unacceptably high number of “long waiters” currently in the system.

Although data for Northern Ireland is not directly comparable with the rest of the UK, a broad comparison may be made. For example, England’s outpatient target is that “patients awaiting NHS consultant-led treatment should be seen within a maximum of 18 weeks from referral”.²¹ In terms of the latest performance data for England (April 2015), “*in April 2015, 95.2% of non-admitted patients started treatment within 18 weeks..... The average time waited for patients completing a Referral to Treatment pathway in April 2015 was 9 weeks for admitted patients and 5.5 weeks for non-*

¹⁴ As occurs in England, Wales and Scotland.

¹⁵ For example NHS England introduced zero tolerance of any patient waiting more than 52 weeks, for which trusts face a mandatory fine of £5,000 for each patient doing so. This sanction has been in place since April 2013. A recent article also reported in the BBC (September 2015) which interviewed the Chief Executive of the Nuffield Trust also suggested people would be dismissed if the waiting list figures for Northern Ireland were witnessed in England. See the BBC NI article (September 2015): “Hospital waiting times: ‘Heads would roll’ if NI figures were seen in England”. Available online at: <http://www.bbc.co.uk/news/uk-northern-ireland-34406754>

¹⁶ DHSSPS Northern Ireland waiting time statistics: Outpatient Waiting Times Quarter Ending June 2015. Available online at: <http://www.dhsspsni.gov.uk/hs-niwts-outpatient-waiting-times-q1-15-16.pdf> p.13

¹⁷ DHSSPS Northern Ireland waiting time statistics: Outpatient Waiting Times Quarter Ending June 2015. Available online at: <http://www.dhsspsni.gov.uk/hs-niwts-outpatient-waiting-times-q1-15-16.pdf> p 15.

¹⁸ Figures obtained via personal correspondence with author and DHSSPS – response dated 12.9.15.

¹⁹ Figures obtained via personal correspondence with author and DHSSPS – response dated 12.9.15.

²⁰ Figures obtained via personal correspondence with author and DHSSPS – response dated 12.9.15.

²¹ NHS Choices. Guide to NHS waiting times.

<http://www.nhs.uk/choiceintheNHS/Rightsandpledges/Waitingtimes/Pages/Guide%20to%20waiting%20times.aspx>

admitted patients. For patients waiting to start treatment at the end of April 2015, the median waiting time was under 6 weeks.”²² Given the significantly higher population in England, the higher level of demand, and that a more complete patient journey is being both measured and achieved, performance in Northern Ireland appears poor in comparison.

5.1 ‘Waits’ by clinical speciality

This section identifies those clinical specialties in which people were waiting the longest in the quarter ending June 2015. Table 2 provides some indication where demands for services are at their greatest at present.

Table 2. Number of patients waiting for a first outpatient appointment by weeks waiting and clinical speciality – quarter ending June 2015²³

Specialty	Patients Waiting for an Appointment by Weeks Waiting						Total Waiting
	0-6	>6-9	>9-12	>12-15	>15-18	>18	
General Surgery	8,530	2,736	2,222	1,888	1,895	8,792	26,063
T & O Surgery	6,071	2,001	1,631	1,557	1,549	12,822	25,631
ENT	6,562	2,335	2,011	1,901	1,983	9,856	24,648
Ophthalmology	4,657	1,460	1,265	1,130	1,160	9,819	19,491
Gynaecology	5,808	1,958	1,544	1,261	1,155	5,134	16,860
Dermatology	4,492	1,198	819	630	624	2,980	10,743
Neurology	1,752	663	590	542	616	6,099	10,262
Gastroenterology	1,923	643	549	523	588	5,724	9,950
General Medicine	2,787	812	592	489	545	3,854	9,079
Urology	1,873	588	500	431	446	4,628	8,466
Rheumatology	1,854	658	553	481	528	3,971	8,045
Cardiology	3,342	1,094	759	484	428	1,655	7,762
Paediatrics	3,268	1,037	569	412	254	1,486	7,026
Oral Surgery	1,449	418	379	373	385	3,521	6,525
Thoracic Medicine	1,423	509	387	376	348	1,637	4,680
Pain Management	1,247	484	432	306	256	1,057	3,782
Plastic Surgery	751	266	154	139	138	801	2,249
Restorative Dentistry	516	143	241	135	211	594	1,840
Geriatric Medicine	780	194	129	58	73	180	1,414
Endocrinology	472	165	131	98	93	314	1,273
Other	3,471	830	474	437	370	1,073	6,655
All Specialties	63,028	20,192	15,931	13,651	13,645	85,997	212,444

Figure 2 also shows the seven clinical specialties from the quarter ending June 2015 where demand is greatest. General surgery, Trauma and Orthopedic Surgery (T & O surgery), and Ear, Nose, Throat (ENT) have the most people waiting – with around 25,000 patients in each specialty. Additional capacity in these specialties alone would significantly reduce the burden on outpatient appointment waiting times.

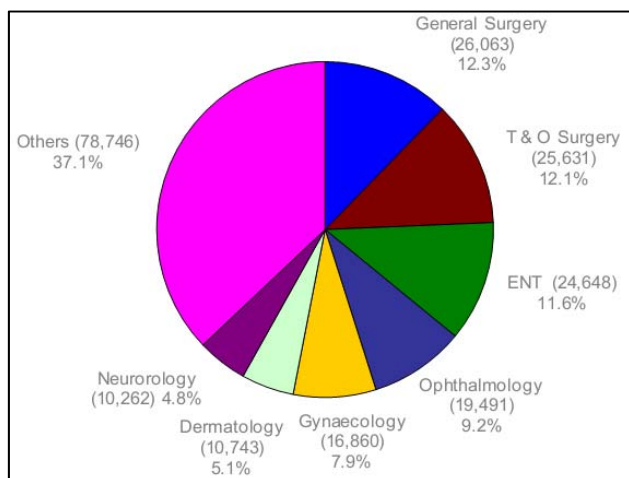
²² NHS England: Statistical press notice. NHS RTT waiting times data April 2015. Available online at:

<http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/06/April-15-RTT-Stats-PN-publication.pdf>

²³ Source: June 2015 Departmental Return CH3 DHSSPS NI Waiting Times Statistics Publications. Quarter ending 2015.

Please see <http://www.dhsspsni.gov.uk/hs-niwts-outpatient-waiting-times-q1-15-16.pdf> p21.

Figure 2. Highest number of patients waiting by clinical specialty - quarter ending June 2015²⁴



5.2 Waits by specialty: linked to the current Ministerial targets

The five clinical specialties where the greatest numbers of patients were waiting over 9 weeks (as per the current Ministerial target) in the quarter ending June 2015 are presented in Table 3:

Table 3. Number of patients waiting over 9 weeks in the 5 highest demand specialties²⁵

Clinical specialty	Number of patients waiting over 9 weeks
1. Trauma and orthopedic surgery	17,559
2. Ear, Nose, Throat (ENT)	15,751
3. General surgery	14,797
4. Ophthalmology	13,374
5. Gynecology	9,094

Those same clinical specialties also have the greatest number of people waiting over 18 weeks (readers are reminded that the target is that **no patient** should wait over 18 weeks) in the quarter ending June 2015, as shown in Table 4:

Table 4. Number of patients waiting over 18 weeks in the 5 highest demand specialties²⁶

Clinical specialty	Number of patients waiting over 18 weeks
1. Trauma and orthopedic surgery	12,822
2. Ear, Nose, Throat (ENT)	9,856
3. Ophthalmology	9,819
4. General surgery	8,792
5. Gynecology	5,134

²⁴ DHSSPS NI Waiting Times Statistics Publications. Quarter ending 2015. Please see <http://www.dhsspsni.gov.uk/hs-niwts-outpatient-waiting-times-q1-15-16.pdf> p15.

²⁵ Source: June 2015 Departmental Return CH3 DHSSPS NI Waiting Times Statistics Publications. Quarter ending 2015. Please see <http://www.dhsspsni.gov.uk/hs-niwts-outpatient-waiting-times-q1-15-16.pdf> p21.

²⁶ DHSSPS NI Waiting Times Statistics Publications. Quarter ending 2015. Please see <http://www.dhsspsni.gov.uk/hs-niwts-outpatient-waiting-times-q1-15-16.pdf> p21.

6. Why are current outpatient waiting times so long?

A number of factors have contributed to the high volume of patients waiting and the length of time they are waiting. Many are not new, but seem to be exacerbated by the ongoing fiscal climate.²⁷

- According to a senior DHSSPS official, the single biggest issue relating to waiting times is the availability of funding.²⁸ Current budget constraints have led to resource issues and the ability to deliver effective and efficient outpatient services. With less money being available, the pressure on waiting times is likely to continue, and even deteriorate further.²⁹ In the past, extra clinics, such as in the evening and weekends were funded to help alleviate the numbers waiting.
- There has also been a reduction in the use of the independent sector. A decision was taken in 2014 by the HSC Board to halt the transfer of additional patients, due to the current financial limitations.³⁰ This also has had a knock-on effect to the number of patients waiting. Funding for additional activity is now limited to a small number of specialties, namely Cardiac Surgery, complex Spinal Surgery and diagnostics.³¹

However, there are also a number of management issues:

- Demand and capacity: The gap between increasing demand and capacity is widening.³² Between 2012/13 and 2014/15, the total number of referrals to all outpatient services increased by around 11%.³³ As Table 2 highlighted, some clinical specialties are under severe pressure and facing long backlogs. Getting patients 'in - through - and out' of the system requires detailed planning and prioritisation. However, in terms of forecasting demand, clinical specialties with high demand have not changed over the last number of years, and these areas are well known to the DHSSPS. Hence, more innovative ways of managing demand and capacity are required.
- Reliance on Monitoring Round Monies: In June 2015, a demand and capacity analysis was carried out by the HSC Board to assist their bid for additional resources in the 2015 June Monitoring Round.³⁴ That analysis indicated an overall recurrent gap of 76,000 outpatient assessments.³⁵ However, no additional funds were secured from that Monitoring Round. Nevertheless, it

²⁷ NI Assembly Hansard. Official report (1 October 2014) Committee for Health, Social Services and Public Safety. October Monitoring Round; DHSSPS Officials.

²⁸ NI Assembly Hansard: Committee for Health, Social Services and Public Safety: The current position on key issues within the Health Service - Departmental Briefing; Richard Pengelly (Permanent Secretary – HSSPS), DHSSPS. 7 October 2015, p7.

²⁹ Ibid

³⁰ DHSSPS NI Waiting Times Statistics Publications. Quarter ending 2015. Please see <http://www.dhsspsni.gov.uk/hs-ni-wts-outpatient-waiting-times-q1-15-16.pdf> page 17.

³¹ Personal correspondence between DHSSPS and author. Response dated 19.10.15

³² Where it is identified that health service capacity cannot meet demand, the Health and Social Care (HSC) Board has historically non-recurrently funded additional activity from Trusts (in-house) and, where appropriate, in the independent sector.

³³ Personal correspondence between DHSSPS and author. Response dated 19.10.15

³⁴ The system of In-year Monitoring allows the Northern Ireland Executive to reallocate resources as needs arise or as priorities change.

³⁵ Personal correspondence between DHSSPS and author. Response dated 19.10.15

could be argued that the DHSSPS should not be so dependent on Monitoring Round monies to help manage the waiting list issue, as this only ever acts as a temporal measure to ease the pressure.

- Staff recruitment and retention problems continue to exist in certain clinical specialties, for example, in dermatology.
- Cancelled outpatient clinics (by medical staff) and patients not attending can waste valuable resources, are an indication of lost productivity, and also lead to longer waiting times. For example, during 2014/15, hospitals cancelled 168,555 appointments and patients missed 147,536 appointments.³⁶ Outpatient appointments cancelled by hospitals and their staff was an issue previously highlighted by the NI Assembly's *Research and information Service (RaISe)*³⁷ in 2013, which advocated that more robust recording and reporting systems were warranted.³⁸ In its annual publication of Hospital Statistics: Outpatient Activity 2014/15, the DHSSPS states "*Departmental attention continues to focus on the role of hospital cancellations in delivering efficient outpatient services*".³⁹

7 What action is being taken?

Given the long waits, there are implications in terms of patients' deteriorating health and an unquantifiable impact on their quality of life. This section looks at what action has and is, being taken.

7.1 Health Committee Report and Recommendations

In 2014, the Northern Ireland Assembly's Committee for Health, Social Services and Public Safety (CHSSPS) undertook a Review of Waiting Times. The Committee held 5 evidence sessions with a range of witnesses, including the DHSSPS, and those from nearby jurisdictions and further afield. The Committee published its report outlining five key recommendations.⁴⁰ The report recommended that the DHSSPS introduce:

- 1) a system to measure Referral to Treatment (RTT) times for elective care and corresponding targets;
- 2) new arrangements for managing the performance of the Trusts against targets;
- 3) a clearly defined policy on how compliance against targets will be enforced - considering both sanctions and incentives which will encourage more personal accountability;

³⁶ DHSSPS Hospital Statistics Outpatient Activity 2014/15. Available online at: <http://www.dhsspsni.gov.uk/hs-outpatient-stats-14-15.pdf> p.3

³⁷ The NI Assembly's Research and Information Service

³⁸ NI Assembly Research paper (NIAR 145-13) Cancelled outpatient appointments – follow up. Available online at: <http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2013/health/5813.pdf>

³⁹ DHSSPS Hospital Statistics: Outpatient Activity 2014/15. Available online at: <http://www.dhsspsni.gov.uk/hs-outpatient-stats-14-15.pdf> p.18.

⁴⁰ Committee for Health, Social Services and Public Safety: Review of Waiting Times Report (2014). Available online at: <http://www.niassembly.gov.uk/globalassets/documents/reports/health/session-2014-2015/review-of-waiting-times-final.pdf>

- 4) an action plan detailing how the DHSSPS will decrease spend on private sector elective care over the next 3-5 year period by making better use of in-house health service based solutions;
- 5) policies which pro-actively mitigate against the potential conflicts of interests which exist for doctors who carry out private work and work in the health service.

7.3 Departmental Action

In response to the Committee's Review on Waiting Times Report, the Minister for HSSPS at the time, Mr Jim Wells, responded in November 2014 to the Review's recommendations as follows⁴¹:

- The recommendation for a Referral to Treatment system in Northern Ireland is to be welcomed; however making this a reality will be financially challenging and resource intensive.⁴² The Minister stated he would consider the matter further before making a decision.
- The recommendations on management of performance, personal accountability and compliance with targets were endorsed. The Minister stated that a significant amount of work in relation to performance monitoring had been commissioned.
- The Minister agreed with the recommendation that an action plan should be taken forward to decrease spend on elective care in the independent sector, and that this work would be undertaken by the HSC Board.
- Regarding the fifth recommendation, the Minister stated that the DHSSPS had no evidence concerning conflicts of interest, but referred to the Code of Conduct consultants abide by. He further stated he would ask his Officials to discuss with the Patient and Client Council the possibility of undertaking further research in this area.

In terms of DHSSPS action, to date, the Ministerial targets remain in place in Northern Ireland and there is no sign of an RTT system being developed. At a recent HSSPS Committee meeting evidence session (October 2105), a DHSSPS Official stated that the waiting list/waiting times issue remains a top priority for the Health Minister.⁴³

It also remains unclear what changes the DHSSPS have made in terms of performance and monitoring since the HSSPS Committee made its recommendations. Given the alarming rise in the number of patients waiting for a first outpatient appointment over the last 12 months, the author also contacted the DHSSPS in September 2015 to ask what further action is being taken to address the

⁴¹ Letter from Minister Wells to Maeve McLaughlin, Chair HSSPS Committee. Response dated 5.11.14.

⁴² According to the DHSSPS this is because of the difficulties in linking disparate patient reporting systems

⁴³ NI Assembly Hansard: Committee for Health, Social Services and Public Safety: The current position on key issues within the Health Service - Departmental Briefing; Richard Pengelly, DHSSPS. 7 October 2015.

current problems. The DHSSPS responded by advising that Trusts are undertaking a range of measures⁴⁴ including:

- Maximising delivery of commissioned volumes across all specialties;
- Continuing prioritisation of patients by clinical urgency - including referrals being triaged by consultants to ensure correct prioritisation;
- Chronological management of non-urgent patients;
- Use of dedicated scheduling staff to manage the patient pathway of high risk patients and to maximise capacity;
- GPs being regularly informed of waiting times;
- Where possible, referrals being prioritised directly to diagnostics; and
- Undertaking specific initiatives to identify and implement alternatives to face-to-face consultant-led outpatient appointments.

The DHSSPS also stated that:

the Health and Social Care Board is preparing a roadmap to cope with demand going forward and stabilise waiting times to put them on a sustainable footing over the next five years. The plan (which is due in Autumn 2015) will set out what areas need stabilised, how and when this can be achieved, including consideration of regional services, and what it will cost to get performance back to what the health service previously achieved. This will include an assessment of the capital and revenue investment required both on a recurrent and non-recurrent basis to bring elective care services into balance. Given the five year timeframe to be covered, it is expected that the plan will reflect anticipated demographics and shifts in care from the acute to the community sectors during this time under the various reform initiatives, including Transforming Your Care.⁴⁵

8. Conclusion

In conclusion, performance by the health and social care Trusts against the rather arbitrary Ministerial first outpatient appointment target continues to be unsatisfactory. Is there any value in having targets which get repeatedly missed? An unprecedented number of patients are currently waiting for a first outpatient appointment, and a growing cohort of patients are waiting far too long for treatment - which may inevitably, have a detrimental impact on their health.

It has been suggested in previous research by RaISe that making the investment to record the total patient journey time (to include treatment and/or review appointments), rather than a single first outpatient appointment target, would give a far more accurate and complete picture of how long all patients are waiting. This data is currently not available in Northern Ireland. Patients can wait far longer for follow-up outpatient appointments, which do not have any targets attached to them. Tracking the complete patient journey would also help identify areas where improvements are warranted and

⁴⁴ Personal correspondence between DHSSPS and author. Response dated 19.10.15

⁴⁵ Personal correspondence between DHSSPS and author. Response dated 19.10.15

enable performance comparisons with other jurisdictions. Whilst a lack of funding is a large part of the waiting times issue, investment alone will not solve the large volume of outpatients waiting, and the long periods of time patients in specific clinical specialties will wait. There is also clearly an issue with how the system is being managed. More strategic leadership, planning, delivery, accountability and perhaps, tougher mechanisms of accountability, like those used elsewhere in the UK, are needed if this recurring problem is to be properly addressed.

Appendix 1 Partially achieved targets in 2013/14

The tables below show how the 2013/14 outpatient appointment for the 9 week target was only partially met. The tables also include HSC Trust performance against 18 week target (which were not met for 2013/14):

Quarter ending June 2013:

HSC Trust	Target Achieved	
	At least 70% of patients should wait no longer than 9 weeks	No patient waiting longer than 18 weeks
Belfast	No	No
Northern	Yes	No
South Eastern	Yes	No
Southern	Yes	No
Western	Yes	No
Northern Ireland	Yes	No

Source: Departmental Return CH3

Quarter ending September 2013:

HSC Trust	Target Achieved	
	At least 70% of patients should wait no longer than 9 weeks	No patient waiting longer than 18 weeks
Belfast	No	No
Northern	No	No
South Eastern	Yes	No
Southern	Yes	No
Western	Yes	No
Northern Ireland	Yes	No

Source: Departmental Return CH3

Quarter ending December 2013:

HSC Trust	Target Achieved	
	At least 70% of patients should wait no longer than 9 weeks	No patient waiting longer than 18 weeks
Belfast	No	No
Northern	No	No
South Eastern	Yes	No
Southern	Yes	No
Western	Yes	No
Northern Ireland	No	No

Source: Departmental Return CH3

Quarter ending March 2014:

HSC Trust	Target Achieved	
	At least 80% of patients should wait no longer than 9 weeks	No patient waiting longer than 15 weeks
Belfast	No	No
Northern	No	No
South Eastern	Yes	No
Southern	No	No
Western	No	No
Northern Ireland	No	No

Source: Departmental Return CH3