



DEPARTMENT OF HEALTH AND SOCIAL SECURITY
Rheynn Slaynt as Shickyrys Y Theay

ANNUAL REPORT TO TYNWALD
ON
HOSPITAL ACTIVITY

HEALTH SERVICES DIVISION

June 2003

1.0 Introduction

This is the ninth Annual Report to Tynwald on Hospital Activity and as with previous reports it includes data relating to patient activity.

This Report covers the year ended 31st March 2003.

2.0 Target Waiting Times

The Health Services Policy Framework Document sets out ambitious targets for waiting times, which depend on the availability of sufficient human, financial and other resources. It is not anticipated that these targets will be achieved before the new hospital is fully operational

The targets are as follows: -

Out-Patients :

For first consultation by a Specialist following referral by a General Practitioner 13 weeks

In-Patients :

For the provision of any necessary in-patient treatment identified following Specialist consultation 13 weeks.

3.0 Action Taken

3.1 Waiting List Initiatives

The Department regularly monitors the waiting list situation at both Noble's and Ramsey Cottage Hospitals, and supports the active management of these lists.

Waiting list initiatives are part of the Department's Business Plan and are usually undertaken in circumstances where demands upon services increase to a point where there is a reduction in the number of routine elective treatments which can be provided. Waiting list initiatives are an effective short term method of reducing the growth of waiting lists at a relatively limited cost.

Most initiatives are carried out on the Island and involve specialist staff undertaking extra duties in addition to existing commitments with nursing, secretarial and other support staff working overtime. This places a significant burden on staff who are to be congratulated for their dedication, commitment, and desire to see waiting times improved in the interests of patient care.

In the last financial year waiting list initiatives were continued from the previous year in :-

- Orthopaedic Out-patients;
- Oral Surgery; and,
- Minor surgery.

All three continuing waiting list initiatives were held either solely or partly at Ramsey Cottage Hospital.

Further Waiting List Initiatives were commenced in :-

- Neurology;
- Radiology (Ultrasound);
- Dermatology;
- Ophthalmology;
- Ear Nose & Throat Surgery (Out-patients); and
- Medicine (Osteoporosis).

The Waiting List Initiative in Radiology was to support a campaign to increase the detection of testicular cancer. Extra work has been undertaken in ophthalmology and it is hoped to appoint an additional Consultant in this specialty during 2003-04.

Additional work was carried out as a waiting list initiative in Medicine to support the osteoporosis strategy to identify adults most likely to benefit from treatment to reduce bone fractures.

3.2 Validation of Waiting Lists

Hospital staff routinely check to ensure that patients on the waiting lists still need their operations or appointments, and that their details are correct. Such validations often lead to small reductions in the number of patients waiting, as patients may have moved to the United Kingdom, or their condition no longer requires hospital treatment as it has been addressed by their General Practitioner.

Nobles Hospital has also introduced a scheme of "live validation" where patients are contacted by telephone prior to their appointment to check that they are aware they have been given an appointment and that they will be available to attend. It is expected that this additional check will result in a reduction in the number of people who do not attend appointments. (See paragraph 8.0 for details of increasing rates of non-attendance at out-patient clinics)

3.3 Additional Staffing

A more long-term solution to the waiting list problem is the creation of additional posts. Whilst these are generally created to support service developments, they often lead to reductions in waiting lists and waiting times.

The number of medical staff employed within the Hospital Service has risen significantly over the last ten years and whilst many of these posts have been created to meet professional obligations, they have contributed to an increase in patient activity and a decrease in numbers waiting for treatment.

In order to further develop the service provided and to reduce the waiting times further the Department intends to appoint a second ophthalmologist and a radiologist to support the new MRI scanner in the financial year 2003/04.

3.4 Constraints

There are a number of constraints affecting the Department's ability to reduce waiting lists. The main constraint is the increase in the demand for the secondary healthcare services provided by Nobles Hospital. It is expected that the improved facilities available at the New Hospital will enable sustained progress and provide a realistic opportunity to tackle the waiting list problem on a permanent basis.

Prior to the commissioning of the New Hospital, hospital staff seek to maximise the use of available theatre and clinical space.

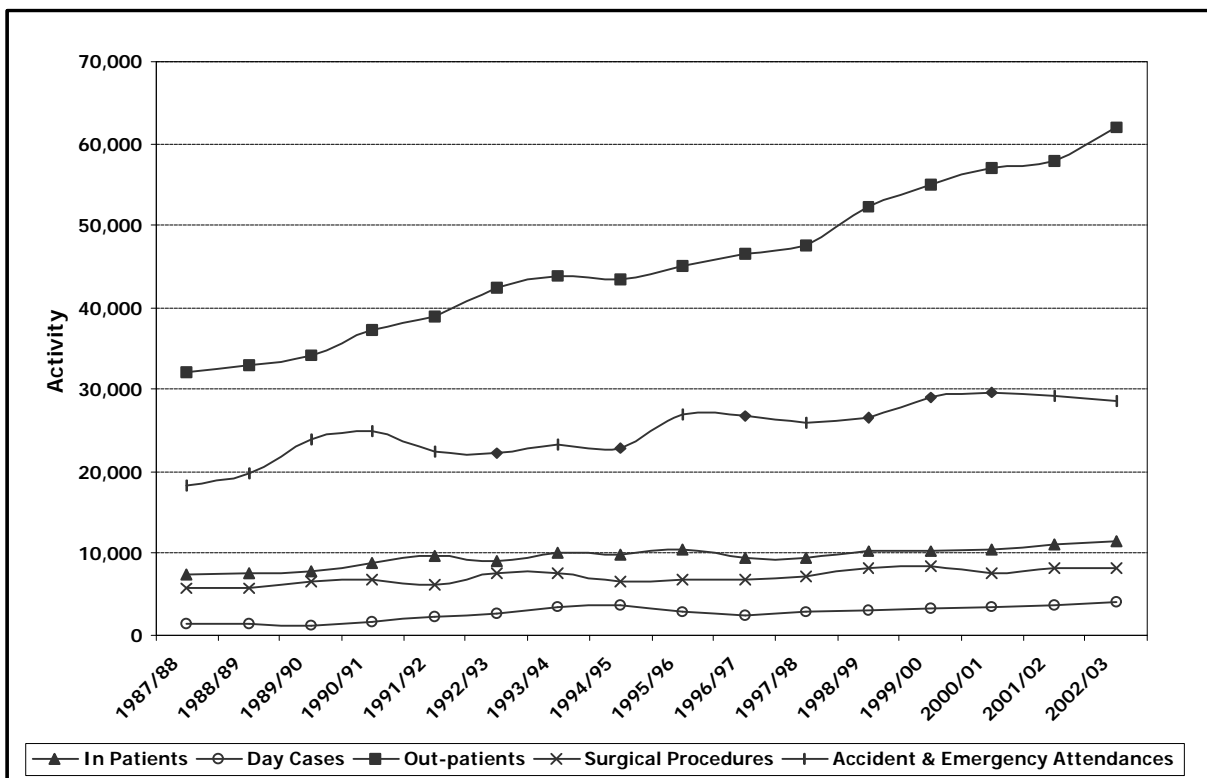
4.0 Noble's Hospital Patient Activity

4.1 Patient Activity 2001/02 to 2002/03

The following table provides a year on year comparison of the activities carried out at Noble's Hospital.

Activity	Number of Patients		Annual Growth
	2001/02	2002/03	
In-Patient Admissions	11,173	11,430	2.3%
Day Cases	3,769	4,125	27.3%
Out-Patient Attendances	57,826	61,996	7.2%
Surgical Procedures	8,301	8,305	0.05%
Accident & Emergency Attendances	29,224	28,566	(2.3%)

4.2 Historical Activity 1987 – 2003



4.3 In-Patient Admissions

Directorate	2001-02	2002-03	% Change
Surgical	2,772	2,941	6.1%
Medical / Elderly	3,086	3,251	5.3%
Women & Children's	3,455	3,406	(1.4%)
Ortho / Trauma	1,138	1,166	2.5%
Critical Care	212	228	7.5%
Newlands	385	341	(11.4%)
Victoria Lodge	125	97	(22.4%)
Total	11,173	11,430	2.3%

4.4 Day Case Activity

Specialty	2001-02	2002-03	% Change
Ear, Nose & Throat	264	257	(2.7%)
General Surgery	1,167	1,138	(2.5%)
Urology *	0	585	
Total Surgery (incl. Urology)	1,167	1,723	47.6%
Ophthalmology	286	245	(14.3%)
Oral Surgery	396	347	(12.4%)
Orthopaedic Surgery	459	419	(8.7%)
Thoracic Surgery	31	18	(41.9%)
Gynaecology	395	391	(1.0%)
Obstetrics	0	0	0
Paediatrics	1	0	
Critical Care Unit	29	42	44.8%
General Medicine / Care of the Elderly	533	410	(23.1%)
Intensive Therapy Unit	6	0	
Radiotherapy / Oncology	114	217	90.4%
Diabetes	1	9	800%
Rheumatology	87	45	(48.3%)
Total	3,769	4,125	9.4%

*From April 2002, Urology has been reported upon as a specialty in its own right and not as part of General Surgery. As a result it is not possible to make direct comparisons with previous years Urology data.

4.5 Out-Patient Activity

Specialty	2001-02	2002-03	% Change
General Surgery	9,356	8,367	(10.6%)
Urology	0	2,246	-----
Trauma & Orthopaedics	8,325	7,995	(4.0%)
Ear, Nose & Throat	3,451	4,525	31.1%
Ophthalmology	6,214	6,576	5.8%
Oral Surgery	2,587	2,747	6.2%
Orthodontics	969	1,043	7.6%
Thoracic Surgery	339	289	(14.7%)
Plastic Surgery	217	232	6.9%
Paediatrics	2,881	3,201	11.1%
Obstetrics Ante Natal	2,789	2,572	(7.8%)
Gynaecology	3,521	3,631	3.1%
Infectious Diseases	82	33	(59.8%)
Thoracic Medicine	682	517	(24.2%)
Dermatology	1,450	1,584	9.2%
Radiotherapy / Oncology	1,502	1,710	13.8%
GUM	2,489	3,017	21.2%
General Medicine / Care of the Elderly	9,055	9,786	8.1%
Rheumatology	1,609	1,656	2.9%
Neurology	308	269	(12.7%)
Total	57,826	61,996	7.2%

Out-patient Activity is record as the total attendances, including both any new attendances and repeat attendances.

4.6 Radiology Activity

Procedure	2001-02	2002-03	% Change
Barium Meal	460	383	(16.7%)
Barium Enema	706	597	(15.4%)
Kidney X-ray	313	233	(25.5%)
Ultrasound	3,732	4,038	8.1%

5.0 Waiting Lists

5.1 In-patient Waiting Lists

Specialty	Waiting time (months)					March	March	%
	<3	<6	6-8	9-11	+ 12	2002	2003	Change
General Medicine	4	1	0	0	0	18	5	(72.2%)
Paediatrics	0	0	0	0	0	0	0	-----
General Surgery	89	15	3	0	2	298*	109	(63.4%)
Urology	97	39	10	6	0	0	152	-----
Gynaecology	33	0	0	0	0	56	33	(39.3%)
ENT	75	59	27	0	0	93	161	73.1%
Ophthalmology	75	58	13	2	0	110	148	34.5%
Orthopaedics	191	63	16	2	0	195	272	39.5%
Oral Surgery	65	6	1	0	0	108	72	(33.3%)
Rheumatology	1	0	0	0	0	4	1	(75.0%)
Total	630	241	71	10	2	882	954	8.2%

*2002 figures for General Surgery include Urology, 2003 figures show urology separately.

Commentary

Against the long term trend there has been a increase over the past year in the number of patients waiting for in-patient appointments. The total number of patients waiting at the 31st March 2002 was 882.

During the year the number of patient waiting for an in-patient admission has increased by 72 (8.2%) so that on the 31st March 2003, 954 patients were waiting.

Comparison with NHS England Statistics

It is possible with in-patient waiting list information to provide an indicative comparison with similar figures produced for the NHS in England, at the 31st March 2003.

The comparison shows that across all specialties there is a shorter waiting time for patients on the Island than in England.

As an example, 66% of Manx patients are seen in less than three months, compared with only 55% in the NHS in England. At 6 months, 91% of all Manx patients have been seen compared with only 80% of patients waiting in England. This trend continues for patients who wait for longer periods.

5.2 Out-Patient Waiting Lists

Specialty	Waiting time (months)					March	March	%
	<3	<6	6-8	9-11	+ 12	2002	2003	Change
General Medicine	69	9	2	1	0	121	81	(33.1%)
Paediatrics	0	0	0	0	0	0	0	-----
Rheumatology	30	5	0	0	0	56	35	(37.5%)
General Surgery	91	48	68	37	6	551*	250	(54.6%)
Urology	0	0	0	0	0	0	0	-----
ENT	0	0	0	0	0	820	0	(100%)
Ophthalmology	63	84	20	0	0	242	167	(31.0%)
Orthopaedics	214	143	45	0	0	409	402	(1.7%)
Oral Surgery	57	0	1	0	0	137	58	(57.5%)
Orthodontics	17	22	15	18	83	128	155	21.1%
Dermatology	103	101	87	0	0	270	291	7.8%
Plastic Surgery	21	12	11	12	4	48	60	25.0%
Total	684	430	249	68	93	2,782	1,524	(45.2%)

*2002 figures for General Surgery include Urology, 2003 figures show Urology separately.

Commentary

The number of people on the out-patient waiting list at Noble's Hospital has decreased significantly. On the 31st March 2003, 1,524 patients were waiting a decrease of 1,258 (45.2%).

The decrease in the number of patients waiting has been achieved in a year when the number of out-patient attendances has increased by over 7%.

During the year out-patient waiting lists have been significantly reduced in most areas however, increases have been experienced in Orthodontics (21.1%) and Dermatology (7.8%) and Plastic Surgery (25%).

Comparison with NHS England Statistics

The UK NHS waiting time statistics for out-patients are compiled in a different manner to those on the Island and it is not possible to produce any meaningful comparison.

5.3 Patient Activity and Waiting Lists

An alternative method of putting waiting lists into context is to express the numbers waiting at the end of year as a percentage of the patients seen in that year. The figures for 2002/03, including comparisons with previous years, are as follows:-

5.4 In-Patients Waiting Related To Activity

Year	Admissions	No. Waiting	% Waiting
2002/2003	11,430	954	8.3%
2001/2002	11,173	882	7.9%
2000/2001	10,507	934	8.9%
1999/2000	10,313	1,118	10.8%
1997/1998	10,286	1,200	11.7%

The number of new in-patient admissions and the number waiting have both increased during the year. At the end of March 2003, the percentage of patients waiting has shown an increase over the figure at March 2002, but is still lower than that in March 2001.

5.5 Out-Patients Waiting Related To Activity

Year	No. Seen *	No. Waiting	% Waiting
2002/2003	17,964	1,524	8.5%
2001/2002	15,194	2,782	18.3%
2000/2001	14,325	2,206	15.4%
1999/2000	14,206	1,812	12.8%
1997/1998	12,354	2,397	19.4%

* New Out-patient Attendances

The number of new out-patients who have been seen has increased significantly during 2002-03, (2,770) and the number waiting for an appointment at the end of the year has decreased (1,258). This has led to a significant decrease in the percentage of people waiting for an appointment to a level which has not been achieved previously.

6.0 Out-Patient Waiting Lists by Specialty

6.1 General Medicine

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.0 2	31.03.0 3	
Number of Patients	69	9	2	1	0	121	81	(49.4%)
Percentage	85%	11%	2.5%	1.5%				

6.2 Rheumatology

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.0 2	31.03.0 3	
Number of Patients	30	5	0	0	0	56	35	(37.5%)
Percentage	86%	14%						

6.3 General Surgery

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.0 2	31.03.0 3	
Number of Patients	91	48	68	37	6	551	250	(54.6%)
Percentage	36%	19%	27%	15%	3%			

6.4 Ear, Nose & Throat Surgery

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.0 2	31.03.0 3	
Number of Patients	0	0	0	0	0	820	0	(100%)
Percentage								

6.5 Gynaecology

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.0 2	31.03.0 3	
Number of Patients	19	6	0	0	0	0	25	100%
Percentage	76%	24%						

6.6 Plastic Surgery

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.0 2	31.03.0 3	
Number of Patients	21	12	11	12	4	48	60	25%
Percentage	35%	20%	18%	20%	7%			

6.7 Ophthalmology

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.0 2	31.03.0 3	
Number of Patients	63	84	20	0	0	242	167	(30.1%)
Percentage	38%	50%	12%					

6.8 Orthopaedics

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.0 2	31.03.0 3	
Number of Patients	214	143	45	0	0	409	402	(1.7%)
Percentage	53%	36%	11%					

6.9 Oral Surgery

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.02	31.03.03	
Number of Patients	57	0	1	0	0	137	58	(57.7%)
Percentage	98%	0%	2%					

6.10 Orthodontics

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.02	31.03.03	
Number of Patients	17	22	15	18	83	128	155	21.0%
Percentage	11%	14%	10%	11%	54%			

6.11 Dermatology

Waiting Time (mths)	0-2	3-5	6-8	9-11	12 +	Total Waiting		+/- %
						31.03.02	31.03.03	
Number of Patients	103	101	87	0	0	270	291	7.8%
Percentage	35%	35%	30%					

6.12 Radiology

Procedure	31 st March 2002		31 st March 2003	
	Number Waiting	Max. Wait (Weeks)	Number Waiting	Max. Wait (Weeks)
Barium Meal	12	2	7	3
Barium Enema	41	4	26	4
Kidney X-ray	16	4	12	5
Ultrasound	255	8	23	4

These figures show a significant decrease in the number of patients waiting for procedures in Radiology, especially for ultrasound as a result of a waiting list initiative in this area. There are no waiting lists for Radio Isotope Scanning, C.T. Scans or Obstetric Ultrasound investigations.

7.0 Ramsey Cottage Hospital

7.1 Patient Activity 2001/02 to 2002/03

	Number of Patients		% Change
	2001/02	2002/03	
In-Patient Admissions	942	930	(1.3%)
Out-Patient Attendances	5,984	5,959	(0.4%)
Operations	58	290	500%
Urgent Treatment Centre Attendances	11,338	10,999	(3.0%)

The number of operations carried out at Ramsey Cottage Hospital has increased significantly during the year with use of the facility for minor surgery, urology and oral surgery procedures.

7.2 Out-Patient Waiting List

Specialty	Waiting time (months)			March	March	%
	<3	<6	+6	2002	2003	Change
General Medicine	10	2	0	8	12	50.0%
Rheumatology	3	0	0	4	3	(25.0%)
Gynaecology	20	1	0	40	21	(47.5%)
ENT	31	15	0	76	46	(39.5%)
Ophthalmology	0	0	0	0	0	
Orthopaedics	36	7	0	78	43	(44.9%)
Oral Surgery	74	13	0	98	87	(11.2%)
Total	174	38	0	304	212	(30.3%)

The number of people on the out-patient waiting list at Ramsey Cottage Hospital has decreased significantly. On the 31st March 2003, 212 patients were waiting a decrease of 92 (30.3%).

At the 31st March 2003, there were no patients waiting for an out-patient appointment at Ramsey Cottage Hospital for longer than 6 months.

8.0 “Did Not Attend” Rates

This is a measure of the number of patients who when offered an appointment did not attend and also did not inform the hospital of their non-attendance in advance of the appointment.

The Department is concerned that the proportion of people who did not attend out-patient appointments remained at over 11% of all out-patient appointments. The number of new out-patient appointments where the patient “did not attend” was 1,848 and the number of follow-up appointments missed were 4,615.

Many of these are new appointments relate to patients on the out-patient waiting lists. It is primarily the responsibility of patients themselves to keep the Hospital informed of their intentions, wherever possible.

	New Appointments		Follow-up Appointments		Ave DNA	
	no.	DNA	no.	DNA	2002	2003
General Surgery	3,436	7.7%	5,374	9.0%	9.5%	8.4%
Urology	884	10.3%	1,301	8.1%	n/a	9.2%
Orthopaedics	2,936	14.0%	4,996	12.4%	11.4%	13.2%
ENT	1,720	16.0%	2,711	14.7%	13.2%	15.3%
Ophthalmology	1,268	8.5%	5,285	9.8%	10.7%	9.1%
Oral surgery	716	9.9%	1,672	11.1%	9.8%	10.5%
Orthodontics	88	10.2%	930	12.6%	12.2%	11.4%
General medicine	1,607	12.1%	7,629	10.7%	11.3%	11.4%
Cardiology	1,289	8.4%	0	0	0	8.4%
Dermatology	716	12.7%	829	8.9%	14.8%	10.8%
Thoracic medicine	125	5.6%	435	7.4%	3.9%	6.5%
Neurology	89	3.4%	179	3.9%	6.5%	3.6%
Rheumatology	242	8.7%	1,400	6.4%	5.8%	7.6%
Paediatrics	273	12.1%	2,869	19.3%	17.1%	15.7%
Geriatric Medicine	0	0	334	8.7%	0	8.7%
Obstetrics	208	3.8%	427	8.7%	n/a	6.3%
Gynaecology	1,096	14.0%	2,484	22.1%	14.6%	18.0%
Total	16,693	11.1%	38,855	11.9%	11.1%	11.5%

The Table indicates that the specialties with the highest “Did Not Attend” (DNA) rates are the ones that have relatively longer out-patient waiting lists. It is often the case that patients who have waited longer periods decide, for various reasons, not to attend.

In order to ensure that the waiting lists are accurate and therefore to reduce the DNA rate Noble’s Hospital carries out regular validations of the waiting lists. In addition, a system of “live” validation has been introduced, where patients are contacted by telephone prior to their appointment to confirm that they are available and will be attending.

APPENDIX - DEFINITION OF WAITING LISTS

Hospital patients may be classified into two main categories - "in-patients" and "out-patients", which are defined as follows:-

"In-Patients" - patients awaiting admission to a hospital ward as either an "in-patient" (requiring an overnight stay), or "day-patient" (not requiring an overnight stay but needing to stay for a short time after a procedure for recovery).

"Out-Patients" - patients awaiting appointments for minor procedures, investigations, or consultations, who leave as soon as these are completed.

The waiting list statistics collected at Noble's and Ramsey Cottage Hospitals are recorded on a monthly basis to reflect the situation as it stands on the last day of the month.

Patients on a waiting list are classified according to various indicators and categorised in a number of ways.

Patients awaiting elective admission on the "in-patient" list are classified as one of the following:-

- **Waiting List Patient** - a patient awaiting admission to hospital who was not given a date of admission when the decision for in-patient treatment was made. An admission date will be given subsequently to these patients.
- **Booked Patient** - a patient who has been given a provisional date for admission during an out-patient consultation or who has been offered an admission date by post.
- **Planned Admission Patient** - a patient awaiting hospital admission who does not require treatment until a later date, and would not be admitted now even if the resources were currently available, eg. Cystoscopies and Colonoscopies, etc.
- **Deferred Patient** - a waiting list patient who fails to attend for admission or a patient who defers admission for a fixed time period for personal reasons, eg. because they are due to take their annual holiday.

Patients awaiting "out-patient" appointments are classified as either:-

- **Waiting or Pending List Patient** - a patient awaiting their first out-patient appointment following General Practitioner or other referral, or;
- **Deferred Patient** - a pending list patient who fails to attend for an appointment or a patient who defers their appointment for a fixed time period for personal reasons, e.g. because they are due to take their annual holiday.