Royal College of Surgeons
ADVANCING SURGICAL CARE

RCS WAITING TIMES SURVEY OF SURGEONS

Results for Northern Ireland

Contents

1. Overview

Despite the targets, waiting times in Northern Ireland are the worst in the UK

In November and December 2019, the Royal College of Surgeons (RCS) undertook an online survey of surgeons. Our aim was to understand the impact on patients of lengthening waiting times for surgery. We asked why operations were being delayed or cancelled, and what could be done to bring waiting times down. This report reflects the views of 94 surgeons who worked in HSC hospitals across Northern Ireland in November 2019.

Our ageing population means that 'demand' for surgery – hip and knee operations, cancer, heart and brain operations – is rising. In Northern Ireland this demographic shift is compounded by three years without government, with the local Executive only recently restored.

Waiting times figures for Northern Ireland show that of the 90,514 patients waiting to be admitted to hospital for either day case or inpatient treatment in December 2019, almost a third (27,090) are waiting more than a year for their admission. This represents an increase of 26% compared to December 2018, when 21,477 waited more than a year. By comparison the latest figures for England indicate that just 1,467 patients waited more than 52 weeks' from referral to treatment.

Health & Social Care (HSC) targets for Northern Ireland have varied over the years, but are much less challenging than targets in England. Current NI targets are that 55% of patients should wait no more than 13 weeks, and no patient should wait more than 52 weeks for inpatient or day case procedures. Proposed Ministerial waiting time targets for outpatients state that by March 2020, no more than 50% patients should wait more than 9 weeks for a first outpatient appointment with no patient waiting more than 52 weeks. Despite the targets, waiting times in Northern Ireland are the worst in the UK.

Our survey asked surgeons for suggestions on how we can address these lengthy waiting times. A range of ideas were put forward. Proposed solutions included; increasing the workforce, in particular nurses; increasing the number of beds and clear separation between elective and emergency surgery; improving theatre capacity and efficiency; and addressing the pensions tax issue.

Almost all respondents pointed out the urgent need to invest in hospital staff, theatres and beds. As one surgeon said, 'The main issue is the lack of beds and nursing staff which are hampering the normal day to day activity of our unit. Until this has been resolved there is no hope of stopping the increase, [in the waiting list] never mind tackling the backlog of cases.'

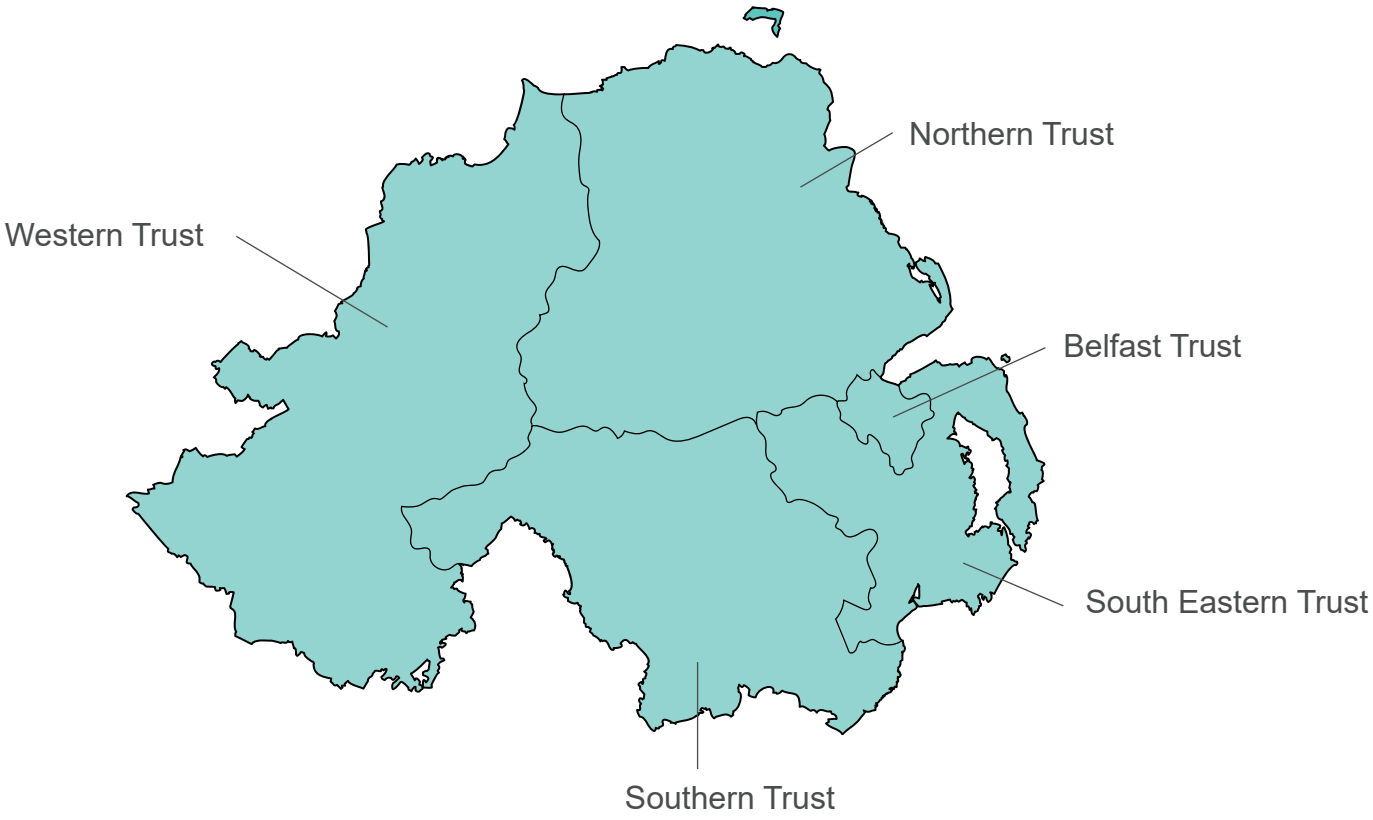
The RCS Northern Ireland Board has shared these findings with the new Health Minister and his team.

We were delighted that the 'New Decade, New Approach Deal' document, which underpins the restoration of the Executive, included a commitment to, 'introduce a new action plan on waiting times.' As part of this, 'The Executive will consider the scope for changing how waiting times are measured, to reflect the entire patient journey, from referral to treatment, with appropriate targets.'

We are urging government to utilise the experience and expertise of our surgeons to develop a sustainable, joined up plan to address the backlog of patients, many of whom have waited years for their surgery.

2. Who took part in the survey?

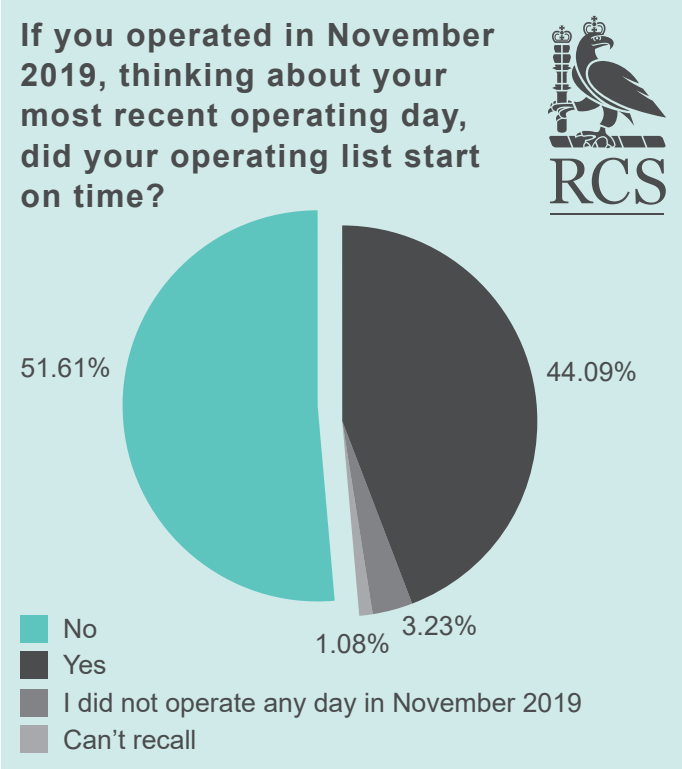
94 SURGEONS WORKING IN NORTHERN IRELAND PARTICIPATED IN THE SURVEY



- **More than nine in ten (93.02%) surgeons said there were staff in their trust unable to operate because there are not enough beds to admit patients**
- **Nearly two-thirds (64.04%) of surgeons had to cancel operations at the last minute (ie on the day of the patient's operation)**
- **Almost six in ten (59.77%) surgeons said they had to undertake more complex surgery due to a patient being on a waiting list for an extended period, including for more advanced cancers**

3. Survey results

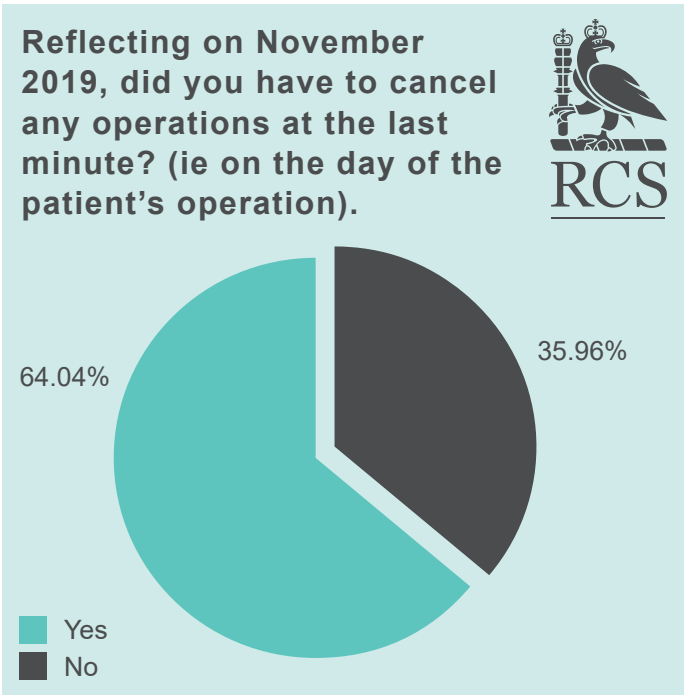
More than half (51.61%) of the surgeons surveyed who operated in November 2019 did not start their operating list on time when thinking about their most recent operating day.



The top five reasons respondents cited for delayed operating lists (in order) were:

1. Lack of staff (eg surgeon, anaesthetist, theatre staff, nurses, physios)
2. Lack of ward beds
3. Lack of operating theatre capacity/access
4. Lack of critical care/high dependency beds
5. Lack of infrastructure (eg diagnostics, equipment failure)

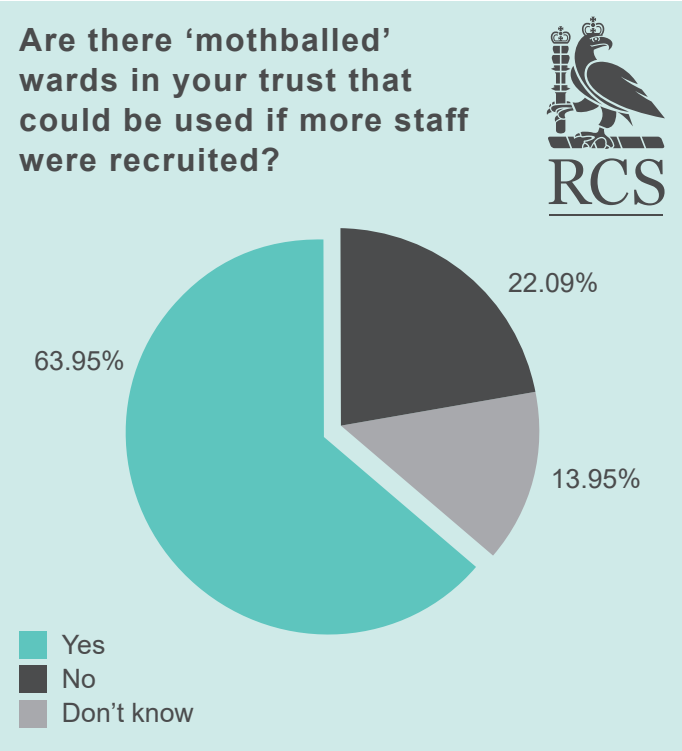
Nearly two-thirds (64.04%) of surgeons had to cancel operations at the last minute (ie on the day of the patient's operation) in November 2019.



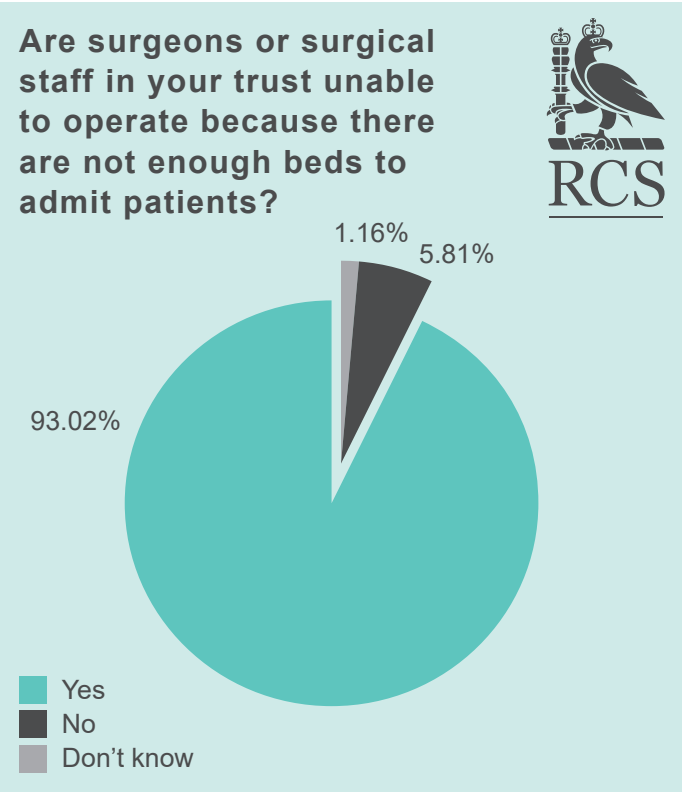
The top six reasons respondents cited for last minute cancellations (in order) were:

1. Lack of ward beds
2. Lack of operating theatre capacity/access
3. Lack of staff (eg surgeon, anaesthetist, theatre staff, nurses, physios)
4. Lack of critical care/high dependency beds
5. Lack of infrastructure (eg diagnostics, equipment failure)
6. Theatre list overran

Nearly two-thirds (63.95%) said there were 'mothballed' wards in their trust that could be used if more staff were recruited.



More than nine in ten (93.02%) said there were staff in their trust unable to operate because there are not enough beds to admit patients.



3.1 DELAYS TO SURGERY CAN MEAN PATIENTS DETERIORATE AND REQUIRE MORE COMPLEX SURGERY

Our respondents said:

'More locally advanced skin malignancy. Wider resection and reconstruction.'

'Bypass and minor amputation becomes a major amputation.'

'Fracture surgery over four weeks from injury waiting on admission.'

'More advanced tumours due to outpatient waiting times.'

'Locally advanced bladder cancer.'

'Patient needed nephrectomy as kidney became non-functioning whilst awaiting PCNL for a large kidney stone.'

'Pituitary adenoma – vision deteriorated.'

'Rapidly progressing hip arthritis. Required complex reconstruction and bone grafting due to delay even though an "urgent" case.'

Nearly six in ten (59.77%) surgeons said they had to undertake more complex surgery due to a patient being on a waiting list for an extended period, including for more advanced cancers.

Have you had to undertake more complex surgery due to a patient being on the waiting list for an extended period?

Yes: 59.77%
No: 35.63%
Don't know: 4.60%

3.2 SUGGESTIONS FROM SURGEONS ON HOW TO REDUCE WAITING TIMES IN NORTHERN IRELAND

Our respondents said:

'Recruit and retain nurses. Maintain the skill set of nurses, which will improve theatre efficiency.'

'Our main issue, above all else, is lack of ward and theatre nurses. As a consequence, I have personally lost approx. 40% of my operating time.'

'Address variability in list usage between surgeons. Look at ways to incentivise surgeons who can safely do considerably more than average/agreed number of cases on a list.'

'Up to 50% of our elective beds can be occupied by fracture patients (mainly hip fractures) who have completed their surgical treatment, but who cannot access appropriate timely rehab or social care.'

'Recruit and retain nurses. Maintain the skill set of nurses which will improve theatre efficiency. Also improve access to get patients into rehab after surgery and stop blocking acute beds.'

'Ring fencing of beds for elective admissions.'

More operating theatres, surgeons, nurses, porters, physios, anaesthetists & wards.'

'More flexible working plans to maximise use of theatre space, more trained theatre staff, more nurses.'

'Make theatres more efficient. Increase community beds so only those needing acute hospital beds are in them.'

'Dedicated elective ward system to call local/day cases last minute if bigger cases are cancelled.'

The Royal College of Surgeons of England is a professional membership organisation and registered charity, which exists to advance surgical standards and improve patient care. In case of any queries about this report please contact: policy@rcseng.ac.uk

Footnote on methodology: Fieldwork ran from 29 November 2019–17 December 2019, using an online survey tool. Figures in this report are for surgeons who operated in the NHS in Northern Ireland, during November 2019.