Royal College of Surgeons
ADVANCING SURGICAL CARE

RCS WAITING TIMES SURVEY OF SURGEONS

Results for England

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1. Overview

We asked why operations were being delayed or cancelled, and what could be done to bring waiting times down

In November 2019, The Royal College of Surgeons of England (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 421 surgeons who worked in NHS hospitals across England in November 2019.

Our ageing population means that 'demand' for surgery – hip and knee operations, cancer, heart and brain operations – is rising. Surgeons put forward a range of ideas to tackle this challenge: from allowing older surgeons to reduce their hours and work flexibly, rather than retire completely, to improving community dentistry in order to prevent people with tooth decay ending up in A&E beds.

They are unanimous in pointing out there is an urgent need to invest in beds and hospital staff, and to work collaboratively with policy-makers. As one surgeon put it, 'we must stop politicians playing primary care against secondary care as if they are alternative holiday caravans when in truth they are parts of the same house.'

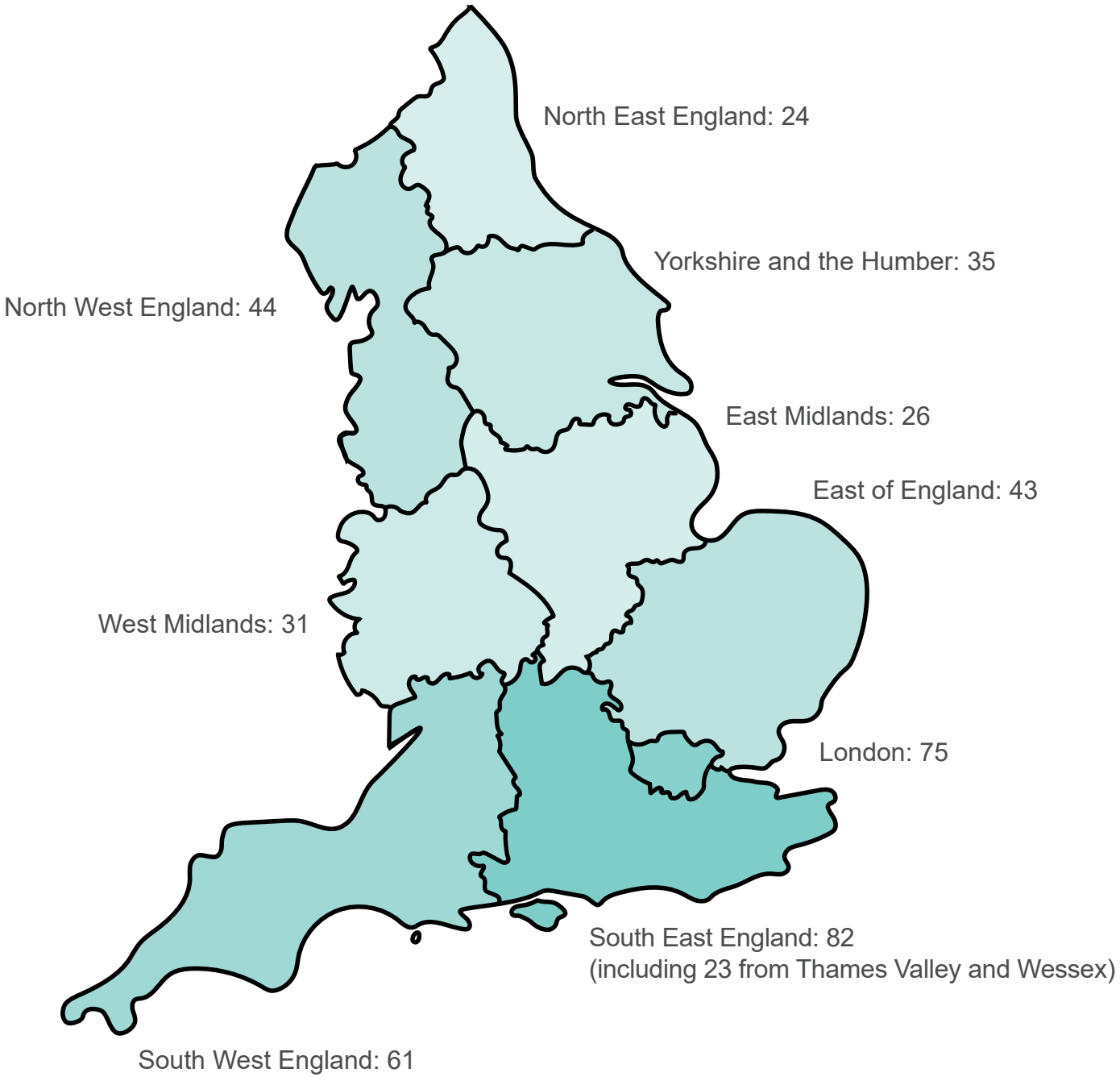
RCS has shared these findings with NHSE/I and urged them to work with us to develop a 5 year plan to tackle lengthening waits for operations. We are calling on politicians of all parties to back our Manifesto for Surgery and restore patients' right to timely treatment within the current parliament.

NHS England's 'referral to treatment' statistics for November 2019 report that only 84.4% of patients were seen within 18 weeks, the worst performance in 11 years. This is far below the statutory target of 92%, which has not been met for nearly 4 years. The total number of patients waiting more than 18 weeks to start planned treatment in England was 690,096.

- **Four in ten (39.66%) surgeons said there were 'mothballed' wards in their trust that could be used if more staff were recruited**
- **Nearly six in ten (58.38%) surgeons had to cancel operations at the last minute**
- **Nearly four in ten (37.16%) 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**

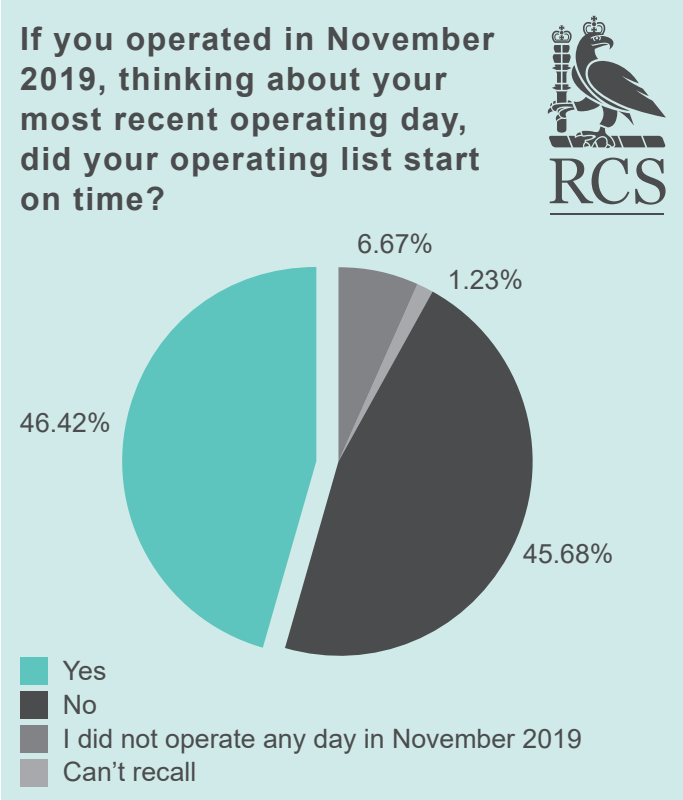
2. Who took part in the survey?

421 SURGEONS RESPONDED TO THE SURVEY, WITH RESPONSES FROM ALL PARTS OF ENGLAND.



3. Survey results

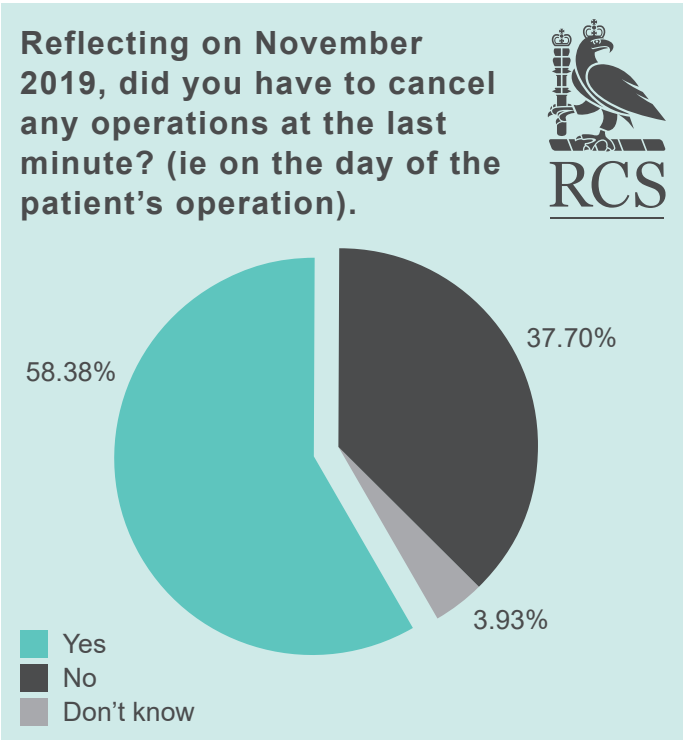
46.42% of surgeons' operating lists did not start on time.



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

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

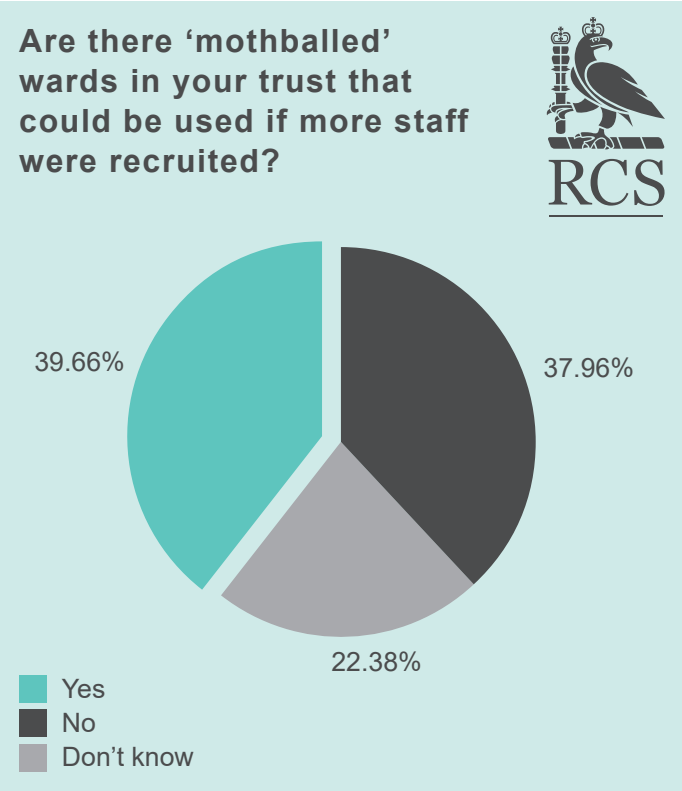
58.38% of surgeons had to cancel at the last minute.



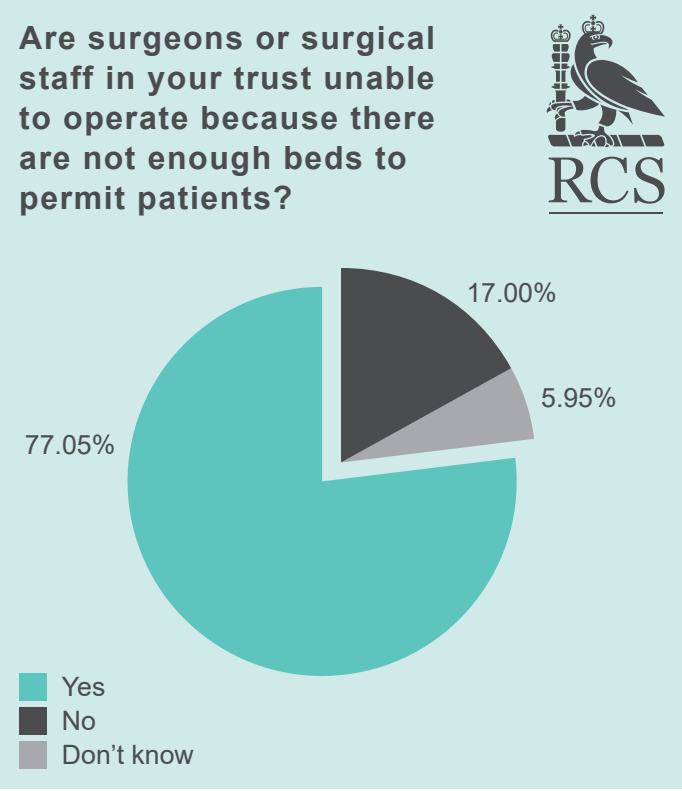
The top six reasons respondents cited for last minute cancellations (in order) were:

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

Four in ten (39.66%) said there were 'mothballed' wards in their trust that could be used if more staff were recruited.



Nearly eight in ten (77.05%) said there were staff in their trust unable to operate because there are not enough beds to admit patients.



3.1 DELAYS TO OPERATIONS CAN MEAN PATIENTS DETERIORATE AND NEED MORE COMPLEX SURGERY

Our respondents said:

'Advanced arthritis, resulting in acetabular wear. Resulting in different components needed, more expensive, longer surgery, more risk to patient, long recovery in hospital so increased LOS (length of stay) and post op.'

'Paediatric patient could have been operated under local anaesthetic if done within first 8 weeks of life but as he was 12 months old needed GA due to being on waiting list!'

'More extensive cancer volume and stones which became complex due to prolonged stenting.'

'Worsening of neurological condition and growth of tumour.'

'Tumour more advanced necessitating bigger resection and more complex reconstruction.'

'Patient required facial skin reconstruction due to the lesion doubled in size compared to the original size of the lesion after a wait of 11 months.'

'Patient had to be admitted with a heart attack after cancellation with worsening heart function needing mechanical support.'

'Worsening of condition, or in the case of lumps it gets too large for local anaesthetic, or in case of uncertainty of skin lesion, delay in diagnosing serious skin cancer.'

Nearly four in ten (37.16%) 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: 37.16%
No: 54.64%
Don't know: 8.20%

3.2 SUGGESTIONS FROM SURGEONS ON HOW TO REDUCE WAITING TIMES IN ENGLAND

Our respondents said:

'Make it easier for surgeons to either reduce their hours or retire and return rather than treating them like lepers who should be on the scrap heap. I have lost some highly skilled colleagues who have gone just because we are not allowed to reduce our hours and particularly not allowed to reduce our on call commitments. There is no succession planning so more complex procedures are being lost to our Trust.'

'Co-ordination of primary care referral, surgery, recovery and discharge with social care support. Such that the right priority is given to the selection, the competent delivery and the rehabilitation of patients who need surgical care. The care pathway needs to be published and we must stop politicians playing primary care against secondary care as if they are alternative holiday caravans when in truth they are parts of the same house.'

'Invest in infrastructure. I twiddle my thumbs sometimes, as there is no theatre space, with waiting lists of 11 months.'

'Ring fence surgical beds. Increase medical beds as required for the demand and reduce when not needed. Increase social care beds and support as well as community dental care, so that patients are seen in the community and not dumped in A&E departments.'

'Dedicated "ring-fenced" elective surgical bed base and adequate theatre facilities to enable greater operative capacity – which of course would require additional staffing resource. The current situation is that often bed availability is a problem, particularly over winter, and leads to cancellations, on the day. However, there is also a general increase in the amount of non-surgical administrative and repetitive mandatory training which removes clinicians' time from providing front line patient facing service – this should be reduced to a minimum, whereas currently it expands without control or review.'

'More theatre capacity; we have surgeons without theatres to operate in despite three session days and weekend lists. Increased utilisation of day case pathways, there are procedures which are done as inpatient procedures in some hospitals and day case in others. Or even within the same hospital. Look at using dedicated non-theatre space for procedures. More staff!'

Is the NHS trust you work for prioritising meeting the 18-week target for elective surgery?

No: 45.86%
Yes: 33.15%
Don't know: 20.99%

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 England, during November 2019.