

*Sinn Féin*



# TACKLING HOSPITAL WAITING LISTS



Sinn Féin Spokesperson on Health, Louise O'Reilly TD





# TACKLING HOSPITAL WAITING LISTS

Introduction .....	2
Waiting Lists .....	3
Integrated Hospital Waiting List Management System .....	6
Comhliosta .....	6
International Evidence .....	7
Irish Evidence .....	10
Conclusion .....	12

## **Introduction**

There isn't a family in Ireland currently unaffected by the crisis of hospital waiting lists. Statistically speaking one in every seven Irish people is on a waiting list across the state.

As of July 2017 waiting lists for surgeries stood at an all-time high of over 687,000 people, this was made up of 86,111 people waiting on inpatient surgery and 493,780 waiting on an outpatient procedures amongst others.

Every measure from the Government thus far has failed miserably and each month the numbers keep escalating. Additionally, the Minister for Health's failure to deal with the crisis is continuously undermining the fantastic work of staff in our hospitals.

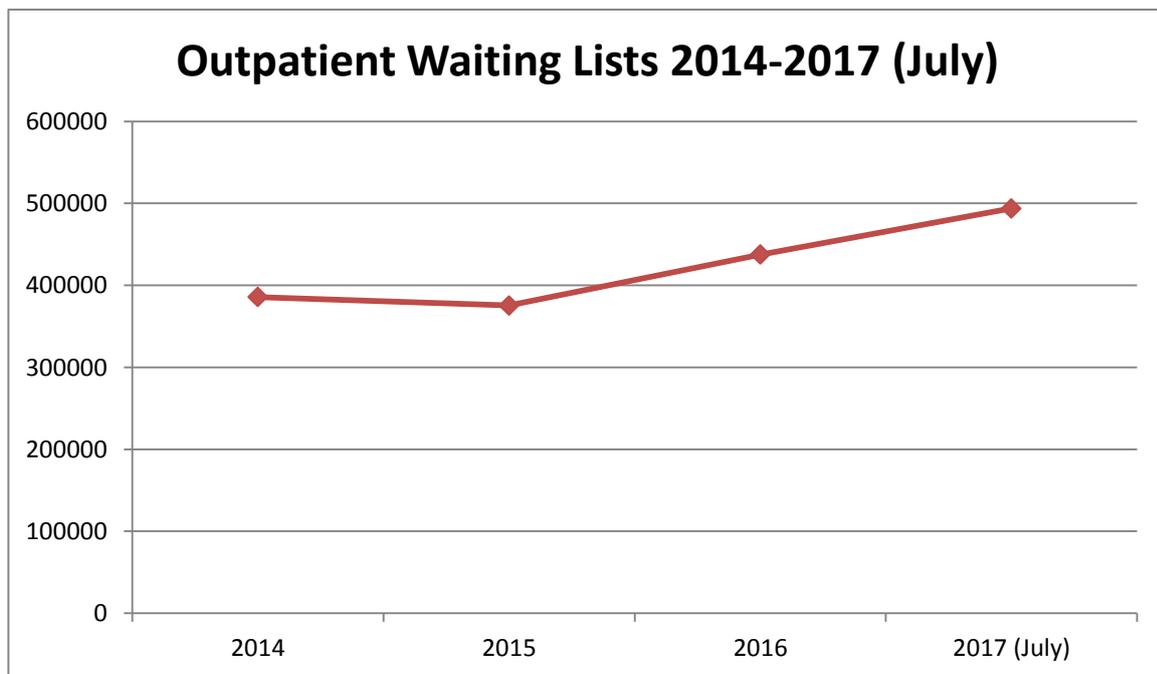
Since the launch of our updated health policy document in December 2015, Better4Health, Sinn Féin have been arguing for a number of measures to address the waiting list crisis, increase capacity, recruitment and retention of staff, and the provision of a Core Activity Budget to public hospitals.

However, above all, there is a measure which we have outlined in our Better4Health document and raised on the floor of the Dail and Seanad six times in this legislature alone, we believe can tackle the spiralling waiting lists - the introduction of a single integrated waiting list management system throughout the health service.

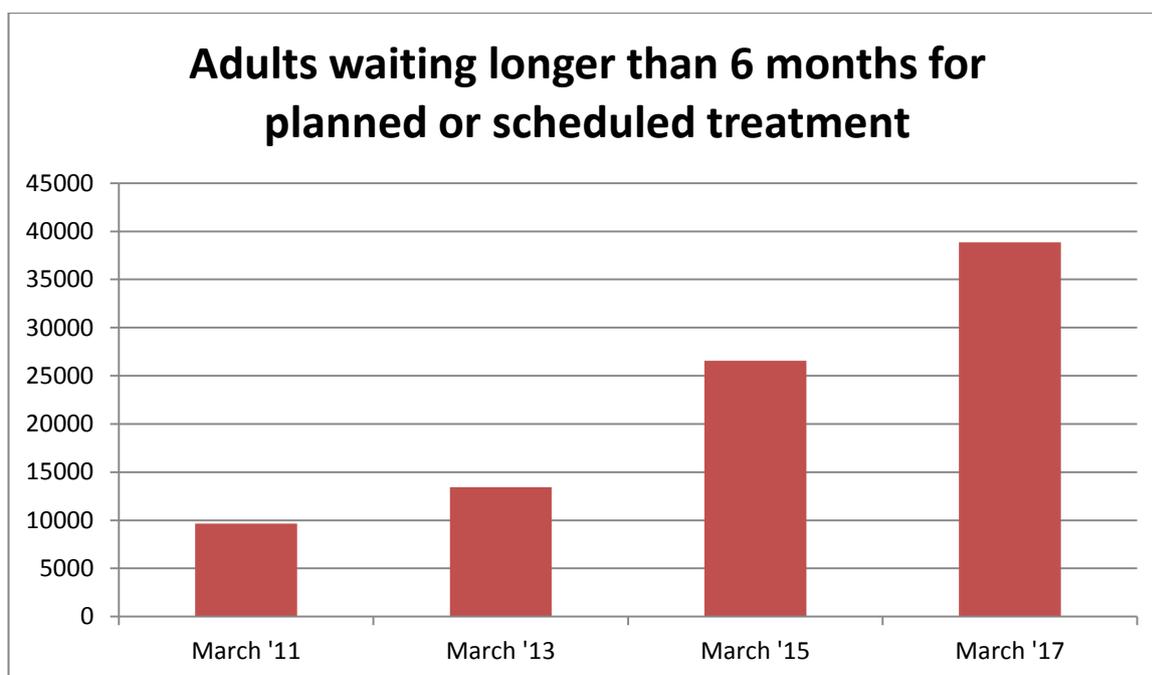
## Waiting Lists

July of this year saw the highest ever recorded number of people on waiting lists for procedures in hospitals throughout the state.

In spite of Government rhetoric about addressing the situation the crisis has continued to escalate. Between 2014 and July 2017 the number of people on outpatient waiting lists has risen by a staggering 107,999.



Measurement by any metric shows the utter failure of successive Health Ministers in addressing the problem. If we look at the number of adults waiting longer than six months for planned or, scheduled treatment since Fine Gael came to office in 2011 we can see that the number has increased over fourfold.



Source: Sunday Business Post<sup>1</sup>

Added to those who have been seen but are waiting excessive periods for their procedures are the 493,780 patients who in July were still yet to be seen by a consultant for the first time at an outpatient clinic.

Outpatient appointment waiting list		Longest Outpatient Waiting Lists	
0-3 months	161,117	Otolaryngology	65,161
3-6 months	95,709	Orthopaedics	61,755
6-9 months	59,940	Ophthalmology	37,402
9-12 months	52,618	Gynaecology	28,584
12-15 months	40,067	Urology	27,861
15-18 months	28,879	General Medicine	21,105
18+ months	54,450	Neurology	19,097
<b>Total</b>	<b>493,780</b>	Respiratory Medicine	13,997

<sup>1</sup> Susan Mitchell, Sunday Business Post, *There is a way to reduce hospital waiting lists*, 13.08.2017, pg. 14

This is mirrored by similarly lengthy waiting lists for inpatient procedures, which stand at 86,111 as of July.

Inpatient appointment waiting list		Longest Inpatient Waiting Lists	
0-3 months	28,113	Ophthalmology	13,099
3-6 months	18,244	Urology	11,180
6-9 months	11,630	General Surgery	10,386
9-12 months	10,147	Otolaryngology	7,684
12-15 months	6,936	Plastic Surgery	6,269
15-18 months	4,909	Cardiology	4,631
18+ months	6,132	Pain Relief	4,319
<b>Total</b>	<b>86,111</b>	Vascular Surgery	3,125

It is apparent to all, both inside and outside of the health system, that if a new system with proven effectiveness for reducing and adequately dealing with waiting list numbers is not put in place, then the crisis will continue and the numbers waiting for surgery will continue to spiral out of control.

Sinn Fein has such a system in mind – Comhliosta – a new and single Integrated Hospital Waiting List Management System.



# Integrated Hospital Waiting List Management System

## Comhliosta

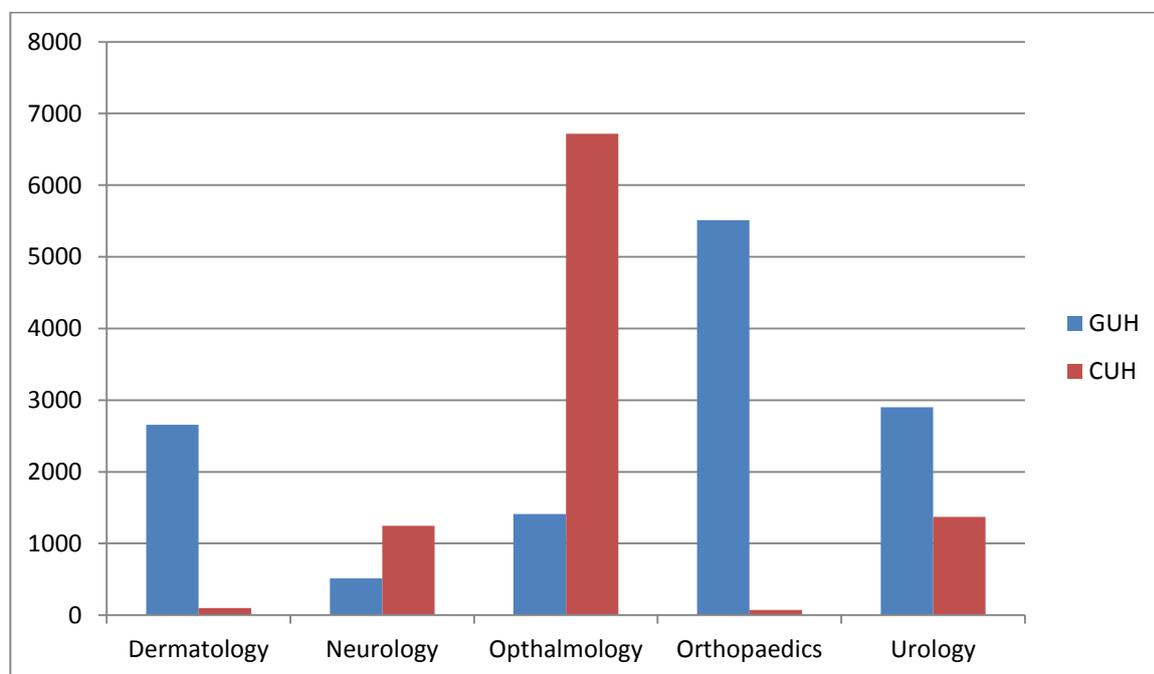
Sinn Féin believes that in order to successfully tackle the waiting list crisis that a new model to maximise the capacity of the public hospital system and introduce strategic management across all waiting lists is necessary.<sup>2</sup>

The system which we believe will work best is the introduction of a new and single Integrated Hospital Waiting List Management System. We have called this system Comhliosta.

Under the current system, waiting lists for outpatient appointments, diagnostic tests, day case, and inpatient procedures vary drastically from one public hospital to the next. Patients do not know where they stand on the list or at what speed their list is moving relative to that of other hospitals within reasonable travelling distance.

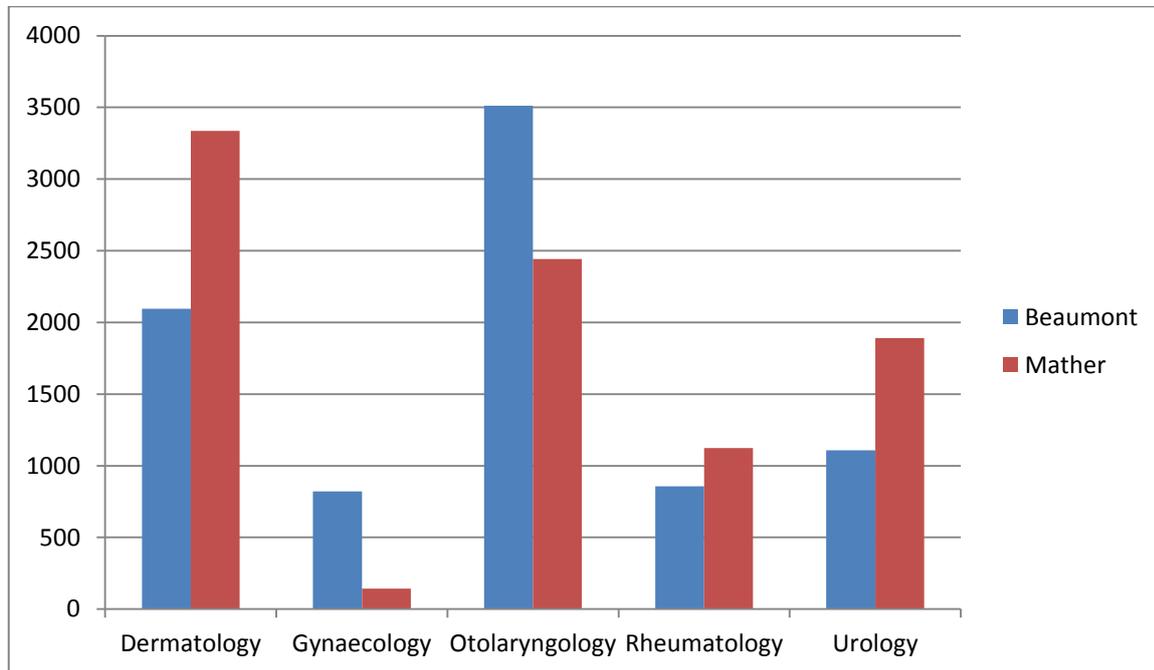
Likewise, people with comparable health concerns can wait very different lengths of time for assessment and treatment depending on what hospital they happen to be initially referred.

For example, as of July 2017 the waiting lists for two similar sized and staffed hospitals differed considerably for certain procedures. A comparison of the wait lists for Cork University Hospital and Galway University Hospital are evidence of how waiting lists can vary significantly for certain procedures.



<sup>2</sup> Due to the huge waiting lists that currently exist the new model would have make some use of existing capacity in the private hospital system in the short term.

As can be seen the differences are significant, it is just a question of how significant. However, it is not just confined to regional hospitals; it can be seen in a comparison of larger Dublin hospitals where a cross comparison of Beaumont and the Mather throws up similar disparities.



### ***International Evidence***

In order to tackle the waiting list crisis while using the current available capacity, and future capacity, within the health service, we would introduce a version of the integrated IT system used in the Portuguese National Health Service, which would help to achieve new maximum wait times by actively transferring those on the list from hospitals that are failing to meet the target to hospitals that have the ability to offer the service on time.

For example, as can be seen from figure 1.3, dermatology patients in Galway could be transferred to Cork where they could be seen within the new maximum wait times. However, that example is only a microcosm of how this system could work on a national scale.

The new maximum waiting times should be developed to cover the entire period from referral to the end of the episode, i.e. the time when either a decision is made not to treat or when treatment has happened.

The IT model introduced by the Portuguese, alongside greater investment in public hospitals, has delivered significant and sustained reductions in waiting times for surgery since it was first introduced in 2004.

As described in the 2013 OECD publication, 'Waiting Time Policies in the Health Sector: What Works?', over five years waiting lists for surgery have decreased by almost 35%, the median waiting times by almost 63% and variation across providers is also diminishing.



When a registered patient has reached 75% of the maximum waiting time allowed for their treatment a voucher is automatically generated allowing the patient to obtain treatment in a different public or participating private facility – the payment is the same regardless of provider status.

Unlike the National Treatment Purchase Fund, fees for Comhliosta activity would be centrally determined and set at a rate below that paid for core activity, which must take account of all hospitals' fixed costs.

In Portugal, the additional surgeries conducted via the transfer system cost, on average, 70% of the price paid for basic surgery provision.

Hospitals in Portugal have an incentive to engage in additional transfer activities over and above that contracted in order to attract the 70% funding which comes with them.

The benefits of this approach could be:

- The impact of postcode lotteries and blind referral habits – where GPs sometimes refer to the same hospital without regard to the size or pace of its waiting lists – would be diminished.
- The full capacity of the public hospital system would be strategically deployed to work through the public waiting list. The impact of personnel departures or other pressures in any

one hospital would be spread across the system as a whole rather than felt exclusively by those on the individual hospital's list.

- The increased funding for hospitals would be directly linked to reducing public waiting lists, providing a clear incentive to treat more patients. At present the funding model and stretch income targets provide for a “perverse incentive” to treat private patients.
- More effective sharing of information across health care providers, including between hospitals and GPs, would result in significantly less paperwork.
- There would be more effective identification of best practice targets and sharing of same across providers.
- Patients would be able to find out easily where they are on the waiting list and the pace at which the list is moving via an online facility.

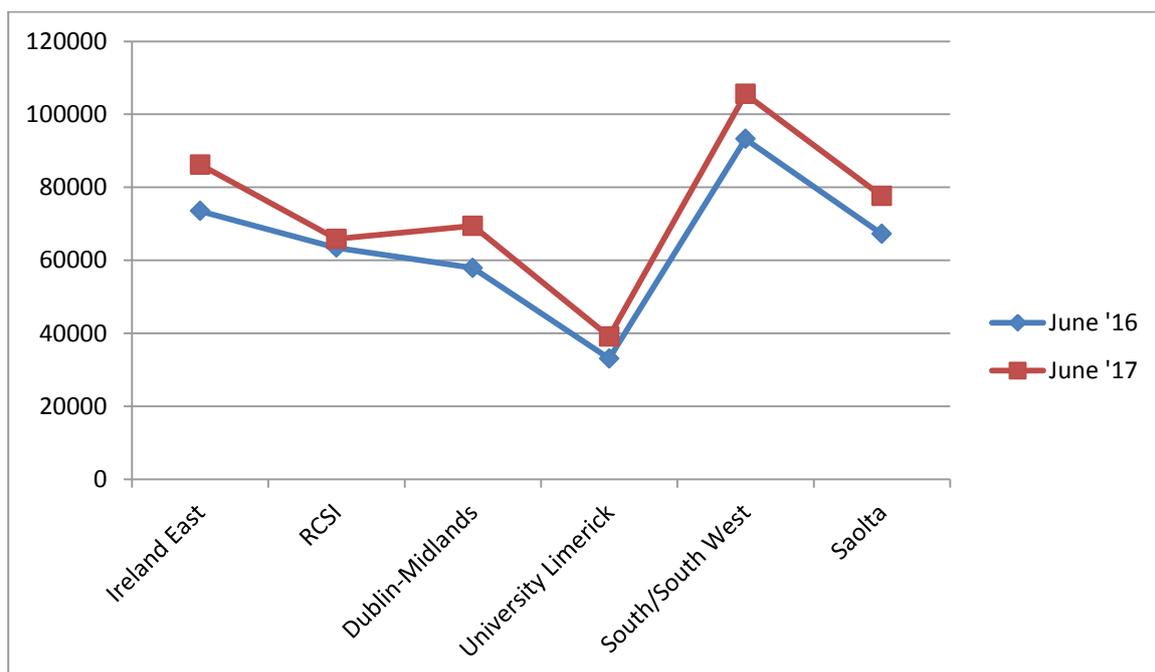


### Irish Evidence

Closer to home a similar system has been proven to work on a smaller scale in the Royal College of Surgeons Hospital Group. The RCSI group includes Beaumont Hospital, Connolly Hospital, the Rotunda Hospital, Our Lady of Lourdes in Drogheda, Cavan General Hospital, as well as Louth County and Monaghan Hospitals.



The RCSI group recently introduced a new waiting list management system similar to that which Sinn Fein has been advocating for almost two years. The results of this new system are this; the RCSI group is outperforming every other hospital group in the state by a significant distance as regards waiting lists<sup>3</sup>.



In the midst of the waiting list crisis worsened by issues as regards the recruitment and retention of staff and funding constraints, the RCSI group waiting list increased by 3% between June 2016

<sup>3</sup> Susan Mitchell, Sunday Business Post, *There is a way to reduce hospital waiting lists*, 13.08.2017, pg. 14

and June 2017. While this is still an increase, a comparison with other hospital groups shows the early signs of success.

<b>Hospital Group</b>	<b>June 2016</b>	<b>June 2017</b>	<b>Percentage Increase</b>
<b>Ireland East Hospital Group</b>	73,489	86,182	17.27%
<b>RCSI Hospitals Group</b>	63,442	65,852	3.8%
<b>Dublin Midlands Hospital Group</b>	57,862	69,401	19.94%
<b>University Limerick Hospitals Group</b>	33,045	39,094	18.31%
<b>South/South West Hospital Group</b>	93,231	105,553	13.22%
<b>Saolta Hospital Group</b>	67,186	77,592	15.48%

Sinn Fein are confident, given the evidence, that such an IT model, alongside greater investment in public hospitals, can deliver significant and sustained reductions in waiting times for surgery since across the state.

## Conclusion

Sinn Fein believes that if the waiting list crisis is tackled with an intelligent, coherent, and progressive plan in conjunction with the necessary political will, then waiting list times can be significantly reduced.

We believe that our policy is the best strategy to tackle the disgraceful waiting lists which we have across the state, and as outlined above, there is ample national and international evidence to back this claim up.

We are keenly aware that there are a vast number of strands to the overall crisis in the health service which need to be immediately tackled. We believe that our Health Policy – Better4Health – outlines costed policies which would radically change the direction of our health service and work towards an Irish National Health Service.<sup>4</sup>

---

<sup>4</sup> Sinn Fein, A Sinn Fein Plan for Universal Healthcare, Better4Health, [http://www.sinnfein.ie/files/2017/HealthDoc\\_May2017.pdf](http://www.sinnfein.ie/files/2017/HealthDoc_May2017.pdf)





Sinn Féin Spokesperson on Health

# Louise O'Reilly TD

for Dublin Fingal



EMAIL:  
[louise.oreilly@oireachtas.ie](mailto:louise.oreilly@oireachtas.ie)

LEINSTER HOUSE  
TELEPHONE: 01 618 3093

CONSTITUENCY OFFICE  
TELEPHONE: 01 840 5081

 [louiseoreilysf](https://www.facebook.com/louiseoreilysf)

 [@loreilysf](https://twitter.com/loreilysf)

*Téigh i dteagmháil le Louise agus foireann Sinn Féin*



**Balbriggan LEA**

**Cllr. Malachy Quinn**

Email: [Malachy.Quinn@cllrs.fingal.ie](mailto:Malachy.Quinn@cllrs.fingal.ie)

Telephone: 087 672 76 37



**Howth Malahide LEA**

**Cllr. Daire Ní Laoi**

Email: [Daire.NiLaoi@cllrs.fingal.ie](mailto:Daire.NiLaoi@cllrs.fingal.ie)

Telephone: 086 397 77 19



**Swords LEA**

**Cllr. Philip Lynam**

Email: [Philip.Lynam@cllrs.fingal.ie](mailto:Philip.Lynam@cllrs.fingal.ie)

Telephone: 085 125 99 02



[/sinnfein](https://www.facebook.com/sinnfein)



[@sinnfeinireland](https://twitter.com/sinnfeinireland)



[www.sinnfein.ie](http://www.sinnfein.ie)

Email: [admin@sinnfein.ie](mailto:admin@sinnfein.ie)