

Responses to National Statistics consultation on the proposed changes to the methodology used for the production of inpatient waiting times information in Northern Ireland

Hospital Information Branch, within the Department for Health Social Services and Public Safety (NI), conducted a National Statistics consultation on proposed changes to the methodology used for the production of inpatient waiting times information in Northern Ireland. This consultation began on 9th November 2007 and closed on 4th January 2008.

This was a very open consultation and specifically asked users; if they were content that HIB adopt the proposed change in the methodology for the production of data on the number of patients currently waiting for inpatient admission at the end of each quarter; if they were content with the validation process proposed in section 4 of the consultation document; if they agreed that HIB should commence the publication of data on inpatient waiting times derived from the proposed new methodology for the position at the end of December 2007; to outline any other comments relevant to this consultation.

Three responses were received to the consultation from a member of the public (not in writing), a Health and Social Care Trust and the British Medical Association. All responses were broadly supportive of the proposals.

The two written responses received are outlined below.

Hospital Information Branch will publish data relating to the number of patients awaiting admission for inpatient treatment at hospitals in Northern Ireland, at 31st December 2007, derived from the new methodology, in the Northern Waiting List Bulletin on Thursday 6th March 2008.

British Medical Association

Organisation(s) represented

Please answer the following questions as fully as possible to help HIB (DHSSPS) evaluate the feasibility of introducing the proposal to change the methodology used to collect information relating to inpatient waiting times. Please underline your response.

Your views on the proposal to change the methodology for the production of inpatient waiting times information in Northern Ireland

1 - Are you content that HIB adopt the proposed change in the methodology for the production of data on the number of patients currently waiting for inpatient admission at the end of each quarter?

Yes No **Yes, but with caveats – outlined below**

If no, please provide reason for this response:

It is essential that patients who are suspended from the waiting lists are correctly accounted for. Many patients, for example, are put on waiting lists for surgery, but they may not be medically fit to undergo anaesthesia and the required surgical procedure. Assessment of the patient's fitness for surgery (anaesthetic pre-assessment) is currently only carried out in some NI hospitals and even these vary in the proportion of patients who undergo pre-assessment. Patients, who are medically unfit for surgery, must be delisted from the waiting lists until they become medically fit.

A proportion of patients may actually be on a number of different waiting lists in different hospitals, all for the same procedure or clinic visit. Steps must be taken to ensure that patients are not double (or triple) counted by being placed on multiple waiting lists.

With the development of ICATS, it must be acknowledged that some patients may be inappropriately referred (or not referred at all) to clinicians for diagnostics and/or treatment. It is not acceptable for patients to get a particular intervention which they may not actually require, just to meet targets.

If yes,

2 – Are you content with the validation process proposed in section 4?

Yes No **Yes, but with caveats – outlined below**

If no, please outline reasons for this response together with suggestions for alternative / additional validation.

Validation must check for the issues outlined above under the previous question – double counted patients, unfit patients, etc.

It is well recognised that the quality of data input into PAS systems in hospitals in Northern Ireland is generally only of average quality. It is not uncommon in some trusts for obstetricians to have male patients on their PAS lists scheduled for pregnancy related procedures!

The data will need substantial validation. Investment in Trusts to ensure that they have the appropriate additional resources to enhance the quality of data entry is essential.

3 – Are you in agreement that HIB should commence the publication of data on inpatient waiting times derived from the proposed new methodology for the position at the end of December 2007?

Yes No **Yes, but with caveats – outlined below**

If no, please provide reason for this response:

It is essential that the data is shared with clinicians on the ground who are treating patients, and not simply sent around management circles. The only really effective way to induce change is by enabling clinicians who are executing the system for the treatment of patients to see their hospital's respective data, so that they can act appropriately to enhance the service they provide.

General comments

4 – Do you have any other comments relevant to this consultation?

It is acknowledged that the new methodology relies on trust staff updating patient records promptly to ensure that those on waiting lists on the last day of the quarter, when the download occurs at midnight, are appropriately included.

It would be useful to know:

- a) how this is to be enforced among trust staff and
- b) whether any means of calculating the standard error for each quarter is to be undertaken.

As outlined above, data collection in trusts is generally of average quality.

The BMA is greatly concerned that the publication of the current data on a weekly timescale will place undue pressure on clinicians and divert them away from their actual business – treating patients. There is a risk that the new system will compound the current “Rubbish in, Rubbish out” systems of data collection currently in operation in Trusts.

Significant investment in effective IT support for clinicians is essential to get accurate robust data to work with, and to enable clinicians to act on it.

Organisation(s) represented

Northern Health and Social Care Trust

Please answer the following questions as fully as possible to help HIB (DHSSPS) evaluate the feasibility of introducing the proposal to change the methodology used to collect information relating to inpatient waiting times. Please underline your response.

Your views on the proposal to change the methodology for the production of inpatient waiting times information in Northern Ireland

1 - Are you content that HIB adopt the proposed change in the methodology for the production of data on the number of patients currently waiting for inpatient admission at the end of each quarter?

Yes No

If no, please provide reason for this response:

If yes,

2 – Are you content with the validation process proposed in section 4?

Yes **No**

If no, please outline reasons for this response together with suggestions for alternative / additional validation.

3 – Are you in agreement that HIB should commence the publication of data on inpatient waiting times derived from the proposed new methodology for the position at the end of December 2007?

Yes **No**

If no, please provide reason for this response:

General comments

4 – Do you have any other comments relevant to this consultation?

Issues with the timeliness of data input still widespread in the HPSS and will perhaps always exist; therefore, I do not believe it to be a good enough reason to not use this proposed methodology.

I would want to be assured that the proposed new method be implemented with the minimum of impact on our Information Staff i.e. the current CH1 process ceased as soon as possible. This will allow us to participate fully in the proposed validation process.