Prime Minister !
Agree to proceed as proposed?
DLV
6/12

CeBT

PRIME MINISTER 6 December 1985

THE HEALTH SERVICE WAITING LIST

Waiting lists and waiting times are perhaps the Health Service issue which people care about most.

The waiting list varies enormously from place to place, and from specialty to specialty. It does not correlate with expenditure in a District. Instead, it seems to depend on the energy of the local surgeons and the purposefulness of the managers. The way forward is to break the waiting list down into manageable parts so that effective practical measures can then be taken locally.

Identifying the Problem

The first stage is to focus on the really serious delays which no-one can possibly defend. The total waiting list in England and Wales stands at about 670,000. Of these, approximately 131,000 people have been waiting for more than a year for operations in the 5 main specialties. Of these, about 33,000 (25%) are concentrated in just 13 of the 201 Districts in England and Wales. And 26,000 (20%) are in only 30 individual specialty waiting lists - involving around 100-300 doctors.

Send in the Scrutiny Team

A Rayner-type scrutiny team should visit the places and specialties with these particularly bad waiting lists, and propose practical remedies. They should dig down into the detailed hospital activity analyses, which the DHSS do not incorporate into their performance indicators, and press for improvements. Great care would be needed to select the right people.

What can they do?

The team would not have dictatorial powers. They could shame local Districts, encourage them to be better, and show how to improve their performance. They could work with Victor Paige's Management Board, to achieve the following:

i. Simply telling a District that a scrutiny team will be looking at their waiting list can concentrate minds wonderfully. The problem might start disappearing before the scrutineers have arrived.

ii. Spread best management practice in intensive use of operating theatres; rapid turnover of beds; staggering consultants' private work, etc.

iii. Encourage Districts to buy operations from outside - either from other Districts or the private sector. It

would put some impetus into creating an internal market into the Health Service.

iv. Discover impropriety, or even illegality, amongst doctors. Some of them who are contracted to work full-time for the Health Service do extraordinarily few operations because too much of their time goes into private work.

v. Spread the burden. Patients could be shifted from longer to shorter lists so that fewer have to wait more than a year.

Objectives and Publicity

The review team should be set a clear objective of halving the number of people waiting for over a year for operations in each District which they visit.

This could be made into a public objective for the NHS as a whole. There are risks in adopting such a high profile - we do not want to repeat the mistake of the Labour Government which in 1975 announced that nobody should wait for more than a year, but had no means of achieving it. On the other hand, a public objective would send out a clear signal to everyone in the Health Service that the Government attached top priority to cutting waiting times. It would also be politically attractive.

Will the problem always be bad management?

In some cases, the problem will be that:

- A specialty is under-funded. We clearly do not want this exercise to push up expenditure. I don't believe it would do so, as the areas with long waiting lists are not particularly short of money. Moreover, if funding is the problem, it is likely to involve distribution within a District - too much money going to the consultant doing exotic transplants; and not enough to his weaker colleague replacing hips.

- The figures are unreliable. Waiting list figures are pretty reliable, but occasionally they may be misleading. (In some hospitals, women waiting to give birth are counted on the waiting list: after all, they are waiting!) But it would be very useful simply to have improved the statistics to reduce the appearance of the problem.

Recommendation

I have tried my idea out provisionally on the Ibbs Unit, who would like to take it further. Are you content for David Norgrove to ask the DHSS and the Ibbs Unit to investigate and put forward a concrete proposal?

David Willetts

DAVID WILLETTS

PRIME MINISTER 4 December 1985

THE HEALTH SERVICE WAITING LIST

Your meeting on Monday to look at value for money and performance in the Health Service is a good opportunity to push for progress on the performance indicator that people care about most - waiting lists and waiting times.

The waiting list varies enormously from place to place, and from specialty to specialty. It does not correlate with expenditure in a District. Instead, it seems to depend on the energy of the local surgeons and the purposefulness of the managers. The way forward is to break the waiting list down into manageable parts so that effective practical measures can then be taken locally.

Identifying the Problem

The first stage is to focus on the really serious delays which no-one can possibly defend. The total waiting list in England and Wales stands at about 670,000. Of these, approximately 131,000 people have been waiting for more than a year for operations in the 5 main specialties. Of these 131,000 people, about 33,000 (25%) are concentrated in just 13 of the 201 Districts in England and Wales. And 26,000 (20%) are in only 30 individual specialty waiting lists - involving, at most, a few hundred doctors.

Send in the Scrutiny Team

You could set up a Rayner-type scrutiny team to visit the places and specialties with these particularly bad waiting lists, and propose practical remedies. They should dig down into the detailed hospital activity analyses, which the DHSS do not incorporate into their performance indicators, and press for improvements. Great care would be needed to select the right people.

What can they do?

The team would not have dictatorial powers. They could shame local Districts, encourage them to be better, and show how to improve their way of working. They could work with Victor Paige's Management Board, and could achieve the following:

i. Simply telling a District that a scrutiny team will be looking at their waiting list can concentrate minds wonderfully. The problem might start disappearing before the scrutineers have arrived.

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Objectives and Publicity

The review team should be set a clear objective of halving the number of people waiting for over a year for operations in each District which they visit.

This could be made into a public objective for the NHS as a whole. There are risks in adopting such a high profile - we do not want to repeat the mistake of the Labour Government which in 1975 announced that nobody should wait for more than a year, but had no means of implementing this. On the other hand, a public objective would send out a clear signal to everyone in the Health Service that this was something to which the Government attached top priority. It would also be politically attractive.

Will the problem always be bad management?

In some cases, the problem will be that:

- A specialty is under-funded. We clearly do not want this exercise to push up expenditure. I don't believe it would do so, as the areas with long waiting lists are not particularly short of money. Moreover, if funding is the problem, it is likely to involve distribution within a District - too much money going to the consultant doing exotic transplants; and not enough to his weaker colleague replacing hips.

- The figures are unreliable. Waiting list figures are pretty reliable, but occasionally they may be misleading. (In some hospitals, women waiting to give birth are counted on the waiting list: after all, they are waiting!) But it would be very useful simply to have improved the statistics to reduce the appearance of the problem.

Next Steps

I recommend that this idea be put on the agenda for next Monday's meeting on the Health Service. I have tried it out experimentally on the Ibbs Unit, who would like to take it further.

David Willetts

DAVID WILLETTS