

Talk about:

Status

nhs managers exclusive

NHS delays mean that patients are going blind, say the RNIB, with 37 per cent of eye clinicians saying patients “sometimes” lose their sight unnecessarily due to delayed treatment and follow-up care.

Obviously this is appalling. Obviously something must be done. But what, exactly?

Although the task can be expressed in very simple terms (“treat patients before they go blind, stupid”), in practice it is confounded by other targets, behaviours, systems and cultures which make it more complex.

For example, take patients with wet age-related macular degeneration. Every month they need injections of Lucentis, or visual acuity tests. Because this is a series of appointments, for most of their care they are post-treatment follow-up outpatients and this status has several consequences:

- 1) They do not benefit from the 18 weeks RTT waiting times targets;
- 2) It is widely held that an unnecessary number of patients are being followed-up, and that follow-ups are relatively likely to DNA, so they fall into a category that has low status within the NHS;

3) When the going gets tough on waiting times targets, it has become common practice to cancel follow-ups, or convert follow-up slots to new slots, so that new routine patients can be seen to ease the pressure.

This is all wrong. The principle should be that follow-ups are time-limited, therefore they are clinical priorities.

And that means:

- Follow-ups should take precedence over all new routine outpatients.
- Enough appointment slots need to be set aside for them, even if that is only possible by eating into new routine slots.
- They should not be cancelled to make way for new routines who might breach 18 weeks; on the contrary, routines should be cancelled to make way for follow-ups if there are no slots available in the right time window.

If anyone disagrees with any of that, they should be invited to consider whether the patient needs following-up in the first place.

It may result in longer routine waits. But it's better than patients going blind.



Comment from Rob Findlay at Gooroo
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Read Rob's blog on the 18-week stats now at hsj.co.uk/rob-findlay

or from Monday get the un-paywalled version at blog.nhsgooroo.co.uk

Hi

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Another waiting list initiative?

Or should this be part of your baseline?
How much cheaper would it be then?
Could you bring work back in-house?
How clearly can you separate recurring from non-recurring?

Gooroo capacity planning for the NHS:
the benefit of hindsight

