

## **Chapter 36**

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**Department of Health and Children**

**National Treatment Purchase Fund**



## National Treatment Purchase Fund

36.1 The National Treatment Purchase Fund (NTPF) was established on a statutory basis in 2004 in order to facilitate access to treatment for those public patients who have waited longest for elective surgical procedures. As part of its remit, the NTPF also has responsibility for the collation and reporting of national inpatient and day case waiting list data. This information is provided by public hospitals through a Patient Treatment Register (PTR)<sup>251</sup>.

36.2 In 2009, the NTPF was given the function of negotiating nursing home bed charges for the Health Service Executive (HSE) as part of the Nursing Homes Support Scheme Act, 2009. Price agreements were concluded with 440 private and voluntary nursing homes by end 2009. Details of the NTPF expenditure and the numbers of patients treated in respect of the period 2006 – 2009 are included in Figure 168.

**Figure 168 NTPF Expenditure and Patients Treated 2006-2009**

	2006	2007	2008	2009 <sup>a</sup>
	€m	€m	€m	€m
<b>Cost of Inputs</b>				
Patient Care	74	87	100	86
Salaries and Remuneration	2	2	2	2
Other Administration	3	3	2	2
<b>Annual Budget</b>	<b>79</b>	<b>92</b>	<b>104</b>	<b>90</b>
Staff Complement	35	41	47	46
<b>Outputs</b>				
Elective Treatments	15,003	19,769	20,829	19,995
Outpatient Consultations	7,480	10,569	12,342	6,388
MRIs Provided <sup>b</sup>	1,928	2,300	3,098	2,513

Source: NTPF

Notes:

- a The budget of the NTPF was reduced by €14 million (14%) in the course of 2009. Consequently, in May 2009, revised activity levels were agreed.
- b MRI – Magnetic Resonance Imaging – a medical imaging technique.

36.3 The NTPF also operates a pilot outpatient initiative.

<sup>251</sup>

The PTR is a register of patients on inpatient and day case surgical and medical waiting lists. Hospitals maintain their own patient waiting lists which are used to submit weekly extractions to the NTPF. These extractions are used to update the PTR.

## Chapter Focus

The chapter reports the result of reviews to ascertain

- the current status of the pilot outpatient initiative
- how the patient referral process is operating
- how contracts with private hospitals are managed
- the results of waiting lists validation
- the average waiting time of patients whose treatments were funded from the NTPF distinguishing
  - the average elapsed time on a public hospital waiting list for treatment
  - the time that elapsed between the arrangement of treatment and when that treatment was carried out.

## Pilot Outpatient Initiative

36.4 Since 2005, the NTPF has operated a pilot outpatient initiative over a number of surgical and medical specialities. The outpatient initiative is available to all public hospitals and in 2009, 26 hospitals referred patients and the NTPF arranged consultations in 19 public and private hospitals. The NTPF request hospitals to refer patients waiting longest from certain speciality areas where patient numbers waiting are high and where they are experiencing delays in getting an outpatient appointment.

36.5 In 2009, the initiative covered 13 specialties with three of those accounting for over half of all referrals – ophthalmology (21%), dermatology (17%) and ENT<sup>252</sup> (16%). Outpatient consultations and how they were processed is outlined in Figure 169.

**Figure 169 Outpatient Consultations and Outcomes 2005-2009**

<b>Details</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009<sup>a</sup></b>	<b>Total</b>	<b>%</b>
Number of patients contacted	10,497	17,795	20,630	23,056	10,166	82,144	<b>100</b>
Number of patients validated off the list	(3,154)	(4,000)	(5,331)	(5,579)	(2,925)	(20,989)	<b>26</b>
Number of patients choosing to remain on hospital list	(2,713)	(1,972)	(2,018)	(2,254)	(397)	(9,354)	<b>11</b>
Number of patients that failed to respond	(216)	(4,343)	(2,712)	(2,881)	(456)	(10,608)	<b>13</b>
Outpatient consultations provided by the NTPF	4,414	7,480	10,569	12,342	6,388	41,193	<b>50</b>
<b>Outcome of Consultations</b>							
Patients contacted and agreed appointment but did not attend on two occasions	795	748	740	617	703	3,603	<b>9</b>
Patients requiring surgery	1,677	3,141	4,016	4,567	1,278	14,679	<b>36</b>
Patients requiring further appointments/ investigations	794	1,197	1,902	2,962	1,469	8,324	<b>20</b>
Patients discharged back to GP or hospital <sup>b</sup>	1,148	2,394	3,911	4,196	2,938	14,587	<b>35</b>

Source: NTPF February 2010.

Notes:

- a The budget of the NTPF was adjusted by the Department of Health and Children during the year which reduced its capacity to deal with outpatients.
- b The patients returned to the care of their GP or hospital are those patients that are deemed more suitable to be treated in that setting.

36.6 Validation work on outpatient waiting lists that ensued created inherent uncertainties as to the true size of outpatient waiting lists and how they are managed. On contacting patients to offer them an Outpatient Department (OPD) consultation through the NTPF, hospitals found that, on average over the last five years, 26% of patients on the outpatient lists could be removed from the waiting list as no longer needing an appointment and that a further 13% of patients failed to reply when contacted by the hospital. Just over 50% of patients contacted agreed to a OPD consultation.

36.7 Patients who require further treatment as a result of the initial outpatient consultation are facilitated by direct referral for treatment under the inpatient system. Over the last five years, 36%<sup>253</sup> of outpatients have been facilitated in this way.

## Views of the Department

36.8 The Accounting Officer of the Department of Health and Children (the Department) stated that outpatient waiting list data is currently collected primarily at individual hospital level and is not subject to standardised data definitions and rules for the management of lists. The HSE is developing a system which will provide standardised and comparable national outpatient waiting list data by hospital and speciality. Its aim is to

- address data quality and definitional issues
- capture the demand for services and measure the length of the patient journey from referral to OPD appointment and ultimately, where relevant, to hospital admission.

The HSE is working towards the implementation of those arrangements on a phased basis, commencing in 2011.

36.9 The Accounting Officer stated that in conjunction with this project, the Department has asked the HSE to consider, in consultation as necessary with the NTPF, the most appropriate approach to the validation of existing OPD waiting lists so that the numbers truly waiting for consultations can be quantified and arrangements made to offer them appointments as soon as possible. He also stated that the HSE's 2010 Service Plan is committed to developing new performance indicators in relation to access to OPD services. In addition, the HSE's National Director for Quality and Clinical Care is addressing a range of clinical issues aimed at ensuring that outpatient services are provided efficiently and are clinically appropriate.

## Referral Process – Elective Treatments

36.10 Patients may be referred to the NTPF by the public hospital that places them on the PTR, by their consultant or by their GP. They may also contact the NTPF directly themselves. In addition, in 2009 the NTPF wrote to 3,822 patients.<sup>254</sup>

36.11 In 2009, a total of 19,995 cases were treated, of which 2,634 (13.2%) contacted the NTPF directly with the remainder mainly being referred from hospitals or consultants. Each year, following negotiation, senior management in public hospitals and the NTPF agree patient numbers to be referred to the NTPF. Referrals are based on numbers waiting on the active PTR including specific speciality areas that are experiencing high patient volumes. Indicative volumes of patients are agreed at the start of the year and are reviewed quarterly. These reviews allow for

- a discussion/meeting to take place with those public hospitals that have deviated from the scheduled commitment and for corrective action to be taken

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<sup>253</sup> This figure is based on manual returns compiled at the start of the year following the initial appointment. If this was done later in the year, many patients would have progressed further through the initiative resulting in an higher percentage being categorised under this heading.

<sup>254</sup> The NTPF wrote to patients who were longest on the waiting lists to inform them that their procedure could be done under the NTPF initiative and to contact them if they wished to proceed with the procedure through the NTPF.

- an overall review of all hospitals referral patterns which facilitates movement of treatment slots between hospitals<sup>255</sup>.

36.12 While overall the full allocation of slots was disbursed, not all hospitals fully utilise their quota. Figure 170 indicates the extent of variation during the year. The nine hospitals/areas outlined deviated by 21% from the original planned intake and 15% from the revised volume as adjusted in the course of the year.

**Figure 170 Hospitals with Allocated Slots Unused in 2009**

Hospital	Indicative Volumes Agreed in January	Movement during Year Following Reviews	Final Volume Figures Agreed Following Reviews	Total Number of Slots Used	Total Number of Slots Unused	% Unused
OLHSC Crumlin	450	-	450	427	23	5%
Limerick Regional Hospital and other HSE hospitals within this area	550	(50)	500	320	180	36%
Mayo General	20	-	20	9	11	55%
Mercy Hospital	200	(31)	169	144	25	15%
Tullamore Hospital and other HSE hospitals within this area	900	(56)	844	833	11	1%
Sligo Hospital	450	-	450	342	108	24%
St. James's Hospital	1,400	(170)	1,230	1,105	125	10%
St. John's Hospital	420	(24)	396	227	169	43%
Temple Street	220	20	240	228	12	5%
<b>Total</b>	<b>4,610</b>	<b>(311)</b>	<b>4,299</b>	<b>3,635</b>	<b>664</b>	<b>15%</b>

Source: NTPF

36.13 In the case of Mayo General, the hospital did not participate in the initiative in 2009. The 20 slots provided were for patients that contacted the NTPF directly from that hospital catchment area. Mayo General is, however, participating in the initiative in 2010.

36.14 In 2009, there were eight places offered by the NTPF to OLHSC Crumlin for patients requiring spinal surgery. However, only five patients from OLHSC<sup>256</sup> took up this offer.

<sup>255</sup> Following reviews in May and October 2009, treatment slots were reallocated to other hospitals participating in the initiative as it emerged that some hospitals were failing to refer patients or their referral rate was low.

<sup>256</sup> For 2010, the NTPF agreed with OLHSC Crumlin that they would facilitate eight patients that required spinal surgery. At May 2010, the PTR showed 23 patients waiting more than 12 months for this surgery at the hospital. At the same time, no patient has been referred by the hospital to the NTPF.

### **Public Hospital Referrals**

36.15 The Department permits the NTPF to refer a proportion of patients for treatment within the public system, capping the number of those referrals at 10% of its volume for the year. The rationale for the 10% was to limit public beds being used privately, to curtail consultants referring and treating their own patients and to allow for the treatment of patients who are not suitable to be referred elsewhere. This examination noted that from the data supplied by the NTPF 4.5% of inpatient treatments were performed in public hospitals in 2009.

36.16 Included in this 4.5% are some originally referred to the NTPF by the same hospital. The vast bulk of these are accounted for by five public hospitals as indicated in Figure 171.

**Figure 171 NTPF Arranged Inpatient Treatments carried out in the Public Hospitals that referred them**

<b>Same Hospital Referrals</b>	<b>Treatments Volumes being referred to NTPF</b>	<b>Treated In-House</b>	<b>Same Hospital Referrals %</b>	<b>Comments</b>
Cappagh Orthopaedic Hospital	393	153	39	This is a single speciality hospital.
OLHSC Crumlin	410	135	33	Limited paediatric services are available in the private sector.
Merlin Park Galway	364	84	23	Referrals from Merlin Park and University College Hospital Galway are combined under this heading.
Navan	136	51	38	
Royal Victoria Eye and Ear Hospital Dublin	1,078	192	18	This is a single speciality hospital.
<b>Total</b>	<b>2,381</b>	<b>615</b>	<b>26</b>	

36.17 It was noted from the data supplied that for 8.5% of treatments provided under the NTPF, the consultant referring and treating the patient was the same. This 8.5% can be further analysed by the status of the treating consultant. It was found that 3.7% of these treatments were provided in a public setting and 4.8% were provided in a private setting. These treatments cost €13.5 million in 2009, which was 16.3% of total treatment costs. The main specialities involved were orthopaedics (35%) and cardiology (17%).

36.18 It was also noted that from the data supplied by the NTPF relating to outpatient referrals that 32% of those were given an appointment in a public hospital. The associated cost was €643,000. Figure 172 outlines the major instances where outpatients on public hospital waiting lists were referred by the NTPF for consultations within the public system.

**Figure 172 Outpatient Consultations sent to Public Hospitals**

Hospital	Referred to the NTPF	Sent to Public Hospital	%
OLHSC Crumlin	401	363	91
St. James's	1,241	1,055	85
Tallaght	1,555	964	62
St. Vincent's	556	226	41
Temple Street	151	46	31

Source: NTPF

### Views of the Department

36.19 The Department stated that a cap of 10% public activity by patient volume has been set and this is intended primarily to enable the treatment of cases where there is limited or no suitable capacity within the private hospital sector. In addition, where the NTPF contracts with public hospitals, the activity concerned must be additional to that which the hospital is committed under its service plan and budget for the year in question.

36.20 The Department has not made any special stipulation in relation to the sourcing of outpatient consultations but in its view, the same principle would apply. The Department is satisfied, having discussed the matter with the NTPF, that there were valid clinical reasons, largely to do with maintaining a continuum of care for the patients concerned, for consultations in a number of fields to be arranged in the public hospitals concerned. It is the Department's understanding that the vast majority of the consultations in St. Vincent's (rheumatology), Tallaght (retinal screening) and St. James's (dermatology) did not lead to a requirement for inpatient treatment. By their nature, outpatient appointments represent a high-volume activity, with 3.4 million attendances in the public system in 2009. As such the number of those consultations funded by the NTPF in public hospitals represents a small proportion of the overall volume in the hospitals concerned.

## Cappagh Hospital Review

In 2009, the NTPF paid over €12 million or around 13% of its annual budget for orthopaedic related surgical procedures. As part of this review, arrangements at the National Orthopaedic Hospital in Cappagh, which is both a single speciality referring and treating hospital, were reviewed.

Numbers waiting for orthopaedic services are high in Cappagh and in the greater Dublin area. Most of the orthopaedic surgeons in acute hospitals in North Dublin have a contractual commitment to provide services in Cappagh Hospital. In 2009, Cappagh Hospital performed treatments for the NTPF for which it received over €2 million.

The input cost of orthopaedic implants varies widely. The Financial Controller in Cappagh Hospital carried out an exercise on the cost of surgical implants for procedures carried out at the hospital on behalf of the NTPF. The results show that

- the range of costs for knee implants varied from €2,433 to €10,166 and, over the 77 operations he reviewed, 12 costs were recorded as the same
- the range of costs for hip implants varied from €1,029 to €7,188 and, over the 76 operations he reviewed, only five costs were recorded as the same.

While the treating consultant will decide on the patient's clinical need, the NTPF and the Department should consider an implant procurement review to determine what savings may arise in national procurement and in standardising the range of implants being used (subject to clinical considerations).

The Accounting Officer noted that as with all public hospitals, Cappagh must operate within its financial allocation each year and hospital management are required to take the measures it considers necessary to ensure that this is achieved.

He stated that the issue highlighted in relation to the cost of surgical implants is one for the HSE in relation to ordinary public hospital activity and one for the NTPF as regards services for which it contracts. The Department understands that the HSE is already examining ways of providing orthopaedic surgery in a more cost-effective manner and that the use of lower-cost prostheses unless clinically indicated is among the issues being considered in this regard.

## Contract Management – Elective Treatments

36.21 At the start of each year, the NTPF enters into negotiations with private hospitals on prices for a range of procedures. Proposals are compared and considerations such as geographical spread, available capacity and other prices are taken into account before negotiations on final prices are concluded with individual hospitals. Negotiations can take up to three months to complete and are normally carried out in the first quarter of each year. When agreements between the NTPF and private hospitals are reached, NTPF's information systems are updated to reflect the new prices that rule from that point onwards. The agreements provide for terms and conditions including discount arrangements and pricing structure. During the year, some prices may be renegotiated as circumstances change for either the NTPF or the hospital.

36.22 As part of the audit, assurance was sought using computer assisted audit techniques, that payments to private hospitals were being made in line with the contracted prices.

36.23 It was found that 90% of the payments examined could be matched within a reasonable variation to the corresponding price per the pricelist.

36.24 For the remaining 10% of payments, a sample of 71 payment details were examined and the related papers reviewed. The review showed

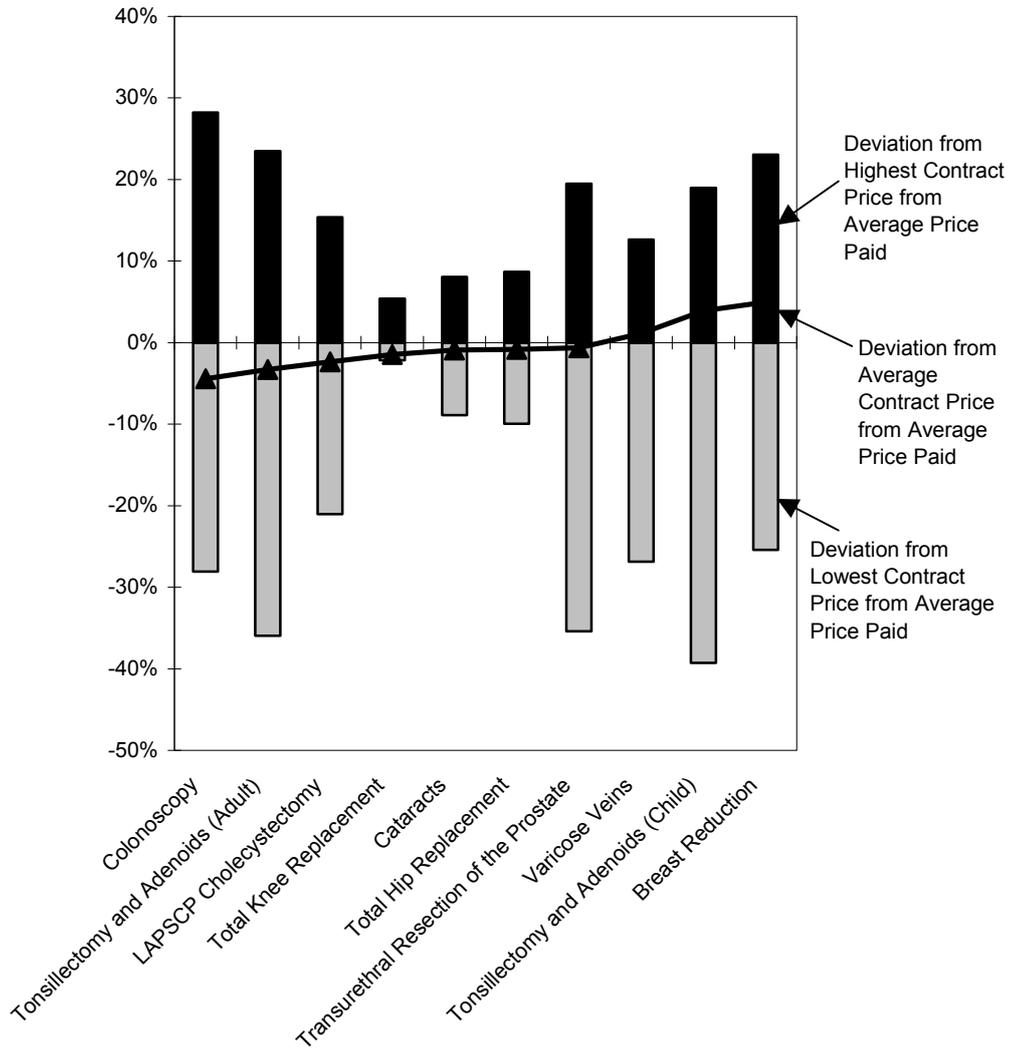
- 57 payments could be matched to the price list when account is taken of specific circumstances applying to the procedures in question
- overcharging had occurred in one case
- undercharging had occurred in 13 cases.

36.25 Of the 14 cases of incorrect charging, eight cases related to one hospital with the net amount involved just over €1,900. As a result, there was reasonable assurance that overall payments were materially correct.

36.26 Also as part of the examination, a list of aggregate payments made by the NTPF by procedure was prepared. From this list, ten of the higher cost procedures were selected and the average price paid was calculated. This was then compared with the average contract price.

36.27 There was a wide variation in the contract prices agreed with individual suppliers. However, actual payments made deviated little from the average contract price and overall were 0.2% below the average contract price for the ten procedures examined. These procedures accounted for 38% of the cost of elective procedures. Figure 173 graphically displays this deviation from average price paid from the average, highest and lowest contract price.

**Figure 173 Average Price Paid from Average, Highest and Lowest Contract Price**



## Waiting List Validation

36.28 In view of the results of two sample validation exercises<sup>257</sup> carried out in 2009 that reviewed 6,331 patients waiting over nine months for treatment on the PTR, the accuracy of some waiting lists may be subject to some doubt. This appears to be largely due to poor administration practices in hospitals. The validation exercises found that no patients were available for NTPF treatment. The results were broken down as follows

- 28% of cases required treatment in their own hospital as the surgery required was deemed unsuitable for the NTPF
- 5% of cases declined to be treated by the NTPF opting for treatment in their own hospital
- 38% of cases were not available to the NTPF due to administration or follow up issues i.e. those hospitals not adhering to agreed waiting list guidelines
- 29% of cases were incorrectly included on the PTR as per the PTR guidelines.

36.29 Overall, in the validation exercises conducted the NTPF found 33% of the cases examined in the course of validation were either unsuitable for referral to the NTPF or declined NTPF treatment and that 67% should either not have been counted as active waiters or the hospitals were unsure whether patients still required treatment. A small number of hospitals account for this high volume.

36.30 In regard to the 28% of long waiting patients who are considered to be suitable only for treatment in their own hospital, there is an apparent need to examine why public hospitals do not have the capacity to provide procedures for those small number of long waiting patients considering the overall volume being treated annually and the fact that hospitals appear to have the capacity to treat the vast majority of their shorter waiting patients within a more acceptable timeframe<sup>258</sup>.

36.31 The validation exercise also noted that a small number of hospitals account for a large percentage of the longest waiters and some of these hospitals did not take up all the slots available to them from the NTPF in 2009.

36.32 Some specialities account for a large proportion of the waiting list. For instance, the NTPF stated that the volume of patients waiting on orthopaedic procedures has increased from 1,995 to 2,466 (24%) between May 2008 and May 2010. Patients waiting for hip and knee replacements represent almost half of this increase. Of the total increase for this category of patient, almost 70% were either in the Midland Regional Hospital Tullamore or Tallaght Hospital. Figure 174 outlines the movement in these two common procedures in these hospitals over this period.

<sup>257</sup> A validation exercise consists of a review of inpatient waiting list data to ensure (by means of spot checks) that the data is accurate and that the national guidelines for the management of inpatient waiting list data are being implemented in hospitals.

<sup>258</sup> The median waiting time for all procedures is 2.5 months. The top 20 adult surgical procedures (approximately 70% of all surgical procedures) have an average waiting time of 2-5 months. Source: **Report on the National Patient Treatment Register**, April 2010.

**Figure 174 Patients Waiting over Three Months from May 2008 to May 2010**

Period	Hip Replacement		Knee Replacement	
	Tullamore Hospital	Tallaght Hospital	Tullamore Hospital	Tallaght Hospital
May 2008	88	72	59	70
May 2010	142	106	129	109
Increase	61%	47%	119%	56%

Source NTPF

36.33 If these volume changes were replicated in other hospitals, it would impact on NTPF capacity to provide the service outlined in its service agreement with the Department as these are high cost procedures.

## Views of the Department

36.34 The Accounting Officer stated that the Department works to ensure that a co-ordinated approach between the HSE and the NTPF is in place for tackling the numbers on waiting lists for longer than 12 months and this has been successfully implemented to a considerable degree. The number waiting for more than 12 months fell from 4,637 in December 2007 to 719 in December 2009. It is noted that a small number of hospitals and specialities within hospitals account for a large proportion of those waiting in excess of a year.

36.35 It has been indicated by the Department to the NTPF that a tight focus should be maintained on numbers waiting to ensure that all patients who require inpatient treatment receive it within 12 months of being placed on a waiting list. In light of the reductions achieved with the “over 12 months” cohort, the NTPF has also been asked in 2010 to place a new emphasis on those patients waiting for nine months or longer for treatment.

36.36 The Accounting Officer stated that the Department is satisfied that the revised National Waiting List Policy Guidelines, which were finalised and promulgated to the hospital system in late 2009, provide the basis for an accurate measure of the numbers awaiting inpatient treatment. The task of applying these guidelines falls to the public hospitals in the first instance.

36.37 The Accounting Officer also stated that waiting lists arise in the face of budget-limited care, and it would be wrong to assume that they can be eliminated entirely by the public system simply increasing its total output marginally. The real challenge is to manage output effectively, and to find efficient ways of minimising waiting times for public patients. The Accounting Officer considers that the NTPF generally meets this target in a cost effective way.

## Waiting Time

36.38 The NTPF is required to focus on those patients waiting longest for hospital procedures. Patients that are treated by the NTPF can be sourced from two streams which are

- patients that are on the PTR, have seen a consultant and require a procedure
- patients that have received an appointment under the pilot outpatient initiative and require a procedure. As part of this initiative, arrangements for the treatment of patients that require a procedure as a result of the appointment are made by the NTPF.

36.39 In 2009, 16,782 patients were treated from the PTR and 3,213 patients treated as a result of outpatient appointments arranged by the NTPF.

36.40 A review of data held in respect of patients treated through the NTPF in 2009 found that, on average, patients on the PTR and treated by the NTPF waited 59 days from the time the NTPF ordered treatment to the date they were admitted to hospital. The average number of days from placement on the public hospital waiting list to the date those patients received treatment was 297 days. Figure 175 sets out the waiting times experienced by both adults and children.

**Figure 175 Waiting Times by Treatment Category<sup>a</sup>**

Adult/ Child	Treatment Categories	Number of Patients Treated	NTPF Waiting Time <sup>b</sup> (days)	Total Waiting Time (days)
<b>Adult</b>	Day Case	2,346	29	253
	Inpatient	<u>12,898</u>	65	302
		<b>15,244</b>	<b>60</b>	<b>295</b>
<b>Child</b>	Day Case	113	39	391
	Inpatient	<u>1,425</u>	50	312
		<b>1,538</b>	<b>49</b>	<b>318</b>
<b>Total</b>		<b>16,782</b>	<b>59</b>	<b>297</b>

Notes:

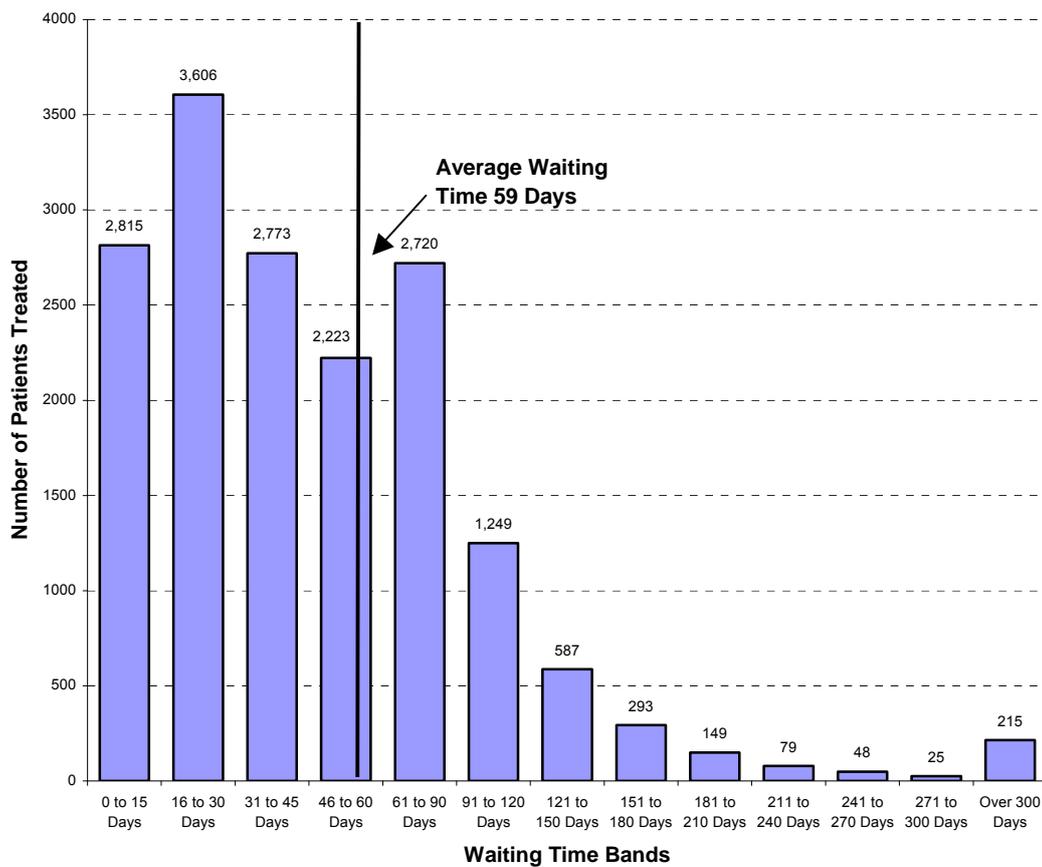
- a Some long waiting cases could distort the view by bringing the average up. The median for the NTPF waiting time is 41 days and total waiting time is 248 days. The median is the middle patient in each category.
- b This refers to the average number of days from the NTPF placing the treatment order to admission for procedure.

36.41 Overall in 2009, it was found that patients had been waiting for admission to hospital for at least seven or eight months<sup>259</sup> prior to availing of NTPF arranging treatment. On referral to the NTPF, the average waiting time from that referral to admission was 59 days. However, a considerable number of patients waited much longer than this while on the other hand, many patients spent little time on the waiting lists. Figure 176 displays the data on which the analysis is based in graphical format.

<sup>259</sup>

This depends on whether the average or the median is used.

**Figure 176 Waiting Time for Patients Treated<sup>a</sup>**



Note:

a Waiting time is measured from the date that NTPF ordered treatment to the date of admission to hospital

36.42 It was found that the patients treated under the pilot outpatient initiative had spent on average 554 days from placement on public waiting lists for outpatient consultations to the time of referral to the NTPF for consultation and 139 days from that referral to admission to the hospital. The results of the analysis are presented in Figure 177, which sets out the waiting times experienced by both adults and children.

**Figure 177 Waiting Times – Outpatients Treated**

Adult/Child	Number of Patients Treated	Average Number of Days from placing on Public Hospital Outpatient Waiting List to Admission	Average Number of Days from placing on Public Hospital Outpatient Waiting List to Referral to the NTPF	Average Number of Days from Referral to NTPF to Admission
Adult	3,028	694	554	140
Child	185	663	537	126
<b>Total</b>	<b>3,213</b>	<b>693</b>	<b>554</b>	<b>139</b>

## Conclusion

The NTPF is treating patients who have been waiting long periods for treatment. On average, patients may expect to wait around eight months before admission to hospital.

Prices paid to private hospitals for procedures carried out under the NTPF system match closely with those contracted for, with variations from the contract price being generally explained by the circumstances of the case.

The NTPF reports that the vast majority of hospitals are now adhering to a revised National Waiting List Policy Guidelines agreed by it, the Department, the HSE and the hospitals and introduced in December 2009. However, five hospitals are still returning data that does not comply with this policy. Consequently, the results of its validation exercises would suggest that scope remains to improve the reliability of the PTR so that it represents the true numbers of patients awaiting treatment for medical conditions.

In the case of outpatient consultations validation exercises found a similar pattern applies in that, following validation, only 50% of patients took up consultations and over one-quarter were validated off the list. This points to the need to address the way outpatient waiting is recorded and managed. The NTPF has pointed out that one of the reasons this percentage was so high is that it targeted those longest on the waiting list who, in many instances, were patients who had waited several years for a consultation and treatment.

Based on the high attrition rate, it would suggest, that outpatient waiting lists would be more accurate and reliable if co-ordinated through a central collection system which could be validated in a manner similar to the validation of the PTR for inpatients. Accurate data on volumes of patients waiting for OPD appointments across the system is necessary to support the more efficient delivery of services, as only by identifying actual demand can the system respond with planned supply.

There is an opportunity to look at this aspect of waiting list management under the new arrangements being developed by the HSE.

