

The Taming of the Queue

- Is there anything to learn from the English Experience?

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Canada – England: Comparative Waiting Times

Across a range of inpatient specialities, the targets are more challenging and the waiting times are shorter in England than in Canada

Condition	England ***		Canada	
	Target	Compliance	Target	Compliance
Emergency Department	4 hours	98%	4 hours	Median wait time for admissions 19 – 24 hours*
Cancer	2 weeks	100%	4 weeks	100% - 81% **
Cardiac (CABG)	18 weeks	92%	26 weeks	100% - 91% **
Hip Replacement	18 weeks	87%	26 weeks	90% - 45% **
Knee replacement	18 weeks	87%	16 weeks	86% - 37% **
Cataracts	18 weeks	94%	16 weeks	88% - 60% **

* Canadian Wait Time Alliance, National Physician survey

** CHI: Wait Times Tables-A Comparison by Province, April 2009

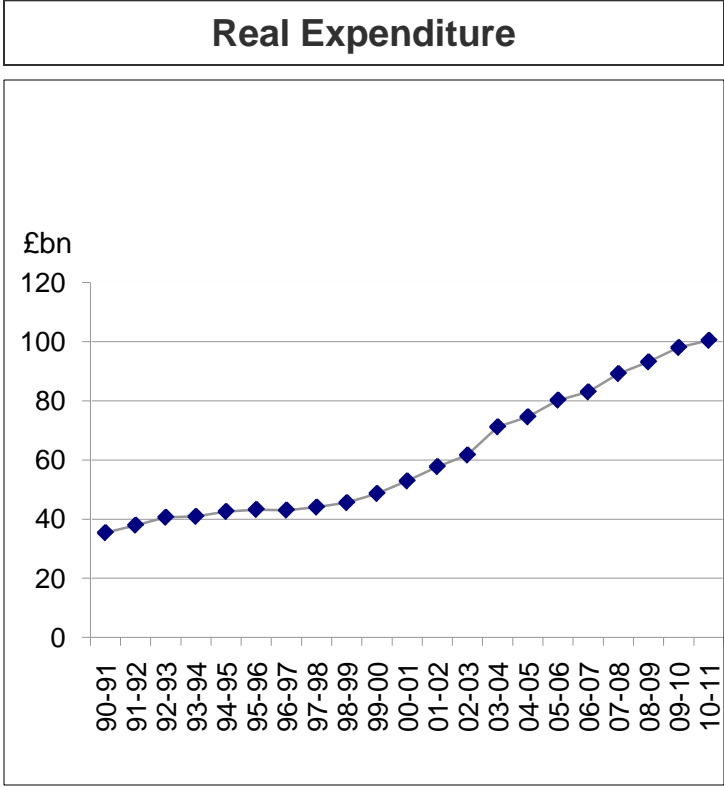
*** Department of Health, England, 2009

Historic growth in NHS Funding and the future

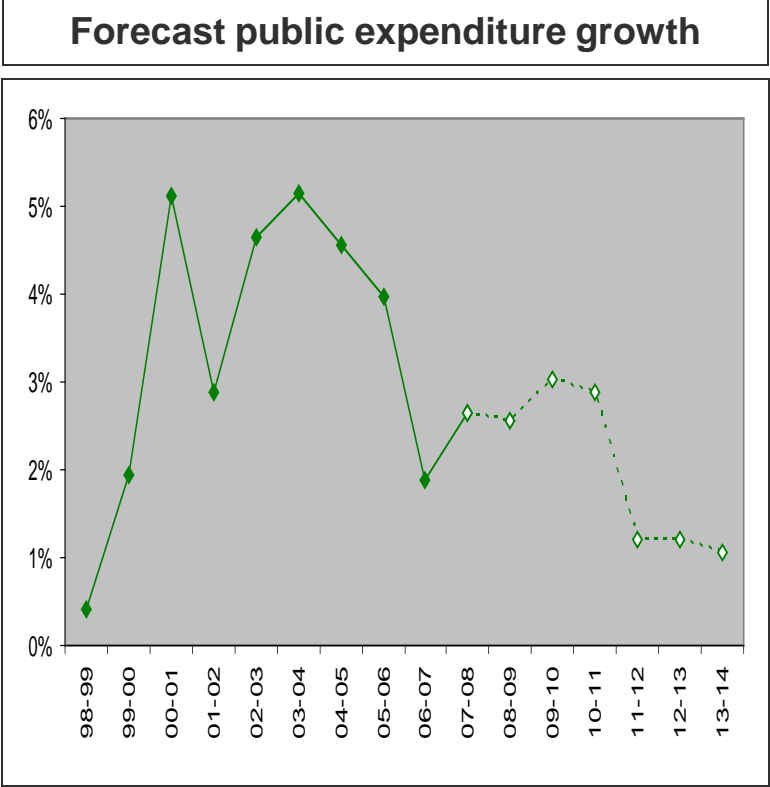
Since 1999, the NHS has received funding growth at an unprecedented rate.

This is about to stop – forecast real growth for the next three years is zero.

The UK spends just under 9% of GDP on health – still lower than Canada.



1991 – 1997: Average real growth 3.4%
 1991 – 2009: Average real growth 5.6%
 1999 – 2009: Average real growth 7.7%

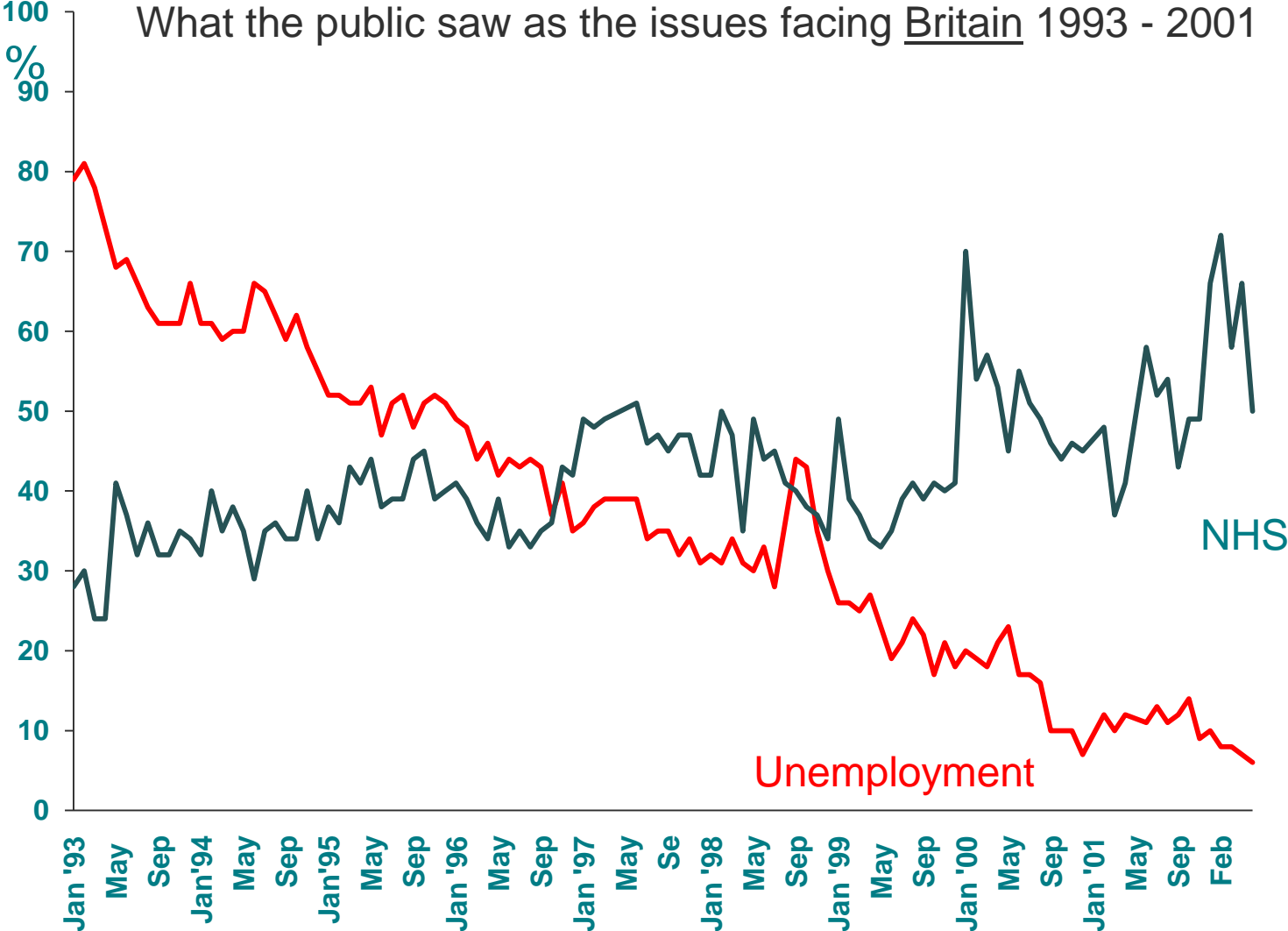


HM Treasury Budget 2009

How waiting became top priority

Why the focus on the NHS?

Since the Blair government had taken power in 1997, the NHS had overtaken the unemployment as the biggest issue in public consciousness



Why was waiting so crucial?

The public measure of success in improving the NHS was more doctors and nurses and shorter waiting

Q Which three things would make you feel the NHS is improving?

Winter 2002

Top 6 mentions

Shorter waiting lists for operations



Shorter appointment waiting times



More nurses



More doctors



More money



Shorter casualty waiting times



Other



Don't know



The two phase approach – targets and system reform

Targets – drove improvement with unforeseen consequences

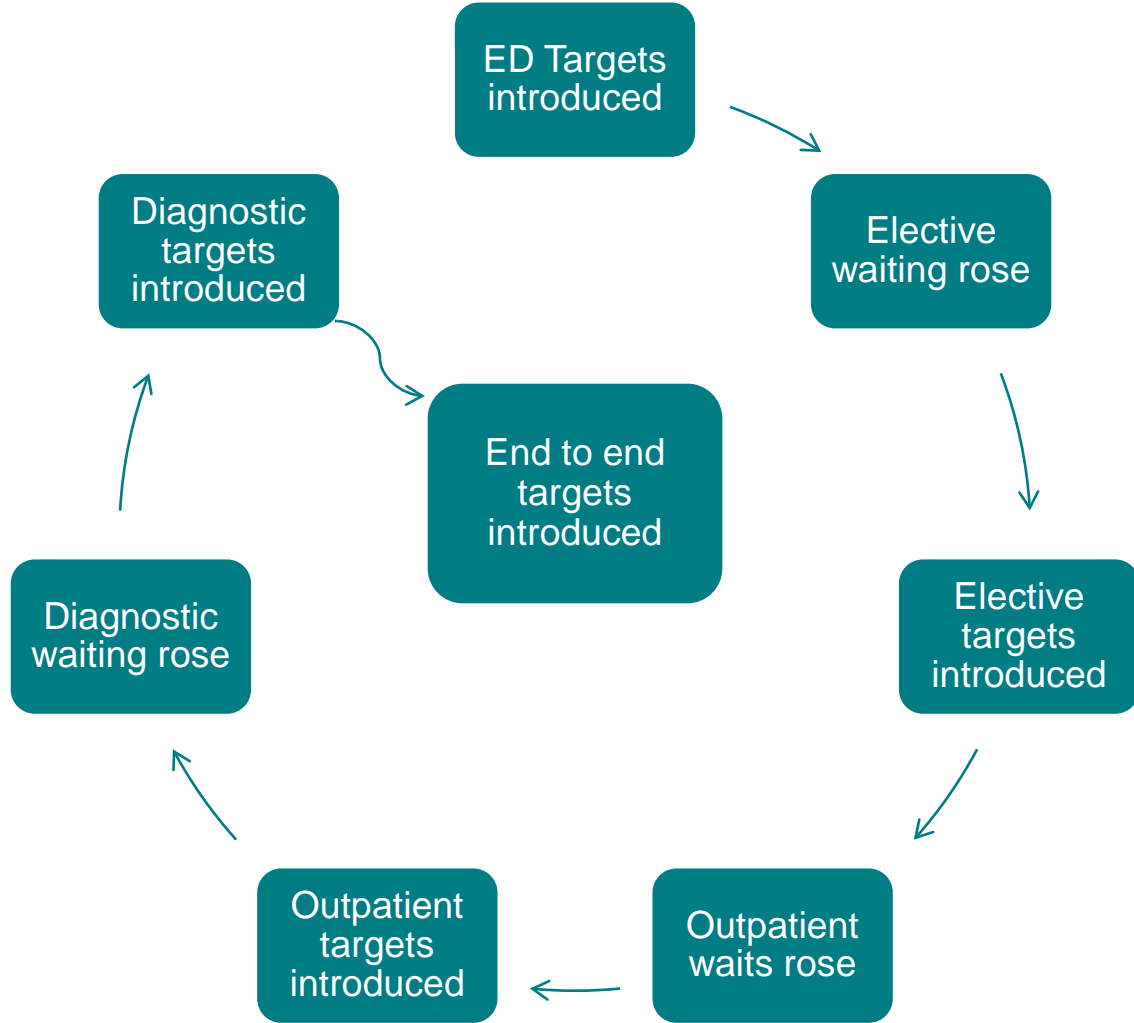
Health service administrators “gamed” the target system.

The DH chased this with ever more detail targets and inspection

Finally, we have referral to treatment targets with wider acceptance.

The concept of targets has been permanently damaged

T R I B A L

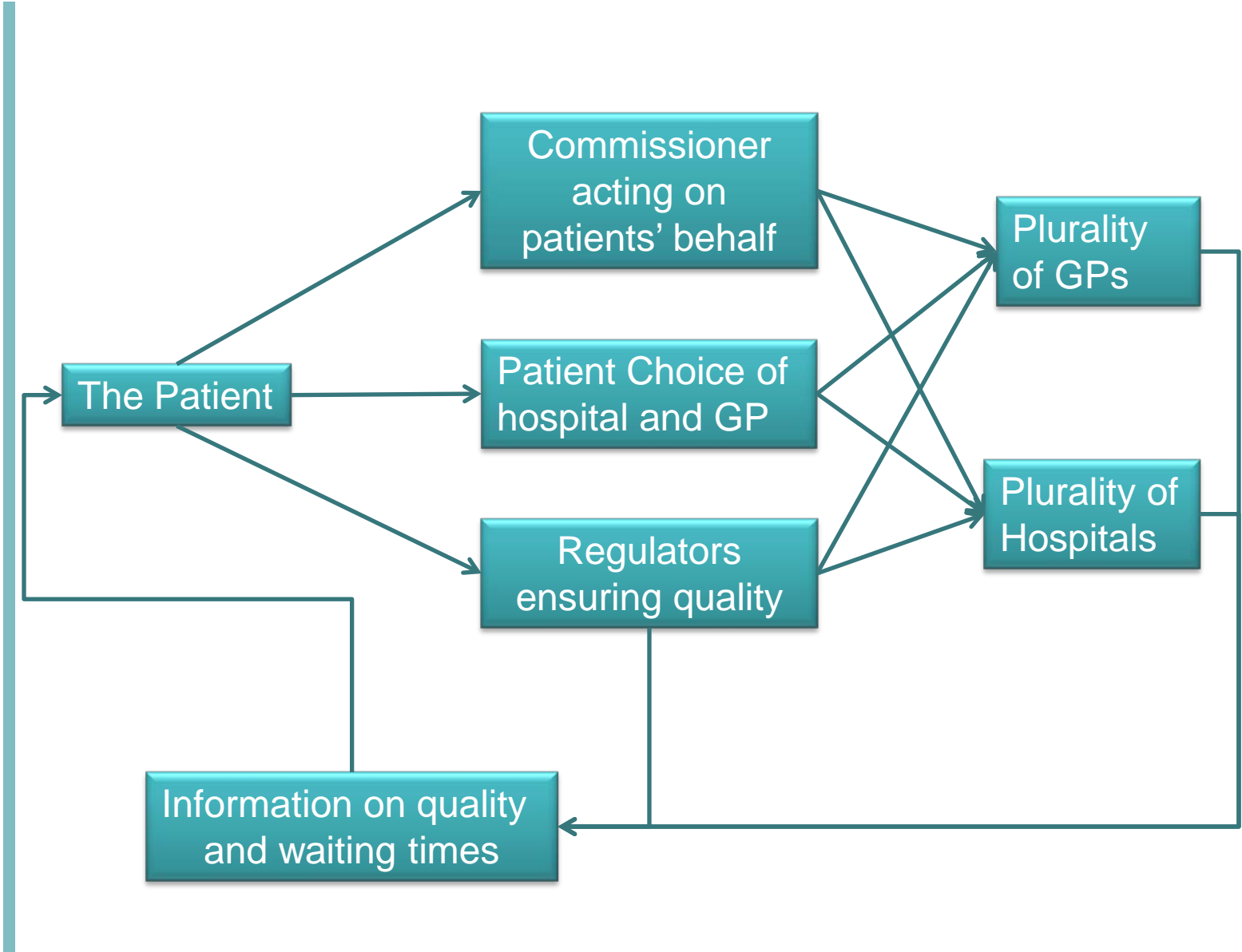


System reform created excellence and sustainability

A self-improving system needs to have structures that place incentives and controls in the right place.

The NHS uses (imperfectly):

- Commissioning
- Choice
- Regulation
- Transparency

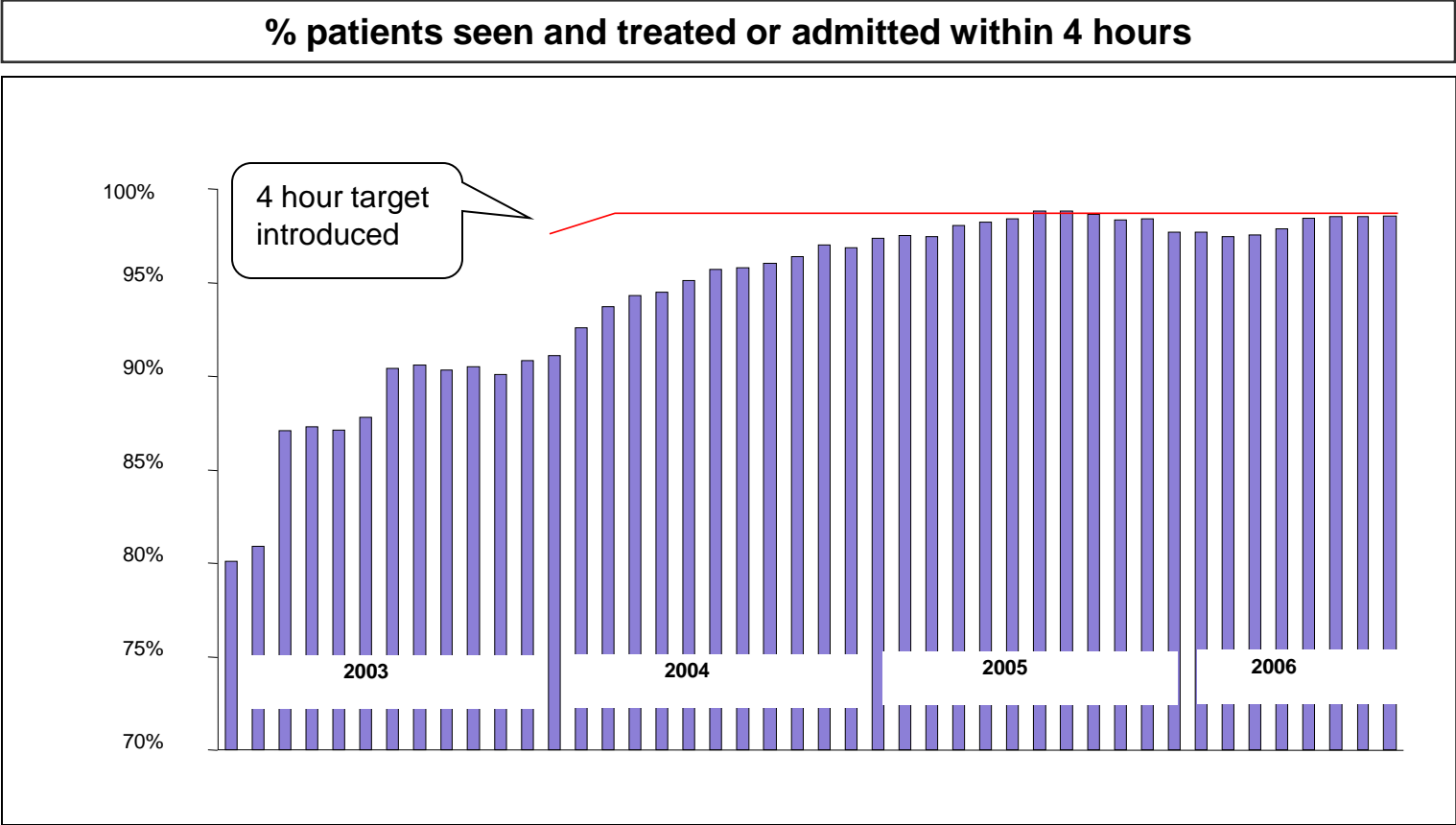


The impact

- Emergency access
- Elective wait times
- Outpatient waits
- Diagnostic waits
- Referral to treatment times
- Impact on outcomes

Reductions in Emergency Admission waits – English NHS national data

Between Jan 2003 and Dec 2006 the percentage of patients waiting over 4 hours in ED for admission or discharge fell from 20% to less than 2%

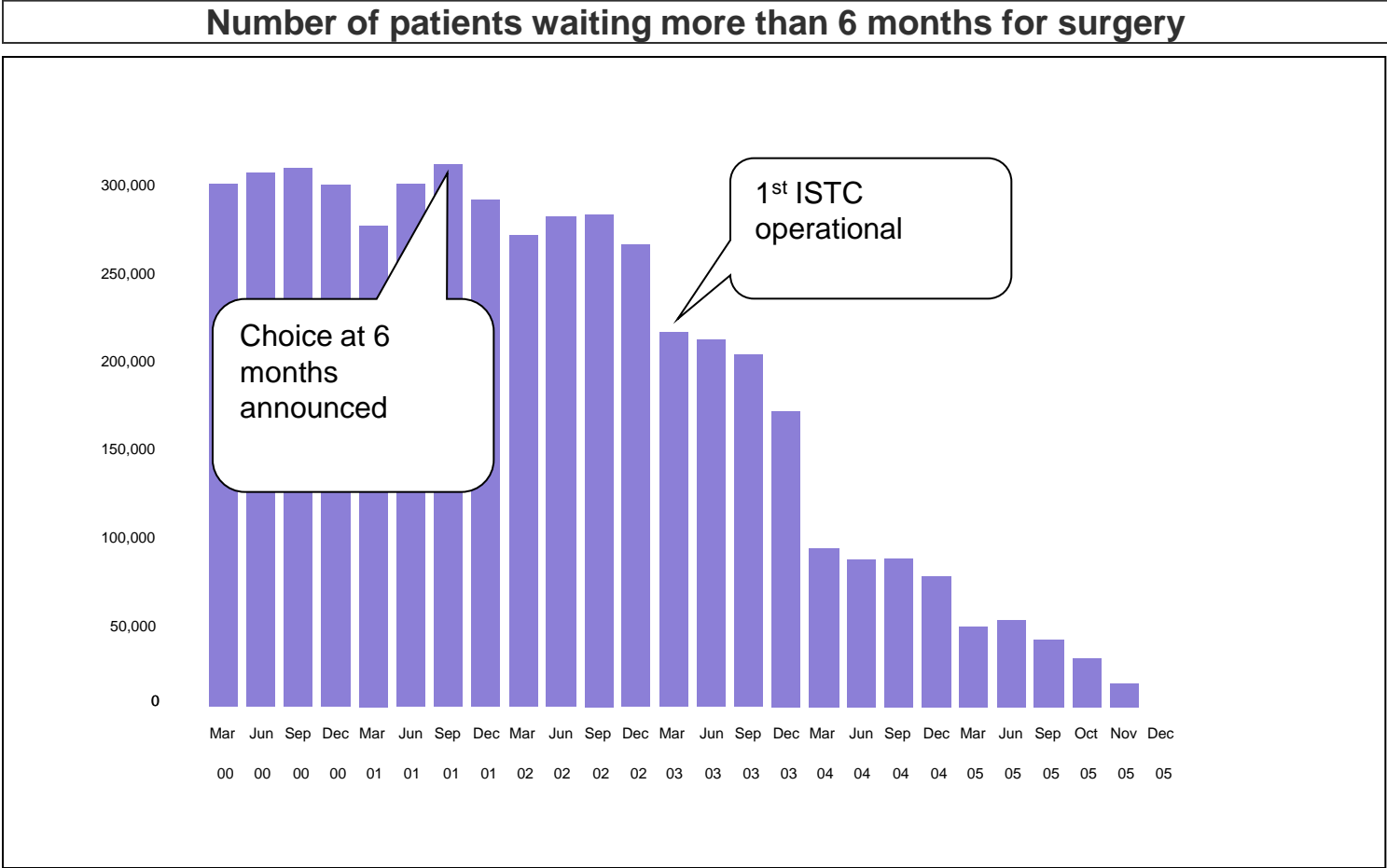


Standard

98% of patients to be seen, treated and discharged or admitted to an appropriate bed within 4 hours of arrival.

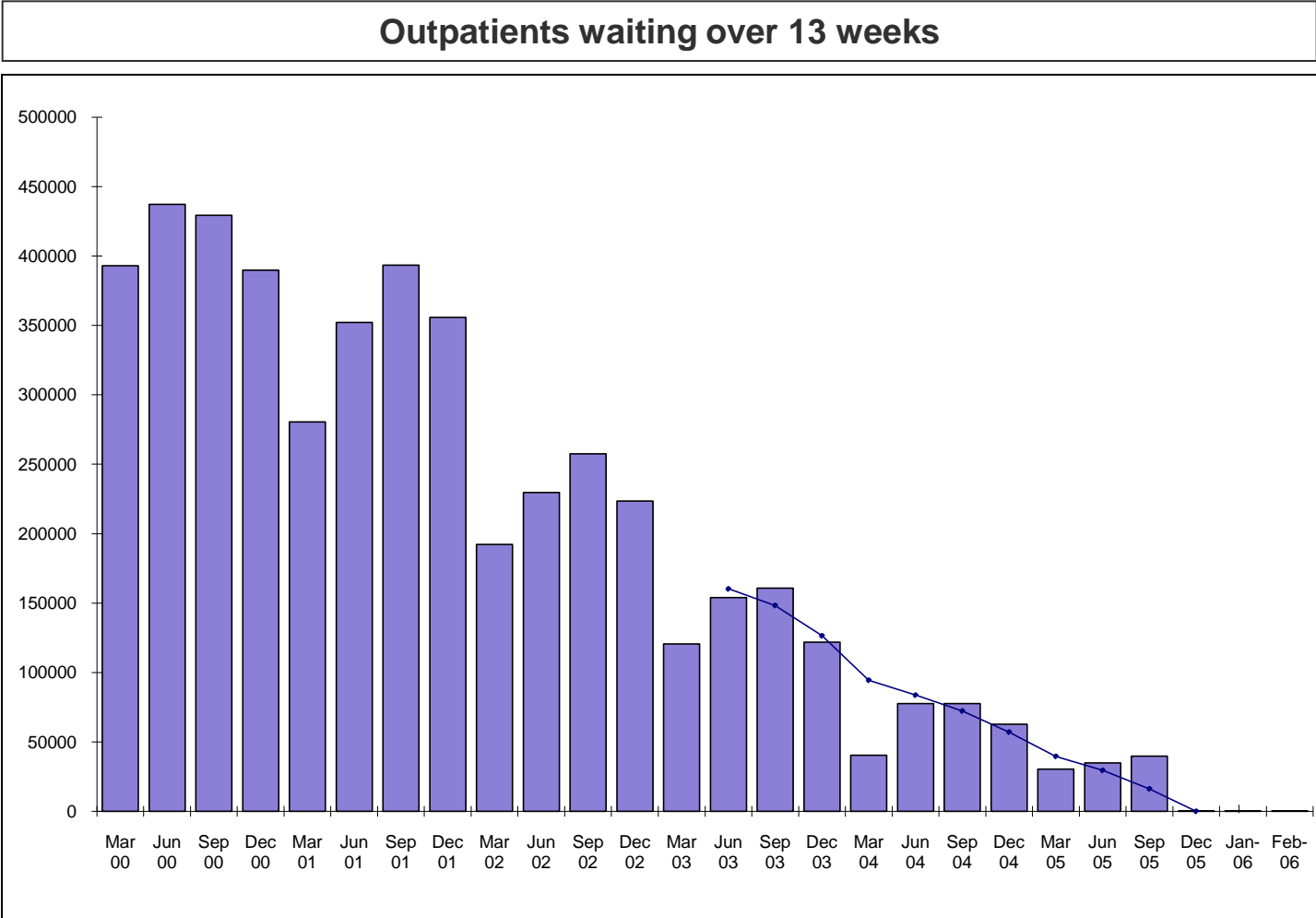
Reductions in elective waiting times

Between Mar 2000 and Dec 2005 the number of patients waiting over 6 months for surgery fell from 300,000 to zero



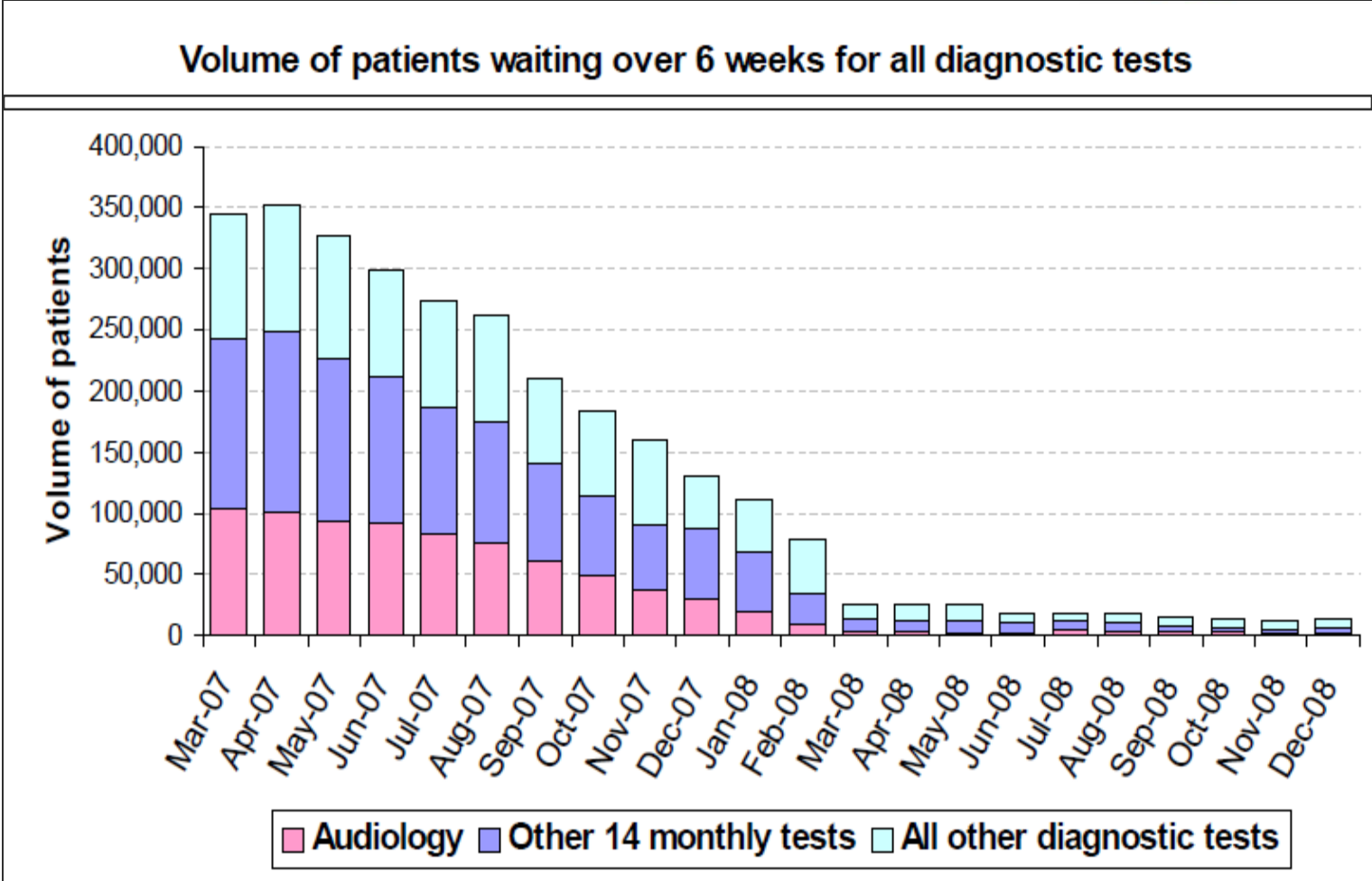
Reductions in outpatient waiting times

Between Mar 2000 and Dec 2005 the number of patients waiting over 13 weeks for an appointment fell from 450,000 to zero



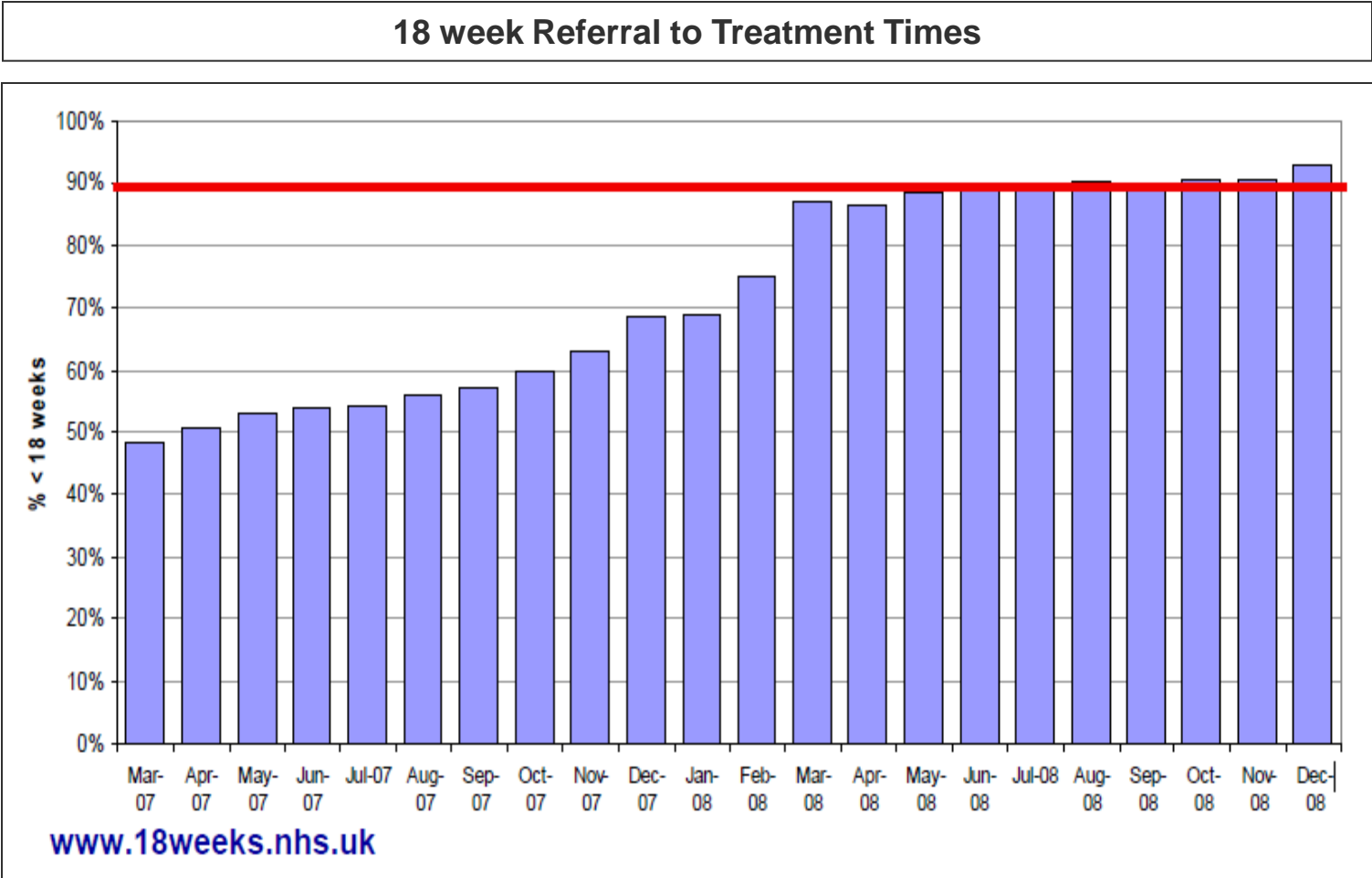
Responding to the black hole in diagnostic testing

Between Mar 2007 and Dec 2008 the number of patients waiting over 6 weeks for a diagnostic test fell from 350,000 to less than 20,000



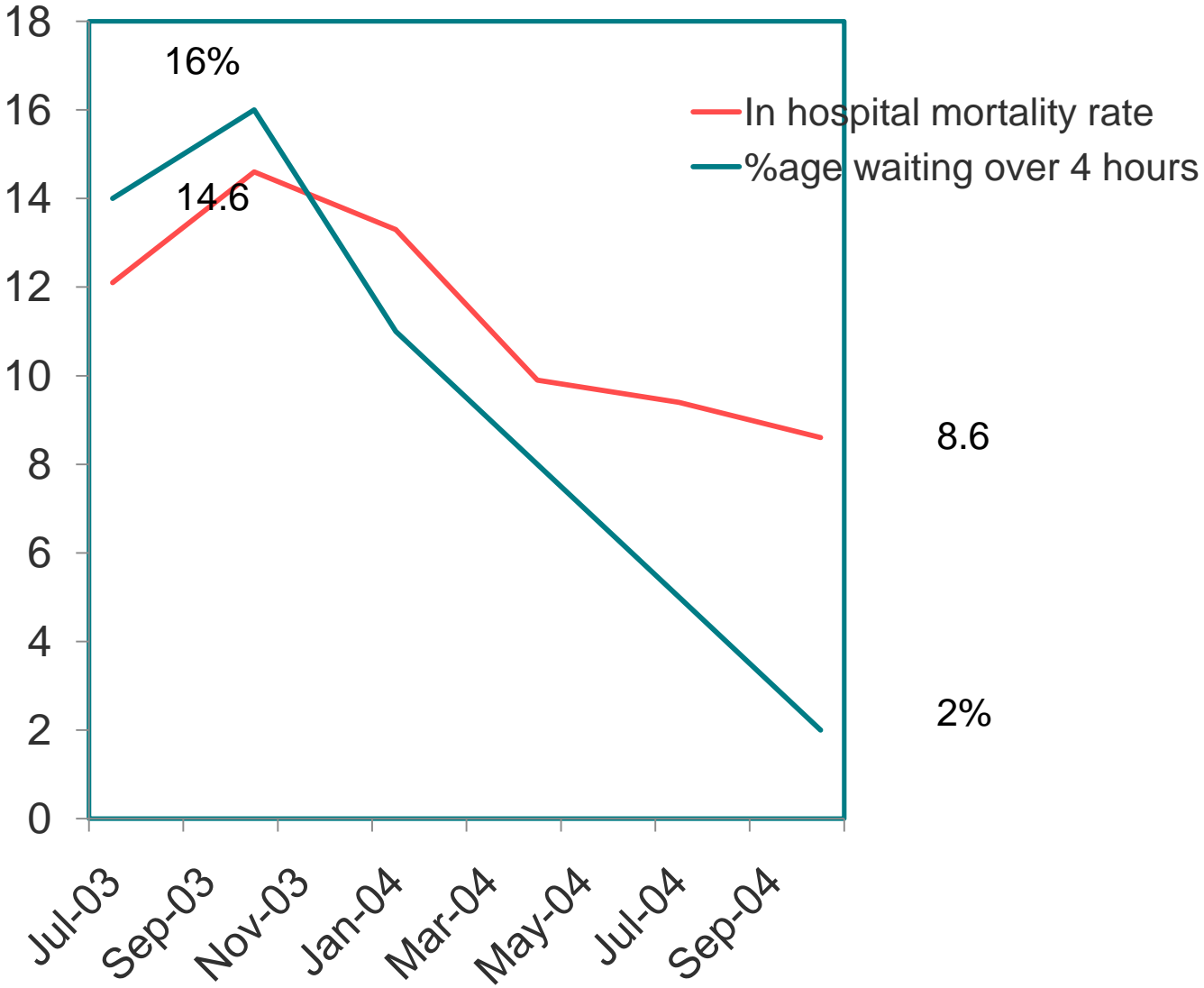
Taking a holistic approach – referral to treatment times

Between Mar 2007 and Dec 08 the number of patients waiting over 18 weeks from referral to treatment fell from over 50% to under 10%



Correlation between ED waiting times and in-hospital mortality rates – example hospital

An unforeseen impact of reducing ED waits was that once they dropped below 16% of patients waiting over 4 hours, in hospital mortality rates started to fall markedly



So what made a difference

So what made a difference?

Government Contribution

- **Additional capacity**
 - Beds, doctors, nurses
- **Performance Management**
 - Some high profile sackings
- **Modernisation Agency**
 - New best practice tools
- **Transparency**
 - To the public and to staff
- **Patient Choice**
 - More cultural than real
- **A little competition**
 - Huge impact on elective surgery

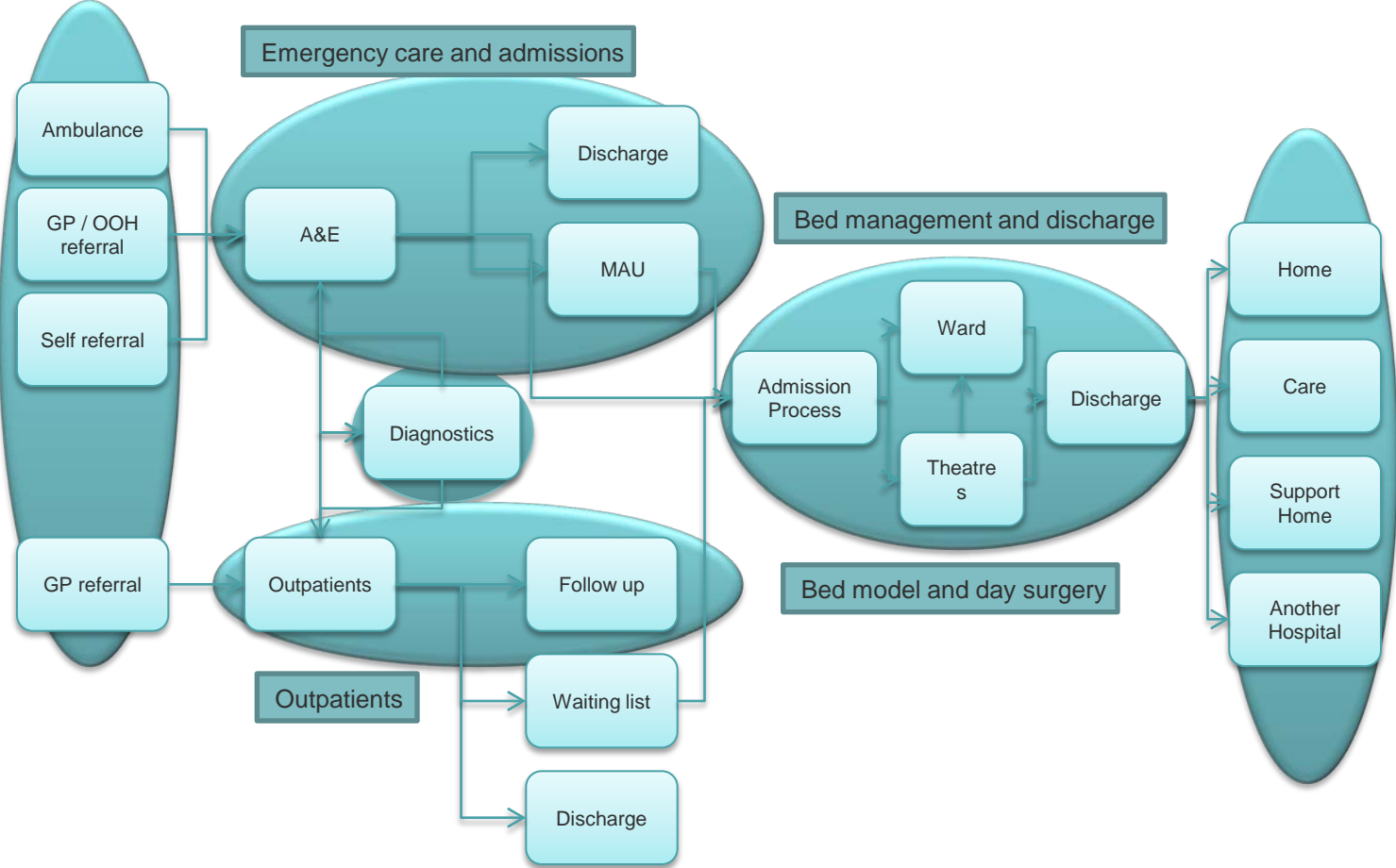
What we did for ourselves

- **Focus**
 - Waiting hadn't mattered before
- **Belief**
 - When staff believed it could be done
- **Peer pressure**
 - Looking at other hospitals
- **Fundamental redesign**
 - Taking apart many processes for the first time for 50 years

Managing the whole systems

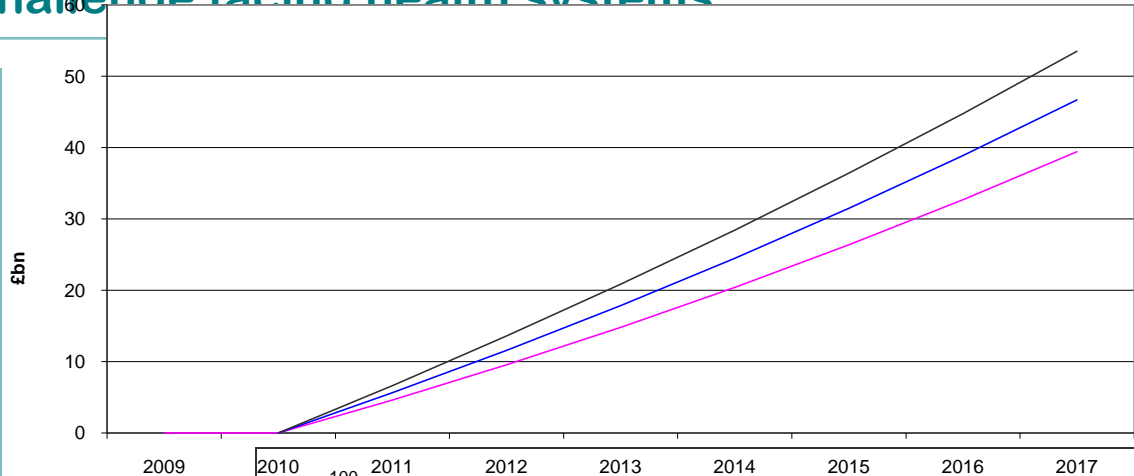
Improving hospitals requires them to be treated as complex systems, not as a series of little projects.

ED waiting times are influenced as much by the culture of the ward sisters as they are by the organisation of the ED



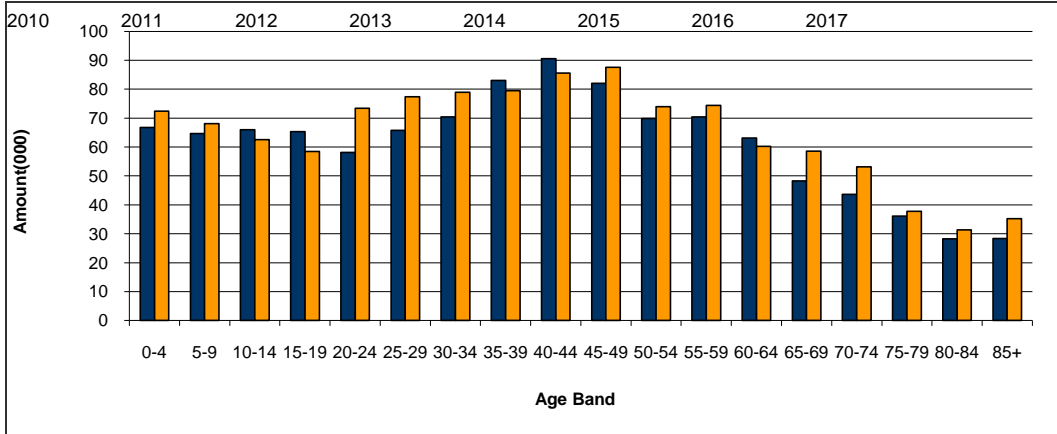
Looking forwards

Scale of the challenge facing health systems

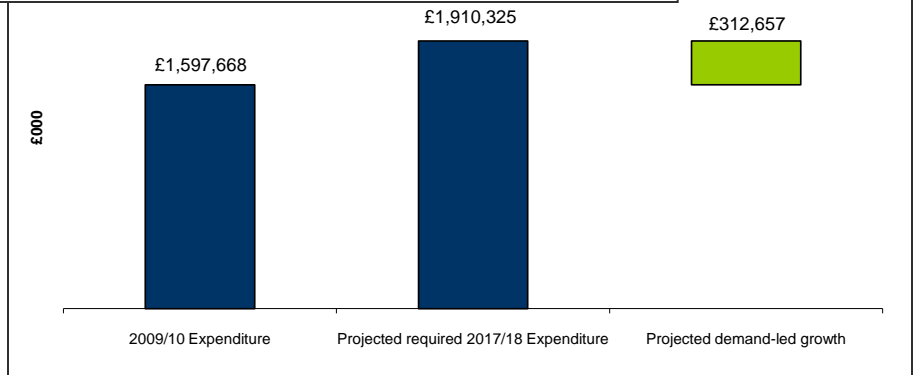


funding growth
potential
crisis

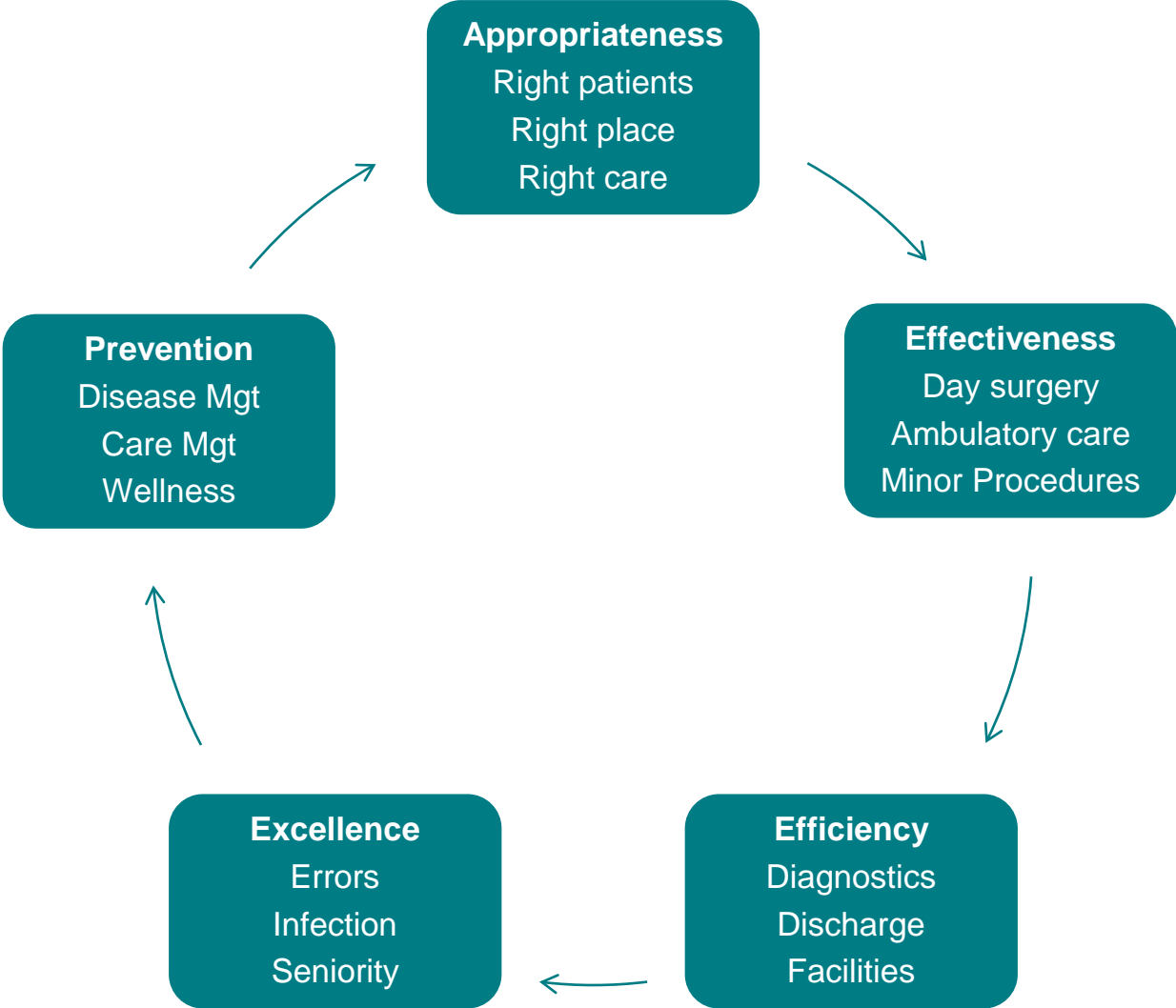
Population pressures create future cost pressures



Good management today is planning for quality improvement and cost reductions



Virtuous circle of reducing demand



Post-script

People still think waits are getting worse

Irritatingly, five years into the transformation, nearly half the people thought waiting times had got worse.

After ten years, there is a grudging acceptance that waiting has improved.

% who think waiting times are getting...

