

TALKING POINT

DHSS waiting list statistics—a major deception?

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It has been suggested recently that the Department of Health and Social Security's instructions for collecting National Health Service waiting list statistics in England and Wales¹ contain anomalies as a result of the exclusion of several categories of patients awaiting surgery.² The aim of this study was to quantify the anomalies in one district general hospital and to assess their effect in different surgical specialties.

Method

The DHSS instructs its staff on form SBH 203 to exclude various categories of patients when collecting information on waiting list statistics. The excluded groups include day cases, patients who wish to defer admission for personal reasons, including patients who have already failed to accept an offered date for admission, and patients who do not require admission until a later date for medical reasons. The number of patients in these excluded categories was identified in each surgical specialty in one district general hospital at a particular time.

In addition, the actual number of patients admitted under the care of one general surgeon in a three month period was studied and the number of bed days resulting from elective admissions and emergency admissions in this period was recorded.

Results

Details of all 1094 patients awaiting admission under the care of 10 surgeons are presented. Three of the surgeons were general surgeons, two were otolaryngologists, two were gynaecologists, two were orthopaedic surgeons, and one was a genitourinary surgeon.

The length of time that each patient had been on the waiting list and the proportion of patients who had failed to accept an offered date for admission are recorded in table I. Altogether 314 patients (28.7%) had already been offered admission but had declined for medical or social reasons.

Table II shows the expected inpatient stay for each patient, including day cases, on the waiting list according to specialty. This was estimated by a consultant surgeon with knowledge of the medical condition necessitating admission. The significance of the day cases varied greatly between specialties. For gynaecology none of 104 patients on the waiting list was planned as a day case, compared with 125 planned day cases from a total of 228 patients awaiting genitourinary surgery (55%).

Another group excluded from the DHSS waiting list statistics are patients whose admission has been deferred until a later date for medical reasons—for example, patients required to lose weight before surgery or patients needing review after tumour surgery. Of

these patients, 46 (out of 218) were general surgical patients and 163 (of 228) urological patients. This contrasts with patients on the ear, nose, and throat, orthopaedic, and gynaecological waiting list, none of whom fell in the "deferred" category (table III). Thus it

TABLE I—Patients who failed to attend when offered admission

Time on waiting list (months)	No of patients	Patients who failed to attend
0-3	450	59
3-6	204	39
6-12	230	58
12-24	134	85
Over 24	76	73
Total	1094	314

TABLE II—Expected inpatient stay in days

Specialty	Length of stay (days)					Total No of patients
	Day cases	1-3	4-7	≥8	Average	
Gynaecological surgery	0	72	4	28	4.3	104
Genitourinary surgery	125	61	2	40	2.9	228
General surgery	90	41	76	11	3.0	218
Orthopaedic surgery	45	39	0	8	2.2	92
Ear, nose, and throat surgery	65	122	248	17	3.8	452

TABLE III—Patients on "deferred" waiting list

Specialty	No of patients awaiting admission	Patients on "deferred" waiting list
General surgery	218	46
Genitourinary surgery	228	163
Ear, nose and throat surgery	452	0
Orthopaedic surgery	92	0
Gynaecological surgery	104	0

otolaryngology all 452 patients were included on the "official waiting list," but in genitourinary surgery 163 of 228 (71%) were excluded from the DHSS's list because they were waiting for review procedures. Yet all represented future planned work for the hospital, and all needed a surgical procedure in the operating theatre. Most of these were day cases requiring a cystoscopy check for review of bladder tumour.

In the second part of the study the 448 patients who were actually admitted under the care of one general surgeon (PAS) in the three month period were reviewed. Of these, 299 patients (67%) were admitted from the waiting list, 117 being day cases. One hundred and forty nine patients (33%) were either emergency admissions or urgent transfers from other wards in the hospital, and of these just

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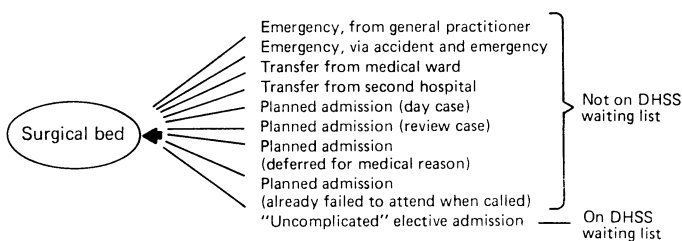
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seven were day cases. The elective admissions accounted for 882 inpatient days and the emergency admissions 1008 inpatient days. The average length of stay of an elective admission was 2.9 days, compared with 6.8 days for emergency admissions. Although 67% of patients were admitted electively, they accounted for only 47% of the bed day occupation that resulted from the admissions.

Discussion

Patients may be admitted to a surgical bed, either as a planned or as an emergency admission, as a result of a consultation that may take place in many locations, including the outpatient clinic, accident and emergency unit or a medical ward, the general practitioner's surgery, the patient's home, or a consultant's private rooms. The admission may be immediate or deferred and if deferred this may be for many reasons, including lack of medical urgency, lack of bed availability, or a delay for medical or social reasons. The possible routes to a surgical bed are outlined in the figure. The



Possible routes to a surgical bed.

official DHSS waiting list figures include only a proportion of the total number of surgical admissions; patients requiring checks or reviews, day cases, as well as patients deferred for medical, social, or personal reasons are not included.

An analysis of the waiting list for an entire district general hospital at a specific time produces several interesting facts. The longer an individual patient has been waiting the more likely it is that he will have declined one or more opportunities to be admitted so that after two years 96% of patients will have already had a chance to enter hospital. Most of these patients were never admitted as they ultimately proved to have left the area or to have had their operations at another hospital or had decided not to proceed to surgery. It is now our hospital policy to write to patients who do not attend for admission asking whether they still wish their name to remain on the waiting list.

In this study 67% of patients were "non-urgent admissions," but this accounts for only a minority of hospital work (47%) as judged by the periods in hospital which actually resulted from these admissions in the practice of one surgeon when studied over a three month period. This is because patients admitted as an emergency had a longer mean length of inpatient stay (6.8 days) than patients admitted electively (2.9 days). Most general surgical beds were filled with patients whose admission had been prompted by an accident or medical emergency, leaving a minority of beds at any one time available for planned surgical procedures.

MISLEADING METHOD

The presentation of official DHSS waiting list statistics is misleading in several respects. The official list omits various groups of patients who are waiting to come into hospital. It omits day cases, thus excluding 325 of 1094 patients awaiting surgery in this study; it

omits 314 patients who have defaulted when called for admission; and it omits 209 patients awaiting check or review procedures. Some individual patients are excluded from the official waiting list figures because they fall under more than one of the exclusion criteria; 608 patients awaiting planned admission to the hospital were on the official DHSS waiting list but 486 were excluded. Thus the total of planned surgical admissions is 79.9% greater than the DHSS figures suggest.

These omissions mean that comparisons between specialties are misleading. For example, a comparison of the DHSS waiting list in gynaecology and in genitourinary surgery in this study showed 104 gynaecology patients awaiting admission compared with 103 in genitourinary surgery, suggesting similar waiting times. In fact an extra 125 day cases were also awaiting admission in urology, all needing to go to theatre. Similarly, the omission of "review" patients from official statistics eliminated 163 (of 228) urology patients, but no ear, nose and throat or gynaecological patients were eliminated.

Since the official DHSS waiting list records only the number of patients awaiting admission in each specialty and does not record the expected time in hospital for each, the waiting list for gynaecology (104 patients) seems similar to that in orthopaedic surgery (92 patients). The estimated average length of admission for a gynaecological patient, however, is 4.3 days, which is almost double that for an orthopaedic patient (2.2 days). A better indication of the waiting list would be the expected number of bed days required to clear the list.

This study suggests that the official DHSS waiting list statistics would be improved by the inclusion of categories of patients at present excluded, though it is acknowledged that this would not alter the time that an individual patient waited for elective admission.

There are obviously many factors influencing the number of patients on a waiting list, which represents the balance of patients added to the list as well as patients removed from it.³ These include not only the factors discussed above but also the number of new patients seen by each surgeon in a week and the proportion of these patients who are accepted on to the waiting list as well as the number of patients who bypass the list by being accepted for immediate admission. Also important are the number of patients removed from the waiting list. Again this will vary with many factors including availability of staff, beds, theatres, and equipment, to which must be added personal factors about the surgeon, such as his age, experience, working practices, organisation, and enthusiasm. These are factors that are easily overlooked yet are probably as important as more easily measured variants.

Conclusion

The DHSS waiting list is a poor indication of the number of patients awaiting hospital admission. The true number of patients awaiting admission to the hospital is 79.9% greater than the official figure. The magnitude of this difference varies a great deal from one surgical specialty to another. The figures would be more meaningful if day cases and patients awaiting check or review procedures were included and if the expected duration of admission for patients was assessed.

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References

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