Rammya Mathew: Long and uncertain waiting times are leading to poorer health outcomes

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There are certain questions I really hope patients don’t ask me these days in general practice. One is, “When is my hospital appointment going to be?” Quite reasonably, patients expect that when we make a referral to secondary care we’ll have a rough idea of when they might be seen. Nine times out of 10, this just isn’t the case. Either no appointments are available when we make the referral, or internal triage at the hospital makes it almost impossible to give patients an accurate answer. Nowadays, even if I do know the answer, it’s probably not what they’re hoping to hear.

Previously we could have quoted the 18 week referral to treatment time, but only 60% of services currently meet this.¹ This is partly due to a longstanding mismatch in capacity and demand, which the pandemic has exacerbated further. To put this into context, 4.7 million people were on an NHS waiting list in February 2021, but over the past 20 months that figure has risen incrementally, and now seven million people are waiting for elective treatment or care.²

Being on a waiting list is, unfortunately, not a neutral position. Long waits lead to poor health and poor outcomes for patients. I see this happening right in front of my eyes. Patients are waiting over a year for a hip replacement—in pain, unable to walk, losing their confidence and independence, sometimes having falls, sometimes putting on weight because of physical inactivity, and then facing a surgical procedure that comes with greater risk.

A year sounds long, but in other realms of the NHS a one year wait is comparatively short. I really feel for the parents of children waiting anywhere from two to five years to have a diagnosis of autism confirmed. The parents may be going through emotional turmoil, and the child often loses out on a place in a school that can cater for their needs. The impact is truly life altering.

It’s also exhausting for those of us providing care, who are dealing with the repercussions of long waiting times. The term “demand failure” can be used to define this: it refers to the demand created when we fail to do the right thing for a customer—in this case, the patient. The customer returns, puts more demands on the service, and consumes more of the organisation’s resources. Suffice it to say, in the NHS it’s frontline services such as general practice that bear the brunt of this.

There are plans for patients to be able to access both their GP record and the details of their upcoming hospital appointments using the NHS App.³ This will mean that waiting times and the associated demand failure we’re picking up in general practice will be fully visible to patients. One can only hope that our patients will then have more success lobbying for change than we have done to date.

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³ NHS England. Getting ready for patients to have access to their future information 2022. https://www.events.england.nhs.uk/getting-ready-for-all-patients-to-have-access-to-their-future-data