

Request title: Waiting lists

Reference Number: F2292 Date of Response: 13/12/2019

Further to your Freedom of Information Act request, please find the Trust's response, in **blue bold text** below:

Request and Royal Devon and Exeter NHS Foundation Trust Response

My formal request is that I would wish to know what information you hold on waiting times for consultant appointments and also the waiting times for subsequent operations/procedures.

- 1. Please provide an outline of the categories for which there are waiting lists at the RD&E Wonford and Heavitree hospitals
- 2. along with minimum/maximum and average waiting times for consultant appointment and for any subsequent operation/procedure.
- 3. It would be helpful to know whether such times are reducing, static or growing.

At a more specific level:-

- 4. Please provide minimum and maximum waiting times, for initial consultant appointment and for any subsequent procedures.
- 5. for cancer referrals
- 6. for knee and hip surgery
- 7. for cardiac procedures
- 8. for spinal procedures and cataract procedures.

To provide you with the information requested under you questions 1 to 8 (above) would require the manual extraction and manipulation of information from various sources which would exceed the appropriate cost limit as set out in Section 12 (1) of the Freedom of Information Act 2000 and is therefore exempt.

However nationally we do submit Cancer This information is included in the board papers, available here:

(<u>https://www.rdehospital.nhs.uk/documents/boardpapers/2019/boardpapers-27-nov-2019.pdf</u>

The relevant info is on the following pages:

- Cancer wait times, pages: 27, 28
- Referral to treatment, pages: 29, 30, 31

9. Please explain how waiting times calculated, when the clock starts etc?

The guidance regarding calculation can be found in the documentation on the website link:-

https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/

10. Please also advise on the factors which might influence a patient's place on any waiting list, e.g. time appointment requested, patient availability, age, fitness for procedure, any urgency identified by GP etc.

Patients RTT (Referral To Treatment Time) clock will start at the time the referral is received in the Trust, or the patients contacts DRSS (Devon Referral Support Service) to book their first outpatient appointment.

When a patient is subsequently added to an elective waiting list, the date of admission is determined firstly by clinical priority, and secondly chronologically from the clock start date and not from date added to waiting list. The Access Policy says that good practice is to determine a patient is fit, willing and able to attend for surgery before adding to any waiting list.

11. What freedoms/opportunities exist for the RD&E to reduce waiting times, for example by the NHS buying procedures from private providers, appointments at other NHS resources, etc.

The Trust routinely works with our commissioning colleagues at the CCG and other system providers to access additional independent sector provider capacity and other NHS providers to reduce waiting times. The STP system collectively accesses this additional capacity to ensure that the most appropriate longest waiting patients across the STP area are able to access the relevant services equitable. Where there is specific specialist clinical services required, the RD&E have, with the support of the CCG, accessed additional capacity for those services directly from independent sector providers and other NHS providers.

12. Finally what procedures do you have, if any, to keep the patient informed of any waiting times that may apply to them.

When a patient is added to an outpatient waiting list, the Trust Divisions with the longest waits will write to the patient informing them of the approximate wait time and with information that they will be contacted when we are able to offer an appointment time and date. In addition, DRSS inform patients when they call to select their choice of Provider, the waits for all specialties which Providers share with DRSS on a monthly basis.