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BRISTOL AND WESTON HEALTH AUTHORITY

Date 6th October, 1987

From Mr. J. Watson, Unit General Manager
 To Dr. J. Roylance, District General Manager
 Our Ref. JW/AMW/10/08
 Your Ref.

re: Waiting List Initiative

I believe you wanted comments on Dr. Freeman's letter of 30th September by today. I have tried to contact Dr. Freeman to discuss this with her, but have not so far been successful.

Dr. Freeman is correct in stating that 10 patients have so far been referred to The Brompton for Cardiac Surgery. I have discussed the situation covering the next few months with the three Cardiac Surgeons concerned. Dr. Dhasmana informs me that he would expect to be able to send a further 15 patients, although he may be able to increase this number if he was more forceful in not giving referred patients a choice between London and Bristol. Mr. Keen informs me that he has a waiting list of only about 6 weeks at the moment and would not envisage the need to refer patients to The Brompton. Mr. Wisheart has contacted all of the patients on his waiting list informing them that they can receive treatment more quickly at The Brompton and so far hardly any have found this possibility acceptable. He does feel, however, that it may be possible to refer on new patients as they come onto the waiting list. He was unable to indicate how many this might be, but it would be reasonable to assume that this might be as many as a further 10. He did suggest, however, that I write directly to the Cardiac Surgeons asking for more accurate predictions and I shall do this. It is worth noting that the bigger problem for Mr. Dhasmana and Mr. Wisheart is the number of paediatric referrals they are receiving.

As you are aware, we shall see a falling off in numbers during the period January to July 1988 because of the alterations taking place in the B.R.I. in order to expand Cardiac Surgery. Therefore, we might expect to see some increase in the latter part of the year and it might in fact be helpful if the period was extended to the first part of the following financial year.

A further consideration is that I understand patients are already referred to London directly by the Cardiologists and it may well be possible to meet the quota more easily if the Cardiologists refer such patients to the Cardiac Surgeons for onward transmission to The Brompton. I would suggest that I write to the Cardiologists and put this suggestion to them.

In summary, therefore, it would appear that if the trend continues as at present, we will not meet the number of 50 which was originally proposed, mainly because of a considerable number of patients who would rather wait to have their operations in Bristol, rather than be referred to London. However, as noted above, some of the other actions being taken could well influence this situation.

I am not sure whether you are also seeking comments on the validation of in-patient and out-patient waiting lists. However, to the best of my knowledge in the Central Unit the situation is as follows. The last validation was carried out within the last couple of months. The date for the next validation is approximately August 1988. The validation exercise to date has not included out-patients. However, I believe that General Practitioners are informed of the waiting times for out-patients.

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We do have information on waiting times for in-patients. However, I am not sure whether this is given to General Practitioners. To the best of my knowledge, General Practitioners are not informed of the appropriate length of time per specialty before a patient is likely to be admitted, but there is information available on the number of patients on a list and how long they are likely to be there.

A handwritten signature in black ink, appearing to read 'John Watson', written over a horizontal line.

John Watson
Unit General Manager
Central Unit