

U B H T
TEACHING CARE

Directorate of Anaesthesia
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Direct

Our ref CRM/LJD

Your ref
22 January, 1993

Mr. J.D. Wisheart,
Medical Director, U.B.H.T.
TRUST H.Q.

RECEIVED

26 JAN 1993

Ans'd

Dear James,

I wish to make a constructive criticism of the waiting list initiatives that the U.B.H.T. is presently undertaking and their effects upon the Directorate of Anaesthesia. Throughout the financial year the Directorate services a small number of waiting list initiatives of which we have adequate notice allowing time to plan the allocation of staff. As in the previous two years, the end of the current financial year results in a number of requests by the Purchaser for new waiting list initiatives. The aim of these being to decrease the number of patients with prolonged waiting times. Unfortunately, these requests are made at short notice, to multiple Surgical Directorates and for a large number of cases of varying surgical complexity.

The resulting problem for our Directorate of Anaesthesia is easily understood by reporting our present position with regard to the waiting list initiatives:

1. We are servicing an orthopaedic waiting list at Winford Hospital held in 2 theatres each Saturday.
2. We are servicing a paediatric waiting list held each Saturday based at the Bristol Children's Hospital.
3. We have now been requested within the past week to cover 2 further initiative lists, one paediatric and one surgical, details as follows. The paediatric list consists of 10 patients to be operated upon on 14 Saturdays and Sundays before April 1993. The surgical list consists of 10-12 patients to be operated upon on 9 Saturdays, again before April 1993. If possible, the request is for two all day lists.

At present, I am attempting to co-ordinate the staff to anaesthetise these patients with less than 2 weeks for organisation of these doctors and to formulate the necessary on-call rotas to ensure the proper patient care of *routine* U.B.H.T. patients. This is before I can confirm that we are able to respond to these initiative requests. With the best of will, I may not be able to provide adequate numbers of anaesthetists as we only have a limited pool of manpower, despite recruiting from local hospitals such as Southmead and Frenchay.

In your position as Medical Director I ask you to try to influence the Purchasing Authorities to modify their policies to avoid this sudden pressure of work by a better distribution of workload. Over the past weeks surgical services have been curtailed to avoid over-achieving the hospital's contracts for work. This results in anaesthetic staff being less than fully productive in the terms of the numbers of patients being anaesthetised. Yet, had we been less stringent in our planning and had been over-achieving, a failure of good management, we would have the "spare" capacity to accept these waiting list initiatives. It appears that poorly run hospitals may gain through their failure to control their activity and our success in controlling ours.

Secondly, considerable moral pressure is placed upon all clinical staff to avoid the failure of care for these patients. Yet in doing so, many of the junior medical staff involved will be exceeding their newly imposed 72 hr. limit, something that has required and still requires more changes in working practices. Yet by the simple expedient of planning more routine care for the Bristol and Weston patients then these waiting list initiative patients could have been treated as routine cases, with the highest standards of care during normal working hours.

Should we, despite all our efforts, fail to respond to these initiatives, I do not feel it will be a failure of the Anaesthetic Directorate or the Surgical Directorate but that of a Purchasing policy which relies on last minute waiting list initiatives to provide medical care for the patients.

Yours sincerely,



CHRISTOPHER R. MONK FRCA.,
Clinical Director

cc: Dr J Roylance, Chief Executive UBHT, Trust HQ
Mr T P Durie, Chairman UBHT, Trust HQ
Mr G Nix, Director of Finance, Greyfriars