



Access to care

Ear, nose and throat and audiology services

The Audit Commission is an independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high-quality local and national services for the public. Our work covers local government, health and criminal justice services.

Our national studies on the performance of health services examine services from a user's perspective and identify and promote examples of good practice. We also appoint auditors to all health authorities, primary care trusts and NHS trusts in England and Wales.

Our work focuses on:

- *Whether there are firm foundations of good management to improve services to patients and provide value for money.*
- *How well organisations inside and outside the NHS work together to provide the best care for patients.*
- *How effectively key resources, for example, doctors, nurses, theatres, equipment and budgets, are managed.*

Introduction

- 1 Waits for outpatients, elective surgery and audiology in ear, nose and throat (ENT) departments are a longstanding problem. For example, at 31 March 2002 in England one-quarter of those waiting for an ENT operation – 23,000 – had already waited for six months or longer.
- 2 The NHS Modernisation Agency launched *Action On ENT* in 2001 to support the improvement of ENT services. In collaboration with the Agency, the Audit Commission analysed national information on ENT services, and tracked the waits experienced by a sample of 800 patients who received treatment for common ENT conditions in ten acute trusts. Three groups of patients were chosen:
 - children aged 12 and under who had a grommet inserted for the first time;
 - adults who had a septal surgery operation; and
 - adults aged 60 and over who were having a hearing aid fitted for the first time.
- 3 The Audit Commission also sought the views of patients and general practitioners (GPs).

Variations in waits between trusts

- 4 The length of time that patients wait for their first outpatient appointment and operation varies widely, depending on which trust they attend. For patients who had a grommet inserted, median^I waits from referral to first outpatient appointment ranged from 7 to 20 weeks. The variation in median wait from listing to operation for these patients was greater, ranging from 4 to 22 weeks. The trusts with the longest outpatient waits also had long waits for operations.
- 5 There is a three-fold variation in the rate of GP referrals per 1,000 population and a four-fold variation in the number of ENT consultants per 1,000 population^{II}. Despite such wide variations, no correlations were found between demand and capacity indicators and the proportion of patients with very short or very long waits.
- 6 There is also wide variation between trusts in the wait for assessment for and fitting of a hearing aid, with some unacceptably long waits. The median wait from referral to fitting of hearing aid ranged from 8 to 55 weeks at the ten trusts. The introduction of digital hearing aids, and an ageing population, are likely to increase demand for hearing aids. There are no national waiting times standards for audiology, so the length of time that patients wait goes unreported.

^I The middle value in the distribution of waits.

^{II} The population base is the catchment population for ENT services calculated from published data. Analyses exclude data for Wales.

Variations in waits within trusts

- 7 Waiting times for the two surgical procedures vary widely within most of the ten trusts in the study, both in terms of the wait for the first outpatient appointment and the wait for an operation. Variation in waiting times within the trusts for hearing aids is less marked, but it is considerable in four out of the ten.
- 8 The variations are most marked for septal surgery [Exhibit 1].

Exhibit 1

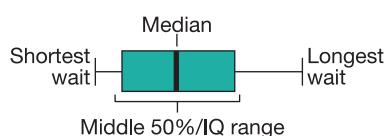
Variation in waits by patient – septal surgery

Even when looking at the middle 50 per cent of patients, there is considerable variation in waiting times within some trusts.

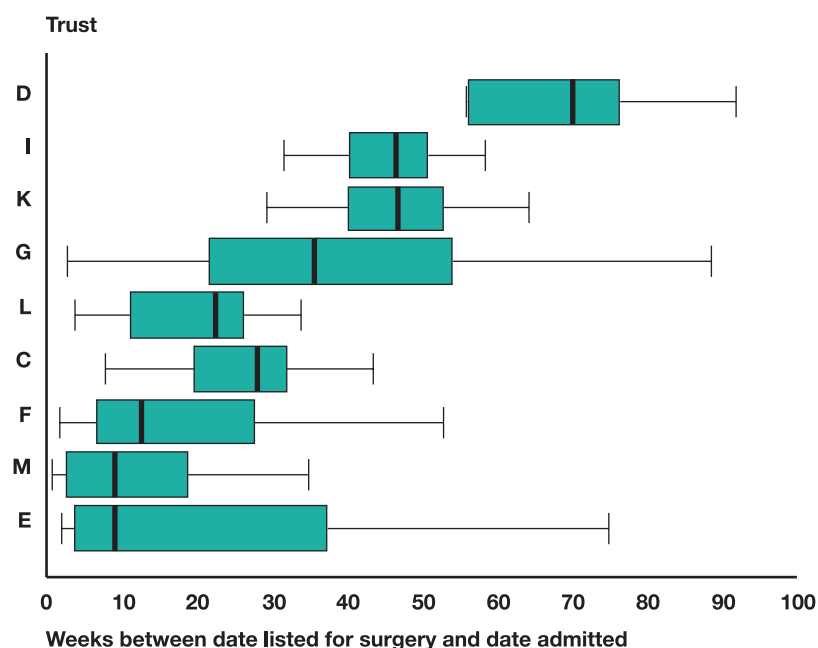
Wait for operation

This graph shows the distribution of the waits for all patients in the sample. It shows:

- the shortest and the longest waits (the ends of the thin line);
- the middle 50 per cent of waits or inter-quartile range (the boxed area); and
- the median wait (the thick vertical line in the middle of the boxed area).



Source: Audit Commission review of case notes for 199 patients who had their operation between January and September 2001



- 9 Wide distributions of waits and some very long waits for the same procedure within a trust are symptoms that access to services is not being managed systematically and actively by the department or the hospital, for example:
 - there may be no agreed local policies on clinical priority;
 - individual consultants within the same trust may be giving different priorities to similar patients; and
 - there may be inadequate systems for dealing with cancellations and other adjustments to the lists, resulting in patients being seen out of order.

1 Excluding outliers defined as 1.5 to 3 box lengths from the upper or lower edge of the box. The box length is the inter-quartile range.

Patients' views

- 10 Patients who had undergone an operation were generally very satisfied with their experience. The most significant improvements patients would like are more information about their operation, especially recovery time and side-effects, and the ability to contact the hospital after discharge.

Main recommendations for improving access

- 11 **Improve resource allocation decisions:** waiting times alone should not be used to make resource allocation decisions. Changes in resource use and additional investment should only be made after an analysis of demand and capacity utilisation and of how well waiting times are managed.
- 12 **Deliver fair, open and transparent outpatient and elective surgery services:** waiting list management systems should include locally agreed policies to ensure that patients are generally seen in order, except where their clinical priority requires them to jump the queue.
- 13 **Introduce national standards for waiting:** national standards for waiting should be introduced for audiology and all NHS services where waiting occurs.
- 14 **Provide patients with better information:** ENT services should review the quality of information for patients about their operation, especially recovery time and side-effects, and provide a contact number after discharge.
- 15 Tools to support improvements to the management of outpatients and elective surgery include:
- The NHS Modernisation Agency's *Action On ENT Good Practice Guidance* at www.modern.nhs.uk/action-on and *Little Wizard* and *Big Wizard* at www.demandmanagement.nhs.uk/wizards
 - Checklist's urgency profiling and capacity planning tool at www.checklist.co.uk
 - the Audit Commission's Acute Hospital Portfolio comparative data website at www.audit-commission.gov.uk/itc/acuteportfolio.shtml

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