

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.*

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The length of time that patients wait for outpatient appointments and for surgery in ear, nose and throat (ENT) departments varies by trust, even for patients waiting for the same operation...

- a typical wait for a child having a grommet operation ranges from 4 to 22 weeks
- for adults having septal surgery the range is even greater – 9 to 70 weeks

...but waiting times are not directly linked to levels of demand and capacity.

- they are also affected by how well capacity is used and by the way that waiting lists are managed
- to improve waiting times the first step should be to understand demand and capacity in primary care and in hospitals and to organise it well
- decisions to allocate additional resources in order to reduce waits should not be made on waiting times information alone

Within some trusts there are very wide variations in the time that similar patients wait for both outpatient appointments and surgery, suggesting that access is not being managed systematically and actively...

- local clinicians need to consult on and agree local policies on the clinical priority to be applied for different conditions and procedures
- patients should generally be seen in order, except when their clinical priority requires them to jump the queue
- pooled waiting lists should be introduced for routine conditions and procedures
- waiting times distributions should be used to diagnose problems in waiting list management and to monitor improvements

...while waiting times for audiology services are often long.

- a typical wait for a hearing aid ranges from 8 to 55 weeks from referral to fitting
- national waiting time standards should be introduced for audiology and all NHS services where waiting occurs, to ensure that attention is given to improving waiting times

Although patients are generally happy with ENT services, they want more information about their operation and want to be able to contact the hospital after discharge. Patients should be continuously involved in a dialogue about improving services.

Help is available on this and other aspects of access to elective services.

- the NHS Modernisation Agency's *Action On ENT Good Practice Guidance* gives examples of service redesign and advice on patient involvement
- the Agency's *Little Wizard* and *Big Wizard* offer advice about how to manage waits well
- the Audit Commission's Acute Hospital Portfolio provides benchmarking data for acute trusts