



100,000 patients – a milestone on the NTPF journey

In an exclusive article for *IMN*, Mr Pat O'Byrne, Chief Executive, National Treatment Purchase Fund, talks about the work of the NTPF to date and says that outpatient waiting lists should be audited to ensure all patients on these lists still want/need an appointment

Last week the National Treatment Purchase Fund was pleased to mark the milestone of arranging treatment for our 100,000th patient. Ms Catherine Kennedy, a mother of eight, from Clara in Co Offaly had her surgery at a Dublin private hospital in January having been on the waiting list for six months at her treating public hospital. Among the attendees at the event, presided over by the Health Minister, were many other patients the Fund has looked after over the last five years, including our very first patient, Ms Maureen Watson from Dublin. We were also joined by many representatives of the public and private hospitals with whom we work throughout the year.

The event brought home what the National Treatment Purchase Fund is all about – the stories of real public patients being helped and real lives being transformed. That Catherine Kennedy's husband Brendan had also availed of the Fund's services further underlined the dramatic impact it can have on a family when it removes them from the uncertainty of a waiting list, expediting their treatment and the return to normal life.

The NTPF was established in 2002 as a targeted solution to a specific problem – in-patient waiting lists that were far too long. At that time it was not uncommon for some patients to be waiting years for their operation. The average waiting time for surgery was two to five years and indeed one of the first patients treated under the NTPF had been waiting seven years. The waiting times situation was comparable to the periodic A&E crises of today, with similar mainstream media outrage. Today, waiting times for the most common procedures are two to five months, which is much better news for patients.

This is down to a number of factors, not least the strong co-operation from the majority of hospitals, consultants and managers over the last five years. The empowering of patients, who can contact the Fund directly or through their GP has also been critical, as has the development of the National Patient Treatment Register. The Register allows patients and their doctors to compare waiting times for procedures in hospitals around the country prior to making treatment decisions. Forty-one public hospitals

now report monthly on the Register according to an agreed set of national guidelines which provide both the hospitals and the general public with an unprecedented transparent and accessible picture of the waiting times situation.

Health is a complex area and new issues arise all of the time. There is no doubt that one of the major bottlenecks in the hospital system at present is the length of time many patients wait to see a consultant for their initial out-patient appointment. While this was not originally part of our remit we have run pilot schemes over the last three years in association with the public hospitals across a range of specialties. To date more than 50,000 people have been contacted with the offer of an appointment. In 2007 we made over 20,000 offers with 10,500 acceptances and almost 4,000 operations resulted from this. Again, as a targeted solution, the results have been dramatic with specific waiting lists that were formerly measured in years now significantly reduced. Providing first time out-patient consultations is an area I would like to see further progress on and with some focused attention much could be achieved.

One very interesting note from the Outpatient Programme is the number of people contacted – consistently almost 50 per cent every year respond saying they no longer need or want faster, or indeed any, treatment. Some of these choose to remain on the waiting list in their hospital but the majority (5,300 last year) can be validated off the lists and were such an exercise to be conducted comprehensively throughout the system its results could be illuminating.

While the reduction of overall in-patient waiting times must be welcomed, the NTPF is still concerned that patients in some parts of the country are waiting far longer for surgery than they should be – in some cases more than 12 months. It makes no sense that one public hospital can refer all their longest waiters while another hospital can leave patients waiting more than 12 months for similar operations. This is unacceptable for patients, for the system, for the majority of doctors and for us. These patients are a particular focus for us in 2008 and we are working with the hospitals concerned to ensure that the patients' best interests are observed and their treatment can be accessed as a priority.

The Fund is appreciative of the support and cooperation it has received over the five years. We have forged strong links with public and private hospitals. Some of the early misconceptions about the amount of treatment carried out outside of Ireland (less

than one per cent), the quality of care provided (almost 100 per cent patient satisfaction) or value for money have been firmly laid to rest. Any examination of our figures shows that those hospitals which have engaged most with the Fund achieve better results for their patients, with higher referral rates and consequently lower waiting times. The NTPF is good news for patients.

At this time, the Fund has facilitated the equivalent of one-in-45 of the population. There is some confusion at times as to what the remit of the NTPF covers and it is mentioned in relation to solving problems that are not within its remit. All we can do is to fulfil our remit. This year will see increased responsibility for assistance towards their long-term care in private nursing homes under the "A Fair Deal" scheme.

The Fund looks forward to continuing its work in 2008 and beyond. This year we aim to arrange treatment for around 37,000 patients. When one considers that in our first year we looked after a mere 1,920 people, it will not be long before we reach the 200,000 milestone. However, we remain focused on responding to needs within the health system the NTPF in relation to negotiating prices which the State will pay for elderly patients who require Government care and on our two main goals – reducing the waiting times and improving the overall experience for public patients.

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