

# Annual Report 2012

## The National Treatment Purchase Fund

---

Supporting Performance Improvement  
to Treat Patients Faster



an ciste náisiúnta  
um cheannach cóireála  
the national treatment  
purchase fund

Chairman's Statement	2
Chief Executive's Statement	4
Corporate Governance	6
Overview of 2012	8
• IT Developments	8
• The National Patient Treatment Register	8
• Finance	10
• Nursing Homes Support Scheme	11
• Patient Care	13
• Summary of Patient Treatment Volumes	16
• Patient Satisfaction Survey	25

**This Annual Report for the National Treatment Purchase Fund (NTPF) provides information on the major redesign of the operating model of the NTPF. This was aimed at supporting the Minister for Health, Dr. James Reilly and the Special Delivery Unit in achieving waiting list targets. The redesign encompassed delivery of new information systems, performance management support tools for hospitals and the early stages of the delivery of reform to the Scheduled Care pathway. Whilst at times this major change in approach was challenging, the staff and board of the NTPF were happy to embrace the changes in order to deliver shorter wait times for patients.**

In 2012 three specific targets were identified – that no adult should be waiting over 9 months for an in-patient procedure, no child should be waiting over 20 weeks for a procedure and no patient should be waiting over 13 weeks for a GI Endoscopic procedure. All but five hospitals achieved these targets reducing adult waiting times over 9 months by 98% on the previous year, child waiting times over 20 weeks by 95% on the previous year and GI endoscopy waits over 13 weeks by 99%. In addition to this the national median waiting time for patients overall was the lowest ever reported at 2.1 months and overall waiting lists moved from 59,353 in December 2011 to 51,708 in December 2012, a reduction of 13%.

Delivery of these targets which essentially translate into maximum wait time guarantees for patients required substantial development of information systems to monitor the movement of patients in 42 hospitals in the acute hospital healthcare system. In addition building on the work already undertaken by the HSE, the NTPF took over the

reporting of Outpatient waiting time data. Clear and comprehensive Outpatient waiting list data and times are now being reported on the NTPF website ([www.ntpf.ie](http://www.ntpf.ie)). This is an important step towards improving Outpatient waiting times in 2013.

2012 was the fourth year of the Fair Deal Scheme with the Fund continuing its role of negotiating prices with private and voluntary Nursing Homes. At the close of 2012, a total of 433 private nursing homes had pricing contracts with the NTPF and the overall national average price of long term residential care was €885 per week. The equivalent figures for the end of 2011 were €877 for 437 homes.

In October 2012 the NTPF Board appointed Dr. Alan Smith as Acting Chief Executive. Dr. Smith was appointed Director of Performance Improvement (Scheduled Care) with the Special Delivery Unit (SDU) in November 2011 and will also continue in this role. The Board and staff

look forward to working with Dr. Smith to deliver the scheduled care reforms required. On behalf of the board I would like to take this opportunity also to thank the Fund's former Chief Executive, Mr. Tony O'Brien and to wish him well in his new role as Director General Designate of the HSE.

I would like to take this opportunity to thank Minister Reilly for his continued support and to acknowledge the assistance provided by the Department of Health. Finally, I would like to thank the directors of the Board and the management and staff of the NTPF for their continued work and dedication on behalf of patients throughout Ireland.

John Horan  
Chairman

**2012 saw the NTPF play a major role in reducing maximum waiting times for patients awaiting inpatient and day case surgery. It achieved this by fully aligning its core capabilities and expertise with the SDU. This successful working relationship with the SDU was further enhanced with my appointment as the NTPF's Acting Chief Executive which I have combined with my existing role as the SDU Director of Performance Improvement for Scheduled Care.**

2013 will see a continuation in the changing role for the NTPF. There will no longer be a fund to support hospitals in treating long waiters as hospitals are now fully responsible and accountable to the HSE for delivering on maximum waiting time guarantees for patients. Instead the NTPF will reconfigure its operations concentrating on waiting times, performance improvement and the Nursing Home Support Scheme (NHSS). There will be five new functional areas, namely:

1. Data analytics and reporting
2. Audit and Quality Assurance
3. Performance Improvement
4. Finance, Hospital Pricing and Contracting
5. Nursing Home Support Scheme

This reconfiguration ensures that the skills of the staff within the organization are fully utilised to support a patient centred health care system and are also ready for a seamless transition into a future Healthcare Commissioning Agency and National Information and Pricing Office.

Maximum wait time guarantees for patients in 2013 remain an important measure of quality, access and fairness of our health care system.

1. No adult to wait > 8 months for an inpatient or daycase procedure
2. No child to wait > 20 weeks for an inpatient or daycase procedure
3. No patient to wait > 13 weeks for routine GI endoscopy
4. No patient to wait > 12 months for a first Consultant-led outpatient appointment

The adult target reflects the steady reduction in the maximum wait time guarantee from 12 months in 2011, 9 months in 2012 and now 8 months by the end of 2013. The paediatric and GI endoscopy targets will not see any lowering of the maximum waits this year.

The new maximum wait time guarantee for 2013 concerns outpatient appointments and this reflects the fact that waiting times for outpatients are unacceptably long and inconsistent with a patient centred service. 2012 saw the successful completion by the NTPF of a project that has resulted in patient level waiting time data being submitted to the NTPF from all hospitals providing a hospital based outpatient service. Over time the intention is for the dataset to expand and include community provided outpatient services.

The actual operational approach to achieving the maximum wait time guarantee for outpatients will see a systematic restructuring of the design and delivery of outpatient services over the course of 2013-2015 combined with an immediate focus on ensuring that the longest waiters are seen in chronological order. The NTPF and SDU are working closely with the HSE and the Clinical Programmes to successfully implement this reform strategy.

There is no doubt that achieving and maintaining the maximum wait time guarantees will be difficult at a time of unprecedented change and economic restraint but the NTPF, together with the SDU, fully intends to play its part. In conclusion, I would like to thank the Board of the NTPF for their assistance and guidance during 2012 and also to acknowledge the tireless efforts, dedication and commitment of the entire NTPF team. I am fortunate to lead a resilient, adaptable and highly-skilled team which makes it easy to look forward to continue working with them during 2013 as we strive to eliminate excessive waiting times from our public health system.

Dr. Alan Smith

Director of Performance Improvement  
(Scheduled Care) Special Delivery Unit  
and  
A/CEO National Treatment Purchase Fund

### Members of the Board

The National Treatment Purchase Fund (NTPF) is fully committed to operating to the highest standards of efficient and effective corporate governance. The NTPF is a corporate body with key functions and responsibilities as set out under Statutory Instrument 179 – National Treatment Purchase Fund (Establishment) Order (2004). The Nursing Homes Support Scheme Act No 1 and additional functions as set out under section 4.1 by the Minister for Health.

Key functions for the Board in 2012 were as follows –

1. to make arrangements with persons, whether resident in the State or elsewhere, for the provision of hospital treatment to such classes of persons as may be determined by the Minister from time to time
2. to collect, collate and validate information in relation to persons waiting for hospital treatment and to put in place information systems and procedures for that purpose
3. to furnish whenever so required by the Minister or on its own initiative, advice to the Minister on issues relating to its functions under this Article
4. to negotiate with proprietors of registered nursing homes to reach agreement in relation to the maximum prices(s) that will be charged for the provision of long-term residential care services to Nursing Homes Support Scheme Residents and provide the HSE with the details of all approved Nursing Homes agreements
5. to develop an outpatient waiting list register
6. to develop and implement schemes to support and facilitate the gradual reduction in maximum outpatient first appointment waiting times
7. to support measures to facilitate improved patient experience time and performance in hospital emergency departments through targeted programmes of support

In addition the NTPF Board observes and complies with responsibilities as set out under the Framework for Corporate and Financial Governance for agencies funded by the Department of Health and Children (April 2006) and the Code of Practice for the Governance of State Bodies (May 2009).

The board has appointed two committees to assist and advise the board in relation to carrying out its functions. Members of The Finance and Audit Committee are Mr. Dermot Mullane (Chair), Ms. Rita Hayes and Mr. Tom Murphy and members of the Patient Care committee are Ms. Mary Brazil (Chair), Dr. Sean McCarthy, Ms. Corah Caples and Ms. Joan Ryan.

## Board Meetings and Attendance

The Board holds regular meetings to discharge its functions. In 2012 the Board held 8 meetings with an additional 4 of the finance and audit committee and 3 of the patient care committee. Table 1 details the level of attendance of each Board member.

**Table 1. Board member attendance.**

Board members	Board meetings (8)	Finance and Audit Committee meetings (4)	Patient Care Committee meetings (3)
Ms. Mary Brazil	8	n/a	3
Ms. Corah Caples	6	n/a	3
Ms. Rita Hayes	8	4	n/a
Mr. John Horan	8	n/a	n/a
Mr. Dermot Mullane	8	4	n/a
Mr. Tom Murphy	8	4	n/a
Dr. Sean McCarthy	8	n/a	3
Ms. Joan Ryan	7	n/a	3

1 Note: n/a means a board member is not a member of the committee



### Information Technology (IT) Developments

During 2012 work continued on the system modifications necessary to support the revised inpatient wait time targets. The IT team worked extensively with the various NTPF operations teams to understand the business processes, integrate with existing systems and implement new solutions to support the business process.

The IT department also initiated a national project to compile, for the first time, an outpatient waiting list database based on patient-level information from individual hospitals. The NTPF now holds detailed data showing the numbers waiting over various time bands for a first outpatient appointment at a consultant-led clinic. Publication of the outpatient numbers commenced in October 2012.

Work commenced in the IT department on developing a suite of management information reports based on key performance indicators (KPI's) to support the management of waiting list numbers by the various stakeholders, including NTPF/SDU performance improvement teams, hospital operational teams and national management teams. A project was initiated towards the end of the year to collect additional patient-level information to enhance inpatient/day case datasets in order to further improve the analysis and reporting in this area.

### The National Patient Treatment Register

The NTPF maintains public hospital waiting lists and waiting times on a database called the Patient Treatment Register (PTR). The data is based on waiting lists which are received directly from each public hospital.

National Waiting Lists at a glance end December 2012

- National Median waiting time was at an all-time reported low of 2.1 months for medical and surgical patients nationally
- > 12 month waiters were also the lowest reported since establishment of PTR in 2007 at 37. Hospitals with patients remaining in the 12 month category were Mater Misericordiae Hospital (23), Cork University Hospital (13), and Naas General Hospital (1)
- > 9 months similarly were at the lowest ever reported with a figure of 109. Hospitals with patients remaining in the > 9 month category were Mater Misericordiae Hospitals (56), Cork University Hospital (35), Our Lady's Hospital for Sick Children Crumlin (16), and Naas General Hospital (2)
- Overall the waiting list had reduced by 14% when compared with December last year

### Data Quality and Statistical Evaluation of Irregularities (SEI's)

Although hospitals are individually responsible for patient level data submitted to the NTPF, weekly file submissions from hospitals go through an electronic and manual cleaning process to validate data returned. In tandem with this the PTR team has developed weekly quality checks which are reported as Statistical Evaluation of Irregularities (SEI's). SEI's are used to identify unusual trends or patterns within individual hospital waiting lists. Although the vast majority of these trends are seasonal or initiative based volume changes, they may be indicative of a problem with adherence to national policy or data submission guidelines. Each SEI is scrutinized with the individual hospital and where necessary an additional review may be carried out on the hospital site.

### Quality Assurance Reviews

As indicated in the National Scheduled Care Technical Guidance document the NTPF introduced PTR Data Quality Assurance Audits in May 2012. The purpose of the audits was to review the accuracy of the weekly extract files, by testing the following control objectives:

- Documentation demonstrates hospital policy adherence to The National Policy for Management of In-patient and Day Case Waiting List Data (2009)

- A Questionnaire designed to establish if staff are up to date and aware of local and national policy
- Individual testing of records and medical notes demonstrate that national/local policy had been implemented
- Visiting team identified no major concerns

### The Audit Tool

- Site visit to 12 hospitals
- Completion of detailed questionnaire with Waiting List Lead (40 item questionnaire)
- Review of supporting documentation
- Significant test of data on hospitals PAS/HIS system (over 10,500 individual records were reviewed)
- Report and action plan delivered to each hospital within 3 weeks
- Monthly monitoring of outstanding significant items

### Summary of findings

Hospitals were found to be 72% compliant to National Policy for Management of In-patient and Day Case Waiting List Data and increased to 94% in adherence or progressing to adherence by end 2012.

### New National Waiting List Management Policy

The Quality Assurance Reviews and the hospital diagnostic visits as detailed earlier identified common key issues which were impacting on the successful delivery of scheduled care waiting list management. Examples of these were – lack of an agreed waiting list policy within hospitals, steering groups without the authority to implement corrective measures where necessary and ineffective use/under utilisation of data.

Four regional learning workshops were delivered focused on sharing and learning data captured by both the QA teams and the diagnostic teams.

A new revised draft National Waiting List Management Policy was introduced for peer review at the workshops. This policy is launched and available on the NTPF website.

### Finance - Supporting Hospitals

From a financial perspective the fund continues to operate on a 'money follows the patient' basis. In other words prices for treatments are agreed up front with hospitals. Once appropriate medical documentation is provided payment is then made on a patient-by-patient basis. This approach means there is control and certainty as to the likely financial demands on the fund and allows NTPF, as a purchaser, to compare prices offered by different hospitals for the same treatment.

Working in partnership with the SDU some of the fund was also utilised in 2012 to support initiatives to help reduce waiting times in emergency care settings in public hospitals. The traditional NTPF financial control principles were applied whereby 'purchase orders' were placed with public hospitals by the SDU for delivery of specific tasks and targets and payment terms were agreed in advance.

In this way there is transparency of output for the funds made available by the NTPF.

Funding of €70.857m was allocated to NTPF/SDU in 2012 from Vote 38 of the Department of Health. Of this total €30m was surrendered to meet overall budgetary health pressures resulting in a total spend of €40.587 by SDU/NTPF in 2012.

- €8.8m was incurred by the SDU in support of public hospitals reducing emergency wait times
- €27.487m was incurred by NTPF in support of public hospitals reducing waiting times for inpatient & day case elective surgery
- €4.3m supported provision and maintenance of the national patient treatment register, the development of systems & initiatives in support of the overall health reform programme, responsibilities under the Nursing Homes Support Scheme and the facilitation of patient treatments as set out elsewhere in this report

### Financial Accounts

The annual financial statements of the NTPF Board are subject to audit by the Office of the Comptroller and Auditor General. Once this audit has been completed in respect of 2012 separate financial statements will be submitted and presented in accordance with Section 11 of the Comptroller and Auditor General (Amendment) Act 1993.

### Nursing Homes Support Scheme

NTPF's role in supporting this Scheme is one of negotiating and agreeing prices with private and voluntary nursing home owners. Section 40 of the Nursing Homes Support Scheme Act 2009 sets out that:

"The Minister shall, as soon as is practicable, by notice in writing designate a person to negotiate with persons carrying on the business of a nursing home for the purposes of reaching an agreement referred to in the definition of an approved nursing home."

Sections 40 and 41 of the Nursing Homes Support Act designated NTPF as that corporate person. The Act also contains a provision concerning examination of records and accounts of participating nursing homes:

"In performing its function the Board may examine the records and accounts of an approved nursing home or of a nursing home the proprietor of which proposes to enter into arrangements under the scheme."

It is important to note that the role is confined to negotiating prices with private and voluntary nursing home proprietors. Administration of the scheme, public nursing home costs, processing of applications and general management of the Fair Deal fund rest with the HSE.

Pricing arrangements with nursing homes that wish to be included in the Nursing Home Support Scheme are formally committed to writing in a Deed of Agreement between NTPF and the proprietor(s) of the nursing home. Amongst other things the agreement sets out:

- The definition of long term residential care
- Responsibilities of the contracting parties (the nursing home proprietor and NTPF)
- The agreed price

NTPF considers pricing proposals of private and voluntary nursing homes under four headings (not in any order of priority):

- Costs reasonably and prudently incurred by the nursing home and evidence of value for money
- Price(s) previously charged
- The local market price
- Budgetary constraints and the obligation on the State to use available resources in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public

Negotiations are with each nursing home (as opposed to collective negotiations with a representative body). This typically involves a series of contacts and face-to-face meetings with each proprietor.

At the close of 2012 a total of 433 homes had pricing contracts with NTPF and the overall national average price of long term residential care amounted to €885 per week. The equivalent figures for the end of 2011 were €877 for 437 homes.

The NTPF will continue to ensure that value is achieved for the taxpayer and that the fund made available to Fair Deal is maximised for the benefit of those assessed as being in need of long term residential care.

We wish to acknowledge the professionalism and courtesy shown by nursing home proprietors to our representatives during, sometimes difficult, pricing negotiations and look forward to continue doing business with them in 2013.

## Patient Care

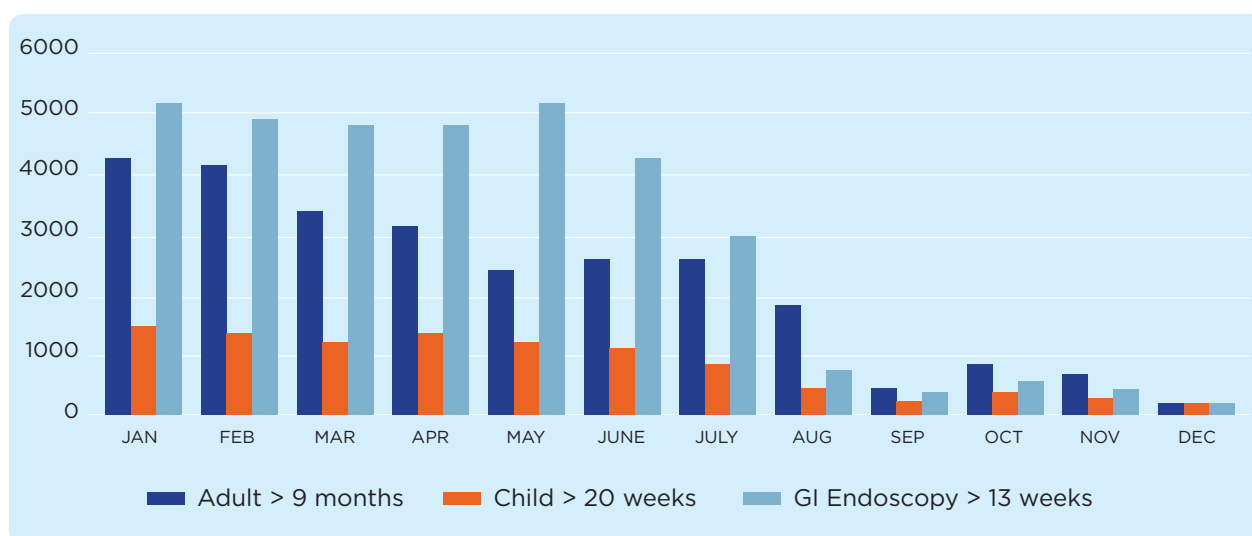
The Minister for Health announced three new access targets in 2012, a maximum wait time of 9 Months for adults, 20 Weeks for children and 13 Weeks for routine GI endoscopy. As part of the new remit of the NTPF around Performance Management of access standards for scheduled care services, the Patient Care Team in 2012, continued to utilise Primary Target Lists as an approach to managing the delivery of these access targets.

The Patient Care Team developed its performance monitoring and management capabilities to support the delivery of shorter wait times. To facilitate the delivery of maximum wait time targets the

team undertook a detailed risk assessment process with individual hospitals or groups of hospitals from which programmes of support were agreed. This support was to assist hospitals in reaching the three access targets by the end of September 2012 and maintained to year end and onwards.

At the end of 2012 all hospitals, with the exception of five, achieved the three maximum wait time targets. The following pages detail the volumes of patients treated that were arranged and supported by NTPF in order to facilitate delivery of the three access targets.

### Analysis of Progress on Targets 2012



## Analysis of National Waiting List by Hospital for December 2012

	0 to 3	3 to 6	6 to 9	9 to 12	12 to 24	24 Plus	Total
Bantry General Hospital	1	0	1	0	0	0	2
Beaumont Hospital	2,648	1,062	511	0	0	0	4,221
Cappagh National Orthopaedic Hospital	689	519	228	0	0	0	1,436
Cavan Monaghan Hospital Group	782	188	41	0	0	0	1,011
Children's University Hospital, Temple Street	248	59	0	0	0	0	307
Connolly Hospital, Blanchardstown	937	293	125	0	0	0	1,355
Cork University Hospital	1,324	757	400	22	13	0	2,516
Galway University Hospital	2,861	1,375	786	0	0	0	5,022
Kerry General Hospital	359	18	1	0	0	0	378
Letterkenny General Hospital	931	586	276	0	0	0	1,793
Lourdes Orthopaedic Hospital, Kilcreene	215	74	6	0	0	0	295
Louth County Hospital	397	29	6	0	0	0	432
Mallow General Hospital	6	0	0	0	0	0	6
Mater Misericordiae University Hospital	2,101	1,410	988	33	23	0	4,555
Mayo General Hospital	368	253	59	0	0	0	680
Mercy University Hospital	718	302	141	0	0	0	1,161
Midland Regional Hospital, Mullingar	255	128	79	0	0	0	462
Midland Regional Hospital, Portlaoise	190	62	15	0	0	0	267
Midland Regional Hospital, Tullamore	894	383	195	0	0	0	1,472
Mid-Western Regional Hospital, Dooradoyle	1,443	471	193	0	0	0	2,107
Mid-Western Regional Hospital, Ennis	322	227	92	0	0	0	641
Mid-Western Regional Hospital, Nenagh	501	51	49	0	0	0	601
Mid-Western Regional Orthopaedic Hospital, Croom	193	48	12	0	0	0	253
Naas General Hospital	500	39	15	1	1	0	556
Our Lady of Lourdes Hosital, Drogheda	489	156	95	0	0	0	740

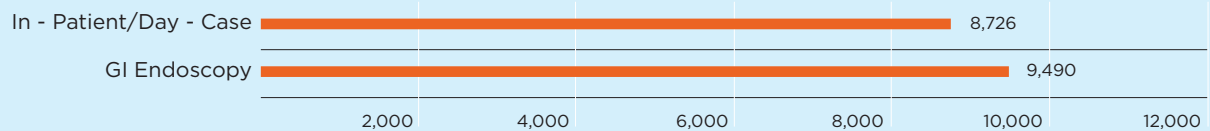
### Analysis of National Waiting List by Hospital for December 2012 (continued)

	0 to 3	3 to 6	6 to 9	9 to 12	12 to 24	24 Plus	Total
Our Lady's Children's Hospital, Crumlin	796	169	16	16	0	0	997
Our Lady's Hospital, Navan	248	50	13	0	0	0	311
Portiuncula Hospital	57	42	36	0	0	0	135
Roscommon Hospital	254	40	31	0	0	0	325
Royal Victoria Eye and Ear Hospital	802	361	97	0	0	0	1,260
Sligo Regional Hospital	1,077	417	227	0	0	0	1,721
South Infirmary - Victoria University Hospital	478	224	78	0	0	0	780
South Tipperary General Hospital	253	102	34	0	0	0	389
St. Columcille's Hospital	29	16	14	0	0	0	59
St. James's Hospital	3,327	1,389	562	0	0	0	5,278
St John's Hospital Limerick	781	180	39	0	0	0	1,000
St. Luke's General Hospital, Kilkenny	777	147	71	0	0	0	995
St. Vincent's University Hospital	1,658	291	149	0	0	0	2,098
Tallaght Hospital (AMNCH)	1,800	446	175	0	0	0	2,421
Waterford Regional Hospital	804	321	79	0	0	0	1,204
Wexford General Hospital	386	76	4	0	0	0	466
<b>Total</b>	<b>32,899</b>	<b>12,761</b>	<b>5,939</b>	<b>72</b>	<b>37</b>	<b>0</b>	<b>51,708</b>

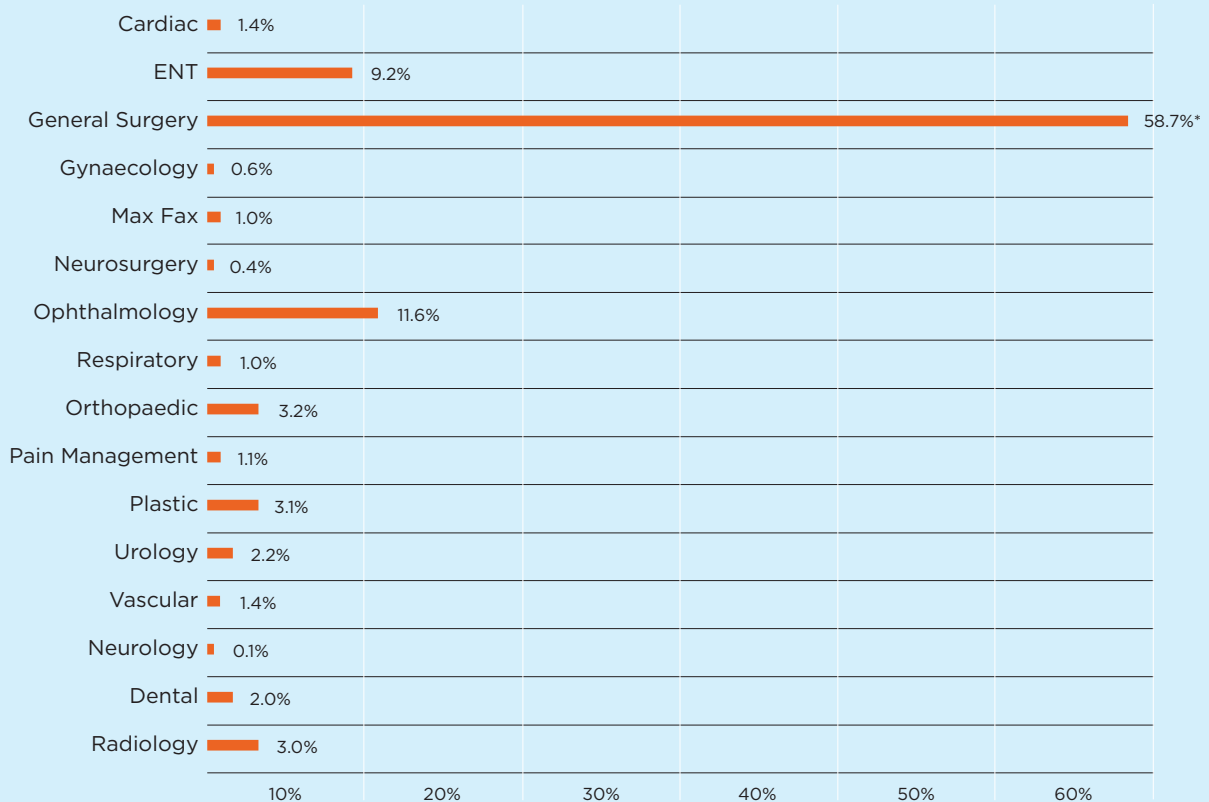


### Patient Treatment Volumes Patients Referred January - December 2012

#### Total Patients Treated in 2012 - Total = 18,216



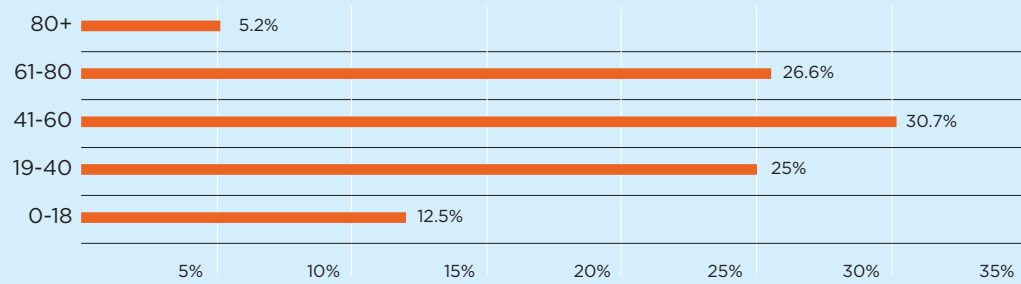
#### Volume of Treated Per Speciality 2012 - Total = 18,216



\* General Surgery is inclusive of GI Endoscopy

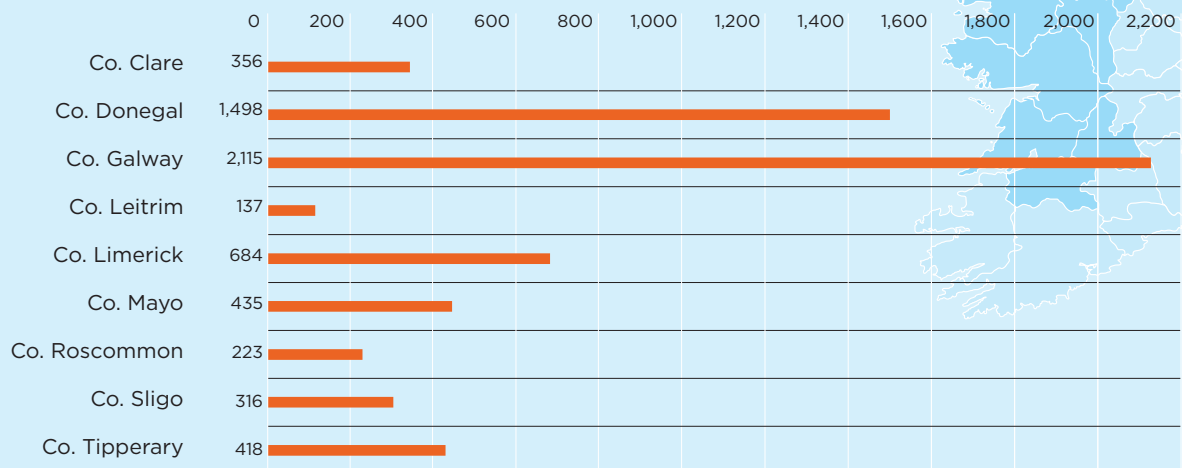
Above treatment volumes reflect figures at time of publication, and are based on confirmed treatments for patients referred in 2012.

### Age Profile of Patients Treated in 2012 - Total = 18,216

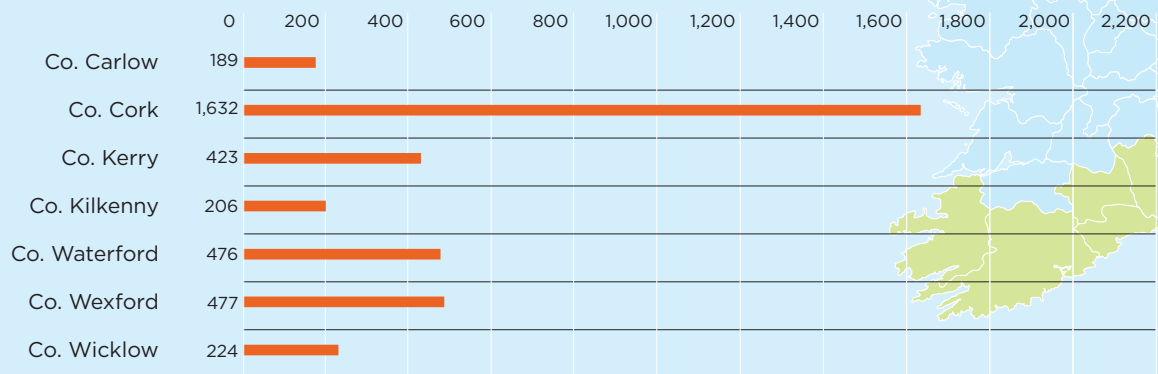


### Breakdown by County of 18,216 Patients Treated 2012

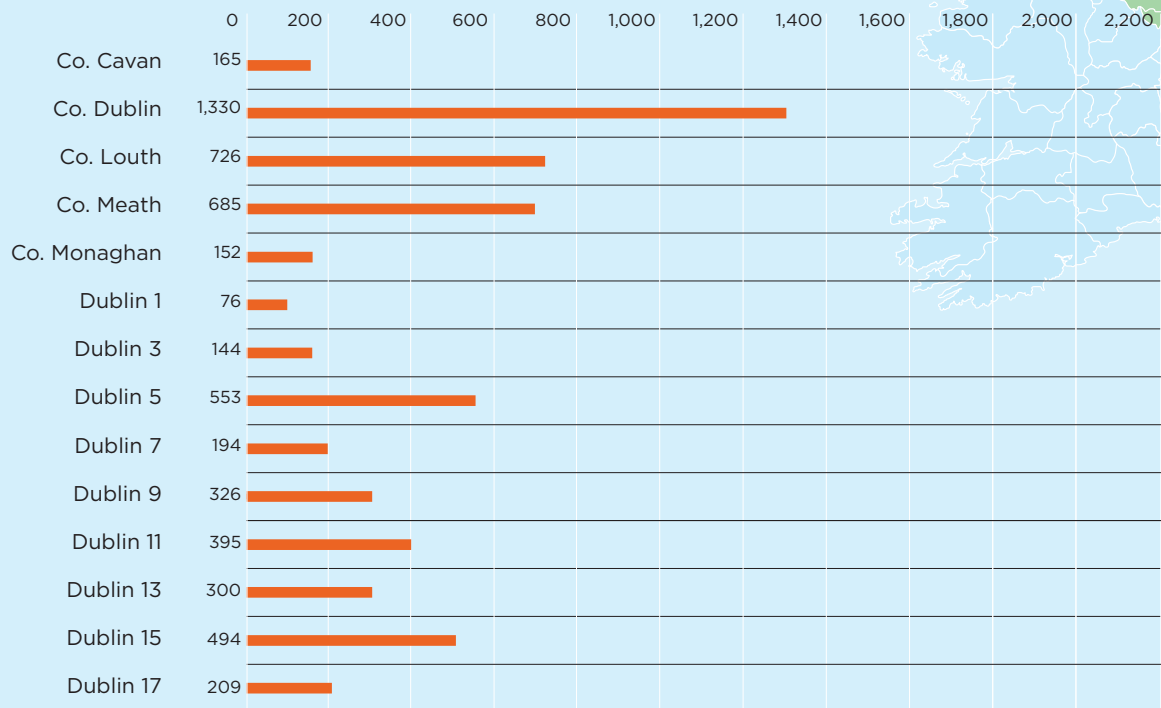
#### West



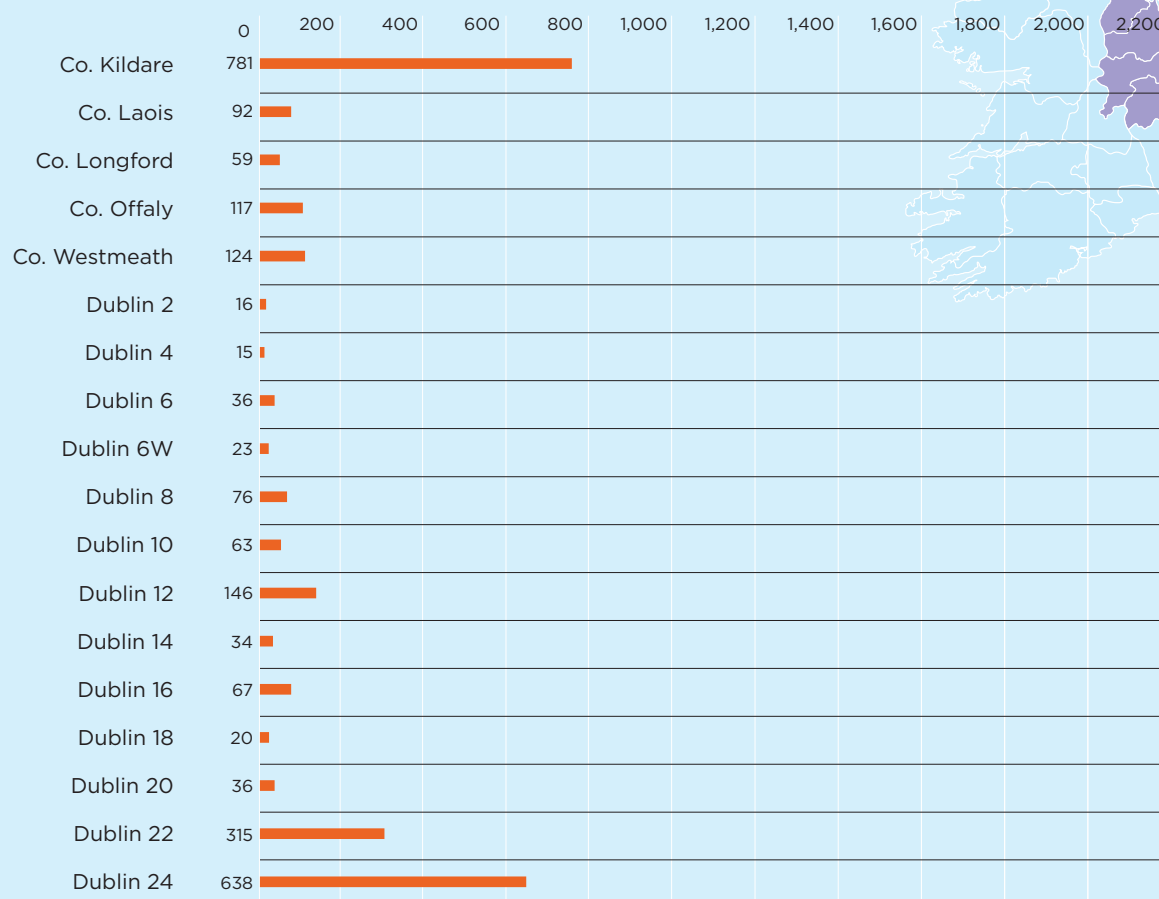
## South



## Dublin North East

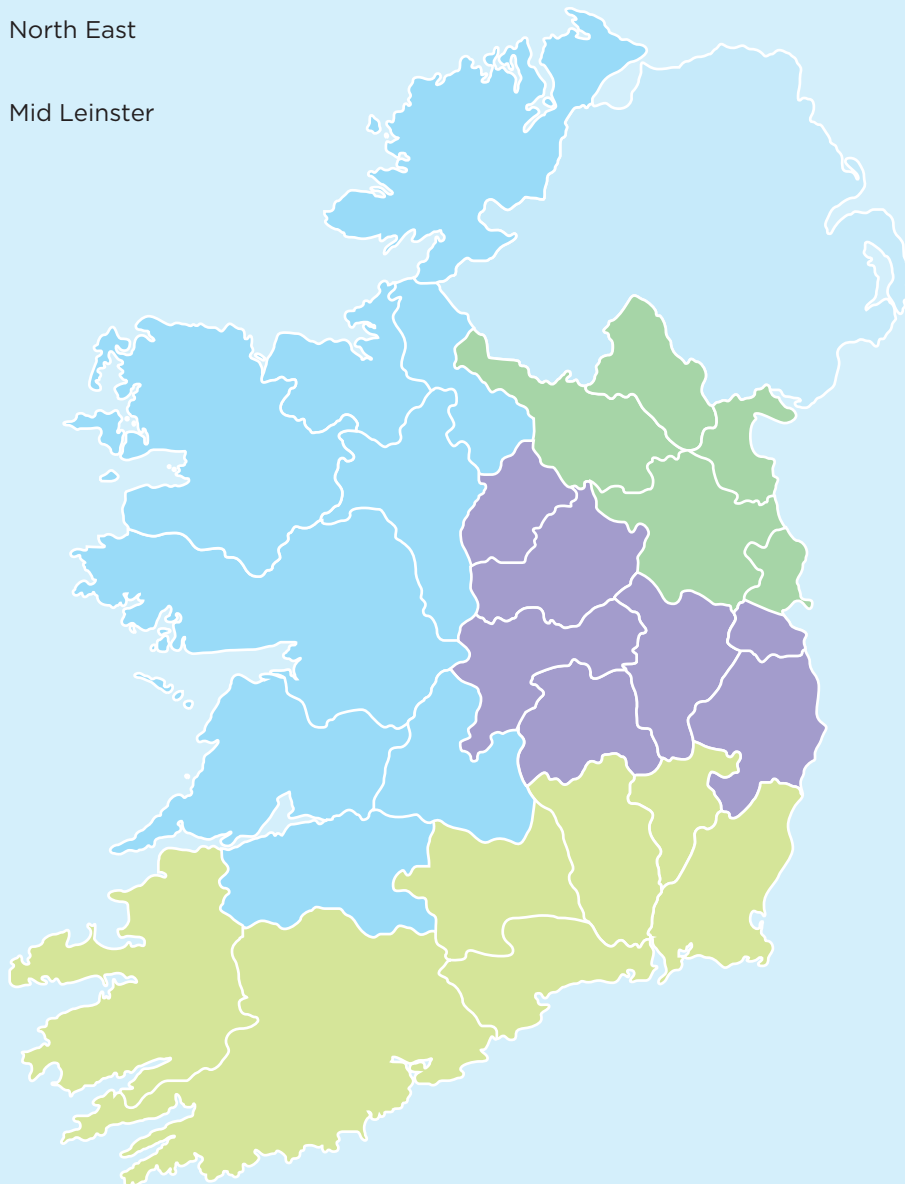


## Dublin Mid Leinster



### HSE Regions

- West
- Dublin North East
- Dublin Mid Leinster
- South



## Treated Volumes by Hospital 2012

West/North West/Mid-West			
	Specialty	Supported in own Hospital/Region	Supported in Private/Region
Letterkenny General Hospital	General Surgery	579	512
	Gynaecology	24	10
	Orthopaedics	62	6
	Urology	12	11
Mid-West Regional Hospital, Doordadoyle	Dental Surgery	26	105
	ENT	62	144
	General Surgery	156	0
	Ophthalmology	95	2
	Oral and Maxillofacial Surgery	64	3
	Plastic Surgery	0	1
Mid-West Regional Hospital, Ennis	General Surgery	114	0
Mid-West Regional Hospital, Nenagh	General Surgery	172	0
Sligo General Hospital	ENT	86	231
	General Surgery	100	238
	Ophthalmology	46	0
	Orthopaedics	39	0
St. John's Hospital, Limerick	General Surgery	175	81
University College Hospital Galway	Dental	24	206
	ENT	49	104
	General Surgery	985	15
	Neurology	1	0
	Ophthalmology	147	299
	Oral and Maxillofacial Surgery	6	1
	Orthopaedics	46	0
	Pain Relief	63	0
	Plastic Surgery	148	0
	Radiology	539	0
	Respiratory	4	0
	Urology	83	0
	Vascular Surgery	21	55
<b>TOTAL</b>		<b>3,928</b>	<b>2,024</b>

## Treated Volumes by Hospital 2012

North East Area/Dublin North			
	Specialty	Supported in own Hospital/Region	Supported in Private/Region
Beaumont Hospital	Cardiology	0	4
	ENT	33	35
	General Surgery	1853	133
	Gynaecology	17	6
	Neurosurgery	29	46
	Orthopaedics	40	15
	Pain Relief	108	0
	Plastic Surgery	32	44
	Urology	62	7
	Vascular	0	1
Cappagh National Orthopaedic Hospital	Orthopaedics	36	0
Cavan General Hospital	ENT	0	8
Connolly Hospital (Blanchardstown)	General Surgery	554	101
	Respiratory	82	0
Louth County Hospital, Dundalk	General	124	0
	Urology	0	2
Mater Misericordiae Hospital	Cardiology	64	139
	ENT	9	12
	General Surgery	107	82
	Gynaecology	0	12
	Ophthalmology	37	950
	Orthopaedics	5	1
	Plastic Surgery	1	49
Our Lady of Lourdes Hospital, Drogheda	Urology	9	56
	ENT	1	170
	General Surgery	274	52
	Gynaecology	6	3
	Urology	0	12
<b>TOTAL</b>		<b>3,483</b>	<b>1,940</b>

## Treated Volumes by Hospital 2012

Dublin East Coast/Dublin South West/Midlands			
	Specialty	Supported in own Hospital/Region	Supported in Private/Region
Midland Regional Hospital, Tullamore	ENT	48	33
	Orthopaedics	50	1
Naas General Hospital	General Surgery	266	128
Our Lady's Hospital, Crumlin	Cardiology	12	26
	ENT	23	186
	General Surgery	69	74
	Ophthalmology	10	16
	Orthopaedics	45	7
	Plastic Surgery	0	39
	Respiratory	8	12
St. James's Hospital	Dental Surgery	0	2
	ENT	0	3
	Oral and Maxillofacial Surgery	0	102
	Plastic Surgery	0	52
	Urology	0	37
	Vascular Surgery	0	179
St. Vincent's University Hospital	Cardiology	5	0
	ENT	8	0
	General Surgery	4	0
	Ophthalmology	58	0
	Orthopaedics	3	0
	Pain Relief	4	0
	Plastic Surgery	18	0
	Respiratory	79	0
	Urology	8	0
AMNCH (Tallaght) Hospital	ENT	183	0
	General Surgery	737	462
	Orthopaedics	173	0
Children's University Hospital Temple Street	ENT	22	27
	General Surgery	32	155
	Orthopaedics	6	0
	Plastic Surgery	20	64
	Respiratory	3	0
	Urology	1	1
<b>TOTAL</b>		<b>1,895</b>	<b>1,606</b>



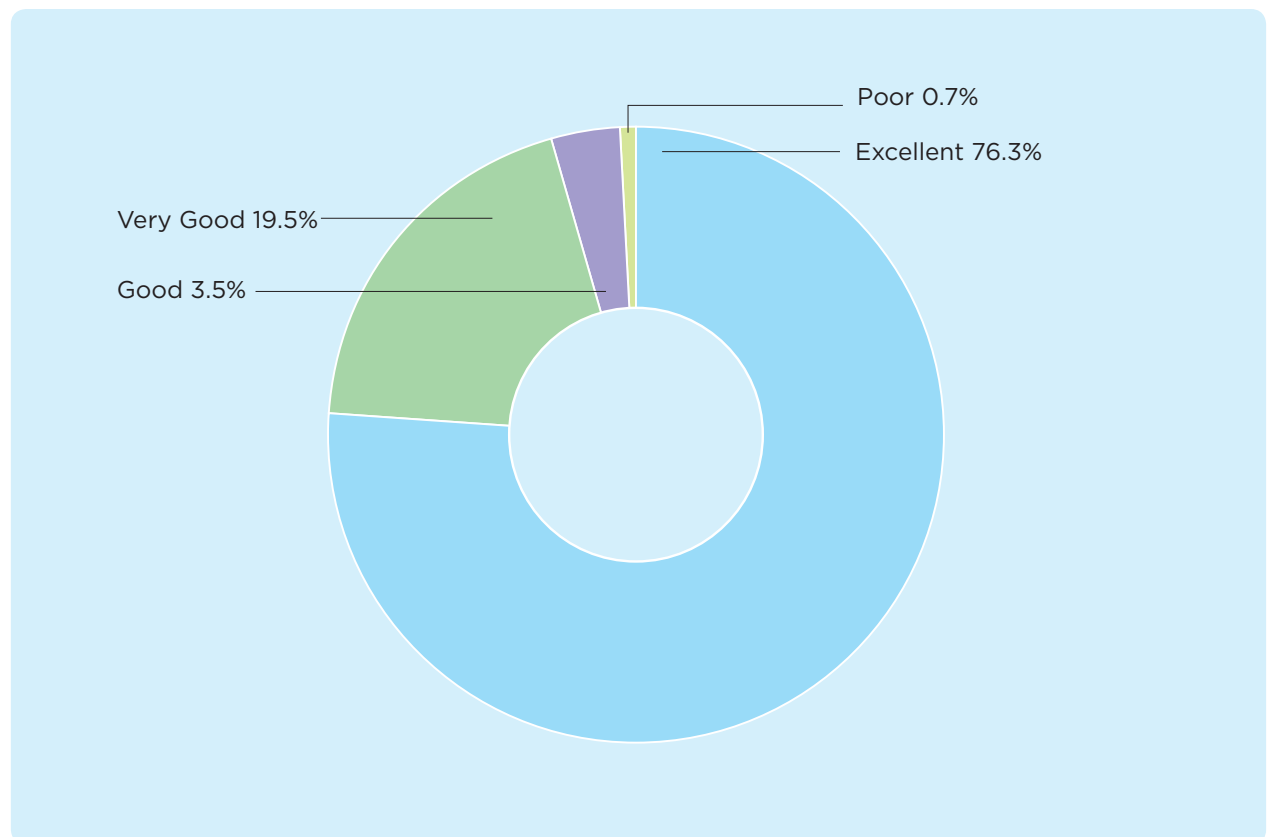
### Treated Volumes by Hospital 2012

South East/Southern Area			
	Specialty	Supported in own Hospital/Region	Supported in Private/Region
Cork University Hospital	General Surgery	12	166
	Gynaecology	17	2
	Neurology	0	10
	Ophthalmology	20	207
	Plastic Surgery	81	24
	Urology	0	13
Kerry General Hospital	General Surgery	201	161
Mercy Hospital	General Surgery	471	143
	Pain Relief 2	8	0
	Urology	79	5
	Vascular Surgery	0	1
South Infirmary - Victoria Hospital, Cork	ENT	22	49
	General Surgery	322	13
	Gynaecology	11	10
	Orthopaedics	40	0
St. Luke's Hospital, Kilkenny	General Surgery	168	0
Waterford Regional Hospital	ENT	125	0
	General Surgery	441	0
	Ophthalmology	229	0
Wexford General Hospital	General Surgery	269	0
<b>TOTAL</b>		<b>2,536</b>	<b>804</b>
<b>OVERALL TOTAL</b>		<b>11,842</b>	<b>6,374</b>

## Patient Satisfaction Survey January 2012 - December 2012

The number of patients surveyed in 2012 was 4,431; the number of responses was 2,051, a response rate of 46%. Over 95% of respondents thought the services provided by the NTPF were either excellent (76%) or very good (20%).

### Patient Satisfaction Levels



The following quotes from the patients who were surveyed and who answered the question 'Please rate your overall experience with the way you were treated under the NTPF' illustrate the high levels of satisfaction.

*"Although we waited a long time for my son to have his tonsils out, when we were put onto the NTPF it was very quick. We were delighted with the scheme".*

*"I wish to thank NTPF for your work. Only for your services my mother would be still in pain and on the waiting list. Thank you".*

*"I was extremely happy with the care I received, staff were caring and supportive, a very calm experience, after waiting a year on a date it's wonderful to have all worry gone and to be able to get on with life".*

*"Thank you very much for this great service. It is wonderful to see my son healthy and enjoying life full on. He sleeps a lot better without snoring and also swallows better. He has been very active since his recovery. Also we are not dreading the nearing winter and missing school for being unwell".*

*"I just want to say how much I appreciated all the help I received".*

