

# Editorial

IAN SMITH



## *Political targets*

### **As I write this editorial**

we are right in the middle of the party conference season, so it is perhaps appropriate that there seems to be a bit of a political theme to this edition of the journal. Probably the biggest political challenge facing all of us at the moment is the 18 week target, which has been with us for seemingly ages, but is now rapidly approaching the point where we must deliver results. The assumption of this target is that patient care will be improved by a shorter pathway, but most of the focus has been on how to achieve the target, with little apparent interest shown in quality measures. Having been accustomed to the slow pace of the NHS, there is a real possibility that some patients may actually feel pressurised by the Trust's determination to meet its deadlines. The article from Celia Ingham Clark's group at the Whittington is therefore both timely and reassuring. They found that the majority of patients did not feel pressurised and were indeed pleasantly surprised by just how rapidly they were seen and treated in the "New NHS". Where patients did want a little more time, this was easily accommodated.

For most of us, achieving the 18 week target in practice has meant additional "waiting list initiative" sessions. These were introduced as a temporary measure by the last but fifteen-or-so health minister – indeed they are still called "Dobson Lists" in some areas – but seem to have become a necessary regular fixture of the modern NHS. The inherent assumption is that the

underlying queue is in balance, with patients being removed from the queue (by treatment) at an equal rate to which they join. Therefore, in order to reduce the length of the queue, it is only necessary to remove some additional patients from somewhere in the middle. Unfortunately, the system is not as stable as this and it is relatively easy for a queue to form, and even to grow quite dramatically, when the overall service provision looks to be just about right. The theory of queues has been understood for many years and most of the solutions, while often somewhat counterintuitive, are relatively simple. However, this information still seems to be relatively unknown, and seldom applied, within the NHS. At the last ASM, Kate Silvester gave an excellent presentation on this subject. It is well worth trying to see this presentation live (a good time to remind you that meeting presentations can be viewed on the members' area of the BADS website), as the points are best illustrated using simple, real-time models. However, in order to try to get this message more widely disseminated, I am delighted that Kate has written a summary of the key points for the journal.

From politics to political correctness and the subject of mixed sex wards. There are of course extremely important reasons why it is inappropriate and degrading to have male and female patients managed closely together in some areas of the hospital. Yet much of the modern NHS, and day surgery in particular, is about trying

to treat patients within a framework of minimal disturbance from normality. In normal life, it is entirely inappropriate to segregate any individual group of people. By selectively providing single-sex accommodation where it is appropriate, but encouraging mixing elsewhere, I think the nurses from my own day unit have achieved a very sensible compromise which is popular with almost all of their patients. I shall avoid further comment on a paper of which I am a co-author, but hope that this is both thought provoking and also generates some correspondence.

Once again, I have given over the featured day unit slot to an overseas establishment, this time from Hong Kong. I think it is useful to occasionally examine the practices of other countries and cultures, as we can learn so much from the similarities and differences. By chance, I visited another day unit in Hong Kong, so I have appended my experiences to provide a wider picture of this country. We shall return to UK featured day units in subsequent journals.

Elsewhere in the journal, we continue our regular features and also have a special section to remind you of what a great meeting Scarborough was and to encourage you to join us again, or indeed for the first time, in Southport next year. I look forward to meeting you there.

IAN SMITH