



**An Roinn Sláinte**  
**Department of Health**

## **Patients' Reasons for Requesting Removal from Inpatient Waiting Lists During Administrative Validation**

A Department of Health Research Paper, 2020

Robert Murphy and Carol Taaffe, Research Services and Policy Unit, R&D and Health Analytics Division, Department of Health



Irish Government Economic & Evaluation Service

## TABLE OF CONTENTS

EXECUTIVE SUMMARY .....	I
1. INTRODUCTION .....	1
2. RESPONSES TO VALIDATION .....	8
3. REASONS FOR REQUESTING A REMOVAL.....	9
4. DIFFERENCES IN RESPONSES BY PATIENT AND SERVICE CHARACTERISTICS.....	11
5. SUMMARY OF KEY FINDINGS.....	12
APPENDIX A: SPECIALITIES VALIDATED IN ULHG AND UHW .....	14
APPENDIX B: VALIDATION LETTERS.....	15
APPENDIX C: TWO MAIN REASONS BY PATIENT AND SERVICE CHARACTERISTICS .....	19

### Citation

Please cite this report as:

Murphy, R., & Taaffe, C. (2020). *Patients' Reasons for Requesting Removal from Inpatient Waiting Lists During Administrative Validation*, Research Services and Policy Unit, Department of Health.

## ACKNOWLEDGEMENTS

The project team would like to express our appreciation to the following for facilitating this study: Ms Alison Green and Mr Glenn Murphy, the National Treatment Purchase Fund (NTPF); Mr John Doyle and Ms Aideen O'Callaghan, University Limerick Hospitals Group; Ms Alice Medjaou, University Hospital Waterford. We would also like to thank the following for providing feedback on work in progress: staff in the Research Services & Policy Unit and Statistics & Analytics Unit, and additional colleagues in the DH; Ms Alison Green, NTPF; Mr John Doyle and Ms Aideen O'Callaghan, ULHG; Ms Grace Rothwell and Ms Alice Medjaou, UHW; Prof Liam Delaney, UCD; Dr Pete Lunn and Dr Deirdre Robertson, ESRI; Prof Molly Byrne, NUIG; Ms Helen Ryan, NALA. The authors bear sole responsibility for interpretations and analysis.

## EXECUTIVE SUMMARY

The purpose of validation of waiting lists is to maintain hospital-patient communication during the patient's waiting list journey, to update the patient record, to reduce DNA and patient cancellation rates, and to provide accurate data on demand for hospital services. During written administrative validation a patient may request removal from waiting lists. Requests for removal are screened by hospital staff before removing a patient from the waiting list. While patient level information on reasons for removal are held at service level the authors are not aware of any published studies that aggregate patients' reasons for requesting removal. It is important to have an overall understanding of the types of reasons that patients have for requesting removal from inpatient waiting lists.

This report analyses reasons given for requesting removal from hospital inpatient waiting lists by 188 patients during a validation exercise in University Limerick Hospitals Group (validation exercise in November 2017) and by 254 patients during a validation exercise in University Hospital Waterford (validation exercise in May-June 2018). Key insights include:

- 1. Overall, between 8-13%<sup>1</sup> of respondents to these validation exercises requested removal from the waiting list.**
- 2. The two main reasons that patients requested a removal from inpatient waiting lists were that the procedure was "already done" (6 out of every 10) or that the procedure was "no longer required" (2 out of every 10).** Other reasons included that the patient was reported as deceased, was unavailable to proceed (medically unfit or under antenatal care), did not want the procedure, or already had an appointment scheduled. See Figure 1.
- 3. The proportion of patients responding that a procedure was "already done" differed statistically by speciality for both ULHG and UHW.** It is not possible to say from this study whether this was because of differences across specialities in administrative processes, because of the nature of different specialities, or due to other factors.
- 4. Since a substantial proportion of requests for removal from the waiting list are because patients being validated have already had the procedure (57-65% of requests for removal), it would be useful:**
  - a) to know the reason(s) for this. For instance, the extent to which this is due to (i) patients having a procedure in a hospital but the same hospital's waiting lists having

---

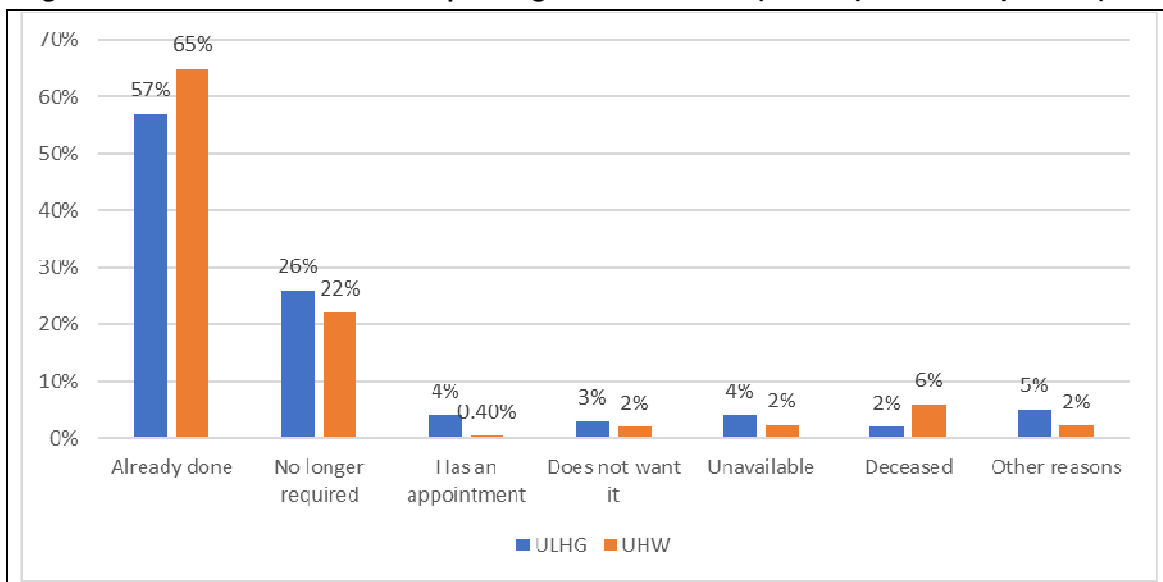
<sup>1</sup> The range cited indicates the difference between the figure in University Limerick Hospitals Group and that in University Hospital Waterford.

not been updated in advance of validation, (ii) patients being assigned appointment dates during the validation process and so still appearing on the validation file used though they received the relevant procedure before validation was completed, or (iii) whether patients are on multiple waiting lists for the same procedure and if the patient has the procedure in a public or private hospital, administrative staff in other hospitals are not informed that he/she no longer requires it;

b) to consider whether there are ways of minimising the above discord occurring between administrative validation cycles.

5. **Some of the reasons for requesting a removal also highlight the importance of the clinical review process in the hospital and consultation with the patient’s GP as part of the overall administrative validation process** (e.g. the procedure is no longer required; the patient does not want the procedure; the patient believes he/she is unfit; or social reasons for requesting removal, such as transport difficulties or cost).

**Figure 1: Patients’ Reasons for Requesting Removal: ULHG (n = 188) and UHW (n = 254)**



## 1. INTRODUCTION

### 1.1 BACKGROUND

It is good practice for hospitals to undertake administrative validation of waiting lists. This is a process where hospital administration contacts patients on waiting lists to check whether patients still require a procedure or wish to be removed from the list.

In 2017 the National Treatment Purchase Fund (NTPF) published a national protocol to support the management of waiting lists, *The National Inpatient, Day Case, Planned Procedure (IDDP) Waiting List Management Protocol*. Before a patient is added to an inpatient or day case waiting list, he/she will typically have been seen in an Outpatient setting, assessed and deemed fit for a procedure.<sup>2</sup> With regard to validation of waiting lists, the Protocol states that

“the purpose of waiting list validation is to:

- maintain hospital-patient communication during the patient’s waiting list journey
- update the patient record
- reduce DNA and patient cancellation rates
- provide clean, accurate, up to date waiting list data which reflects the true demand for hospital services.”

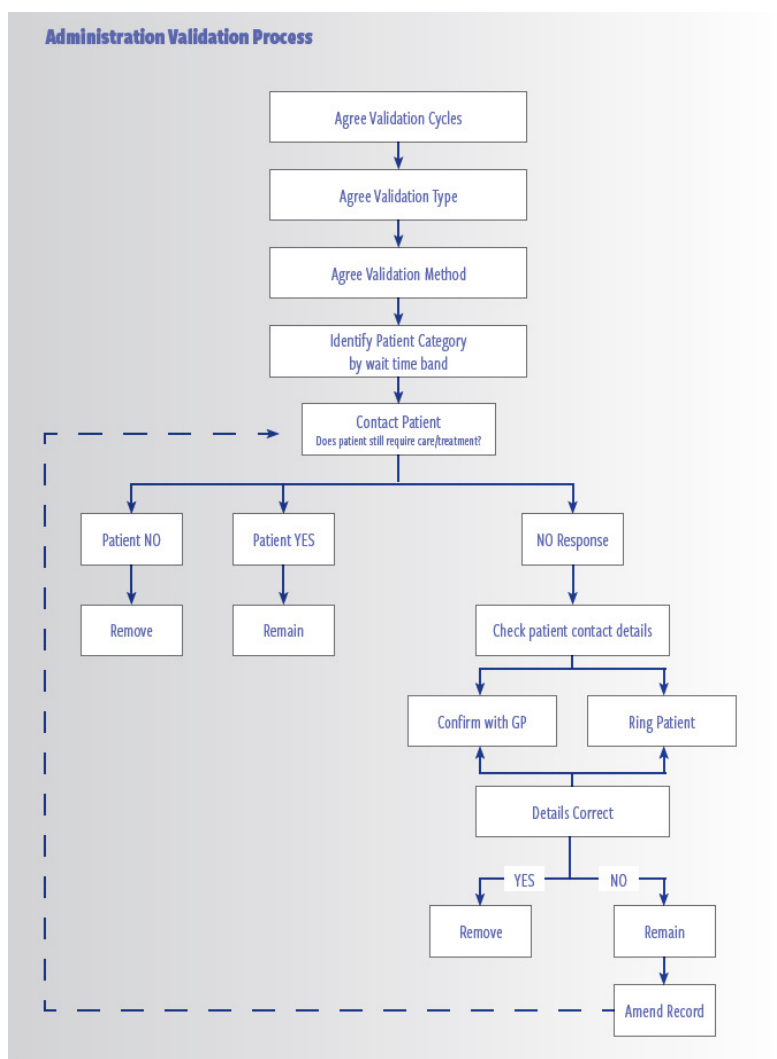
With regard to administrative validation, the Protocol states that

1. It is compulsory that a formal bi-annual hospital validation is carried out on all inpatient and day case waiting lists over six months.
2. A clear administrative validation process must consistently be followed (see Figure 1.1) and along with the following:
  - A clear audit trail must be maintained during every validation cycle and information/outcomes should be communicated to stakeholders and available to the NTPF audit process.
  - Postal validation cycles must be completed within a six-week timeframe.
  - When a patient is removed from a waiting list due to non-response to a written validation cycle, notification must be sent to the GP, Source of Referral (SOR) and the patient. A copy is also to be placed in the patient’s Health Care Record. If requested by the GP, patients can be reinstated on the waiting list.

---

<sup>2</sup> Exceptions are urology patients requiring a flexi-cystoscopy (these patients tend to be seen on a day case waiting list following receipt of a direct referral from a GP), and GI Scopes.

**Figure 1.1: Process for the administrative validation of inpatient and day cases**



Source: *The National Inpatient, Day Case, Planned Procedure (IDDP) Waiting List Management Protocol (2017)*.

## 1.2 PURPOSE

The purpose of this paper is to summarise the reasons that patients gave for requesting a removal from a waiting list in the course of administrative validation. The paper presents the reasons that patients gave for requesting removal from waiting lists during two validation exercises conducted at University Limerick Hospital Group (ULHG) and University Hospital Waterford (UHW). Data provided to the Department of Health for this study for analysis was irreversibly anonymised (i.e. the Department did not analyse personal data). The authors are not aware of any other published studies documenting patients' reasons for requesting removal from inpatient waiting lists.

It is important to keep in mind that the information in this report is based on the reasons that patients provided for requesting a removal when responding to the validation letter they received as part of an administrative validation exercise. A request for removal did not necessarily translate into an actual removal from the waiting list in every case. Requests for removal were reviewed by hospital staff, and clinical guidance was sought where appropriate before removing a patient from the list (e.g. in the case of vulnerable patients, or where a request for removal appeared inappropriate or unclear). This report deals with responses of patients to the validation letter; it does not report the final outcome of the validation process (e.g. in some cases a patient may have requested a removal but following consultation with hospital staff, the patient may have decided to remain on a list).

### **1.3 METHOD**

#### **1.3.1 Hospitals**

In November 2017, validation began across a range of specialities at five hospitals in the UL Hospitals Group: Croom Orthopaedic Hospital, Nenagh Hospital, Ennis Hospital, University Hospital Limerick and St. John's Hospital Limerick. Prior to this, validation was not regularly carried out on such a large scale in ULHG. Patients were included in the validation exercise if they had been on a waiting list for not less than three months and not more than 15 months. Waiting lists for fifteen specialities were validated (see Appendix A).

University Hospital Waterford (UHW) validated its inpatient waiting list in May and June 2018. Twelve specialities were validated (see Appendix A) and patients were included in the exercise if they were on the waiting list for not less than three months and not more than 37 months.

The data provided to the Department of Health for analysis was irreversibly anonymised.

#### **1.3.2 Validation questions asked**

Two versions of the validation questions were used across the above validation exercises: Type 1 asked whether the patient wished to remain on the waiting list, and to indicate the reason if he/she did not wish to remain; Type 2 asked whether the patient still required the procedure, and to indicate the reason if he/she did not require the procedure. In ULHG about one third of the patients were asked the Type 1 questions and two thirds the Type 2 questions. The reason for this was that validation in ULHG incorporated a test of the existing validation letter (which included the Type 1 questions) against a re-designed validation letter (which included the Type 2 questions); for details see the report 'The Better Letter Initiative: An Impact Evaluation of a Redesigned Inpatient and Day Case Appointment Letter,' (Murphy et al., DH, 2020). This test showed that the re-designed letter increased



patient engagement, so the re-designed letter was used in the UHW validation, i.e. only the Type 2 questions were used in UHW validation. In the UHW validation, patients who did not respond to the first validation letter were sent a reminder letter. Samples of the letters used are provided in Appendix B.

### Type 1 validation questions

Please tick the appropriate box:

Yes, I wish to remain on the waiting list		
No, I do not wish to remain on the waiting list		Please indicate the reason:

### Type 2 validation questions

<p><b>Question: Do you still require this procedure?</b> (tick one box only)</p> <p><input type="checkbox"/> Yes, I still require it   <input type="checkbox"/> No, I had it done elsewhere   <input type="checkbox"/> No, other reason</p> <p>If “No, other reason” please give reason:</p> <p>_____</p>
---

### 1.3.3 Data entry, coding and reasons for requesting removal

#### *Data entry and coding*

Where a validation form was returned to hospital staff indicating the respondent wished to be removed from the waiting list, the reason given (if any) was recorded in an Excel sheet used for hospital administration.

For the purpose of this study, a separate sheet was produced for ULHG and UHW containing only irreversibly anonymised data. That is, all personal data and all data that could potentially be linked with another file to identify a patient was removed (e.g. name, medical record number, date of birth) from the files provided to the RSPU in the Department of Health for analysis. Therefore, this study is based on non-personal data. The ‘reasons’ given for requesting removal in the file containing non-personal data were then coded by staff in the RSPU, Department of Health using MAXQDA qualitative analysis software.

#### *Codes*

The codes applied are as follows:

*Abroad:* patient is now resident in another state ('I moved back to the UK').

*Already done:* responses were included in this category if patients ticked the box 'No, I had it done elsewhere' (Type B question) or 'No, I do not wish to remain on the waiting list' (Type A question) and added text indicating they already had the procedure (e.g. 'procedure done already,' 'I had on private insurance'). This includes one patient recorded as seen in emergency ('seen as an emergency case').

*Deceased:* patient is noted to be deceased.

*Does not want the procedure:* respondent indicated he/she no longer wanted the procedure ('not interested,' 'I don't want the risk of damage to my jaw or nerve,' 'had it done twice without success,' 'doesn't want it at the moment').

*Service error:* respondent feels the correspondence was sent in error ('patient thinks letter was sent in error, no medical problem').

*Has an appointment:* indicated the respondent already had an appointment date.

*Maternity:* the patient is pregnant, and the reason for requesting removal may be unspecified or unclear ('patient is pregnant and attending a visit in a maternity hospital,' 'pain seems to have eased and I am 7 months pregnant,' 'pregnant').

*No longer required:* returns were coded in this category where a respondent stated that the procedure was no longer necessary. This includes instances where the respondent says the procedure is not needed ('got a cure from a friend and no longer has gallstones'); where the condition is currently fine ('he is fine at the moment'; 'happy with good vision in one eye, and reasonable in another eye'); where the patient feels better ('feeling well', 'it has improved'); or where a consultant or GP has said it is not necessary (e.g. 'no longer needed', 'my GP said it is not necessary at this time,' 'patient doing fine', 'not serious, not required'). In the ULHG sample most reasons for requesting removal were recorded verbatim from patient responses into the data file and then subsequently coded for this report by the Department of Health team; in the UHW sample many responses to the reminder validation letter were entered initially in the data file with a standard phrase: 'no longer required'.

*Patient requires more information:* respondent is unsure or ill-informed about the procedure ('he does not understand what it is about,' 'no idea what the procedure is,' 'apprehensive about result').

*Reason given unclear:* these are cases in which script is unreadable or the respondent has not given sufficient information ('left frontal lobe glioma,' 'had a bad reaction to anaesthetic,' 'patient attending rooms').

*Record not clear:* the information recorded by administrative staff was contradictory.

*Social reasons:* returns were coded in this category where external barriers were cited ('medical card expired,' 'old age, unable to travel, personal reasons,' 'can't afford the procedure').

*Unfit:* returns indicate the patient is not physically fit for the procedure ('deterioration in health and mobility,' 'changed mind as feels he is too old,' 'not fit to go').

*Waiting too long:* respondent feels he/she has waited too long for treatment ('waiting too long').

#### *Reporting of responses*

Where the total number of patients in a coded category was no more than five in each sample site (UHW or ULHG) these categories are combined in the final report as 'Other reasons.' The codes so combined were: 'Patient requires more information'; 'Service error'; 'Social reasons'; 'Waited too long'. For the same reason, the codes of 'Maternity' and 'Unfit' are also combined into a single category: 'Unavailable'.

#### **1.3.4 Differences in responses by patient and service characteristic**

It is important to know whether reasons for patients requesting a removal was associated with particular patient or hospital characteristics. For example, it is useful to know whether there was an association between respondents requesting a removal as the procedure was "already done" and speciality, or between respondents requesting a removal as the procedure is "no longer needed" and gender. The two most common reasons ('already done' or 'no longer needed') were tested for association with patient and with hospital characteristics.

These were tested using chi-square ( $\chi^2$ ) test of independence to examine the relation between variables. The test of independence assesses whether an association exists between the two variables by comparing the observed pattern of responses in the cells to the pattern that would be expected if the variables were truly independent of each other. The chi-square statistic is calculated using STATA and compared against a 5% critical value from the chi-square distribution to assess whether the observed cell counts are significantly different from the expected cell counts. The null hypothesis of the chi-square test is that no relationship exists on the categorical variables in the population; they are independent.

Rejection of the null hypothesis of no relationship is consistent with there being a relationship between the variables.

### 1.3.5 Limitations

This study is based on opportunity / convenience sampling (not probability sampling) and so the results are not necessarily representative of inpatients nationally. Causal conclusions about the relationship between responses and patient/ hospital characteristics (Section 1.3.4 and Chapter 4) cannot be made because of the cross-sectional nature of the data. The statistical tests are only bivariate tests and therefore, where they indicate two variables are related to one another, they do not give an indication of how, or why, they are related nor whether the relationship is mediated by a separate factor correlated with both variables.

### 1.3.6 Quality Assurance

In preparing this report, the authors followed the Irish Government Economic and Evaluation Service (IGEES) quality assurance process, seeking feedback on:

- the analysis format (structure)
- clarity (quality of writing)
- accuracy (reliability of data)
- robustness (methodological rigour), and
- consistency (between evidence and conclusions).

The report was circulated for review to the following:

- Internal/ Departmental
  - Line management – Research Services and Policy Unit
  - Other divisions/ sections – Scheduled and Unscheduled Care Performance Unit
- External
  - A behavioural insights advisory group
  - The National Treatment Purchase Fund
- Other
  - Participating hospitals

## 2. RESPONSES TO VALIDATION

Table 2.1 shows that most patients responded to the validation letter (79-80%) and that most of these wished to remain on the waiting list. It was possible to code most of the reasons provided for requesting removal from the waiting list (95-98%). The analysis of reasons for requesting a removal is based on 197 responses for ULHG and 260 responses for UHW.

Table 2.1: Summary of Responses to the Validation Letters

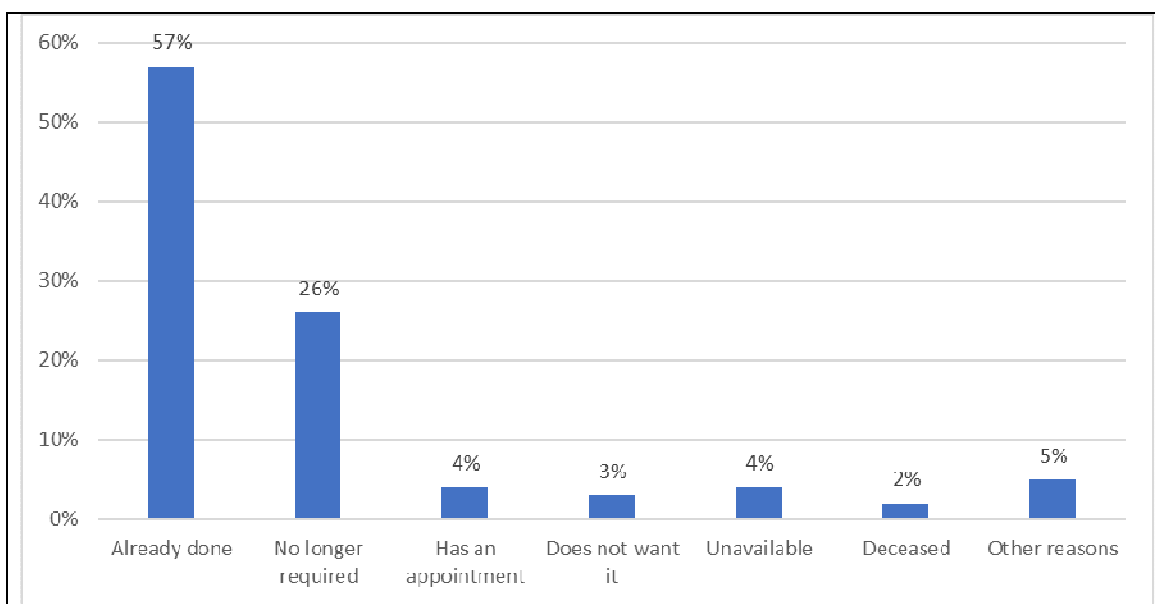
	<b>ULHG</b>	<b>UHW</b>
Letters issued to patients	3,197	2,476
Returned through postal service	14 (0.4%)	2 (0.08%)
Returned by patients	2,506 (78%)	1,973 (80%)
No response by patients	677 (21%)	501 (20%)
Patients' responses		
Request to remain on the list	2,309 (92%)	1,713 (87%)
Request to be removed from the list	197 (8%)	260 (13%)
Patients providing reasons for requesting removal	197	260
Reason given could be coded	188 (95%)	254 (98%)
Reason given could not be coded	9 (5%)	6 (2%)
Script was unreadable; patient did not give sufficient information; patient gave ambiguous information	9	5
Entry in data file was unclear	0	1

### 3. REASONS FOR REQUESTING A REMOVAL

#### 3.1 ULHG REASONS FOR REQUESTING REMOVAL

Of those who responded to ULHG validation, 8% (n = 197) requested to be removed from the waiting list, of which 188 reasons could be coded. Among the latter respondents, 57% (n = 107) already had the procedure done, whether privately or publicly. Another 26% (n = 42) no longer required the procedure. A further 4% (n = 5) already had an appointment or were unavailable for the procedure (a classification encompassing those who declared themselves unfit and those under maternity care); respondents not wanting the procedure stood at 3% (n = 4-5). In 2% (n = 3) of cases the patient was deceased.

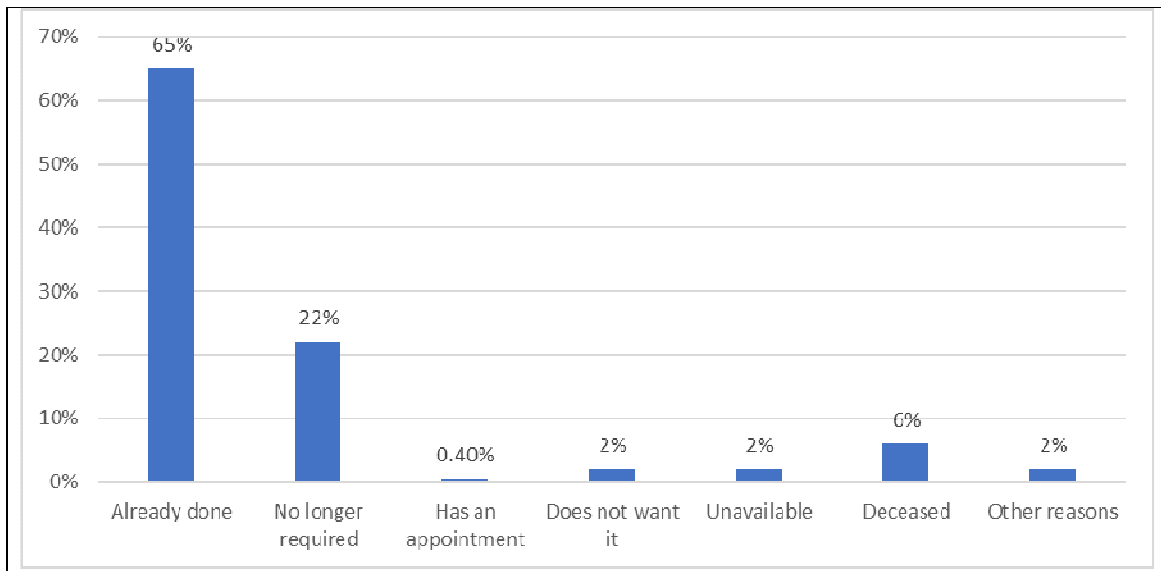
**Figure 3.1: Reasons for Requesting Removal: ULHG (n = 188)**



#### 3.2 UHW REASONS FOR REQUESTING REMOVAL

Of those who responded to validation in UHW, 11% (n = 260) requested removal from the waiting list, of which 254 reasons could be coded. Among these patients, 65% (n = 164) had already had the procedure. For another 22% (n = 57) the procedure was no longer required. In 6% (n = 14) of cases the patient was reported as deceased; a further 2% (n = 6) were unavailable for the procedure, and the same percentage did not want it.

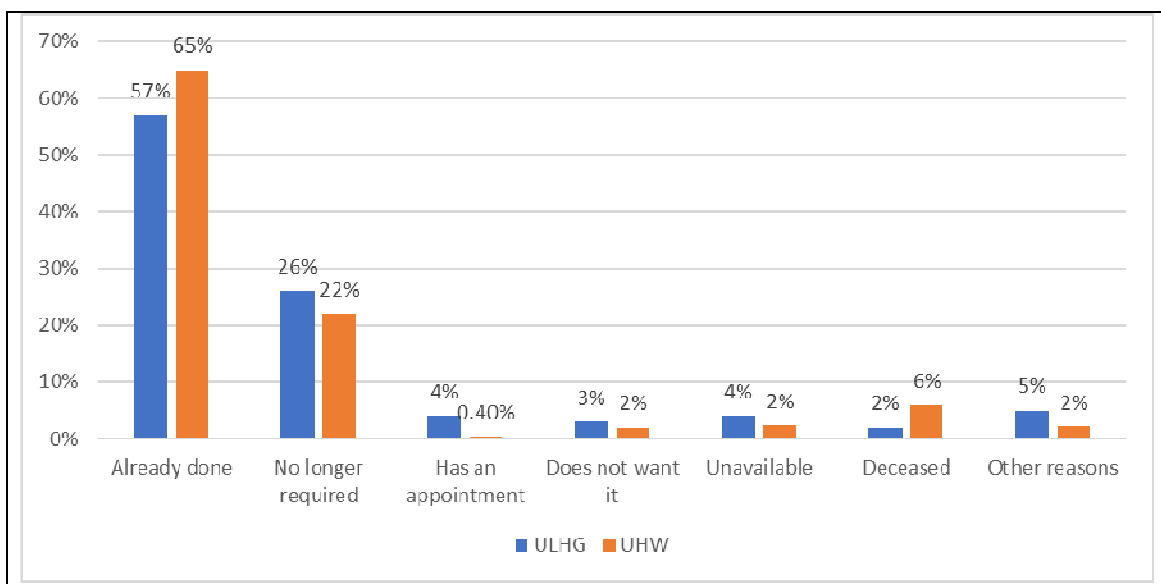
**Figure 3.2: Reasons for Requesting Removal: UHW (n = 254)**



### 3.3 OVERALL REASONS FOR REQUESTING REMOVAL

Overall, the responses to ULHG and UHW validation indicated that by far the highest proportion of patients who requested removal from the list had already had the procedure (57-65%) or no longer required it (22-26%): the latter included cases where the patient's condition had resolved itself or the patient felt better (see Figure 3.3).

**Figure 3.3: Patients' Reasons for Requesting Removal: ULHG (n = 188) and UHW (n = 254)**



#### 4. DIFFERENCES IN RESPONSES BY PATIENT AND SERVICE CHARACTERISTICS

Chi-square tests of independence were performed to examine for relations between the two main reasons for requesting a removal and patient/ service characteristics.

For both ULHG and UHW the relation between responding “remove because a procedure was already done” and speciality was significant. Patients in some specialities were more likely than others to request a removal because the procedure was already done. Visual inspection shows that in ULHG the proportion indicating already done was more than twice the group average of 0.034 for rheumatology and dermatology (note a sample size of less than 25 for each of these two specialities so actual shares not shown), gynaecology (0.08), orthopaedics (0.08), and vascular surgery (0.08). Visual inspection for UHW shows that the proportion responding already done was more than 1.5 times the hospital average of 0.068 in cardiology (0.19), orthopaedics (0.17) and gynaecology (0.10).

In ULHG there was also a relation between responding “remove because a procedure was already done” and hospital, and between responding “remove as no longer required” and gender (higher for males than females). In UHW there was also a relation between responding “remove as already done” and gender (higher for males than females). Chi-square tests of independence are provided in Table 4.1 and more data are in Appendix C.

**Table 4.1: Results of chi-square test of independence**

<i>ULHG</i>	
Between responding already done and speciality*	$\chi^2(14, N = 3,197) = 35.97, p = 0.001$
Between responding already done and hospital*	$\chi^2(2, N = 3,197) = 16.94, p = 0.002$
Between responding already done and gender	$\chi^2(1, N = 3,197) = 1.10, p = 0.294$
Between responding already done and monthly bands	$\chi^2(12, N = 3,197) = 2.92, p = 0.996$
Between responding already done and time bands	$\chi^2(3, N = 3,197) = 1.10, p = 0.776$
Between responding no longer required and hospital	$\chi^2(2, N = 3,197) = 3.94, p = 0.414$
Between responding no longer required and gender*	$\chi^2(1, N = 3,197) = 4.36, p = 0.037$
Between responding no longer required and time bands	$\chi^2(3, N = 3,197) = 0.24, p = 0.971$
<i>UHW</i>	
Between responding already done and speciality*	$\chi^2(12, N = 2,420) = 54.00, p < 0.001$
Between responding already done and gender*	$\chi^2(2, N = 2,419) = 15.68, p < 0.001$
Between responding already done and grouped time bands	$\chi^2(4, N = 2,420) = 3.13, p = 0.537$
Between responding already done and age bands	$\chi^2(3, N = 2,420) = 7.53, p = 0.057$
Between responding no longer required and gender	$\chi^2(2, N = 2,362) = 0.51, p = 0.776$
Between responding no longer required and time bands	$\chi^2(4, N = 2,420) = 7.35, p = 0.119$
Between responding no longer required and age bands	$\chi^2(3, N = 2,420) = 2.12, p = 0.547$

Note: \* indicates a statistically significant association between variables



## 5. KEY FINDINGS AND CONCLUSIONS

The purpose of validation of waiting lists is to maintain hospital-patient communication during the patient's waiting list journey, to update the patient record, to reduce DNA and patient cancellation rates, and to provide accurate data on demand for hospital services. During written administrative validation a patient may request removal from waiting lists. Requests for removal are screened by hospital staff before removing a patient from the waiting list. It is important to have an overall understanding of the types of reasons that patients have for requesting removal from inpatient waiting lists.

This report analyses reasons given by 188 patients in University Limerick Hospitals Group and by 254 patients in University Hospital Waterford for requesting removal from hospital inpatient waiting lists during validation exercises.

Overall, between 8-13% of respondents to these validation exercises requested removal from the waiting list. The two main reasons that patients requested a removal from inpatient waiting lists were that the procedure was "already done" (6 out of every 10) or that the procedure was "no longer required" (2 out of every 10). Reasons less frequently cited included that the patient was reported as deceased, was medically unfit to proceed, did not want the procedure, or already had an appointment scheduled.

The proportion of patients responding that a procedure was "already done" differed statistically by speciality for both ULHG and UHW. It is not possible to say from this study whether this was because of differences across specialities in administrative processes, because of the nature of different specialities, or due to other factors.

A substantial proportion of requests for removal from the waiting list are because patients being validated have already had the procedure: 57-65% of requests for removal. It would be useful to know the extent to which the above discord arises because of:

- a) the timeliness with which hospital records and waiting lists are updated (e.g. where a patient has a procedure in a hospital, but the same hospital's waiting list was not updated on time to reflect this);
- b) patients being assigned appointment dates during the validation process and so still appearing on the validation file used though they received the relevant procedure before validation was completed; and/or
- c) whether a patient was on multiple lists for the same procedure in different hospitals (e.g. where a patient has a procedure in one hospital – public or private – but is on another hospital's waiting list for the same procedure, and the latter hospital was not informed that the patient no longer requires it).

It would also be useful to consider whether there are ways of minimising the above discord occurring between administrative validation cycles.

Some of the reasons for requesting a removal also highlight the importance of the clinical review process in the hospital and consultation with the patient's GP as part of the overall administrative validation process. These involve instances where the patient indicated the procedure is no longer required (22-26%: this includes responses such as 'currently not a problem', 'feels better', 'has a cure from a friend'); where the patient does not want the procedure (2-3%); where the patient believes he/she is unfit (2-3%); and social reasons, such as transport difficulties or cost (1%).

## APPENDIX A: SPECIALITIES VALIDATED IN ULHG AND UHW

ULHG Inpatient Validation	UHW Inpatient Validation
	Breast surgery^
Cardiology^	Cardiology
Dermatology^	Dermatology^
Gastro-enterology^	Gastro-enterology^
	Gastro-intestinal surgery
General medicine^	
General surgery	General surgery
Gynaecology	Gynaecology
Ophthalmology	Ophthalmology
Maxillo-facial	
Orthopaedics	Orthopaedics
Otolaryngology (ENT)	Otolaryngology (ENT)
Pain relief	Pain relief
Respiratory^	
Rheumatology^	
Urology	Urology
Vascular surgery	Vascular surgery

^ There were fewer than 25 listings for each of these specialities across ULHG and in UHW.

# Letter A

Ospidéal na hOllscoile, Luimneach,  
Bóthar Naomh Neasáin, Tuar an Daill, Luimneach V94 F858  
Teil: 061 301111 Facs: 061 301165

University Hospital Limerick,  
St. Nessian's Road, Dooradoyle, Limerick V94 F858  
Tel: 061 301111 Fax: 061 301165

2<sup>nd</sup> November 2017

<Title> <Patient First Name> <Patient Surname>  
<Address 1>  
<Address 2>  
<Address 3>  
<Address 4>

**Patient Record Number: < >**

Dear <Title> <Patient Surname>,

You are listed for a procedure on <Consultant Name> <Speciality> Waiting List. We want to ensure our waiting list is accurate and up to date. Accordingly, we would be grateful if you could complete this form and return it to us at your earliest convenience.

If we do not hear from you by **November 16<sup>th</sup> 2017**, we will assume that you no longer require the procedure and your name will be removed from the waiting list. Your Consultant and GP will be informed.

Yours sincerely,

**Validation Officer, UHL**

---

## PLEASE UPDATE YOUR CONTACT DETAILS FOR OUR RECORDS

Name:	
Address:	
DOB:	
Contact Telephone Number:	

### Please tick the appropriate box:

Yes, I wish to remain on the waiting list	<input type="checkbox"/>	
No, I do not wish to remain on the waiting list	<input type="checkbox"/>	Please indicate the reason:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# Letter B

Ospidéal na hOllscoile, Luimneach,  
Bóthar Naomh Neasáin, Tuar an Daill, Luimneach V94 F858  
Tel: 061 301111 Facs: 061 301165

University Hospital Limerick,  
St. Nessian's Road, Dooradoyle, Limerick V94 F858  
Tel: 061 301111 Fax: 061 301165

<Title> <Patient First Name> <Patient Last Name>  
<Address 1>  
<Address 2>  
<Address 3>

**Strictly Private and Confidential**

2<sup>nd</sup> November 2017



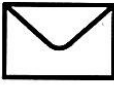
**Please reply to this letter**

Dear <Patient First Name>

You are on our <Speciality> waiting list for a procedure with <Consultant Name>. I apologise that you are still waiting. We want to provide our valuable services to our patients as soon as we can. That is why we are checking our waiting list.

**We need you to please:**

1. Answer the question below and sign.
2. Return this page to us in the freepost envelope enclosed.

	Read this letter
	Fill in the form
	Return this form

Please do this **even if** you have recently been in contact with the hospital.

If you **don't send** us back this page by **16<sup>th</sup> November 2017**, then we will take it that you do not require this procedure and **you will be removed** from our waiting list. Your GP (family doctor) will be informed.

**Question: Do you still require this procedure?** (tick one box only)

Yes, I still require it     No, I had it done elsewhere     No, other reason

If "No, other reason" please give reason:

\_\_\_\_\_

**Please sign:** \_\_\_\_\_ Medical Record No. <MRN>

If you have any questions about the above, please phone [redacted] from 10.00 a.m. to 1.00 p.m., or [redacted] from 2.00 p.m. to 4.00 p.m.

Kind regards,

[redacted] Scheduled Care Department

  
Caring, Courteous and Professional

 Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# Letter C

Ospidéal na hOllscoile, Luimneach,  
Bóthar Naomh Neasáin, Tuar an Daill, Luimneach V94 F858  
Tel: 061 301111 Facs: 061 301165

University Hospital Limerick,  
St. Nessian's Road, Dooradoyle, Limerick V94 F858  
Tel: 061 301111 Fax: 061 301165

<Title> <Patient First Name> <Patient Last Name>  
<Address 1>  
<Address 2>  
<Address 3>




**Strictly Private and Confidential**

2<sup>nd</sup> November 2017

**Please reply to this letter**

Dear <Patient First Name>

You are on our <Speciality> waiting list for a procedure with <Consultant Name>. I apologise that you are still waiting. We want to ensure our waiting list is accurate and up to date.

	Read this letter
	Fill in the form
	Return this form

**We need you to please:**

1. Answer the question below and sign.
2. Return this page to us in the freepost envelope enclosed.

Please do this **even** if you have recently been in contact with the hospital.  
If you **don't send** us back this page by **16<sup>th</sup> November 2017**, then we will take it that you do not require this procedure and **you will be removed** from our waiting list. Your GP (family doctor) will be informed.

<b>Question: Do you still require this procedure?</b> (tick one box only)		
<input type="checkbox"/> Yes, I still require it	<input type="checkbox"/> No, I had it done elsewhere	<input type="checkbox"/> No, other reason
If "No, other reason" please give reason: _____		
Please sign: _____		Medical Record No. <MRN>

If you have any questions about the above, please phone [redacted] from 10.00 a.m. to 1.00 p.m., or [redacted] from 2.00 p.m. to 4.00 p.m.

Kind regards,

[redacted] Scheduled Care Department

**ULH**  
Caring, Courteous and Professional

**HE** Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**Strictly Private and Confidential**

«Title» «patientfor» «patientsur»  
 «patientadd»  
 «patientad2»  
 «patientad3»  
 «patientad4»  
 «Number»

4<sup>th</sup> July, 2018




**Please reply to this letter – REMINDER LETTER**

Dear «patientfor»,

You are on our «Specialty» waiting list for a procedure with «Consultant\_name». I apologise that you are still waiting. We want to provide our valuable services to our patients as soon as we can. That is why we are checking our waiting list.

**We need you to please:**


1. Answer the question below and sign.
2. Return this page to us.

	Read this letter
	Fill in the form
	Return this form

Please do this even if you have recently been in contact with the hospital.

If you don't send us back this page by Thursday 12<sup>th</sup> July 2018 then we will take it that you do not require this procedure and you will be removed from our waiting list. Your GP (family doctor) will be informed.

<b>Question: Do you still require this procedure? (tick one box only)</b>		
<input type="checkbox"/> Yes, I still require it	<input type="checkbox"/> No, I had it done elsewhere	<input type="checkbox"/> No, other reason
If "No, other reason" please give reason: _____		
Please sign: _____		Medical Record No.

If you have any questions about the above, please phone 

Kind regards

  
 Scheduled Care Leads – Inpatient Waiting List (IPWL)

## ULHG

*Speciality*

A chi-square test of independence was performed to examine the relation between speciality and responding “remove because a procedure was **already done**”. The relation between these variables was significant,  $\chi^2(14, N = 3,197) = 35.97, p = 0.001$ . Patients in some specialities were more likely than others to request a removal because the procedure was already done. Visual inspection shows that in five specialities the proportion of entrants on the validation waiting list who replied to say the procedure was done already was more than twice the overall average of 0.034, namely: rheumatology and dermatology (note a sample size of less than 25 in each of these specialities so actual shares not shown), gynaecology (0.08), orthopaedics (0.08), and vascular surgery (0.08).

*ULHG “already done” descriptive statistics by speciality*

	% Distribution of Already done	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "Already done"
Cardiology <sup>^</sup>	X.X%	X.X%	X.XXX
Dermatology <sup>^</sup>	X.X%	X.X%	X.XXX
Gastro-Enterology <sup>^</sup>	X.X%	X.X%	X.XXX
General Medicine <sup>^</sup>	X.X%	X.X%	X.XXX
General Surgery	12.0%	12.1%	0.034
Gynaecology	8.3%	3.6%	0.078
Maxillo-Facial	2.8%	5.0%	0.019
Ophthalmology	19.4%	22.3%	0.029
Orthopaedics	2.8%	1.1%	0.083
Otolaryngology (ENT)	1.9%	8.4%	0.007
Pain Relief	3.7%	9.3%	0.013
Respiratory Medicine <sup>^</sup>	X.X%	X.X%	X.XXX
Rheumatology <sup>^</sup>	X.X%	X.X%	X.XXX
Urology	41.7%	34.8%	0.040
Vascular Surgery	2.8%	1.3%	0.075
Total	100%	100.0%	0.034
N	108	3,197	0.034

<sup>^</sup> Specific share not shown as sample size less than 25.

The proportion indicating their procedure was “**no longer required**” ranged from .00 to .05 across speciality, but the number of entries by speciality was insufficiently small for statistical testing.



	% Distribution of "No Longer Required"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "No Longer Required"
Cardiology^	X.X%	X.X%	X.XXX
Dermatology^	X.X%	X.X%	X.XXX
Gastro-Enterology^	X.X%	X.X%	X.XXX
General Medicine^	X.X%	X.X%	X.XXX
General Surgery	12.0%	12.1%	0.018
Gynaecology	3.6%	3.6%	0.009
Maxillo-Facial	5.0%	5.0%	0.013
Ophthalmology	22.5%	22.3%	0.008
Orthopaedics	1.1%	1.1%	0.028
Otolaryngology (ENT)	8.4%	8.4%	0.019
Pain Relief	9.4%	9.3%	0.007
Respiratory Medicine^	X.X%	X.X%	X.XXX
Rheumatology^	X.X%	X.X%	X.XXX
Urology	34.7%	34.8%	0.020
Vascular Surgery	1.2%	1.3%	0.025
Total	100%	100%	0.015
N	49	3,197	

^ Specific share not shown as sample size less than 25.

### Hospital

A chi-square test of independence was performed to examine the relation between hospital and responding “remove because a procedure was **already done**”. The relation between these variables was significant,  $\chi^2(2, N = 3,197) = 16.94, p = 0.002$ . Patients in some hospitals were more likely than others to request a removal because the procedure was already done. Visual inspection shows higher proportions than the overall sample average reporting “already done” in Nenagh Hospital (0.06) and in Croom Orthopaedic Hospital (0.05).

### ULHG “already done” descriptive statistics by hospital

	% of Done Already	% on Validation List	Proportion on Waiting List Responding "Already done"
Croom Orthopaedic Hospital	4.6%	3.2%	0.050
Ennis Hospital	13.0%	13.2%	0.033
Nenagh Hospital	30.6%	17.8%	0.058
St. John’s Hospital Limerick	10.2%	20.3%	0.017
University Hospital Limerick	41.7%	45.5%	0.031
Total	100%	100.0%	0.034
N	108	3,197	0.034

A chi-square test of independence was performed to examine the relation between hospital and responding “remove because a procedure was **no longer required**”. The relation between

these variables was not significant,  $\chi^2(2, N = 3,197) = 3.94, p = 0.414$ . Visual inspection shows the proportion in Ennis Hospital (0.026) was higher than the overall average (0.015).

*ULHG "no longer required" descriptive statistics by hospital*

	% Distribution of "No Longer Required"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "No Longer Required"
Croom Orthopaedic Hospital	3.2%	2.0%	0.010
Ennis Hospital	13.1%	22.4%	0.026
Nenagh Hospital	17.9%	14.3%	0.012
St. John's Hospital Limerick	20.4%	18.4%	0.014
University Hospital Limerick	45.5%	42.9%	0.014
Total	100%	100.0%	0.015
N	49	3,197	

*Gender*

A chi-square test of independence examined the relation between gender and responding "remove because a procedure was **already done**". The relation between these variables was not significant: 0.04 for females and 0.03 for males,  $\chi^2(1, N = 3,197) = 1.10, p = 0.294$ .

*ULHG "already done" descriptive statistics by gender*

	% of Done Already	% on Validation List	Proportion on Waiting List Responding "Already done"
Female	56.5%	51.5%	0.037
Male	44%	48.5%	0.030
	108	3,197	0.034

A chi-square test of independence was performed to examine the relation between gender and responding "remove because a procedure was **no longer required**". The relation between these variables was significant,  $\chi^2(1, N = 3,197) = 4.36, p = 0.037$ .<sup>3</sup> Males were more likely than females to request a removal because the procedure was no longer required.

*ULHG "no longer required" descriptive statistics by gender*

	% Distribution of "No Longer Required"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "No Longer Required"
Female	36.7%	51.5%	0.011
Male	63.3%	48.5%	0.020
Total	100%	100%	0.015
N	49	3,197	

<sup>3</sup> It should be noted that 'no longer required' might also include cases where the procedure was already done but this is not specified by the patient.

*Wait time*

A chi-square test of independence was performed to examine the relation between duration on the waiting list (monthly time bands) and responding “remove because a procedure was **“already done”**”. The relation between these variables was not significant,  $\chi^2(12, N = 3,197) = 2.92, p = 0.996$ . A similar pattern holds for smaller time bands of 2-6, 6-9, 9-12 and 12-15 months -  $\chi^2(3, N = 3,197) = 1.10, p = 0.776$ .

*ULHG “already done” descriptive statistics wait time month*

	% of Done Already	% on Validation List	Proportion on Waiting List Responding "Already done"
2-3 Months	5.6%	5.6%	0.034
3-4 Months	14.8%	13.2%	0.038
4-5 Months	9.3%	10.4%	0.030
5-6 Months	9.3%	8.3%	0.038
6-7 Months	9.3%	9.4%	0.033
7-8 Months	9.3%	8.9%	0.035
8-9 Months	11.1%	9.1%	0.041
9-10 Months	6.5%	7.3%	0.030
10-11 Months	5.6%	7.1%	0.026
11-12 Months	4.6%	6.2%	0.025
12-13 Months	4.6%	6.0%	0.026
13-14 Months	7.4%	5.7%	0.044
14-15 Months	2.8%	2.8%	0.033
N	108	3,197	0.034

*ULHG “already done” descriptive statistics wait time band*

	% of Done Already	% on Validation List	Proportion on Waiting List Responding "Already done"
2-3 Months	5.6%	5.6%	0.034
3-6 Months	33.3%	31.9%	0.035
6-9 Months	29.6%	27.4%	0.037
9-12 Months	16.7%	20.6%	0.027
12-15 Months	14.8%	14.5%	0.034
N	108	3,197	0.034

The relation between grouped time bands (2-6, 6-9, 9-12 and 12-15 months) and responding “remove because **no longer required**” was not significant,  $\chi^2(3, N = 3,197) = 0.24, p = 0.971$ .

	% Distribution of "No Longer Required"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "No Longer Required"
2-6 Months	34.7%	37.5%	0.014
6-9 Months	28.6%	27.4%	0.016
9-12 Months	20.4%	20.6%	0.015
12-15 Months	16.3%	14.5%	0.017
Total	100.0%	100.0%	0.015
N	49	3,197	

## UHW

### *Speciality*

A chi-square test of independence was performed to examine the relation between speciality and responding “remove because a procedure was **already done**”. The relation between these variables was significant,  $\chi^2(12, N = 2,420) = 54.00, p < 0.001$ . Patients in some specialities were more likely than others to request a removal because the procedure was already done. Visual inspection shows that in three specialities the proportion of entrants on the validation waiting list who replied to say the procedure was “already done” was more than 1.5 times the overall average of 0.068, namely: cardiology (0.19), orthopaedics (0.17) and gynaecology (0.10). The majority (69%) of those who replied “already done” were on the waiting lists for four specialities: ophthalmology (33%), urology (17%), otolaryngology or ENT (11%), and cardiology (8%).

### *UHW “already done” descriptive statistics by speciality*

	% Distribution of "Already Done"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "Already Done"
Breast Surgery <sup>^</sup>	X.X%	X.X%	X.XXX
Cardiology	7.9%	2.8%	0.191
Dermatology <sup>^</sup>	X.X%	X.X%	X.XXX
Gastro-Enterology <sup>^</sup>	X.X%	X.X%	X.XXX
Gastro-Intestinal S..	0.6%	1.9%	0.022
General Surgery	5.5%	6.0%	0.063
Gynaecology	6.1%	4.0%	0.103
Ophthalmology	32.9%	30.5%	0.073
Orthopaedics	9.8%	3.8%	0.172
Otolaryngology (ENT)	11.0%	16.4%	0.045
Pain Relief	8.5%	9.8%	0.059
Urology	17.1%	15.6%	0.074
Vascular Surgery	0.6%	8.7%	0.005
Total	100%	100%	0.068
N	164	2,420	

<sup>^</sup> Specific share not shown as sample size less than 25.

The proportion indicating their procedure was “**no longer required**” ranged from .00 to .045 across speciality, but cell size in each speciality was insufficiently small for statistical testing. The majority of those responding “no longer required” (58%) were on the ophthalmology

waiting list. This speciality accounted for 31% of the overall list, indicating a relatively high proportion indicating “no longer required” (0.045 compared to the average of 0.024).

*UHW “no longer required” descriptive statistics by speciality*

	% Distribution of "No Longer Required"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "No Longer Required"
Breast Surgery <sup>^</sup>	X.X%	X.X%	X.XXX
Cardiology	0.0%	2.8%	0.000
Dermatology <sup>^</sup>	X.X%	X.X%	X.XXX
Gastro-Enterology <sup>^</sup>	X.X%	X.X%	X.XXX
Gastro-Intestinal S..	0.0%	1.9%	0.000
General Surgery	7.0%	6.0%	0.028
Gynaecology	0.0%	4.0%	0.000
Ophthalmology	57.9%	30.5%	0.045
Orthopaedics	5.3%	3.8%	0.032
Otolaryngology (ENT)	14.0%	16.4%	0.020
Pain Relief	1.8%	9.8%	0.004
Urology	10.5%	15.6%	0.016
Vascular Surgery	3.5%	8.7%	0.010
Total	100%	100%	0.024
N	57	2,420	

<sup>^</sup> Specific share not shown as sample size less than 25.

*Gender*

A chi-square test of independence was performed to examine the relation between gender and responding “remove because a procedure was **already done**”. The relation between these variables was significant,  $X^2(2, N = 2,419) = 15.68, p < 0.001$ .<sup>4</sup> Males were more likely than females to request a removal because the procedure was already done. There was no notable relation between gender and responding remove because a procedure was “**no longer required**”:  $X^2(2, N = 2,362) = 0.51, p = 0.776$ .

*UHW “already done” descriptive statistics by gender*

GENDER	% of Done Already	% on Validation List	Proportion on Waiting List Responding "Already done"
Female	46.7%	46.3%	0.060
Male	53.3%	53.7%	0.074

<sup>4</sup> It should be noted that ‘no longer required’ might also include cases where the procedure was already done but this is not specified by the patient.

Total	100%	100%	0.067
N	163	2,419	

*UHW “no longer required” descriptive statistics by gender*

	% Distribution of "No Longer Required"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "No Longer Required"
Female	50.9%	46.3%	0.026
Male	49.1%	53.7%	0.022
Total	100%	100%	0.024
N	57	2,419	

*Wait time*

A chi-square test of independence was performed to examine the relation between duration on the waiting list (time bands of 3-6, 6-9, 9-12, 12-15 and 15+ months) and responding “remove because a procedure was **already done**”. The relation between these variables was not significant,  $\chi^2(4, N = 2,420) = 3.13, p = 0.537$ .

*UHW “already done” descriptive statistics by wait time band*

<b>TIMEBAND</b>	% Distribution of "Already Done"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "Already done"
3-6 Months	31.7%	26.8%	0.080
6-9 Months	15.9%	19.0%	0.057
9-12 Months	13.4%	15.2%	0.060
12-15 Months	14.0%	12.8%	0.074
15+ Months	25.0%	26.2%	0.065
Total	100%	100%	0.068
N	164	2,420	

There was also no significant relation between time bands and responding “remove because a procedure was no longer required”,  $\chi^2(4, N = 2420) = 7.35, p = 0.119$ .

*UHW “no longer required” descriptive statistics by wait time band*

	% Distribution of "No Longer Required"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "No Longer Required"
3-6 Months	21.1%	26.8%	0.018
6-9 Months	10.5%	19.0%	0.013
9-12 Months	21.1%	15.2%	0.033
12-15 Months	21.1%	12.8%	0.039

15+ Months	26.3%	26.2%	0.024
Total	100%	100%	0.024
N	57	2,420	

#### Age

A chi-square test of independence examined the relation between age and responding “remove because a procedure was **already done**”. There was no relation between age bands (0-17,18-50, 50-80, 80+) and responding a procedure was already done”,  $\chi^2(3, N = 2,420) = 7.53, p = 0.057$ . Visual inspection shows a low proportion in the youngest 0-17 age band (0.668) relative to the oldest 80+ age band (1.526) reporting “already done”.

#### UHW “already done” descriptive statistics by age bands

AGE	% Distribution of "Already Done"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "Already done"
0-17	6.1%	9.1%	0.045
18-50	32.9%	37.2%	0.060
50-80	46.3%	44.0%	0.071
80+	14.6%	9.6%	0.103
Total	100%	100%	0.068
N	164	2,420	

There was also no relation between age bands and responding “remove because a procedure was **no longer required**”,  $\chi^2 (3, N = 2,420) = 2.12, p = 0.547$ .

#### UHW “no longer required” descriptive statistics by age

AGE	% Distribution of "No Longer Required"	% Distribution of Validation Waiting List	Proportion on Waiting List Responding "No Longer Required"
0-17	12.3%	9.1%	0.032
18-50	42.1%	37.2%	0.027
50-80	35.1%	44.0%	0.019
80+	10.5%	9.6%	0.026
Total	100%	100%	0.024
N	57	2,420	