



Rannan na nOspideil Ghearmhíochaine
Aonad 4A – Áras Dargan
An Ceantar Theas
An Bothar Mileata
Cill Mhaighneann
BÁC 8

Acute Operations
Health Service Executive
Unit 4A - The Dargan Building
Heuston South Quarter
Military Road
Kilmainham
Dublin 8.

13th December 2022

Deputy Peadar Tóibín,
Dáil Éireann
Leinster House
Dublin 2.

PQ 58782/22 To ask the Minister for Health the number of persons who have been on a waiting list for emergency neurosurgery in each of the past five years; the length of time that people are waiting on average; the longest wait for emergency neurosurgery in each of the past five years; the number of beds which exist for neurosurgery patients in the whole country; and the number of neurosurgery operations that have been carried out in each of the past five years.

Dear Deputy Tóibín,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response.

Response:

In the context of your request the HSE does not hold information centrally in relation to patients waiting for access, the NTPF are responsible for collecting, collating, and validating information on persons waiting for public hospital treatment and have provided the information below.

The information provided below relates to both outpatients and inpatient/day case waiting list figures for Neurosurgery broken down into routine non-urgent, semi-urgent and urgent as at end of October in each of the years 2018, 2019, 2020, 2021 and in 2022.

Table A. Outpatients Waiting List

Outpatients NeuroSurgery	Unspecified at time of data extract	Routine Non-Urgent	Urgent	Total
31/10/2018	185	2,638	1,065	3,888
31/10/2019	164	2,436	1,202	3,802
29/10/2020	147	2,629	1,598	4,374
28/10/2021	647	3,455	1,843	5,945
27/10/2022	557	5,659	2,759	8,975

Table B. Inpatient and Daycase Waiting List

Inpatient/Daycase Neurosurgery	Routine Non Urgent	Semi-Urgent	Urgent	Total
31/10/2018	305		375	680
31/10/2019	269	6	332	607
29/10/2020	194	23	362	579
28/10/2021	165	48	427	640
27/10/2022	161	82	483	726

Table C. Average and Median Wait Times for an Urgent Neurosurgery Appointment by Year 2018-2022

Date	Average Wait Time (Days)	Median Wait Time (Days)
2018	104	83
2019	146	93
2020	232	169
2021	376	301
2022	427	359

Table D. Average and Median Wait Times for an Urgent Neurosurgery IPDC Procedure by Year 2018-2022

Date	Average Wait Time (Days)	Median Wait Time (Days)
2018	345	237
2019	210	147.5
2020	179	145
2021	142	114
2022	213	183

Table E. Total patients waiting for an Outpatient Neurosurgery Appointment by Wait Time Band 2018-2022

Date	0-6 Months	6-12 Months	12-18 Months	18+ Months	Grand Total
2018	2247	757	1901	255	3626
2019	2383	1112	1900	27	3833
2020	2136	791	1902	684	4496
2021	2779	1059	1901	1710	6264
2022	3652	1763	1903	2298	8833

Table F. Total patients waiting for a Neurosurgery Inpatient Procedure by Wait Time Band 2018-2022

Date	0-6 Months	6-12 Months	12-18 Months	18+ Months	Grand Total
2018	237	120	1900	175	610
2019	326	179	1900	58	639
2020	296	125	1900	5	498
2021	373	155	1900	16	573
2022	378	201	1900	37	706

In relation to the number of beds for neurosurgery patients, the HSE do not hold information centrally relating to the allocation of beds per speciality. This figure is likely to be based on a point in time and would depend on a number of factors. The two main specialist centres for neurosurgery in Ireland are Beaumont Hospital, Dublin and Cork University Hospital.

In relation to the number of Neurosurgery procedures that have been carried out, the table below provides the total discharges from acute hospitals reported to HIPE, with a procedure code relating to neurosurgery 2017-2021.

Table G. Total discharges from acute hospitals reported to HIPE, with a procedure code relating to neurosurgery, 2017-2021

	2017	2018	2019	2020	2021
Principal procedure	2268	2310	1905	2197	2224
Principal or additional procedure	2403	2422	1906	2328	2337

Notes

- HIPE data is based on hospitalisations which may include multiple admissions for the same patient. Therefore, it is not possible to use HIPE to examine certain parameters such as the number of hospital encounters per patient, or to estimate incidence or prevalence of disease.
- Diagnosis and Procedures are coded using ICD-10-AM/ACHI/ACS (From 2015-2019 used 8th edition, from 2020 the 10th edition is used). This change in the coding classification needs to be considered when looking at the data across years.
- ICD-10-AM is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification.
- The ICD-10-AM disease component is based on the World Health Organisation (WHO) ICD-10. ICD-10-AM is used in conjunction with the Australian Classification of Health Interventions (ACHI), and the Australian Coding Standards (ACS) to reflect an accurate health episode of care.
- HIPE collects a principal procedure and up to 19 additional procedures per discharge.
- Please note that the data provided does not include any public activity performed in private hospitals under the private hospital agreements.
- Discharges are provided rather than the number of procedures as surgery may involve use of a number of codes for the same patient.

I trust that this answers your question.

Yours sincerely,



Trish King
Assistant National Director
Acute Operations

