

Greater Glasgow NHS Board

Board Meeting

Tuesday 17 September 2002

Board Paper No. 2002/63

DIRECTOR OF PLANNING AND COMMUNITY CARE

WAITING TIMES AND STANDARDS 2002/03

Recommendation:

Members are asked to:

- Note this report and endorse plans to achieve a 50% reduction in over 9 month waiters by March 2003.

A BACKGROUND

In approving the Local Health Plan, at its May 2002 meeting, the Board considered the report at Attachment 1 on waiting times and standards. That report outlined further work to produce a detailed plan to meet the 9 month wait target.

B PURPOSE

The purpose of this paper is to share our submission to the National Waiting Times Unit (NWTU) which describes how we aim to achieve our accountability review target to reduce the numbers of 9 month waiters by 50% by March 2003. Attachment 2 is the Minister of Health's letter confirming the importance of the target.

C THE PLAN

This paper sets out:

- Planned and funded additional waiting list activity.
- Our current over 9 month position and projections for December 2002 and March 2003.

The focus of our work to date has been identifying December 2002 and March 2003 positions – in parallel with monitoring performance during the next 6 months, we will be developing further proposals to deliver the December 2003 target of no over 9 month waiters.

Tables 1 and 2 illustrate our estimates of NHSGG numbers waiting over 9 months, with and without guarantee exemption. Our targets are:

- To make significant progress to reduce 9 month waits by December 2002.
- To deliver a 50% reduction by March 2003.

The tables illustrate how additional activity and funding should enable us to deliver those targets.

Table 3 gives a complete GGNHSB residents overview. The assumptions underpinning these tables are:

- The Trusts are able to deliver historic levels of activity.
- We do not attempt to see additional out-patients.
- NWTC delivers 65% of agreed activity by December 2002 and 100% by March 2003.

Table 4 provides information on the residents of other Health Boards.

Shown below is the use of additional resources underpinning these plans.

GGNHSB Additional Funding - £2.7 million

Proposal	Investment £000s			
	North	South	Yorkhill	Total
RECURRING ELEMENTS				
Optometry outpatients		300		300
Plastic Surgery - stabilisation	317			317
GPAT				200
Gastroenterology and Endoscopy	tba	tba		500
Paediatric Surgery - outpatients			166	166
Ophthalmology – infrastructure/additional consultant		200		200
General surgery replace consultant		80		80
Total - Recurring	tba	tba	166	1,763
NON-RECURRING ELEMENTS				
ENT Surgery - non recurr bid ref. 28			86	86
General Surgery - non-recurr bid "top up"	321			321
Orthopaedics (see note 2 below)		40		40
Total - Non-recurring	tba	tba	86	447
Total Recurring and Non-recurring	tba	tba		2,210
Total additional recurring allocation				2,700
Balance available non recurringly				490
Balance available for 2003/04				937

This shows that there is £490K (to be adjusted for slippage likely to be £800K) available non-recurringly. The most pressing priority for this resource is a major orthopaedic initiative, and dealing with list growth pending recurring resolution.

GGNHSB Other Commitments - already planned and funded from mainstream £s 2002/03

Proposal	Investment £000s			
	North	South	Yorkhill	Total
Neurosciences development plan: year 1		448		448
South Glasgow orthopaedics		100		100
Imaging: North and South Trusts				1,267
Cancer waits				772
Audiology: North and South Trusts				245
Total				2,832

NWTU non-recurring funding - agreed bids

Bid Ref	Specialty	Waiting Time Type	NGT	SGT	PCT	Total
			Investment £000's			
1	Orthopaedics	Inpatients/DC		8.0		8.0
1		Joints only		56.0		56.0
3	ENT	Outpatients	24.0			24.0
5		Inpatients/DC	80.5			80.5
6		Inpatients/DC		100.0		100.0
7	Vascular	Outpatients	7.0			7.0
8	General Surgery	Inpatients/DC	232.0			231.0
13	Urology	Outpatients	18.0			18.0
14		Inpatients/DC	87.5			87.5
15		Inpatients/DC		42.0		42.0
17	Ophthalmology	Outpatients	23.5			23.5
18		Optometry	5.0			5.0
19		Outpatients		90.0		90.0
23	Primary Care	Adult Mental Health			30.0	30.0
24	Primary Care	Adolescent Mental Health			8.0	8.0
Total			477.5	296.0	38.0	811.5

Further work:

- Most of the measures to get us half way by March 2003 are non recurring. Over the next few months we need a much more robust assessment of the additional capacity required to sustain that position particularly for orthopaedics and plastic surgery.
- Our waiting list funding is not fully committed in 2002/03 – we are looking at schemes to position us to make a major impact on orthopaedic waiters, including the potential to have patients treated overseas.

Risks:

Two key risks to the plan:

- The impact of nurse staffing problems and emergency activity levels on our ability to sustain elective workload – as planned. More details on these issues are included in our winter plan – the position will worsen if current recruitment exercise at NWTC further impacts on our staffing – as seems certain.
- Growth in waiting list numbers – either driven by additional referrals, by any requirement to reduce out-patient waiting times and by downward pressures on elective activity caused by factors such as junior doctors working hours the European Working Times Directive, requirements of consultant appraisal and clinical governance.

TABLE 1 – North Glasgow – GGNHSB Residents

ALL WAITS >9 MONTHS	NORTH		
	APR	MAY	JUN
Orthopaedics	296	315	318
ENT Surgery	55	45	28
General Surgery	136	144	143
Plastic Surgery	173	167	185
Urology	60	54	71
Other Specialties	26	29	32
TOTAL	746	754	777

WAITS >9 EXCLUDING GUARANTEE EXCEPTIONS

	APR	MAY	JUN	DEC 02 EST	DEC 02 + ACTIVITY			ADJ DEC 02 EST	MAR 03 EST	MAR 03 + ACTIVITY			ADJ MAR 03 EST
					HCI	NWTU	GGNHSB			HCI	NWTU	GGNHSB	
Orthopaedics	219	239	219	350	100	0	40	210	409	150	0	77	182
ENT Surgery	37	40	25	50	0	146	0	0	50	0	146	0	0
General Surgery	125	136	138	200	0	114	100	0	250	0	114	144	0
Plastic Surgery	36	33	51	180	117	0	50	0	260	180	0	94	0
Urology	56	53	71	80	0	62	0	18	0	0	62	0	0
Other Specialties	14	12	13	0	0	0	0	0	0	0	0	0	0
TOTAL	487	513	517	860	217	322	190	228	969	330	322	315	182

WAITS >9 FOR GUARANTEE EXCEPTIONS ONLY

	APR	MAY	JUN
Orthopaedics	77	7	99
ENT Surgery	18	5	3
General Surgery	11	8	5
Plastic Surgery	137	134	134
Urology	4	1	0
Other Specialties	12	17	19
TOTAL	259	241	260

TABLE 2 – South Glasgow – GGNHSB Residents

ALL WAITS > 9 MONTHS	SOUTH		
	APR	MAY	JUN
Orthopaedics	326	387	413
ENT Surgery	170	187	199
General Surgery	79	86	100
Plastic Surgery	0	0	0
Urology	32	43	46
Other Specialties	11	12	22
TOTAL	618	715	780

WAITS >9 EXCLUDING GUARANTEE EXCEPTIONS

	APR	MAY	JUN	DEC 02 EST	DEC 02 + ACTIVITY			ADJ DEC 02 EST	MAR 03 EST	MAR 03 + ACTIVITY			ADJ MAR 03 EST
					HCI	NWTU	GGNHSB			HCI	NWTU	GGNHSB	
Orthopaedics	181	223	219	350	100	32	0	218	400	150	32	100	118
ENT Surgery	72	78	67	150	85	50	0	15	200	125	50	0	25
General Surgery	61	47	63	153	65	0	200	0	198	101	0	200	0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0
Urology	16	23	25	30	0	0	0	15	50	0	0	0	0
Other Specialties	11	10	18	80	100	0	0	0	100	100	0	0	0
TOTAL	341	381	392	703	350	52	200	248	948	476	82	300	143

WAITS >9 FOR GUARANTEE EXCEPTIONS ONLY

	SOUTH		
	APR	MAY	JUN
Orthopaedics	145	164	194
ENT Surgery	98	109	132
General Surgery	18	39	37
Plastic Surgery	0	0	0
Urology	16	20	21
Other Specialties	0	2	4
TOTAL	277	334	388

TABLE 3 – WAITS >9 MONTHS IN GLASGOW TRUSTS – SUMMARY BY SPECIALTY 2002/03 – QUARTER REVIEW (APRIL TO JUNE) – GGNHSB RESIDENTS

ALL WAITS >9 MONTHS	NORTH			SOUTH			YORKHILL			TOTAL		
	APR	MAY	JUN	APR	MAY	JUN	APR	MAY	JUNE	APR	MAY	JUN
Orthopaedics	296	315	318	326	387	413	1	0	1	623	702	732
ENT Surgery	55	45	28	170	187	199	55	51	59	280	283	286
General Surgery	136	144	143	79	86	100	0	0	0	215	230	243
Plastic Surgery	173	167	185	0	0	0	10	8	5	183	175	190
Urology	60	54	71	32	43	46	0	0	0	92	97	117
Other Specialties	26	29	32	11	12	22	1	3	3	38	44	57
TOTAL	746	754	777	618	715	780	67	62	68	1431	1531	1625

WAITS >9 EXCLUDING GUARANTEE EXCEPTIONS

	NORTH			SOUTH			YORKHILL			TOTAL		
	APR	MAY	JUN	APR	MAY	JUN	APR	MAY	JUNE	APR	MAY	JUN
Orthopaedics	219	239	219	181	223	219	1	0	1	401	462	439
ENT Surgery	37	40	25	72	78	67	0	1	3	109	119	95
General Surgery	125	136	138	61	47	63	0	0	0	186	183	201
Plastic Surgery	36	33	51	0	0	0	10	8	3	46	41	54
Urology	56	53	71	16	23	25	0	0	0	72	76	96
Other Specialties	14	12	13	11	10	18	1	3	3	26	25	34
TOTAL	487	513	517	341	381	392	12	12	10	840	906	909

WAITS >9 FOR GUARANTEE EXCEPTIONS ONLY

	NORTH			SOUTH			YORKHILL			TOTAL		
	APR	MAY	JUN	APR	MAY	JUN	APR	MAY	JUN	APR	MAY	JUN
Orthopaedics	77	76	99	145	164	194	0	0	0	222	240	293
ENT Surgery	18	5	3	98	109	132	55	50	56	171	164	191
General Surgery	11	8	5	18	39	37	0	0	0	29	47	42
Plastic Surgery	137	134	134	0	0	0	0	0	2	137	134	136
Urology	4	1	0	16	20	21	0	0	0	20	21	21
Other Specialties	12	17	19	0	2	4	0	0	0	12	19	23
TOTAL	259	241	260	277	334	388	55	50	58	591	625	706

TABLE 4 – OTHER HEALTH BOARD RESIDENTS

ALL WAITS >9 MONTHS	NORTH			SOUTH			YORKHILL			TOTAL		
	APR	MAY	JUN	APR	MAY	JUN	APR	MAY	JUNE	APR	MAY	JUN
Orthopaedics	124	121	126	126	149	167	3	4	5	253	274	298
ENT Surgery	8	11	9	28	38	38	19	16	18	55	65	65
General Surgery	39	28	35	7	8	10	0	0	0	46	36	45
Plastic Surgery	319	304	337	0	0	0	3	6	6	322	310	343
Urology	15	7	9	7	7	13	0	0	0	22	14	22
Other Specialties	103	35	43	2	3	2	6	6	7	111	44	52
TOTAL	608	506	559	170	205	230	31	32	36	809	743	825

WAITS >9 EXCLUDING GUARANTEE EXCEPTIONS

	NORTH			SOUTH			YORKHILL			TOTAL		
	APR	MAY	JUN	APR	MAY	JUN	APR	MAY	JUNE	APR	MAY	JUN
Orthopaedics	89	84	76	75	85	81	0	1	1	164	170	158
ENT Surgery	7	10	9	13	21	16	1	0	1	21	31	26
General Surgery	36	28	35	4	5	5	0	0	0	40	33	40
Plastic Surgery	63	54	91	0	0	0	3	6	5	66	60	96
Urology	15	7	9	4	4	8	0	0	0	19	11	17
Other Specialties	17	14	22	2	3	2	6	6	7	25	23	31
TOTAL	227	197	242	98	118	112	10	13	14	335	328	368

WAITS >9 FOR GUARANTEE EXCEPTIONS ONLY

	NORTH			SOUTH			YORKHILL			TOTAL		
	APR	MAY	JUN	APR	MAY	JUN	APR	MAY	JUN	APR	MAY	JUN
Orthopaedics	35	37	50	51	64	86	3	3	4	89	104	140
ENT Surgery	1	12	0	15	17	22	18	16	17	34	45	39
General Surgery	3	0	0	3	3	5	0	0	0	6	3	5
Plastic Surgery	256	250	246	0	0	0	0	0	1	256	250	247
Urology	0	0	0	3	3	5	0	0	0	3	3	5
Other Specialties	19	10	21	0	0	0	0	0	0	19	10	21
TOTAL	314	309	317	72	87	118	21	19	22	407	415	457

D ISSUES

- Orthopaedics waiting list numbers are continuing to grow in the face of £2.5 million additional spending and out-patient waiting times are excessive. This position is partly a result of downward pressures on activity from junior doctors changes and clinical governance, but also upward pressures on the number of joint replacements required. For the South Trust, a number of patients have breached the 12 month guarantee during July and August and although these patients will be treated during September, there will continue to be real difficulty in achieving the guarantee on an ongoing basis. Workload from Argyll and Clyde NHS Board is above the funded level – we are in discussion with the Trust about how that position can be addressed.
- The position of guarantee exempt patients, of which we have 700 waiting over 9 months, remains a matter of concern. Focus on those patients who have waited more than 9 months without a guarantee will slow the rate at which these patients are treated, extending their waiting time.

The whole issue of guarantee exemptions and deferrals is subject to a National Review – changes would offer patients more equitable treatment, but would increase the challenge to deliver a 9 month maximum wait.

On the specific issues of orthopaedic services – we have 300 guarantee exempt patients over 9 months. Given the issues of orthopaedic capacity, outlined above, which are likely only to be addressable in the medium, 18 – 24 months term, we are exploring the potential to deal with the backlog of cases which, coupled with recurring investment, should enable us to achieve an equilibrium position and begin to focus on lengthy out-patient waits. One option is to work with the London NHS region to contract for overseas capacity, on a time limited basis.

- These proposals make very limited impact on long out-patient waiters – which we know are a major issue for GPs and patients. If we are to achieve the 9 month target we need to give lower priority to reducing the longest out-patient waiting times.
- Both Trusts, but particularly the South Glasgow NHS Trust, report significant problems in achieving historic levels of elective activity with a number of factors in play, including changes to working hours, pressures on elements of emergency activity and nurse staffing shortages. We are awaiting a full review of the South position to sign off further action to sustain the level of required elective activity outlined in the plan.

E CONCLUSION

There are significant risks and challenges to meet the new National target as well as continuing to deliver the current 12 month guarantee. Further reports on progress will be brought forward to the Board.



**WAITING TIMES AND STANDARDS
2002/03**

**CURRENT PERFORMANCE
AND OUTLINE PLANS**

MAY 2003

CONTENTS

1. SUMMARY
 2. INTRODUCTION
 3. INPATIENTS AND DAY CASES
 - National Targets
 - Local Targets
 4. CANCER AND CORONARY HEART DISEASE
 - Coronary Heart Disease Targets
 - Cancer Targets
 5. OUTPATIENT WAITING TIMES
 - National Targets
 - Local Targets
 - Long Waiting Times
 6. DIAGNOSTIC WAITING TIMES
 7. PRIMARY CARE
 - National Target
 8. PLANS TO IMPROVE PERFORMANCE
 9. TRUST PRESSURE AREAS AND PRIORITIES
 10. PRIORITIES FOR INVESTMENT - 2002/03
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1. SUMMARY

This paper provides detailed analysis of our current performance against both national and local waiting times targets and our outline plans for 2002-03 designed to further improve the waiting list position. Our priorities for the coming year are to:

- ◆ Begin to address the 9 months wait for inpatient and day case
- ◆ to reduce the longest outpatient waits (> 26 weeks).
- ◆ to tackle imaging bottlenecks.

NHSGG retains its longer-term commitment to achieving:

- ◆ 15 week maximum wait for out-patients,
- ◆ 6-month maximum waits for joint replacements and cataract surgery.

Performance Improvements will be targeted on the following specialities:

- ◆ Orthopaedics - in and out-patients, both Trusts.
- ◆ ENT – OP in the North, IP South and North
- ◆ General Surgery - IP
- ◆ Plastic Surgery – IP
- ◆ Ophthalmology –South
- ◆ Diagnostics – CT, MRI, Ultrasound, Endoscopy, both Trusts
- ◆ Neurosciences – EMG, South.

2. INTRODUCTION

This paper sets out the current waiting time performance of NHSGG in relation to national and local targets, which require to be delivered from 2002/03 onwards. It also contains outline plans to improve on current performance and move towards delivering the targets. This will build on the sterling efforts of the Trusts in delivering a year end waiting list position of 11,840 at March 2002. This was 760 or 6% below the target of 12,600 for the Glasgow Trusts.

The paper deals specifically with NHSGG residents on waiting lists of the Glasgow Trusts. Residents of other NHS Boards on Glasgow Trusts waiting lists are not addressed. Delivering improved waiting times for Glasgow residents on waiting lists outwith Glasgow will be reviewed separately (the numbers waiting are nominal at 200 - 250).

Methodology - the initial approach in reviewing current performance and outlining NHSGG plans in this paper is 'top down'. This sizes the pan Glasgow task e.g. in delivering the 9 month wait targets for inpatients and day cases in all specialties. It does not address this on a specialty/Trust basis. Detailed plans will be worked up with the Trusts to deliver individual specialty targets.

Initial modelling suggests that some specialties may/will experience difficulties in delivering targets (with regard to the volume of patients/length of wait over target). More detailed modelling will be carried out to determine the impact of reducing outpatient waiting times, and the knock on effect on inpatient/day case waits.

3. INPATIENTS AND DAY CASES

National Targets - no waits in excess of 9 months by December 2003

At the end of March 2002 there were 1,398 patients waiting longer than 9 months for admission - 737 in North Glasgow, 596 in South Glasgow and 65 at Yorkhill. The main specialties driving this are Orthopaedic Surgery, ENT Surgery, General Surgery and Plastic Surgery. 484 (35%) of all patients waiting over 9 months are actually waiting over 12 months, and are all guarantee exempt. 130 (9%) of all patients waiting over 9 months are waiting in excess of 18 months and of this Plastic Surgery accounts for 80 (62%).

Initial plans are to work towards delivering a bottom line reduction of 50% in >9 month waiters by March 2003. The impact on each of the Trusts is projected to be: North Glasgow -600, South Glasgow -557 and Yorkhill -26, resulting in a total reduction of -1,184 for NHSGG. More details are presented in schedule 1 and chart 1, which identify underlying growth. To be more robust, this will require to be re-worked bottom up on a specialty and Trust basis.

More details on the 4 specialties listed above:

Orthopaedic Surgery - This is the main problematic specialty across the whole spectrum of waiting time standards - national 9 month inpatient/day case waits, local joint replacement waits, long outpatient waiting times and national/local outpatient waiting time targets.

A review report of waiting list initiative investments and specialty pressures was produced in October last year. The main issues arising from this are:

- Since 1998/99 up to £2.5M has been invested incrementally in orthopaedic surgery in Greater Glasgow through waiting list initiatives. This was planned to deliver an additional 1,400 inpatients/day cases per year. There has been no reduction in waiting list numbers or improvement in waiting times in either North or South Trusts.

- Waiting lists have increased substantially, by 800 or just under 40% between March 1997 and August 2001
- Total activity has remained stable. However, waiting list initiative allocations were made against the delivery of additional elective activity. Elective activity has in fact reduced by just under 300 cases or 5% between 1997/98 and 2000/01, despite a peak in the first year of investment.
- In North Glasgow, there were activity reductions in elective cases with emergency activity remaining constant. In the South emergency workload has increased; despite investment in a new Consultant and back up specialist team, elective activity has reduced.
- It is claimed that service pressures have inhibited ability to deliver:
 - service reconfiguration,
 - additional elective activity,
 - waiting list and time improvements for in and out patients
 - guaranteed waits for specific treatments

Addressing the above will one of the main priorities of the proposed Glasgow Patient Access Team (GPAT) - see section 7 - Plans to Improve Performance.

Initial discussions with the North Glasgow Trust have identified the operational difficulties that the Trust has encountered. They have also made specific the progress in resolving them e.g. consultant staffing is now up to establishment, the inpatient service has been transferred to from Stobhill to Glasgow Royal Infirmary, additional theatre sessions have been established and the use of on call theatres has improved. Initial plans for 2002/03 have also just been submitted. Similar discussions will take place with the South Glasgow Trust.

This will allow us to reach a final view on further additional investment to achieve the 9 month inpatient/day case target.

ENT Surgery - Since major investments in waiting list initiatives commenced in 1998/99, the recurrent investment in ENT Surgery across Glasgow has increased incrementally to £732K. This amounted to allocations of £558K to the SGT and £174K to the NGT. To date, this has been specifically targeted at reducing the numbers waiting.

General Surgery - As with ENT, recurrent investment in General Surgery is currently £888K. The SGT allocation is £474K and NGT is £414K. Again, this has been targeted at reducing the numbers waiting.

Plastic Surgery - The West of Scotland Chief Executive's Group has recently approved an Investment Plan for Plastic Surgery Services which sees a programme of sustained development over the next 3 – 5 years. This will enable the North Glasgow Trust to stabilise the current service and ensure access is maintained and to improve the direct or secondary immediate referral to sub-specialities, which have increased, for example, Head & Neck Cancer, Hand Surgery, Burns, Breast Reconstruction Surgery, Reconstructive Gynaecology and Paediatric Burns.

The total Investment package is £1.3 million spread across the West of Scotland Boards with an initial investment of just under £1 million, 35.5% is NHSGG, equalling £317K in 2002/03 and totalling £529K .

The Plastics Plan Investment will allow the current activity to stabilise, but due to the necessary reduction in the consultants fixed commitments, which currently stand at 9, there will be no impact on the waiting times.

Guarantee exemptions and deferred waiting lists - At March 2002, there were 484 patients waiting with guarantee exemptions (all of these patients are in the 12+ month wait band). In the summer, Audit Scotland is due to publish a review to establish whether there is an appropriate and consistent approach to the management of hospital waiting lists. They are expected to report on the current/future use of guarantee exemptions and deferred waiting lists.

Audit Scotland is also due to report in the autumn as a part follow up to an earlier report on outpatients, which may have an impact on waiting times.

We are pursuing with Trusts the potential to clear guarantee exempt patients as a first priority for over 9 month waits and prevent reoccurrence.

Local Inpatient and Day Case Targets

GGNHSB has already set a number of local targets. Current performance is outlined below.

Cataract removal - target is no inpatient/day case waits in excess of 6 months. Current performance is 97% compliance in North Glasgow and 80% in the South. Improving performance in South Glasgow - a recurring investment was made last year for additional elective activity, specifically to deliver a maximum wait of six months for cataract operations. The investment countered growth in the list size and was targeted at patients waiting longest for admission.

Joint surgery - target is no inpatient/day case waits in excess of 6 months. Current performance for hip surgery is 58% compliance in the North and 47% in South Glasgow. For knee surgery equivalent comparisons are 59% in North Glasgow and 51% in the South. Improving performance in Glasgow is addressed under the comment on Orthopaedic Surgery above.

Hysterectomy and pelvic floor - target is no inpatient/day case waits in excess of 6 months. Current performance is 100% compliance for both procedures in North and South Glasgow.

Cardiac surgery - target is 90% of elective inpatient/day cases with no waits in excess of 6 months. Current performance is 100% in Glasgow.

We intend to retain these targets but to be explicit in the Health Plan that the joint target will take 3 years to achieve in the context of giving higher priority to tackling long outpatient and over 9 month inpatient /day case waits.

We in discussions with Trusts to develop detailed plans linked to investment, these are expected to be available in the next 6 to 8 weeks.

Details of the above are presented in schedule 2.

4. CANCER AND CORONARY HEART DISEASE

Coronary Heart Disease Targets

Coronary Heart Disease Task Force targets and performance:

- From decision to investigate to angiography: 12 weeks
- Local target is 10 weeks.
Current performance: 68% on local target
- From angiography to intervention (PCTA: 24 weeks)
Current Performance:
- From angiography to intervention (CABG: 24 weeks)
Current Performance: 100%
- Rapid access chest pain services: 2 weeks.
Current Performance: 1 site no service, 1 site 4 weeks, 1 site ??, 1 site 48 hours, 1 site 6 weeks.

Cancer Targets

The targets from the Scottish Health Plan and the Clinical Standards Board for Scotland (CSBS) are set out in attachment 1a. Current performance against the targets (where known), based on the recent review reports by the CSBS, is presented in attachment 1b. The targets that are not met are identified by hospital and in some instances this is followed with the additional comment 'insufficient evidence' where this is not conclusive.

Specific meetings on measuring and improving cancer waiting times, and addressing the CSBS standards that the Trusts have not achieved, have been arranged with each of the Trusts over the next few weeks. This will link into the work of the other cancer groups in Glasgow.

MCN are developing core data sets to inform waiting times, these are in line with SCTN. An additional MRI will be available at Gartnavel General in the autumn which will improve diagnostic waiting times. Currently there are no waits for chemotherapy and a 4 week wait for radiotherapy in North Glasgow, which is among the best in the United Kingdom.

5. OUTPATIENT WAITING TIMES

National Targets (draft)

The draft national target is to see 75% of new outpatients within 3 months. NHSGG bottom line performance is 73% against this target. To fully comply with this target an additional 80 to 90 GP referrals need to be seen each week across Glasgow covering all specialties. We can deliver this target through existing, planned additional investment. Details are set out in schedule 3.

All of the outpatient waiting time performance comparisons in this paper are based on GP referrals only. This is in line with comparisons at national level. It is recognised, however, that sizing the resource implications required for delivering improved waiting times will need to take account of all referral sources (GP, tertiary, A&E etc.).

Local Targets

Target 1 - 60% within 9 weeks - current bottom line performance is reasonable, although showing a slight deterioration in the year to September 2001 (compared to the previous year) - it varies by specialty and site.

Target 2 - 100% within 15 weeks is a very ambitious target to deliver. To put this in context - in the year ended September last year 39,000 (or 23%) of outpatients waited longer than 15 weeks for a first outpatient appointment, across all the Trusts. We propose to retain this as a medium term target while setting the incremental priorities outlined below towards achieving it. **More details are presented in schedule 4.**

Long Waiting Times

A retrospective analysis of waiting times in excess of 26 weeks, covering the years to September 2000 and 2001, is attached at schedule 5. Initially, 6 priority specialties have been identified with the greatest numbers who waited in excess of 26 weeks (see table 1 below). In some specialties there are substantial increases in long waits between the last 2 years. The target will be to reduce the longest waits. A second phase analysis will review the distribution of waiting times in excess of 26 weeks to inform this ('tail' waiters) and prospective waiting times (where robust information is available).

Table 1 - New outpatients who waited in excess of 26 weeks in 2000/01

Specialty	Top 6 Specialties and the Trusts where they are most significant			
	North	South	Yorkhill	Total
ENT Surgery	1,528	399	86	2,013
Orthopaedic Surgery	1,085	704	42	1,831
Ophthalmology	232	1,451	38	1,721
Surgical Paediatrics			1,090	1,090
Homoeopathy	1,062			1,062
Dermatology	909	63	33	1,005

ENT Surgery - At the end of March prospective waiting times ranged from 7 to 81 weeks by consultant in North Glasgow.

Orthopaedic Surgery - **see Section 1.**

Ophthalmology - The current length of wait for a first visit to outpatient clinics is too long. The South Glasgow Clinical Forum initiated a review of how the situation may be improved. Following this review, a 'Pathfinder' scheme will commence in June whereby patients will be referred firstly to an accredited optometrist for diagnosis, treatment, or onward referral. Those who do not require to see a Consultant Ophthalmologist will be treated quickly and locally; those who do will have a reduced length of wait for first outpatient appointment. The 'Pathfinder' service will operate from 1st June to 31st October 2002. Recurring resources have been made available to roll the scheme out on a wider and continuing basis if analysis confirms benefit.

It has been estimated the arrangement could deal with between 60 and 80% of GP ophthalmology referrals, and reduce approximately 50% the requirement to offer an outpatient appointment. In 2000-01, this would have led to a reduction of 2500 to 3000 first outpatient attendances. There will be opportunities for re-alignment of existing clinic arrangement and investments.

In addition to the above, a consultant ophthalmologist post is being transferred from North to South. This post is currently allocated 0.50 wte to Yorkhill, which will remain.

Homoeopathy - At the end of March 2002, the prospective waiting time is 7 weeks for an "urgent" appointment, 11 weeks for "soon" and 63 months for "routine".

Dermatology - We are consulting on proposals to redesign dermatology - shifting resources from inpatients to outpatients and nurse practitioners and delivery of common waiting lists. These will reduce waiting times.

Surgical Paediatrics - Yorkhill are about to carry out a number of initiatives to produce a short-term reduction in the current wait of 65 weeks.

- a) A validation of the outpatient waiting list
- b) Introduction of Twilight/Saturday outpatient clinics for a period of 6 months
- c) Development of referral protocols with GP's to avoid unnecessary referrals.
- d) Introduction of nurse led enuresis clinics to reduce referrals.

The impact of the above will be an initial reduction in waiting times from 65 to 50 weeks further review is underway to achieve additional reduction.

6. DIAGNOSTIC WAITING TIMES

The longest waits are for imaging in North Glasgow and endoscopies in South Glasgow. These are summarised below, by hospital, together with planned investment and the likely impact on waiting times.

Investigation	Maximum wait in weeks			Target Max Wait
	GRI	WIG	GGH	
Barium Enema		23	27	
Ultrasound Scan	34	25	32	
CT Scan	53			
MRI		31		

Additional Imaging Investments

Trust	2001/02		2002/03	
	Recurring	Non-recurring	Recurring	Non-recurring
	£ 000s	£ 000s	£ 000s	£ 000s
North				
South				
Total				

Neuroscience Waits -

The neurosciences development plan is agreed in principle by the West of Scotland Boards but the necessary investment has only been agreed by GGNHSB.

7. PRIMARY CARE

National Target

Patients will be able to see a primary care professional within 48 hours. By October 2002 there should be a clear timetable in every Health Board area of the country for the delivery of 48 hour maximum waits to see the "right" member of the primary care team.

Clarity on this standard is awaited from the National Waiting Times Unit with regard to definition and measurability.

We have a significant programme of investment in new primary care services including - mental health, chronic disease management and core capacity - set out in the new primary care strategy. These investments will improve specific areas - further detail is set out in attachment 2.

8. PLANS TO IMPROVE PERFORMANCE

Glasgow Patient Access Team (GPAT)

The concept of a Patient Access Team has been successfully used within the NHS in England to reduce waiting times and improve access for patients.

It has been agreed in principle to the formation of a Patient Access Team for Glasgow recognising that the NHS in Greater Glasgow does not currently have the dedicated resources to support operational managers in tackling waiting times – with an emphasis on service redesign.

The benefits will be:

- Coherent pan NHSGG response
- Puts waiting times at heart of service planning
- Gives dedicated capacity to tackle big issues
- Ensuring service capacity is marshalled to deliver 9 months targets.

A separate paper - Proposal to Establish the Glasgow Patient Access Team (draft) is available.

9. TRUST PRESSURE AREAS AND PRIORITIES

Summarised as follows:

INPATIENTS AND DAY CASES	OUTPATIENTS	DIAGNOSTIC TESTS
SOUTH		
Orthopaedics	Orthopaedics	Radiological Investigations
ENT Surgery	Ophthalmology	
Impact of non-recurring WLIs in 2001/02 - cessation		
NORTH		
Gastroenterology	Gastroenterology	Radiological Investigations
Orthopaedics	ENT Surgery	
Plastic Surgery	Urology	
	Orthopaedics	
	Plastic Surgery	
	Dermatology	
	Severe Allergy	
YORKHILL		
	Surgical Paediatrics	

10. PRIORITIES FOR INVESTMENTS - 2002/03

Our specific additional allocation for waiting times is £2.7M, this is in addition to previous and planned investments outlined above. ?? Our initial proposal is to use the additional resource as follows:

Proposal	Investment £000s
Optometry	
Plastic Surgery	317 pye
GPAT	
Endoscopy	

Outline of other proposals:

2002/03 - Other Commitments

Neurosciences	
South Glasgow orthopaedics	
Imaging	
Cancer waits	

GGNHSB - Planning and Community Care Directorate
May 9, 2002

NHS GG - CANCER WAITING TIME TARGETS

Target Source	Cancer	Date in Force	Referral to First OP	To Complete Diagnostics	Decision to Treat to start of Treatment	Total Waiting Time for Patient Journey-
NHP	Breast	Oct-01			1 month from diagnosis (urgent)	
	Childhood Malignancy	Oct-01				1 month (urgent)
	Leukaemia	Oct-01				1 month (urgent)
	All cancers	NEW 2005				2 months (urgent)
CSBS	Breast	Jan-01	Essential - 4 weeks (70%) Desirable - 2 weeks (80%)	Essential - 2 weeks for Diagnostic surgery (70%) Desirable - 2 weeks for diagnostic surgery (95%) GPs are informed rapidly	Surgery Essential - 3 weeks (70%) Desirable - 3 weeks (95%) Chemotherapy Essential - 4 weeks (80%) Desirable - 4 weeks (95%) From Final Operation Radiotherapy (adj) Essential - 4 weeks (70%) Desirable - 4 weeks (95%) From Final Operation/Chemo Dose	
CSBS	Colorectal	Jan-01			From diagnosis to definitive treatment 4 weeks. Radiotherapy - 4 weeks from booking Chemotherapy - 8 weeks from surgery	
CSBS	Lung	Jan-01	Suspicion of Cancer Clinical or radiological to Respiratory Physician - (2 weeks (90%)	CT Scan prior to curative treatment - 2 weeks (90%) Information to GP within 2 days Decision on initial treatment 4 weeks from diagnosis Time to see oncologist - 1 week from referral	Surgery - 6 weeks from diagnosis (90%) However National Guidelines - all within six weeks	
CSBS	Ovarian		Maximum wait for hospital appointment for suspicion of cancer to be set by MDT	Desirable investigations and results to patient within 10 days	10 working days maximum	

NHS GG - CANCER WAITING TIME PERFORMANCE

CSBS REVIEW REPORTS - STANDARDS 'NOT MET'

BREAST CANCER

STANDARD	DETAIL	ADDITIONAL COMMENT	'NOT MET' AT - HOSPITAL
Standard 1: Referral Process	A minimum of 70% of patients referred to a symptomatic clinic are seen within 4 weeks from date of GP referral.	insufficient evidence insufficient evidence insufficient evidence	Stobhill Southern Victoria
	A minimum of 80% of patients are seen within 2 weeks from date of GP referral.	insufficient evidence insufficient evidence insufficient evidence	Stobhill Southern Victoria
Standard 2: Time to diagnosis	A minimum of 90% patients with diagnosis within 2 weeks of first clinic visit.		Southern Victoria
Standard 10: Waiting time for treatment	Surgery: A minimum of 70% within 3 weeks of first clinic visit.		GRI Victoria
	Radiotherapy: A minimum of 70% within 4 weeks of final operation/ chemotherapy dose.	insufficient evidence insufficient evidence	GRI Western Stobhill Southern Victoria
	Surgery: A minimum of 95% within 3 weeks of first clinic visit.		GRI Western Stobhill Victoria
	Chemotherapy: A minimum of 95% within 4 weeks of final operation.		GRI Western Stobhill Southern Victoria
	Chemotherapy (Adjuvant): A minimum of 80% within 4 weeks of final operation.		Victoria
	A minimum of 95% within 2 weeks of first clinic visit.		Victoria
	Radiotherapy: A minimum of 95% within 4 weeks of final operation/ chemotherapy dose.	insufficient evidence insufficient evidence	Southern Victoria

LUNG CANCER

STANDARD	DETAIL	ADDITIONAL COMMENT	'NOT MET' AT - HOSPITAL
Standard 1: Referral	All patients considered for curative to receive scan of chest - min 90% in 2 weeks	not applicable insufficient evidence	GRI Western Gartnavel Stobhill Southern Victoria
	Information to GP within 2 days	not applicable	GRI Western Gartnavel
	Suspicion of Cancer Clinical or radiological to Respiratory Physician - (2 weeks (90%))	insufficient evidence insufficient evidence insufficient evidence insufficient evidence	GRI Western Gartnavel Stobhill Southern Victoria
Standard 9: Management	All patients referred to oncologist are seen within 1 week	insufficient evidence insufficient evidence not applicable insufficient evidence	GRI Western Gartnavel Stobhill Southern
	Waiting times recorded and to remain within national guidelines	 insufficient evidence	GRI Western Gartnavel Stobhill Southern Victoria
	Decision about initial treatment to be made in 4 weeks	insufficient evidence insufficient evidence insufficient evidence	GRI Western Gartnavel Stobhill Southern
Standard 10: Surgical Management	Min 90% patients resected within 6 weeks of diagnosis	insufficient evidence insufficient evidence not applicable not applicable not applicable not applicable	GRI Western Gartnavel Stobhill Southern Victoria

OVARIAN CANCER

STANDARD	DETAIL	ADDITIONAL COMMENT	'NOT MET' AT - HOSPITAL
Standard 9: Waiting time	Maximum wait for hospital appointment for suspicion of cancer to be set by MDT		Southern

COLORECTAL CANCER

STANDARD	DETAIL	ADDITIONAL COMMENT	'NOT MET' AT - HOSPITAL
Standard 8: Waiting Times	Time between diagnosis and treatment not more than 4 weeks	insufficient evidence insufficient evidence insufficient evidence	GRI Western Stobhill Southern Victoria
	Time between radiotherapy booking and treatment not more than 4 weeks	insufficient evidence insufficient evidence insufficient evidence	GRI Western Stobhill Southern Victoria
	Time between surgery and adjuvant chemotherapy is not more than 8 weeks	insufficient evidence insufficient evidence insufficient evidence	GRI Western Stobhill Southern Victoria

NHSGG - CANCER WAITING PERFORMANCE**SCOTTISH NATIONAL HEALTH PLAN**

CANCER	DATE IN FORCE	DECISION TO TREAT TO START OF TREATMENT	TOTAL WAITING TIME FOR PATIENT JOURNEY	PERFORMANCE COMMENT
BREAST	October 2001	1 month from diagnosis (urgent)		See CSBS Reports
CHILDHOOD MALIGNANCY	October 2001		1 month (urgent)	At Yorkhill all urgent referrals are seen immediately and the maximum wait is 2 weeks.
LEUKAEMIA	October 2001		1 month (urgent)	
ALL CANCERS	NEW 2005		2 months (urgent)	

NHSGG PRIMARY CARE TRUST
SUMMARY OF PLANS TO IMPROVE ACCESS TO SERVICES

Access to member of PC Team within 48 hours

Current Situation

1. Immediate access is a priority in emergency situations, and 48 hour or better is achieved in General Practices, Physiotherapy, Podiatry, Community Nursing, Dental and a number of specialist services. GEMs (linked to other services) is doing the same out of hours and pharmacies provide immediate access for advice, referral and some treatments.
2. Anecdotal evidence suggests routine Practice service appointments vary from next day to a fortnight. Delays are often increased when the patient requests a specific practitioner.
3. A recent survey of waits for other primary care services shows urgent/routine care is generally available in 4-6 weeks, with some exceptions. It is not proposed that these services will require to be provided in the 48 hour target though an assessment of the relative urgency will be made in that period.
4. The variability of the waits is explained and exacerbated by mixture of demand and supply; autonomous nature of GP practices; and, difference in capacity to deal with unexpected increase in demand. Other significant factors are differences in practice population and seasonal conditions.

Strategic Change and Investment - Impacting upon Waiting Times

5. Chronic Disease management Programme
Practice based nursing and admin staff will be increased by 10% in 2002-03. Additional resources rolling out over the next four years in Diabetes, Ischaemic Heart Disease, Chronic obstructive pulmonary Disease, Stroke, Rheumatoid Arthritis Epilepsy and Stroke.
6. Service Developments
Additional resources, in elderly care, mental health and addictions. This impacts demand by providing alternative sources of referral and treatment to many primary care services.
7. Deprivation Linked Resources - as recognition of the effect on demand by deprivation e.g. additional resources are being distributed into Possilpark to assess the impact on communities with compounding multiple problems. Consequently, future resource allocation will be more closely linked to workload and demand factors.
8. The GP consultation as a gatekeeper can be used as an inappropriately and add unnecessary demand. Initiatives to address this include:
 - Physiotherapy and podiatry re-designed over the next eighteen months to introduce self referral and triage systems
 - New classification of staff - Primary Care Support Workers -will provide skill mix options in practices and treatment rooms.
 - Trials of OTC (Over the Counter) medication undertaken nationally. Will transfer the burden of minor ailments from GP Practice to Community Pharmacy.
 - Pilot of direct referral from Optometrist to Ophthalmologist will reduce the traffic of referrals back to GP.
 - Local initiatives are in place to enable GP to provide access to welfare provision instead of providing health care.
 - Outpatient appointments and information exchange with secondary care are being re-designed using IT -this will reduce time demands on GPs.

9. A trial of nurse assessment and triage at LHCC level will operate for patients who cannot get an appointment in 48 hours. This approach will be integrated within NHS 24 and after hours emergency services.

Waiting Times Monitoring

10. A Waiting times monitoring process was started for PCT staff. . It defines services, target waiting times, and reports on variances.
11. Agreement has been reached with the LMC for a stocktake of routine appointments in general practice