

**Greater Glasgow NHS Board**

**Board Meeting**

Tuesday 22 October 2002

Board Paper No. 2002/72

Director of Planning and Community Care

**WAITING TIMES**

**Recommendation:**

Members are asked to note progress.

**A BACKGROUND**

At the September 2002 meeting, the Board:

- Reviewed the NHSGG submission to the National Waiting Times Unit. This submission set out our plans to achieve a 50% reduction in people waiting over 9 months by March 2003.
- Considered the Minister of Health's letter confirming the National targets and the high priority he set on achieving them.

**B PURPOSE**

The purpose of this paper is to update the Board on progress and share the draft reply to the Minister for Health (Attachment 1).

**C CURRENT POSITION**

GGNHS Residents with Guarantee – provisional position

TRUST	APRIL	AUGUST	SEPTEMBER	DECEMBER TARGET
North Glasgow	487	554	491	228
South Glasgow	341	575	550	248
Yorkhill	12	4	5	5

September figures illustrate a small reduction at Yorkhill and the North Trusts, but significant reductions are required to meet the December 2002 targets. It is anticipated the additional planned activity should begin to have an impact. Trusts are reviewing the durability of the December targets.

Following further discussion with the SEHD, we have been asked to submit an updated plan reflecting:

- Additional funding of £800K for orthopaedics and £400K for plastic surgery.
- The timing of the impact of funding already allocated and included in our August plan.
- Further analysis of the numbers of other Health Boards' residents on the waiting lists of Glasgow Trusts and the extent to which any agreed initiatives will impact on those patients. Members will recall the focus of our plan is explicitly Greater Glasgow residents – wherever they are on a waiting list.

The revised plan will be finalised next week.

Director of Planning & community Care

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## **D CONCLUSION**

Meeting the agreed targets remains challenging, particularly for orthopaedics, but September provisional figures indicate positive progress.

**DRAFT**

GCAD/MS/GGNHS/024/02

October 2002

Malcolm Chisholm, MSP  
Minister for Health & Community Care  
Scottish Executive  
St Andrew's House  
Regent Road  
EDINBURGH  
EH1 3DG

Dear Malcolm

**WAITING TIMES**

I am responding to your letter of 28 August. I have waited until now to do so as I had the issue of Waiting Times on the agenda of our September Board meeting and I also knew that Tom Divers and others from the Board had meetings scheduled with Trevor and others from the Health Department.

I can, very directly, give you the assurance that the Greater Glasgow NHS Board has accorded the issue of Waiting Times a very high priority. We have always benefited from very regular and detailed monitoring reports and at our last meeting agreed that Waiting Times should be a standing item on the agenda for every Board meeting. This will underline to all, the priority we place on this.

Turning to specifics, the Board is committed to a 50% reduction in those waiting more than nine months for inpatient and day care treatment by March 2003 and to eliminate such patients completely by December 2003. Based on our June 2002 figures, this implies a reduction in nine month waiters of some 455 people by March 2003.

In relation to outpatients, we are also committed to achieving the target of seeing 75% of new outpatients within three months.

We believe the inpatient and outpatient targets will be achieved. In saying that I should however point out two issues. The first relates to the 368 (June 2002) patients who are residents of other Boards but are waiting longer than nine months on the lists of Greater Glasgow NHS Trusts. I know that Tom has discussed this with officials and there is a shared desire to ensure an appropriate and timeous meeting of costs for such patients. This is a process issue but it is one that for a Board such as Glasgow is quite significant.

2

October 2002

Malcolm Chisholm, MSP

The second issue is of course that we work our way towards these targets against a range of risks. I will not rehearse them in detail here, suffice to say we all know the major areas of risk to which these targets are susceptible include the effect of pressure on acute receiving and its impact on elective capacity; the continuing challenge in sustaining nurse staffing levels in competition with other developing services; and the on-going impact which a reduction in junior doctors' hours has on capacity.

One final point I would make, and I know you share my thoughts on this as I have heard you say it several times, is that there has been a very considerable effort on the part of all staff in the service to bring about the position we have achieved so far. They continue to work extremely hard and with their effort and the impetus placed on Waiting Times by the Board, I am sure we will achieve the targets. I am sure we will achieve the targets for December, 2003.

It is critical, as your letter highlights, that the targets are met credibly and sustainably. A further detailed analysis of planning on a local, regional and national basis is required to achieve that position, not least in respect of orthopaedic surgery. We are committed to leading a detailed review of capacity required across the West of Scotland, alongside the overview which is required nationally to ensure adequate capacity is developed across NHS Scotland.

Yours sincerely

**PROFESSOR GORDON DICKSON**  
**Interim Chairman**