

## Greater Glasgow NHS Board

### Board Meeting

Tuesday, 16<sup>th</sup> September, 2003

Board Paper No. 2003/57

Director of Planning and Community Care

## WAITING TIMES

### Recommendation:

Members are asked to note progress.

#### A. BACKGROUND

- At the May 2003 meeting, the Board noted that we would now report on residents of all Health Boards who are on a Glasgow waiting list and that we would show the numbers waiting split by those with an availability status code (ASC) and those without an ASC. This paper sets out the latest position.
- It was also agreed that we would provide additional information to differentiate between ASC codes. This is included in Attachment 1 to this paper.

#### B. CURRENT POSITION - 9 MONTH WAITING TIME TARGET

- The provisional waiting list position at August 31 is presented in table 1 for patients waiting without availability status codes (ASCs). Table 2 presents the numbers of patients with ASCs - e.g. where a patient has asked to defer admission for personal reasons.

Table 1 - All NHS Board residents without ASCs

Trust	May	June	July	August	December Target
North Glasgow	526	655	582	587	0
South Glasgow	323	401	409	472	0
Yorkhill	24	1	0	0	0
Total	873	1,057	991	1,059	0
Total - last year 2002/03	1,234	1,287	1,410	1,562	na

There are currently 1,059 patients waiting over 9 months at the end of August with no ASC codes applied, we plan to reduce this to zero by December 31, 2003. The bottom line waiting list increase of 392 in the early part of the year, between April and August, is representative of the annual waiting list cycle i.e. when last years waiting list initiatives cease and this years are starting and have yet to make an impact. The May to August position for 2002 is shown to put this in context and presents a similar (but higher) trend to this year. A further comparison between the months of August 2002 and 2003 shows an improved position from 1,562 to 1,059 - a decrease this year of 503 or 32%.

## EMBARGOED UNTIL DATE OF MEETING.

The waiting list peaked in August last year at 1,562 and thereafter reduced by approximately 1,000 to 573 in March this year, thereby achieving our 2002/03 targets. We plan a similar pattern for the remainder of 2003/04, to be delivered at an accelerated rate, to achieve the National target of no patients waiting in excess of 9 months by December 2003.

In facing the daunting challenge:

- We plan to deliver an additional 3,200 inpatient and day case admissions to ensure that there are no waits in excess of 9 months by December 2003 and sustained to March 2004. To put this in context, the 2002/03 plan of circa 2000 additional admissions delivered a reduction to 573 in March this year. We are planning an increase of 1,200 in 2003/04, compared to last year, to ensure that we deliver that we targets.
- We are carrying out an in-year performance review and risk assessment of specific specialties that offer the greatest challenge e.g. orthopaedic surgery.
- We will monitor the changing waiting time patterns on a weekly basis so that corrective action can be taken, where necessary, to improve performance.

Table 2 - All NHS Board residents with ASCs

Trust	May	June	July	August
North Glasgow	4,074	4,069	4,161	4,022
South Glasgow	2,001	1,802	1,856	1,903
Yorkhill	314	331	338	358
Total	6,389	6,202	6,355	6,283

More details are presented in Attachment 1.

Specific proposals to reduce the number of patients waiting over 9 months with ASC codes will be included as part of our medium term plans for 2004/05.

### **Planning for 2003/4**

Planning processes are in place to ensure that we continue to move towards:

- Maximum wait for inpatient and day case treatment of 9 months by December 2003
- Maximum wait for inpatient and day case treatment of 6 months by December 2005
- Maximum wait for outpatient appointments of 26 weeks by December 2005
- It is intended that a detailed report will be presented to the Board, which will set out our plans - as interim measure, we presented to the August Board meeting - the activity and costs that we have agreed with the Trusts to date for each specialty to deliver the plans. The plan is now in its final stages and will be presented to the Board on completion.

**WAITING TIMES  
DIFFERENTIATING BETWEEN AVAILABILITY STATUS CODES (ASCs)**

At the May Board meeting it was reported that:

- There is no longer a deferred list. All patients will be on the unified list.
- The unified waiting list is made up of two categories:

Patients without Availability Status Codes (ASCs)

Patients with ASCs

- The Availability Status Code removes the concept of guarantees and associated exceptions and replaces them with codes that describe availability for treatment.

Each patient whose circumstances prevent them from receiving an offer of admission for the specialty or procedure will have an ASC code applied.

It was also agreed that future reports would provide additional information to differentiate between ASC codes.

- Schedule 1 to this paper presents a definition of each ASC.
- Schedule 2 presents the waiting list position for patients with ASCs at August 31, 2003

The numbers with code X have reduced from 489 in June to 60 in August.

**AVAILABILITY STATUS CODES (ASCs) DEFINITIONS**

2	Where the patient has asked to delay admission for personal reasons or has refused a reasonable offer of admission.	Considered mainly PATIENT driven
3	In individual cases where, after discussion with the patient, the treatment has been judged of low clinical priority.	Considered mainly SERVICE driven
4	With highly specialised treatments identified at the time of placing the patient on the waiting list.	Considered mainly SERVICE driven
8	Where the patient did not attend nor give any prior warning.	Considered mainly PATIENT driven
9	In circumstances of exceptional strain on the NHS such as a major disaster, major epidemic or outbreak of infection, or service disruption caused by industrial action.	Considered mainly SERVICE driven
A	Patients under medical constraints (condition other than that requiring treatment) which affected their ability to accept and admission date, if offered.	Considered mainly PATIENT driven
X	NEW Temporary CODE – valid until Sep 2003 – patients transferred from the DWL for whom the reason for their being on the DWL was not known.	Considered mainly SERVICE driven

**PATIENTS WAITING WITH AVAILABILITY STATUS CODES  
NORTH, SOUTH AND YORKHILL TRUSTS - AUGUST 31, 2003**

(To be read in conjunction with ASC definitions - see Schedule 1)

**Table 1 - All Trusts**

<b>OVER 9 MONTH WAITS</b>	<b>ASC Code</b>							<b>Total</b>
	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>A</b>	<b>X</b>	
Patients Waiting	2,775	50	1,159	890	185	1,164	60	6,283
% Distribution by ASC	44%	1%	18%	14%	3%	19%	1%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs				Mainly SERVICE driven ASCs			
	77%				23%			

**Table 2 - All Trusts**

<b>UNDER 9 MONTH WAITS</b>	<b>ASC Code</b>							<b>Total</b>
	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>A</b>	<b>X</b>	
Patients Waiting	1,373	4	281	860	0	662	0	3,180
% Distribution by ASC	43%	0%	9%	27%	0%	21%	0%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs				Mainly SERVICE driven ASCs			
	91%				9%			

**Table 3 - All Trusts**

<b>ALL WAITS</b>	<b>ASC Code</b>							<b>Total</b>
	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>A</b>	<b>X</b>	
Patients Waiting	4,148	54	1,440	1,750	185	1,826	60	9,463
% Distribution by ASC	44%	1%	15%	18%	2%	19%	1%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs				Mainly SERVICE driven ASCs			
	82%				18%			