

Greater Glasgow NHS Board

Board Meeting

Tuesday, 20th January, 2004

Board Paper No. 2004/05

Director of Planning and Community Care

WAITING TIMES

Recommendation:

Members are asked to note progress.

A. BACKGROUND

This report provides monitoring information on our progress against the key national target to have no over 9 months waits from December 2003.

B. CURRENT POSITION - 9 MONTH WAITING TIME TARGET

- The provisional waiting list position at December 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	September	October	November	December	December Target
North Glasgow	423	419	159	0	0
South Glasgow	351	232	87	0	0
Yorkhill	0	0	0	0	0
Total	774	651	246	0	0
Total - last year 2002/03	1,415	1,283	1,118	968	na

There are currently no patients waiting over 9 months at the end of December with no ASC codes applied, compared to 968 in December 2002.

All of the Glasgow Trusts therefore achieved the National target of no waits in excess of 9 months by the end of December 2003. This is now a guarantee.

EMBARGOED UNTIL DATE OF MEETING.

Table 2 - All NHS Board residents with ASCs

Trust	September	October	November	December
North Glasgow	4,015	4,058	4,171	4,351
South Glasgow	1,887	1,981	2,108	2,221
Yorkhill	339	337	321	349
Total	6,241	6,376	6,600	6,921

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. An administrative and clinical review of all patients waiting with ASCs is ongoing. The final results are due in early 2004.

The new agenda

The national targets that we now need to address are:

- No inpatient/day case waits in excess of 6 months to be achieved by December 2005
- No outpatient waits in excess of 26 weeks to be achieved by December 2005
- Also, to continue to deliver and sustain all existing targets and guarantees e.g. cancer and CHD specific

Plans - 2004/05

In conjunction with the Trusts, we are now preparing our plans for incremental performance improvement in waiting times in 2004/05, towards achieving the December 2005 targets.

Director of Planning and Community Care

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**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 December 31, 2003

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

**PATIENTS WAITING WITH AVAILABILITY STATUS CODES
NORTH, SOUTH AND YORKHILL TRUSTS – DECEMBER 31, 2003**

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

Table 1 - All Trusts

OVER 9 MONTH WAITS	ASC Code							Total
	2	3	4	8	9	A	X	
Patients Waiting	2,975	51	1,300	1,070	145	1,380	na	6,921
% Distribution by ASC	43%	1%	19%	15%	2%	20%	na	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs				Mainly SERVICE driven ASCs			
	78%				22%			

Table 2 - All Trusts

UNDER 9 MONTH WAITS	ASC Code							Total
	2	3	4	8	9	A	X	
Patients Waiting	1,678	72	224	951	0	819	na	3,744
% Distribution by ASC	45%	2%	6%	25%	0%	22%	na	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs				Mainly SERVICE driven ASCs			
	92%				8%			

Table 3 - All Trusts

ALL WAITS	ASC Code							Total
	2	3	4	8	9	A	X	
Patients Waiting	4,653	123	1,524	2,021	145	2,199	na	10,665
% Distribution by ASC	44%	1%	14%	19%	1%	21%	na	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs				Mainly SERVICE driven ASCs			
	83%				17%			

Note - ASC temporary code X is not applicable effective from October 2003.