

Greater Glasgow NHS Board

Board Meeting

Tuesday, 16th March, 2004

Board Paper No. 2004/19

Director of Planning and Community Care

WAITING TIMES

Recommendation:

Members are asked to note progress.

A. BACKGROUND

At the January 2004 meeting, the Board noted that 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

Our reporting has now changed from specifically monitoring >9 month waits, to 6 to 9 month waits for inpatients and day cases. As before, this is presented separately for residents without ASCs and those with ASCs. Over the coming months we will develop this further to include outpatients as well as performance against the targets as set out in our plans for 2004/05.

The Challenge ahead

It is considered that sustaining the 9 month maximum wait guarantee is a major challenge. Also, the move towards delivering a 6 month maximum wait in a constrained resource environment will be serious problem, when set alongside the outpatient target.

B. CURRENT WAITING TIME FOR INPATIENTS AND DAY CASES

- The provisional waiting list position at February 29 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 - Current waiting time in months - All NHS Board residents without ASCs

Trust	0 - 3	3 - 6	6 - 7	7 - 8	8 - 9	>9	Total	>6
North	7,690	2,791	535	310	183	0	11,509	1,028
South	3,964	2,305	403	217	158	0	7,047	778
Yorkhill	1,131	583	56	39	22	0	1,811	117
Total	12,785	5,659	994	566	363	0	20,367	1,923

EMBARGOED UNTIL DATE OF MEETING.

We reported last month that we had secured additional investment from the National Waiting Times Unit to allow to sustain the guarantee of no waits in excess of 9 months and also to allow us to move towards delivering the new targets in the period to March 2004.

We are currently sustaining the 9 month guarantee and >6 month waits reduced by 179 or 8.5% between January and February.

Table 2 – Current waiting time in months - All NHS Board residents with ASCs

Trust	0 - 3	3 - 6	6 - 7	7 - 8	8 - 9	>9	Total	>6
North	604	712	179	212	315	4,228	6,250	4,934
South	244	394	169	152	200	2,299	3,458	2,820
Yorkhill	161	196	28	57	48	277	767	410
Total	1,009	1,302	376	421	563	6,804	10,475	8,164

Patients waiting with ASC codes reduced by 154 between January and February - 153 were in the >6 month wait band.

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 February 29, 2004

The format in schedule 2 has now changed from monitoring all Trusts together for >9, <9 and all waits, to separate tables for each Trust, for all waits (with a GGNHSB total).

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. We expect that the reviews will be completed by the end of March 2004.

Plans - 2004/05

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

Director of Planning and Community Care

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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
ALL TRUSTS, NORTH, SOUTH AND YORKHILL - FEBRUARY 29, 2004**
(To be read in conjunction with ASC definitions - see Schedule 1)

Table 1 - All Trusts

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	4,559	161	1,459	2,031	119	2,146	10,475
% Distribution by ASC	44%	2%	14%	19%	1%	20%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	83%			17%			

Table 1 - North Glasgow

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	2,754	0	934	1,47	0	1,415	6,250
% Distribution by ASC	44%	0%	15%	18%	0%	23%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	85%			15%			

Table 1 - South Glasgow

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	1,599	49	399	657	119	635	3,458
% Distribution by ASC	46%	1%	12%	19%	3%	18%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	84%			16%			

Table 1 - Yorkhill

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	206	112	126	227	0	96	767
% Distribution by ASC	27%	15%	16%	30%	0%	13%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	69%			31%			