

## Greater Glasgow NHS Board

### Board Meeting

Tuesday, 20<sup>th</sup> July, 2004

Board Paper No. 2004/42

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 waits for inpatients and day cases. As before, this is presented separately for residents without ASCs and those with ASCs.

#### 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 numbers of patients waiting over 6 months at June 30 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 numbers waiting >6 months - All NHS Board residents without ASCs

Division	Mar-04 Baseline	May-04	Jun-04	May - June Variance	% Variance
North	890	1,020	933	-87	-9%
South	674	807	727	-80	-10%
Yorkhill	78	163	212	+49	+30%
<b>Total</b>	<b>1,642</b>	<b>1,990</b>	<b>1,872</b>	<b>-118</b>	<b>-6%</b>

## EMBARGOED UNTIL DATE OF MEETING.

We are currently sustaining the 9 month guarantee and >6 month waits reduced by 118 or 6% between May and June. The increase at Yorkhill can be explained by the impact of improving outpatient waiting time, where e.g. paediatric surgery outpatient waits have reduced from 62 to 15 weeks. The consequent knock on effect of this is accelerated additions to the inpatient and day case waiting list (70% of surgical outpatients go on to inpatient/day cases lists). Extra theatre sessions are being targeted to alleviate this.

Table 2 - Current numbers waiting >6 months - All NHS Board residents with ASCs

<b>Division</b>	<b>Mar-04 Baseline</b>	<b>May-04</b>	<b>Jun-04</b>	<b>May - June Variance</b>	<b>% Variance</b>
North	4,771	4,671	4,752	+81	+2%
South	2,747	2,879	2,858	-21	-1%
Yorkhill	434	499	435	-64	-13%
<b>Total</b>	<b>7,952</b>	<b>8,049</b>	<b>8,045</b>	<b>-4</b>	<b>0%</b>

The number of patients waiting over 6 months with ASC codes reduced marginally by 4 between May and June 2004.

### **Achieving a maximum 18 week wait in CHD**

The National maximum waiting times target for cardiac revascularisation following angiography, is 18 weeks from 30 June 2004. This was delivered by the due date and has been maintained since 1<sup>st</sup> July.

## **C. OTHER ISSUES**

### **Administrative and Clinical Review - Patients with ASC Codes**

We reported to the May Board meeting that an administrative and clinical review of all patients waiting with ASCs is now complete. A summary of this is attached at Annex 1. The main results of the administrative review were that:

- 726 patients were removed from the waiting list in North Glasgow
- Approximately 300 patients were removed from the waiting list in South Glasgow

To put this in context, the additional information to differentiate between ASC codes, which we normally present to the Board as part of this paper, is contained in Annex 1 (for this month only) i.e.

- Definition of each ASC
- Waiting list position for patients with ASCs at June, 2004

### **Plans for improving waiting times by March 2005**

We submitted our interim plans for 2004/05 to the SEHD on 18 June 2004. This sets out the progress that NHSGG will make by March 2005 towards delivering the 6 month waiting time targets. Annex 2 sets out (a) the current waiting time position and (b) the planned progress on waiting time improvements by selected specialty that we expect to achieve by March 2005 for:

- Outpatients
- Inpatients/day cases

### **Elements of risk to delivery of the 2004/05 plans**

There are number of areas of risk to the delivery of the plan:

- Other West of Scotland Boards to adequately fund their residents on NHSGG lists
- Appropriate access to capacity at GJNH
- Recruitment and retention of staff

### **September and December 2004 milestones for achievement**

Following submission of our interim performance improvement plans for 2004/05, the SEHD has subsequently asked NHS Boards to prepare robust plans showing the progress that we intend to make towards achievement of the targets that we have agreed. The plans should contain firm milestones set out at 30 September and 31 December 2004 and should be submitted by 30 July 2004. We will update the Board on the submission of the plans in due course.

### **Bids against National waiting list initiative funding**

The NWTU have invited NHS Boards to bid for £4.5m non-recurring funding available to NHS Scotland to pump prime waiting list initiatives during 2004/05. We have worked up our prioritised bid and will submit it by the due date of 31 July 2004. We will update the Board on the success of our bid when this information becomes available.

### **Outpatient waiting time**

We have reported to previous Board meetings that, over the coming months, we will develop our reporting mechanisms further to include outpatients as well as performance against the targets as set out in our plans for 2004/05. We plan to commence this from September onwards.

### **Centre for Change and Innovation (CCI)**

The Centre for Change and Innovation (CCI) at the SEHD is currently supporting a programme of service redesign that aims to deliver improved outpatient waiting times. Initiatives have been launched in plastic surgery and dermatology; next will be orthopaedics, ENT and neurology. We will update on progress as appropriate.

### **Standard NHSGG Waiting Time Policy**

There is a process underway to establish a standard NHS Greater Glasgow Waiting Time Policy. This document will provide the support to better manage both the ASC and Non ASC lists. It is likely that the policy will be agreed and ready for implementation by the end of 2004.

Director of Planning and Community Care

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Delivering the National Waiting Time Targets  
By December 2005

**PATIENTS ON WAITING LISTS  
WITH ASC CODES**

**ADMINISTRATIVE AND CLINICAL REVIEW  
NORTH AND SOUTH GLASGOW**

**SUMMARY PAPER  
JULY 2004**

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13 July 2004

## 1. Introduction - NHS GG ASC Review

We reported to the Board in December 2003 that an administrative and clinical review of all patients waiting with ASCs is ongoing and that the final results would be available in early 2004.

This is now complete in the form of a one page summary for each of the North and South Divisions.

## 2. Background (to the introduction of ASCs)

At the May 2003 Board meeting, we reported that there is no longer a deferred waiting list and that in the future all patients would be on a unified waiting list. Further that:

- 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.

## 3. The latest ASC Position - June 30 2004

Table 1 - Current numbers waiting **all waits** - All NHS Board residents with ASCs

Division	Apr-04	May-04	Jun-04	May-Jun Variance	% Variance
North	6,040	6,007	6,152	+145	+2%
South	3,449	3,604	3,599	-5	0%
Yorkhill	830	887	789	-98	-11%
<b>Total</b>	<b>10,319</b>	<b>10,498</b>	<b>10,540</b>	<b>+42</b>	<b>0%</b>

### 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 June 30, 2004 by individual availability status code.

## 4. National Developments

### New Ways Of Defining And Measuring Waiting Across The NHS In Scotland

- A Project Board was set up in April 2004 by the Scottish Executive Health Department to plan and guide the introduction of new ways of defining and measuring waiting across the NHS in Scotland.
- Against that background, Ministers have asked the Department to work with NHS Scotland **towards the abolition of ASCs**.
- NHS Boards must continue to deliver the current stringent waiting times guarantees while the new definitions etc are being implemented. The aim should be to implement the changes by end-2006.

## **North Glasgow University Hospitals Division**

### **Administrative Review**

The Administrative Review covered all patients who were previously on the deferred waiting list (codes A/2/8 - all considered patient driven - see schedule 1 for definitions).

A total of 2,679 patients were sent a letter.

- There was a 56% return rate with 1,500 patients replying
- All patients requesting removal have been taken off the list and their GP informed.
- 726 patients were subsequently removed from the waiting list

A letter was sent to the GP of patients who failed to reply for whom no other reason could be established.

- Approximately 780 letters were sent and 572 replies received
- Only 6 patients were removed on the advice of the GP.

### **Clinical Review**

The Clinical Review covered patients who have never been on a deferred list (codes 9/4) who have waited longer than 12 months and those who remain on the deferred waiting list following the administrative review (codes A/2/8).

Clinical reviews are complete. The number of patients removed at clinical review is being finalised and collated.

## **South Glasgow University Hospitals Division**

The South Division started a review of ASC long waiters during the last financial year and saw approximately 300 patients being removed. As a result, in the three month period between February and April, there has been stability around the total number waiting, with the number going from 3,458 to 3,449.

It has been agreed with each of the Specialty General Managers that this review will become part of an ongoing process to ensure that patient status is being appraised and contact made with the patients and GP's. It is also recognised that there is a process underway to establish a standard NHS Glasgow Waiting List policy. This document will provide the support to better manage both the ASC and Non ASC lists. It is likely that the policy will be agreed and ready for implementation by the end of 2004.

In the interim the South Division will continue with the internal process:

### **Review of ASC 8's**

- Develop a process to review patients who did not attend (DNA) on two or more occasions asking them to advise us in writing of their wish to remain on the waiting list. This will be linked to the Glasgow policy.

### **Review of ASC 2**

- On going clinical and administrative review to tackle long waiters.

### **Review of ASC 9**

- This review is almost complete. The number waiting has dropped from 171 to 30. This figure will reduce to zero over the summer months.

### **Review of ASC A**

- Develop a clinical and administrative process to review and manage long waiters and ensure that patients have been followed up. This will be linked to the Glasgow policy.

**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 DIVISIONS, NORTH, SOUTH AND YORKHILL - JUNE 30, 2004**  
(To be read in conjunction with ASC definitions - see previous page)

**Table 1 - All Divisions**

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	4,870	183	1,267	2,097	15	2,108	10,540
% Distribution by ASC	46%	2%	12%	20%	0%	20%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	86%			14%			

**Table 2 - North Glasgow Division (NGD)**

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	2,882	0	675	1,168	14	1,413	6,152
% Distribution by ASC	47%	0%	11%	19%	0%	23%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	89%			11%			

**Table 3 - South Glasgow Division (SGD)**

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	1,778	1	430	775	1	614	3,599
% Distribution by ASC	49%	0%	12%	22%	0%	17%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	88%			12%			

**Table 4 - Yorkhill**

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	210	182	162	154	0	81	789
% Distribution by ASC	27%	23%	21%	20%	0%	10%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	56%			44%			

**WAITING TIME PERFORMANCE PLAN - GGNHSB 2004/05  
OUTPATIENTS BY DIVISION**

Selected Specialties	MAXIMUM WAIT IN WEEKS - CURRENT				MAXIMUM WAIT IN WEEKS - PLANNED BY MARCH 2005			
	North	South	Yorkhill	NHSGG	North	South	Yorkhill	NHSGG
ENT	70	48	10	<b>70</b>	45	31	9	<b>45</b>
General Surgery	105	39	na	<b>105</b>	30	36	na	<b>36</b>
Gynaecology	28	24	na	<b>28</b>	26	24	na	<b>26</b>
Ophthalmology	59	45	19	<b>59</b>	45	39	19	<b>45</b>
Orthopaedics	96	72	33	<b>96</b>	69	57	27	<b>69</b>
Plastic Surgery	129	na	na	<b>129</b>	72	na	na	<b>72</b>
Urology	46	42	na	<b>46</b>	40	26	na	<b>40</b>
Cardiology	42	23	8	<b>42</b>	26	23	8	<b>26</b>
Dermatology	37	14	4	<b>37</b>	30	14	4	<b>30</b>
General Medicine	55	17	na	<b>55</b>	26	17	na	<b>26</b>
Surgical Paediatrics	na	na	31	<b>31</b>	na	na	20	<b>20</b>
Medical Paediatrics	na	na	11	<b>11</b>	na	na	11	<b>11</b>

Current Waits - based on Divisions' local reporting systems (ranges from March to May 2004)

**WAITING TIME PERFORMANCE PLAN - GGNHSB 2004/05  
INPATIENTS/DAY CASES BY DIVISION**

Selected Specialties	MAXIMUM WAIT IN MONTHS - CURRENT				MAXIMUM WAIT IN MONTHS - PLANNED BY MARCH 2005			
	North	South	Yorkhill	NHSGG	North	South	Yorkhill	NHSGG
ENT	9	9	9	<b>9</b>	8	7	6	<b>8</b>
General Surgery	9	9	na	<b>9</b>	8	7	na	<b>8</b>
Gynaecology	9	9	na	<b>9</b>	6	8	na	<b>8</b>
Ophthalmology	9	9	8	<b>9</b>	7	7	6	<b>7</b>
Orthopaedics	9	9	7	<b>9</b>	8	8	6	<b>8</b>
Plastic Surgery	9	na	9	<b>9</b>	8	na	6	<b>8</b>
Urology	9	9	na	<b>9</b>	8	7	na	<b>8</b>
Cardiology	7	na	7	<b>7</b>	6	na	6	<b>6</b>
Dermatology	6	na	na	<b>6</b>	6	na	na	<b>6</b>
General Medicine	na	6	na	<b>6</b>	6	na	na	<b>6</b>
Surgical Paediatrics	na	na	9	<b>9</b>	na	na	6	<b>6</b>
Medical Paediatrics	na	na	7	<b>7</b>	na	na	6	<b>6</b>

Current Waits - June 30 2004 SMR3 census (provisional)