

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday, 18th April, 2006

Board Paper No. 2006/21

Acute Division Chief Operating Officer
Acute Division Director of Surgery & Anaesthetics

WAITING TIMES

Recommendation:

Members are asked to note progress.

A. BACKGROUND

At the February 2006 meeting, the Board noted that the National targets that we now need to address are:

By the end of 2006

- No patient will wait more than eighteen weeks from a decision to undertake treatment to the start of that treatment. (The current maximum wait guarantee stands at 26 weeks from January 2006);

By the end of 2007

- No patient will wait more than eighteen weeks from GP referral to an outpatient appointment. (The current maximum wait guarantee stands at 26 weeks from January 2006);
- Shorter maximum waiting times are being introduced for specific conditions:
 - Eighteen weeks from referral to completion of treatment for cataract surgery.
 - Four hours from arrival to admission, discharge or transfer for Accident and Emergency treatment.
 - Twenty-four hours from admission to a specialist unit for hip surgery following fracture.
 - Sixteen weeks from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention.
- Availability Status Codes (ASCs) will also be abolished by the end of 2007.
- 9 week diagnostic standards

New standards have been set for patients waiting for diagnostic tests and procedures. This means patients will wait no longer than 18 weeks - including diagnostic tests - as outpatients or inpatient/day cases by the end of 2007. The new standards apply to CT, MRI, ultrasound and barium scans as well as four procedures using an endoscope or micro camera to look inside the body: upper endoscopy, cystoscopy, sigmoidoscopy and colonoscopy.

Current Targets and Guarantees

- Also, to continue to deliver and sustain all existing targets and guarantees e.g. cancer and CHD specific

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B. NEW WAYS OF MONITORING AND REPORTING

We reported to the February 2006 meeting, that given the range and scope of the new targets, we will need to define new ways of monitoring and reporting to each Board meeting.

For the final quarter of 2005/06, we have revised our current reporting for inpatients and day cases from waits over 26 weeks to waits over **18 weeks**. The current reporting of ASCs will not change. This is set out in tables 1 and 2 in section C. Similarly, for outpatients, we will revise our current reporting from waits over 26 weeks to waits over **18 weeks**. This is set out in table 3 in section C.

Although we will not formally report on sustaining the 26 week guarantee, our existing monitoring arrangements will closely scrutinise performance in this area.

We are still defining how we will report on the other new targets and also how this will be reported on in the new single system way of working. In the future, we will report on the pan Glasgow waiting time position as opposed to the current, up to the end of 2005/06, North, South and Yorkhill Divisions' position. We will also need to include the "Clyde" element in our monitoring and reporting for the future due to the dissolution of Argyll and Clyde NHS Board - this is explained further in section - I - NHS GREATER GLASGOW AND CLYDE.

Therefore, this report at present is based on NHSGG as configured up to 31 March 2006.

C. CURRENT WAITING TIME FOR INPATIENTS AND DAY CASES

- The numbers of patients waiting over 18 weeks at 31 March 2006 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.

Table 1 - Current numbers waiting >18 weeks - All NHS Board residents without ASCs

Division	Jan-06	Feb-06	Mar-06	Feb - Mar Variance	% Variance
North	567	526	401	-125	-24%
South	396	293	335	+42	+14%
Yorkhill	153	97	59	-38	-39%
Total	1,116	916	795	-121	-13%

The number of patients waiting over 18 weeks reduced by 121 or 13%, between February and March. Also, please refer to section E - PLANS FOR THE REMAINDER OF 2005/06.

Table 2 - Current **total** numbers waiting - All NHS Board residents with ASCs

Division	Jan-06	Feb-06	Mar-06	Feb - Mar Variance	% Variance
North	5,125	5,089	5,023	-66	-1%
South	3,872	3,901	3,784	-117	-3%
Yorkhill	955	972	959	-13	-1%
Total	9,952	9,962	9,766	-196	-2%

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The **total** number of patients waiting with ASC codes decreased by 196 or 2% between February and March 2006.

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 31 March, 2006

D. CURRENT WAITING TIME FOR NEW OUTPATIENTS

Table 3 - Current numbers waiting >18 weeks - All NHS Board residents - All Referrals

Division	Jan-06	Feb-06	Mar-06	Feb - Mar Variance	% Variance
North	1,518	1,190	940	-250	-21%
South	1,560	1,292	1,373	+81	+6%
Yorkhill	171	80	100	+20	+25%
Total	3,249	2,562	2413	-149	-6%

Note - Inclusive of patients waiting at the Dental Hospital

The number of outpatients waiting over 18 weeks reduced by 149 or 6%, between February and March.

E. PLANS FOR THE REMAINDER OF 2005/06

Our plans for the final quarter of 2005/06 were two-fold:

- To sustain delivery of all National standards (guarantees).

This was delivered.

- To deliver a maximum of 1,000 inpatients/day cases (non-ASC) waiting longer than 18 weeks by 31 March 2006

We delivered a position of 795 patients waiting over 18 weeks at the end of March, which is 205 or 21% better than the planned position.

F. PLANS FOR 2006/07

- We have agreed planning milestones with the National Waiting Times Unit (NWTU) for sustained reduction in >18 week waits for inpatients/day cases from the current level to zero by December 2006.
- We have previously submitted our plans for the abolition of ASCs to the NWTU in mid 2005

These are currently being reviewed – as one of our main priority areas for improving waiting times in 2006/07

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G. LOCAL DELIVERY PLAN (LDP)

- We also submitted our plans for delivery of all of the other new waiting time targets via the Local delivery Plan submission to the SEHD at the end of February 2006

We have highlighted in our submission that the plans for some of the targets are presented on an interim basis and are currently subject to review

H. NHS GREATER GLASGOW AND CLYDE

- There has been ongoing dialogue with colleagues in the former Argyll & Clyde NHS Boards regarding monitoring and reporting of waiting times
- The Information and Services Division (ISD) Scotland, have recently issued guidance as follows:
 - A meeting between representatives of the former Greater Glasgow and Argyll & Clyde NHS Boards and ISD has been arranged for the end of April to discuss and agree how to take forward National data and reporting issues following the dissolution of Argyll and Clyde NHS Board
 - For National statistic updates at Board level in the next 12 months from 1 April 2006: Glasgow and Highland Boards will be presented in their old form, and Argyll and Clyde will be presented as two areas labelled Argyll and Clyde (GG) and Argyll and Clyde (Highland).
 - From 1 April 2007 only the new Board areas will be presented in any National statistics publications and website material will only presented by the new board areas

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 - MARCH 31, 2006**

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

Table 1 - All Divisions

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	4,270	353	1,126	1,554	0	2,463	9766
% Distribution by ASC	44%	4%	12%	16%	0%	25%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	85%			15%			

Table 2 - North Glasgow Division (NGD)

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	2,222	0	274	890	0	1,637	4,747
% Distribution by ASC	44%	0%	5%	18%	0%	33%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	95%			5%			

Table 3 - South Glasgow Division (SGD)

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	1843	0	697	530	0	714	3,784
% Distribution by ASC	49%	0%	18%	14%	0%	19%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	82%			18%			

Table 4 - Yorkhill

ALL WAITS	ASC Code						Total
	2	3	4	8	9	A	
Patients Waiting	205	353	155	134	0	112	959
% Distribution by ASC	21%	37%	16%	14%	0%	12%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs			Mainly SERVICE driven ASCs			
	47%			53%			