

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday, 27th June, 2006

Board Paper No. 2006/39

Acute Operating Division - Chief Operating Officer

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

B. NEW WAYS OF MONITORING AND REPORTING

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

From the final quarter of 2005/06, we revised our reporting for inpatients and day cases from waits over 26 weeks to waits over **18 weeks**. The reporting of ASCs did not change. This is set out in tables 1 and 2 in section C. Similarly, for outpatients, we revised our 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 will also now change the contents of tables 1 to 3 to reflect the:

- New single system way of working
- Integration of “Clyde”

Therefore, we will now change from reporting on the previous North, South and Yorkhill Operating Divisions to reporting for each of the new Directorate of the Acute Operating Division (AOD), as follows:

- Emergency Care and Medical Services
- Oral Health
- Regional Services
- Surgery and Anaesthetics
- Women and Children’s Services
- Clyde Acute Services
- Rehabilitation and Assessment (outpatients only)
- Diagnostics (outpatients only)

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 conclusion, this paper represents the first reporting of waiting times for the new NHS Greater Glasgow and Clyde Board.

C. CURRENT WAITING TIME FOR INPATIENTS AND DAY CASES

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

EMBARGOED UNTIL DATE OF MEETING.

Table 1 - Current **IP/DC** waiting **>18 weeks** - All NHS Board residents **without** ASCs

Acute Directorate	Apr-06	May-06	Apr - May Variance	% Variance
Emergency Care and Medical	156	67	-89	-57%
Oral Health	14	16	+2	+14%
Regional Services	69	56	-13	-19%
Surgery and Anaesthetics	738	524	-214	-29%
Women and Children's Services	144	129	-15	-10%
Sub-total	1,121	792	-329	-29%
Clyde Acute Services	353	231	-122	-35%
Total	1,474	1,023	-451	-31%

The number of inpatients and day cases waiting over 18 weeks reduced by 451 or 31%, between April and May.

Table 2 - Current **total IP/DC** waiting - All NHS Board residents **with** ASCs

Acute Directorate	Apr-06	May-06	Apr - May Variance	% Variance
Emergency Care and Medical	993	1,021	+28	+3%
Oral Health	237	249	+12	+5%
Regional Services	1,357	1,282	-75	-6%
Surgery and Anaesthetics	6,392	6,427	+35	+1%
Women and Children's Services	994	922	-72	-7%
Sub-total	9,973	9,901	-72	-1%
Clyde Acute Services	2,264	2,020	-244	-11%
Total	12,237	11,921	-316	-3%

The **total** number of inpatients and day cases waiting with ASC codes decreased by 316 or 3% between April and May 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 May, 2006

As with the new reporting formats for tables 1 to 3 alluded to earlier, Schedule 2 will also change from reporting on the previous North, South and Yorkhill Operating Divisions to reporting for each of the new Directorates of the Acute Operating Division (AOD).

D. CURRENT WAITING TIME FOR NEW OUTPATIENTS

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

Acute Directorate	Apr-06	May-06	Apr - May Variance	% Variance
Emergency Care and Medical	659	544	115	-17%
Oral Health	5	0	-5	na
Regional Services	259	173	-86	-33%
Surgery and Anaesthetics	1,361	1,036	-325	-24%
Women and Children's Services	249	167	-82	-33%
Rehabilitation and Assessment	5	3	-2	-40%
Diagnostics	19	11	-8	-42%
Sub-total	2,557	1,934	-623	-24%
Clyde Acute Services	578	473	-105	-18%
Total	3,135	2,407	-728	-23%

The number of outpatients waiting over 18 weeks reduced by 728 or 23%, between April and May.

E. 2006/07 WAITING TIME PLANS AND LOCAL DELIVERY PLANS (LDP)

- We submitted our plans for delivery of all of the other new waiting time targets via the Local Delivery Plan submission to the SEHD
- 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
- Separate plans have been submitted for NHS Greater Glasgow and NHS Argyll and Clyde as previously constituted - as requested by the SEHD
- A unified NHS Greater Glasgow and Clyde Local Delivery Plan will be produced and operate from 2007/08 (we reported on this in the April Board Paper in Section H - NHS Greater Glasgow and Clyde)

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
BY ACUTE DIRECTORATE - MAY 31, 2006**

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

Table 1 - Total Inpatients/Day Cases Waiting

ACUTE DIRECTORATE	ASC Code						Total
	2	3	4	8	9	A	
Emergency Care and Medical	534	1	4	385	0	97	1,021
Oral Health	127	0	10	66	0	46	249
Regional Services	576	0	284	220	0	202	1,282
Surgery and Anaesthetics	2,953	0	700	820	0	1,954	6,427
Women and Children's Services	256	349	83	106	0	128	922
Sub-total	4,446	350	1,081	1,597	0	2,427	9,901
<i>% Distribution by ASC</i>	<i>45%</i>	<i>4%</i>	<i>11%</i>	<i>16%</i>	<i>0%</i>	<i>25%</i>	<i>100%</i>
Clyde Acute Services	1,297	7	5	350	0	361	2,020
<i>% Distribution by ASC</i>	<i>64%</i>	<i>1%</i>	<i>0%</i>	<i>17%</i>	<i>0%</i>	<i>18%</i>	<i>100%</i>
Total	5,743	357	1,086	1,947	0	2,788	11,921
<i>% Distribution by ASC</i>	<i>48%</i>	<i>3%</i>	<i>9%</i>	<i>16%</i>	<i>0%</i>	<i>24%</i>	<i>100%</i>

% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs	Mainly SERVICE driven ASCs
	88%	12%