

## Greater Glasgow and Clyde NHS Board

### Board Meeting

Tuesday, 15<sup>th</sup> August, 2006

Board Paper No. 2006/49

#### Acute Services 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. **Please refer to Section G - for an update.**
- 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 have now changed the contents of tables 1 to 3 to reflect the:

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

Therefore, we have now changed from reporting on the previous North, South and Yorkhill Operating Divisions to reporting for each of the new Directorates of the Acute Services Division (ASD), 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.

## **C. CURRENT WAITING TIME FOR INPATIENTS AND DAY CASES**

- The numbers of patients waiting over 18 weeks at 30 June 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

<b>Acute Directorate</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>May - Jun Variance</b>	<b>% Variance</b>
Emergency Care and Medical	9	8	2	-6	-75%
Oral Health	14	16	42	+26	+163%
Regional Services	69	56	48	-8	-14%
Surgery and Anaesthetics	885	583	550	-33	-6%
Women and Children's Services	144	129	54	-75	-58%
<b>Sub-total</b>	<b>1,121</b>	<b>792</b>	<b>696</b>	<b>-96</b>	<b>-12%</b>
Clyde Acute Services	353	231	243	+12	+5%
<b>Total</b>	<b>1,474</b>	<b>1,023</b>	<b>939</b>	<b>-84</b>	<b>-8%</b>

The number of inpatients and day cases waiting over 18 weeks reduced by 84 or 8%, between May and June. Please note that the April and May numbers reported in the June Board paper recorded gastroenterology (scopes) within the Emergency Care and Medical Directorate. This is now included within Surgery and Anaesthetics Directorate for **each** of the months now reported above.

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

<b>Acute Directorate</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>May - Jun Variance</b>	<b>% Variance</b>
Emergency Care and Medical	236	240	252	+12	+5%
Oral Health	237	249	261	+12	+5%
Regional Services	1,357	1,282	1,123	-159	-12%
Surgery and Anaesthetics	7,149	7,208	7,379	+171	+2%
Women and Children's Services	994	922	1,013	+91	+10%
<b>Sub-total</b>	<b>9,973</b>	<b>9,901</b>	<b>10,028</b>	<b>+127</b>	<b>+1%</b>
Clyde Acute Services	2,264	2,245	1,963	-280	-12%
<b>Total</b>	<b>12,237</b>	<b>12,146</b>	<b>11,991</b>	<b>-155</b>	<b>-1%</b>

The total number of inpatients and day cases waiting with ASC codes decreased by 155 or 1% between May and June 2006. Please note - May revised from 2,020 for Clyde Acute Services. Also, note that the April and May numbers reported in the June Board paper recorded gastroenterology (scopes) within the Emergency Care and Medical Directorate. This is now included within Surgery and Anaesthetics Directorate for each of the months now reported above.

**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 30 June, 2006

**EMBARGOED UNTIL DATE OF MEETING.**

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

**D. CURRENT WAITING TIME FOR NEW OUTPATIENTS**

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

<b>Acute Directorate</b>	<b>Apr-06</b>	<b>May-06</b>	<b>Jun-06</b>	<b>May - Jun Variance</b>	<b>% Variance</b>
Emergency Care and Medical	659	544	658	+114	+21%
Oral Health	5	0	1	+1	na
Regional Services	259	173	146	-27	-16%
Surgery and Anaesthetics	1,361	1,036	1,182	+146	+14%
Women and Children's Services	249	167	203	+36	+22%
Rehabilitation and Assessment	5	3	3	0	0%
Diagnostics	19	11	19	+8	+73%
<b>Sub-total</b>	<b>2,557</b>	<b>1,934</b>	<b>2,226</b>	<b>+292</b>	<b>+15%</b>
Clyde Acute Services	578	473	430	-43	-9%
<b>Total</b>	<b>3,135</b>	<b>2,407</b>	<b>2,656</b>	<b>+249</b>	<b>+10%</b>

The number of outpatients waiting over 18 weeks increased by 249 or 10%, between May and June.

**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)

**F. LOCAL DELIVERY PLAN (LDP) - QUARTER 1 PERFORMANCE REVIEW**

**INPATIENTS & DAY CASES >18 WEEKS WITHOUT AN ASC**

As an update to table 1, we now have the high-level performance position at June 30 against our LDP trajectory (planned milestone). This is set out in table 4.

## EMBARGOED UNTIL DATE OF MEETING.

Table 4 - **IP/DC waiting >18 weeks** - All NHS Board residents **without** ASCs

Area	Actual	Plan	Var. from Plan	% Var.
GG	696	845	-149	-18%
A&C	243	368	-125	-34%
Total	939	1,213	-274	-23%

The number of inpatients and day cases waiting over 18 weeks is 274 or 23% better than the planned position at the end of June 2006. The next joint planning milestone for GG and A&C in September is 823.

The performance achievement at June re-enforces the performance at the March 2006 milestone when we delivered a position of 795 patients waiting over 18 weeks against a target of 1,000, which was 205 or 21% better than the planned position. This was for Greater Glasgow only before the unification with Clyde.

### INPATIENTS & DAY CASES WITH ASCs

Under the second bullet point in Section E we have highlighted that some of the targets were presented on an interim basis. This applies to the ASC plan, which is currently being updated, therefore no performance measures are presented at this time.

### OUTPATIENTS

As an update to table 3, we now have the high-level performance position at June 30 against our LDP trajectory (planned milestone). This is set out in table 5.

Table 5 - **OP waiting >18 weeks** - All NHS Board residents **without** ASCs

Area	Actual	Plan	Var. from Plan	% Var.
GG	2,355	3,099	-744	-24%
A&C	430	608	-178	-29%
Total	2,785	3,707	-922	-25%

The number of outpatients waiting over 18 weeks is 922 or 25% better than the planned position at the end of June 2006. The next joint planning milestone for GG and A&C in September is 3,585.

As with inpatients and day cases, the performance achievement at June re-enforces the performance at the March 2006 milestone when we delivered a position of 2,413 patients waiting over 18 weeks against a target of 3,148, which was 735 or 23% better than the planned position. This was for Greater Glasgow only before the unification with Clyde.

## G. CARDIAC WAITING TIME STANDARDS

### UPDATE ON MEASUREMENT AND REPORTING

New guidance has just been issued to NHS Boards in relation to the above - The 16 week total patient journey waiting time for cardiac patients is due to be in force from the end of December 2007. It is necessary to record progress towards this target now to ensure improvements to patients are delivered on time. A set of papers to support the completion and analysis of a Cardiac Monthly Management Information report have now been issued to NHS Boards.

## **EMBARGOED UNTIL DATE OF MEETING.**

### **Background**

NHS information systems are not able to measure total waiting time journeys for cardiac patients. This is particularly difficult where patients travel across Health Board boundaries to specialist centres for treatment. A central problem is that individual hospital systems do not 'talk' to each other. It is therefore proposed that cardiac waiting times will be measured by applying maximum waiting times to individual segments of the patient journey.

### **These individual waiting times will be:**

- Rapid Access Chest Pain Clinic (RACPC) - 2 weeks
- Angiography (investigation) - 4 weeks
- Coronary Artery Bypass Graft (CABG) (surgery) - 10 weeks
- Valve surgery - 10 weeks
- Angioplasty (treatment) - 10 weeks
- All other treatments - 16 weeks from recommendation for treatment

### **Next Steps**

These proposals have been discussed with clinical and managerial representatives from the service. Following a final round of consultation, including a presentation to the May 2006 Chief Executives meeting, final agreement has now been reached. An updated Cardiac Monthly Management Information template has now been issued. During August and September 2006, improvement trajectories and delivery plans will be agreed between the National Waiting Times Unit and NHS Boards. Funding will then be allocated, on the basis of progress being achieved against improvement trajectories. The new waiting time standards will be in place from 31<sup>st</sup> December 2007.

### **Way Forward - Protocol Agreement between Health Department and ISD - July 2006**

The Next Steps have now been endorsed as set out below.

The principles underlying the measurement and reporting of standards have been endorsed by ISD, the Health Department Board and at a meeting of NHS Board Chief Executives.

**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 SERVICES DIVISION DIRECTORATE - JUNE 30, 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	116	1	5	75	0	55	252
Oral Health	129	0	11	68	0	53	261
Regional Services	497	0	237	166	0	223	1,123
Surgery and Anaesthetics	3,538	0	724	1,139	0	1,978	7,379
Women and Children's Services	327	357	79	115	0	135	1,013
<b>Sub-total</b>	<b>4,607</b>	<b>358</b>	<b>1,056</b>	<b>1,563</b>	<b>0</b>	<b>2,444</b>	<b>10,028</b>
<i>% Distribution by ASC</i>	<i>46%</i>	<i>4%</i>	<i>11%</i>	<i>16%</i>	<i>0%</i>	<i>24%</i>	<i>100%</i>
Clyde Acute Services	1,263	6	5	348	0	341	1,963
<i>% Distribution by ASC</i>	<i>64%</i>	<i>0%</i>	<i>0%</i>	<i>18%</i>	<i>0%</i>	<i>17%</i>	<i>100%</i>
<b>Total</b>	<b>5,870</b>	<b>364</b>	<b>1,061</b>	<b>1,911</b>	<b>0</b>	<b>2,785</b>	<b>11,991</b>
<i>% Distribution by ASC</i>	<i>49%</i>	<i>3%</i>	<i>9%</i>	<i>16%</i>	<i>0%</i>	<i>23%</i>	<i>100%</i>

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