

Greater Glasgow and Clyde NHS Board

Board Meeting

Tuesday, 19th December, 2006

Board Paper No. 2006/79

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.
- 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 31 October 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	Aug-06	Sep-06	Oct-06	Sep - Oct Variance	% Variance
Emergency Care and Medical	17	3	2	-1	-33%
Oral Health	31	8	7	-1	-13%
Regional Services	64	45	20	-25	-56%
Surgery and Anaesthetics	512	440	314	-126	-29%
Women and Children's Services	66	23	7	-16	-70%
Sub-total	690	519	350	-169	-33%
Clyde Acute Services	166	223	164	-59	-26%
Total	856	742	514	-228	-31%

The number of inpatients and day cases waiting over 18 weeks reduced by 228 or 31%, between September and October.

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

Acute Directorate	Aug-06	Sep-06	Oct-06	Sep - Oct Variance	% Variance
Emergency Care and Medical	228	230	179	-51	-22%
Oral Health	268	312	357	+45	+14%
Regional Services	922	854	854	0	0%
Surgery and Anaesthetics	7,360	7,286	7,273	-13	0%
Women and Children's Services	1,102	1,169	1,131	-38	-3%
Sub-total	9,880	9,851	9,794	-57	-1%
Clyde Acute Services	2,008	1,927	1,942	+15	+1%
Total	11,888	11,778	11,736	-42	0%

The total number of inpatients and day cases waiting with ASC codes decreased marginally by 42 between September and October 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 October, 2006

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

Acute Directorate	Aug-06	Sep-06	Oct-06	Sep - Oct Variance	% Variance
Emergency Care and Medical	1,191	1,273	1,243	-30	-2%
Oral Health	1	4	7	+3	+75%
Regional Services	169	185	203	+18	+10%
Surgery and Anaesthetics	1,320	1,464	1,548	+84	+6%
Women and Children's Services	555	660	629	-31	-5%
Rehabilitation and Assessment	0	0	0	0	0%
Diagnostics	10	8	3	-5	-63%
Sub-total	3,246	3,594	3,633	+39	+1%
Clyde Acute Services	725	965	1,043	+78	+8%
Total	3,971	4,559	4,676	+117	+3%

The number of outpatients waiting over 18 weeks increased by 117 or 3%, between September and October.

E. "NEW WAYS OF WORKING" - PLANS FOR ABOLITION OF ASCs

We will provide an update to the February 2007 Board meeting.

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 - OCTOBER 31, 2006**
(To be read in conjunction with ASC definitions - see Schedule 1)

Table 1 - Total Inpatients/Day Cases Waiting

ACUTE DIRECTORATE	ASC Code						
	2	3	4	8	9	A	Total
Emergency Care and Medical	91	0	4	43	0	41	179
Oral Health	165	0	5	125	0	62	357
Regional Services	384	0	162	131	0	177	854
Surgery and Anaesthetics	3,351	12	645	1,272	0	1,993	7,273
Women and Children's Services	347	406	40	121	0	217	1,131
Sub-total	4,338	418	856	1,692	0	2,490	9,794
<i>% Distribution by ASC</i>	<i>44%</i>	<i>4%</i>	<i>9%</i>	<i>17%</i>	<i>0%</i>	<i>19%</i>	<i>100%</i>
Clyde Acute Services	1,203	6	11	346	0	376	1,942
<i>% Distribution by ASC</i>	<i>62%</i>	<i>0%</i>	<i>1%</i>	<i>18%</i>	<i>0%</i>	<i>19%</i>	<i>100%</i>
Total	5,541	424	867	2,038	0	2,866	11,736
<i>% Distribution by ASC</i>	<i>47%</i>	<i>4%</i>	<i>7%</i>	<i>17%</i>	<i>0%</i>	<i>25%</i>	<i>100%</i>

% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs	Mainly SERVICE driven ASCs
	89%	11%