

## **Waiting Times and Access Targets**

### **Recommendation**

The NHS Board is asked to note progress against the national targets as at the end of December 2007.

### **1 OVERVIEW OF TARGETS**

This paper reports on progress across the single system towards achieving waiting time and other access targets set by the Scottish Executive (commonly known as HEAT Targets).

The targets reported on in this paper are:

**HEAT 3.04K** – By the end of 2007 no inpatient / day case will wait more than 18 weeks from a decision to undertake treatment to the start of that treatment.

**HEAT 3.05K** – By the end of 2007 Availability Status Codes (ASCs) will be abolished.

**HEAT 3.07K** – By the end of 2007 no patient will wait more than 18 weeks from GP referral to an outpatient appointment.

**HEAT 3.08K** – By the end of 2007 the maximum length of time from arrival to admission, discharge or transfer for 98% of Accident and Emergency patients will be four hours.

**HEAT 3.09K** – By the end of 2007 the maximum time from referral to completion of treatment for cataract surgery will be 18 weeks.

**HEAT 3.10K** – By the end of 2007 the maximum time from admission following fracture to a specialist hip surgery unit for surgery will be 24 hours for 98% of patients.

**HEAT 3.11K & 3.12K** - Continue to deliver and sustain all cancer targets and guarantees (Breast Surgery from urgent referral to diagnosis and treatment within 1 month. Lung, bowel, ovarian, head & neck, haematology, gynaecology, skin, prostate, bladder, paediatric from urgent referral to diagnosis and treatment within 2 months).

**HEAT 3.15K, 3.16K, 3.17K, 3.18K** – By the end of July 2007 the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy will be 9 weeks, with a further target of this to be embedded within the overall 18 week outpatient wait by the end of 2007.

**HEAT 3.19K** – By the end of 2007 the maximum wait from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention will be 16 weeks. Heart treatment will be provided within 16 weeks of the outpatient appointment with a heart specialist and where that specialist has recommended treatment.

**HEAT 4.01K** – The number of people waiting over 6 weeks for discharge to a more appropriate care setting will be reduced by 50% from April 06 to April 07 and to zero by April 08. The number of patients delayed in short stay beds will be reduced by 50% from April 06 to April 07 and to zero by April 08

Stroke – 80% of fast track referrals to Stroke / TIA clinics to be seen within 14 days. 80% of Stroke patients to have CT or MRI scan within 48 hours of admission. (National Quality Improvement Scotland Target.)

## 2. PROGRESS AGAINST TARGETS

### HEAT 3.04K – Inpatient / Day Case True Waiting List

The Division met the maximum waiting time of 18 weeks for all patients on the true waiting list in December 2006. The Division has maintained this position since December 2006 and will continue to achieve the 18 week maximum wait in the next period.

### HEAT 3.05K – Inpatient / Day Case Availability Status Codes (ASCs)

By December 2007, Availability Status Codes (ASCs) had to be eradicated with the implementation of the “New Ways” guidance within that timescale. The Board committed to cease use of certain codes at an earlier date ie ASC Codes 3 (Low Clinical Priority) and Code 8 (Did Not Attend) eradicated by the end of September 2007 and Code 4 (Highly Specialised Treatment) eradicated by the end of October 2007. The position at the end of December is demonstrated in the following table:

	December-07	October-07	November-07	December-07
<b>Greater Glasgow</b>	1470	587	438	501
<b>Yorkhill</b>	416	363	283	228
<b>Clyde</b>	702	551	340	42
<b>Total</b>	<b>2588</b>	<b>1501</b>	<b>1061</b>	<b>771</b>
<b>Monthly Reduction</b>		<b>-1087</b>	<b>-440</b>	<b>-290</b>

This target was achieved. The overall position indicates a total of 771 patients, at the end of December 2007, who were unavailable for treatment. This represents a reduction of 1817 patients on September 2007 (70% reduction). All patients were contacted with a view to admission before 31 December 2007 but a large number of these patients did not wish to be admitted for surgery in December. All 771 patients, therefore, remained medically unfit or unavailable for personal / social reasons and within the terms of the guidance these patients transferred over onto the New Ways system on 1 January 2008.

### HEAT 3.07K - Outpatient Waiting Times

The national target of a maximum waiting time of 18 weeks for all new outpatients had to be achieved by December 2007. The current position throughout the Division is outlined below:

#### Outpatients waiting Over 18 Weeks

	September-07	October-07	November-07	December-07
<b>Greater Glasgow</b>	2458	973	510	0
<b>Yorkhill</b>	81	0	0	0
<b>Clyde</b>	173	6	0	0
<b>Total</b>	<b>2712</b>	<b>979</b>	<b>510</b>	<b>0</b>
<b>Monthly Reduction</b>		<b>-1733</b>	<b>-469</b>	<b>-510</b>

This target was achieved. No outpatient waited over 18 weeks by 31 December 2007. This represents a decrease of 2712 patients on September 2007, with a monthly decrease of 510 patients from November to December 2007.

### HEAT 3.09K - Cataract Targets

The national target of a maximum wait of 18 weeks from referral to treatment for patients requiring cataract surgery had to be achieved by December 2007. The target has locally been divided into two key elements – the initial outpatient wait (target - 10 weeks) and the surgical component (target – 8 weeks). The current position shows:

	September-07	October-07	November-07	December-07
<b>Outpatients waiting over 10 weeks</b>				
<b>Greater Glasgow</b>	20	0	2	0
<b>Clyde</b>	0	1	0	0
<b>Surgical patients waiting in excess of 8 weeks</b>				
<b>Glasgow</b>	2	2	1	0
<b>Clyde</b>	70	4	0	0
<b>Total</b>				
	<b>92</b>	<b>7</b>	<b>3</b>	<b>0</b>
<b>Monthly Reduction</b>		<b>-85</b>	<b>-4</b>	<b>-3</b>

This target was achieved. All patients are being seen within the 18 week pathway.

### HEAT 3.10K - Hip Fracture

The national target detailed that by December 2007, 98% of all hip fracture patients would be operated on within 24 hours of admission to an orthopaedic unit, subject to medical fitness and during safe operating hours (8 am – 8 pm, 7 days a week).

#### Hip Fracture to Surgery within 24 hours

	September-07	October-07	November-07	December-07
<b>Greater Glasgow</b>	98%	98.4%	95%	97.5%
<b>Clyde</b>	100%	100%	100%	93%

The latest figure available relates to December 2007 when a total of 164 patients were admitted in month and across NHS Greater Glasgow & Clyde 96.4% of patients had operations performed within 24 hours, with 6 patients being operated on outwith the 24 hour period following admission. A detailed analysis of the circumstances surrounding these patients has been undertaken. Within Glasgow one of the patients was not diagnosed as having a fracture until after the 24 hour period, despite considerable diagnostic activity, and the Division is in dialogue with the central team to establish whether this patient should be considered an exception. The other patients were admitted during a weekend period and were not operated on until the beginning of the week. A full escalation policy has now been implemented to ensure that swift action is taken to avoid a recurrence of this problem. Within Clyde, the main issue related to access to theatre time and steps have now been taken to prioritise these patients and introduce the same escalation policy to prevent a recurrence.

### HEAT 3.08K - Accident & Emergency 4 Hour Wait

By the end of December 2007 98% of Accident & Emergency patients should have been treated and discharged, admitted or transferred within four hours of arrival at the department. Progress over recent months is demonstrated in the table below:

Percentage of Patients Discharged, Admitted or Transferred Within Four Hours of Arrival

	September-07	October-07	November-07	December-07
Western	93	92	94	97
GRI	93	94	95	96
Stobhill	96	96	96	99
Yorkhill	99	98	98	98
Southern	95	96	96	98
Victoria	98	98	98	98
RAH	96	96	98	98
IRH	99	98	98	99
VoL	100	100	99	98
<b>Board Average</b>	<b>96</b>	<b>96</b>	<b>97</b>	<b>98</b>

This target was achieved. The Board reached 98% compliance. This was achieved through progressive improvement throughout the year from an overall position of 90% in January 2007. The work carried out throughout the year and the high levels of commitment from local managers, clinicians and staff at all levels enabled the Board to achieve the December 98% target and also sustain the target in January 2008.

A number of short term investments to improve capacity locally came on stream at the beginning of December and have had a beneficial impact. Achieving and sustaining the target has been against a backdrop of a number of issues including significant numbers of periodic ward closures to new admissions due to infection control issues impacting on medical bed availability, junior doctor rotation changeover at beginning of December 2007 which affected the level of experience of junior doctors, staff sickness and the difficulty in replacing particularly junior doctors at short notice and inter hospital and discharge transport issues.

A key focus of continued work will be to reduce further the number of breachers per day through the following initiatives:

- appropriate streaming of patients through the emergency department
  - particular focus on patients who breach by up to 15 minutes
  - reach 100% of minors being treated within 4 hour target
  - further flexing of rotas to meet demand at key time periods
- fast tracking directly to assessment / receiving wards
- embedding of focussed daily capacity and patient flow meetings
- extended use of a predictive tool and Estimated Date of Discharge in developing capacity management
- continued operation of the winter contingency plans
- further targeted work to focus on prevention of inappropriate attendance at A&E, frequent attenders and the role of GPs in A&E
- continued work with the Scottish Ambulance Service to improve timely discharges from hospital and appropriate access to transfer vehicles at key time periods for inter hospital transfers.

### **HEAT 3.11K & 3.12K - Cancer Waiting Times**

All urgent referrals with suspected cancer should currently wait a maximum of 62 days from urgent referral to treatment (31 days for breast cancer). There has been significant progress against this target. Weekly monitoring is in place across the specialties for patients with cancer. All patients referred as urgent are tracked to ensure monitoring of the progress along the patient journey. Progress for tracked patients treated within the month is as follows:

### Glasgow & Clyde Cancer Targets

	September-07			October-07			November-07			December-07		
	Number of patients	Number within Target	% within Target	Number of Patients	Number within Target	% within Target	Number of Patients	Number within Target	% within Target	Number of Patients	Number within Target	% within Target
<b>Breast</b>	30	30	<b>100%</b>	34	34	<b>100%</b>	24	24	<b>100%</b>	25	25	<b>100%</b>
<b>Lung</b>	27	24	<b>89%</b>	38	36	<b>95%</b>	27	25	<b>93%</b>	29	28	<b>97%</b>
<b>Colorectal</b>	12	10	<b>83%</b>	17	16	<b>94%</b>	15	15	<b>100%</b>	19	18	<b>95%</b>
<b>Ovarian</b>	5	4	<b>80%</b>	2	2	<b>100%</b>	3	3	<b>100%</b>	2	2	<b>100%</b>
<b>Head &amp; neck</b>	8	7	<b>88%</b>	12	11	<b>92%</b>	7	7	<b>100%</b>	7	7	<b>100%</b>
<b>Melanoma</b>	11	11	<b>100%</b>	7	7	<b>100%</b>	11	11	<b>100%</b>	7	7	<b>100%</b>
<b>Leukaemia</b>	-	-	-	3	3	<b>100%</b>	1	1	<b>100%</b>	3	3	<b>100%</b>
<b>Lymphoma</b>	3	3	<b>100%</b>	5	5	<b>100%</b>	4	4	<b>100%</b>	10	8	<b>80%</b>
<b>Urology</b>	22	20	<b>91%</b>	28	26	<b>93%</b>	24	24	<b>100%</b>	22	21	<b>95%</b>
<b>Upper GI</b>	9	7	<b>78%</b>	14	14	<b>100%</b>	15	13	<b>87%</b>	13	12	<b>92%</b>
<b>Total</b>	<b>127</b>	<b>116</b>	<b>91%</b>	<b>160</b>	<b>154</b>	<b>96%</b>	<b>131</b>	<b>127</b>	<b>97%</b>	<b>137</b>	<b>131</b>	<b>96%</b>

### HEAT 3.15K, 3.16K, 3.17K, 3.18K Diagnostic Waiting Times

The maximum wait of 9 weeks for four modalities – MRI, CT, Non-Obstetric Ultrasound and Barium Enema was achieved by the target date of July 2007.

The table details the actual position through to November 2007.

		October-07 Max Waiting Time in Weeks	November-07 Max Waiting Time in Weeks	December-07 Max Waiting Time in Weeks	December 07 Total no of Patients Waiting over 9 Weeks
<b>CT</b>	<b>Glasgow</b>	9	9	9	0
	<b>Clyde</b>	9	9	9	0
<b>MRI</b>	<b>Glasgow</b>	9	9	9	0
	<b>Clyde</b>	9	10	11	110
<b>Ultrasound</b>	<b>Glasgow</b>	8	8	8	0
	<b>Clyde</b>	9	9	9	0
<b>Barium</b>	<b>Glasgow</b>	7	7	7	0
	<b>Clyde</b>	7	9	8	0

Problems were found with the recording of the true waiting list at the Royal Alexandra Hospital in Paisley which meant that some patients were not picked up through the routine weekly tracking system. At the end of December 110 MRI patients at the Royal Alexandra Hospital were recorded as having waited longer than 9 weeks for their diagnostic test. During January 2008, additional capacity was made available to ensure that all of these patients were scanned. The position at the end of January 2008 was that there were no patients on the waiting list for a diagnostic test who had exceeded the 9 week guarantee, and capacity is now in place to maintain and improve on the 9 week target.

Endoscopy / Cystoscopy

This target was achieved. No Endoscopy / Cystoscopy patients are waiting over 9 weeks.

		<b>October-07 Waiting Time in Weeks</b>	<b>November-07 Waiting Time in Weeks</b>	<b>December-07 Waiting Time in Weeks</b>	<b>December-07 Total no of Patients Waiting over 9 Weeks</b>
<b>Upper endoscopy</b>	<b>Glasgow</b>	9	9	9	0
	<b>Clyde</b>	9	9	8	0
<b>Lower Endoscopy</b>	<b>Glasgow</b>	9	9	9	0
	<b>Clyde</b>	8	8	7	0
<b>Colonoscopy</b>	<b>Glasgow</b>	9	9	9	0
	<b>Clyde</b>	9	9	8	0
<b>Cystoscopy</b>	<b>Glasgow</b>	8	9	9	0
	<b>Clyde</b>	8	8	8	0

### HEAT 3.19K – Cardiac Surgery

The 16 week end to end target for cardiac treatment comprises, 2 weeks Rapid Access Chest Pain Clinic, 4 week cardiology diagnostic phase and 10 weeks for cardiac surgery or interventional cardiology. The table below relates to the 10 week phase for cardiac surgery.

	<b>September-07</b>	<b>October-07</b>	<b>November-07</b>	<b>December-07</b>
<b>Total No Waiting</b>	<b>216</b>	<b>184</b>	<b>102</b>	<b>143</b>
<b>Waiting &gt; 10 weeks</b>	<b>42</b>	<b>26</b>	<b>13</b>	<b>0</b>

This target was achieved. Additional capacity at the Golden Jubilee National Hospital ensured that the 10-week guarantee for cardiothoracic surgery was achieved. The slight increase in the number of patients waiting at December 2007 is due to patients turning down the offer of surgery in the run-up to the Christmas and New-Year period.

### HEAT 4.01K - Delayed Discharge

The national targets for April 2008 are as follows

- No patient who is clinically ready for discharge should be delayed by more than six weeks
- No patient who occupies a bed in a short-stay specialty should be delayed for more than three days

The performance for September – December 2007 is shown below.

	<b>Sept-07</b>	<b>Oct-07</b>	<b>Nov-07</b>	<b>Dec-07</b>		<b>Sept-07</b>	<b>Oct-07</b>	<b>Nov-07</b>	<b>Dec-07</b>
	<b>Patients Waiting Over 6 Weeks</b>					<b>Short Stay Patients Waiting</b>			
	<b>Actual</b>					<b>Actual</b>			
<b>Glasgow</b>	54	47	38	33		17	14	19	9
<b>Clyde</b>	34	29	33	28		10	13	11	10
<b>Total</b>	<b>88</b>	<b>76</b>	<b>71</b>	<b>61</b>		<b>27</b>	<b>27</b>	<b>30</b>	<b>19</b>

The main reasons for delays in discharge over 6 weeks in December 2007 were:

- Awaiting place in care home (18 patients)
- Awaiting place in residential home (17 patients)
- Patient / family issues including choice (14 patients)

The number of patients delayed, split by local authority is noted in the table below.

	Sept-07	Oct-07	Nov-07	Dec-07		Sept-07	Oct-07	Nov-07	Dec-07
	<b>Patients Waiting Over 6 Weeks Actual</b>					<b>Short Stay Patients Waiting Actual</b>			
<b>E Dun</b>	5	3	3	1		2	0	0	0
<b>W Dun</b>	12	18	19	16		1	5	1	3
<b>Glasgow</b>	35	28	19	18		13	9	14	5
<b>I' Clyde</b>	4	3	3	2		0	2	1	3
<b>N Lan</b>	0	0	0	0		0	0	1	0
<b>S Lan</b>	3	3	2	5		0	0	0	0
<b>E Ren</b>	2	3	6	2		1	2	1	0
<b>Renfrew</b>	23	17	17	15		8	8	10	5
Other	4	1	2	2		2	1	2	3
<b>Total</b>	<b>88</b>	<b>76</b>	<b>71</b>	<b>61</b>		<b>27</b>	<b>27</b>	<b>30</b>	<b>19</b>

There remains capacity in most areas for placement to be made although there are shortages particularly in West Glasgow and West Dunbartonshire. The main focus of activity is working with patients and their families to accept interim moves to available placements whilst awaiting their final choice of care setting. South Lanarkshire and East Renfrewshire now have patients awaiting funding for both homecare and care home placements. Discussions are ongoing with these authorities.

### Stroke

The national QIS Stroke targets are that 80% of fast track referrals to Stroke / TIA clinics should be seen within 14 days and 80% of Stroke patients should have CT or MRI scan within 48 hours of admission. The Glasgow Managed Clinical Network has reviewed and changed the CT target from 48 hours to 24 hours as more clinically pertinent to stroke management. The data is reported on a quarterly basis. The October - December quarter is reported below.

<b>April – June 2007</b>		
	<b>80% of fast track referrals to Stroke / TIA clinics within 14 days</b>	<b>80% of Stroke patients CT or MRI scan within 24 hours of admission</b>
<b>Glasgow</b>	31%	91%

<b>July – September 2007</b>		
	<b>80% of fast track referrals to Stroke / TIA clinics within 14 days</b>	<b>80% of Stroke patients CT or MRI scan within 24 hours of admission</b>
<b>Glasgow</b>	42%	90%

<b>October - December 2007</b>		
	<b>80% of fast track referrals to Stroke / TIA clinics within 14 days</b>	<b>80% of Stroke patients CT or MRI scan within 24 hours of admission</b>
<b>Glasgow</b>	45%	88%

Changes in clinic arrangements have now been made on each site and improvements will be demonstrated in the next set of reports.

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