

Waiting Times and Access Targets

Recommendation

The NHS Board is asked to note progress against the national targets as at the end of February 2008.

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 Government (commonly known as HEAT Targets). This is the final report to be presented focusing on the targets below. A new format will be developed for the June Board paper focusing on the revised HEAT targets described in section 3 of this paper.

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.

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. There have been two exceptions. Within Clyde four orthopaedic patients and one general surgery patient breached the 18 week guarantee during the January to February 2008 period. All five patients have now been treated and steps have been taken to prevent a recurrence of this position.

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 also 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. These targets were achieved.

At the end of December 2007, 771 patients who were unavailable for treatment as they were medically unfit or unavailable for personal / social reasons transferred over onto the New Ways system on 1 January 2008. All of these patients had been contacted with a view to admission before 31 December 2007 and therefore, transferred to the true waiting list within the terms of the New Ways guidance. Under the New Ways guidance these patients have a maximum guaranteed waiting time of 18 weeks. However, periods of unavailability for medical, social or personal reasons will be subtracted from the calculated waiting time. Periods of unavailability will be regularly reviewed such that no patient will remain unavailable for treatment for more than three months without a check on their status.

HEAT 3.07K - Outpatient Waiting Times

The national target of a maximum waiting time of 18 weeks for all new outpatients was achieved by December 2007 and has been sustained. There has been one exception. Due to the short notice cancellation of an orthopaedic clinic in Clyde nine patients breached the 18 week outpatient guarantee. These patients were seen in early March.

HEAT 3.09K - Cataract Targets

The national target of a maximum wait of 18 weeks from referral to treatment for patients requiring cataract surgery was achieved by December 2007 and has been maintained through January and February 2008.

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). This target has been maintained in January and February 2008.

Hip Fracture to Surgery within 24 hours

	November-07	December-07	January-08	February-08
Greater Glasgow	95%	97.5%	99.1%	98.9%
Clyde	100%	93%	100%	100%

The latest figure available relates to February 2008 when a total of 138 patients were admitted in month and across NHS Greater Glasgow & Clyde 99% of patients had operations performed within 24 hours, with 1

patient being operated on outwith the 24 hour period following admission. A detailed analysis of the circumstances surrounding this patient has been undertaken.

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. This target was achieved in December 2007 and has continued to be achieved in January and February 2008. Performance over recent months is demonstrated in the table below:

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

	November-07	December-07	January-08	February-08
Western	94	97	97	96
GRI	95	96	96	98
Stobhill	96	99	99	99
Yorkhill	98	98	98	98
Southern	96	98	98	98
Victoria	98	98	98	99
RAH	98	98	98	98
IRH	98	99	99	98
VoL	99	98	98	99
Board Average	97	98	98	98

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). 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

	November-07			December-07			January-08			February-08		
	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
Breast	24	24	100%	25	25	100%	35	35	100%	31	31	100%
Lung	27	25	93%	29	28	97%	27	23	85%	30	26	87%
Colorectal	15	15	100%	19	18	95%	18	17	94%	24	23	96%
Ovarian	3	3	100%	2	2	100%	3	3	100%	4	3	75%
Head & neck	7	7	100%	7	7	100%	15	13	87%	7	6	86%
Melanoma	11	11	100%	7	7	100%	6	6	100%	7	7	100%
Leukaemia	1	1	100%	3	3	100%	2	2	100%	3	3	100%
Lymphoma	4	4	100%	10	8	80%	6	5	80%	10	9	90%
Urology	24	24	100%	22	21	95%	34	32	94%	22	20	91%
Upper GI	15	13	87%	13	12	92%	11	10	91%	14	12	86%
Total	131	127	97%	137	131	96%	157	146	93%	152	140	92%

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 has been maintained. No patients are waiting over 9 weeks.

The Endoscopy / Cystoscopy was achieved and is being maintained. No Endoscopy / Cystoscopy patients are waiting over 9 weeks.

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.

	November-07	December-07	January-08	February-08	March-08
Total No Waiting	102	143	151	143	187*
Waiting > 10 weeks	13	0	0	0	2

*unvalidated figure

This target was achieved at December 2007. The slight increase in the number of patients waiting at December 2007 and into January 2007 is due to patients turning down the offer of surgery in the run-up to the Christmas and New-Year period. During March 2008 Cardiac Surgery transferred from the Western Infirmary to the Golden Jubilee National Hospital and over the first weekend in April the service transferred from Glasgow Royal Infirmary to the Golden Jubilee National Hospital. There were two breachers as a result of the move from the Western Infirmary. These patients were treated within two days of their target date.

Future responsibility for reporting against this target will lie with the Golden Jubilee National Hospital. Future reports to the Board will address the Rapid Access Chest Pain and the Cardiology Diagnostic phases of the patient journey.

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 November 2007 – February 2008 is shown below. A verbal update on the position at 31 March 2008 will be given at the Board meeting.

	Nov-07	Dec-07	Jan-08	Feb-08		Nov-07	Dec-07	Jan-08	Feb-08
	Patients Waiting Over 6 Weeks Actual					Short Stay Patients Waiting Actual			
Glasgow	38	33	36	39		19	9	16	14
Clyde	33	28	27	24		11	10	9	4
Total	71	61	63	63		30	19	25	18

The main reasons for delays in discharge over 6 weeks in February 2008 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.

	Nov-07	Dec-07	Jan-08	Feb-08		Nov-07	Dec-07	Jan-08	Feb-08
	Patients Waiting Over 6 Weeks Actual					Short Stay Patients Waiting Actual			
E Dun	3	1	2	3		0	0	0	0
W Dun	19	16	12	20		1	3	5	7
Glasgow	19	18	18	18		14	5	9	6
I'Clyde	3	2	7	2		1	3	2	1
N Lan	0	0	0	0		1	0	0	0
S Lan	2	5	6	4		0	0	1	0

E Ren	6	2	5	8		1	0	2	1
Renfrew	17	15	11	7		10	5	3	2
Other	2	2	2	1		2	3	3	1
Total	71	61	63	63		30	19	25	18

West Dunbartonshire continues to have the greatest proportionate number of delays and a shortage of available placements. However, individual care plans are being agreed as we work towards the April target.

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.

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

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

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

3. REVISED HEAT TARGETS

Revised targets have now been agreed with the Scottish Government towards the 2011 target of 18 weeks from referral to treatment.

From 31 March 2009 as milestones to achieving 18 weeks referral to treatment:

- no patient will wait longer than 15 weeks from GP referral to a first outpatient appointment
- no patient will wait longer than 15 weeks for inpatient or day case treatment
- no patient will wait longer than six weeks for one of the 8 key diagnostic tests.

A further target will ensure that NHS Boards achieve agreed reductions in the rates of attendance at A&E, from 2006/7 to 2010/11. In addition the maximum wait from urgent referral to treatment for all cancers remains two months.

The June report will be reformatted to illustrate the new targets and the progress being made towards achieving them.

Robert Calderwood
Chief Operating Officer

0141 201 1206