

Waiting Times and Access Targets

Recommendation

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

Outpatient, Inpatient, Day Case and Diagnostics

Waiting times for outpatient appointments, inpatient and day case treatment and diagnostics tests have been falling over recent years as the Board has achieved successive Government targets. The current position is that the maximum wait for an outpatient appointment is 18 weeks, the maximum wait for admission for inpatient and day case treatment is 18 weeks and the maximum wait for one of eight key diagnostic tests (MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy) is nine weeks, giving a total maximum journey time of 36 weeks from referral to treatment (45 weeks if diagnostic testing is required).

The Government target is that by March 2011 the total maximum journey time will be 18 weeks from referral to treatment. The Government has set an interim milestone for March 2009 when the maximum wait for an outpatient appointment will be 15 weeks, the maximum wait for admission for inpatient and day case treatment will be 15 weeks and the maximum wait for one of the eight key diagnostic tests will be six weeks, giving a total maximum journey time of 30 weeks from referral to treatment (36 weeks if diagnostic testing is required). Achieving these interim milestones will see a 20% fall in maximum waiting times by March 2009.

Cataract Surgery

The maximum time from referral to completion of treatment for cataract surgery is 18 weeks.

Hip Surgery

The maximum time from admission following fracture to a specialist hip surgery unit for surgery is 24 hours for 98% of patients.

Accident and Emergency Waiting Times

The maximum length of time from arrival to admission, discharge or transfer for 98% of Accident and Emergency patients is four hours.

Cancer

The maximum time from urgent referral to diagnosis and treatment for lung, bowel, ovarian, head & neck, haematology, gynaecology, skin, prostate, bladder and paediatric cancer is two months and for breast cancer is one month.

Chest Pain and Cardiac Intervention

The maximum wait from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention is 16 weeks.

Delayed Discharge

By April 2008 the number of people waiting over 6 weeks for discharge to a more appropriate care setting will be zero and the number of patients delayed in short stay beds will be zero.

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

Outpatient Waiting Times

As a milestone towards achieving 18 weeks referral to treatment, no patient will wait more than 15 weeks from GP referral to an outpatient appointment by the end of March 2009. The current position throughout the Division is outlined below:

Outpatients Waiting Over 15 Weeks

	January-08	February-08	March-08	April-08
Greater Glasgow	1050	1134	1060	509
Yorkhill	15	42	27	13
Clyde	117	95	49	22
Total	1182	1271	1136	544
Monthly Reduction		+89	-135	-592

The Division continues to meet the extant target of a maximum waiting time of 18 weeks. Work towards the next milestone of 15 weeks is progressing well with a decrease of 638 patients waiting between 15 and 18 weeks since January 2008 (54% decrease) and a decrease of 592 patients from March 2008 to April 2008 (52% decrease).

Inpatient / Day Case Waiting Times

As a milestone towards achieving 18 weeks referral to treatment, no inpatient / day case will wait more than 15 weeks from a decision to undertake treatment to the start of that treatment by the end of March 2009. The current position throughout the Division is outlined below:

Inpatients / Day Cases Waiting Over 15 Weeks

	January-08	February-08	March-08	April-08
Greater Glasgow	275	172	188	127
Yorkhill	9	61	51	106
Clyde	68	79	72	51
Total	352	312	311	284
Monthly Reduction		-40	-1	-27

The Division continues to meet the extant target of a maximum waiting time of 18 weeks. Work towards the next milestone of 15 weeks is progressing with a decrease of 68 patients waiting between 15 and 18 weeks since January 2008 (19% decrease) and a decrease of 27 patients from March 2008 to April 2008 (9% decrease). The only adverse trend relates to paediatrics. This increase relates to a number of procedures of low clinical priority and a number of patients and families who requested that surgery be postponed until after the Christmas holiday period. Service redesign and other action has been taken forward to address this and the numbers waiting will fall over the next period.

Diagnostic Waiting Times

As a milestone towards achieving 18 weeks referral to treatment, the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy will be 6 weeks by the end of March 2009. The current position throughout the Division is outlined below:

CT, MRI, Ultrasound & Barium

		February-08 Max Waiting Time in Weeks	March-08 Max Waiting Time in Weeks	April-08 Max Waiting Time in Weeks	April-08 Total no of Patients Waiting over 6 Weeks
CT	Glasgow	9	9	9	179
	Clyde	8	8	8	27
MRI	Glasgow	9	9	9	378
	Clyde	8	8	8	253
Ultrasound	Glasgow	8	8	8	282
	Clyde	8	8	7	81
Barium	Glasgow	7	6	7	8
	Clyde	7	5	5	0

The Division continues to meet the extant target of nine weeks for these key diagnostic tests and has already achieved a below six week wait for barium studies in Clyde.

Endoscopy / Cystoscopy

		February-08 Waiting Time in Weeks	March-08 Waiting Time in Weeks	April-08 Waiting Time in Weeks	April-08 Total no of Patients Waiting over 6 Weeks
Upper endoscopy	Glasgow	8	9	9	74
	Clyde	9	8	9	11
Lower Endoscopy	Glasgow	9	9	9	84
	Clyde	8	7	8	6
Colonoscopy	Glasgow	9	9	9	126
	Clyde	9	9	9	15
Cystoscopy	Glasgow	8	9	9	41
	Clyde	6	9	8	3

The Division continues to meet the extant target of 9 weeks for investigation and is working towards a reduction to six weeks.

Cataract Targets

The maximum time from referral to completion of treatment for cataract surgery will be 18 weeks. This target was achieved in December 2007 and has been maintained since that date.

Hip Fracture

98% of all hip fracture patients will be operated on within 24 hours of admission to an orthopaedic unit, subject to medical fitness and during safe operating hours (8am – 8pm, 7 days a week).

Hip Fracture to Surgery within 24 hours

	January-08	February-08	March-08	April-08
Greater Glasgow	99.1%	98.9%	97%	98%
Clyde	100%	100%	100%	97%

The latest figure available relates to April 2008 when a total of 130 patients were admitted across NHS Greater Glasgow & Clyde and 98% of patients had operations performed within 24 hours, with three patients being operated on outwith the 24 hour period following admission. A detailed analysis of the circumstances surrounding these patients has been undertaken. One patient was delayed due to imaging availability, one was delayed due to staffing issues and for the third there was a delay in diagnosis. A robust escalation policy to manage this category of patient has been put in place and all staff have been advised of this policy.

Accident & Emergency 4 Hour Wait

98% of Accident & Emergency patients should be treated and discharged, admitted or transferred within four hours of arrival at the department. The Board achieved this target in December 2007 and has continued to achieve the target every month since.

Cancer Waiting Times

All urgent referrals with suspected cancer should wait a maximum of 62 days from urgent referral to treatment (31 days for breast 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

	January-08			February-08			March-08			April-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	35	35	100%	31	31	100%	22	22	100%	26	26	100%
Lung	27	23	85%	30	26	87%	28	27	96%	38	33	87%
Colorectal	18	17	94%	24	23	96%	25	24	96%	22	21	95%
Ovarian	3	3	100%	4	3	75%	8	8	100%	4	4	100%
Head & neck	15	13	87%	7	6	86%	8	8	100%	11	10	91%
Melanoma	6	6	100%	7	7	100%	9	9	100%	7	7	100%
Leukaemia	2	2	100%	3	3	100%	2	2	100%	2	2	100%
Lymphoma	6	5	80%	10	9	90%	13	11	85%	10	10	100%
Urology	34	32	94%	22	20	91%	18	18	100%	27	26	96%
Upper GI	11	10	91%	14	12	86%	15	14	93%	18	15	83%
Total	157	146	93%	152	140	92%	148	143	97%	165	154	93%

Cardiac Surgery

The 16 week end to end target for cardiac treatment comprises, two weeks Rapid Access Chest Pain Clinic, four week cardiology diagnostic phase and 10 weeks for cardiac surgery or interventional cardiology.

Rapid Access Chest Pain

	January-08	February-08	March-08	April-08
Total No Waiting	114	109	87	88
Waiting > 2 weeks	0	0	0	0

Cardiology Diagnostics

	January-08	February-08	March-08	April-08
Total No Waiting	51	54	48	1
Waiting > 4 weeks	0	0	0	0

Cardiac Surgery

	January-08	February-08	March-08
Total No Waiting	151	143	103
Waiting > 10 weeks	0	0	2

All cardiothoracic surgical services transferred to the Golden Jubilee National Hospital during March 2008 and responsibility for managing and reporting the waiting list transferred during April 2008. As a result, the Cardiac Surgery figures will no longer feature in Board reports. Two Cardiac Surgery patients breached during the service transfer to the Golden Jubilee National Hospital. Both underwent their procedure within four days of the breach date.

Delayed Discharge

The national targets to be achieved by April 2008 were that:

- 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

	Jan-08	Feb-08	Mar-08	Apr-08		Jan-08	Feb-08	Mar-08	Apr-08
	Patients Waiting Over 6 Weeks					Short Stay Patients Waiting			
	Actual					Actual			
Glasgow	36	39	37	0		16	14	21	0
Clyde	27	24	17	0		9	4	4	0
Total	63	63	54	0		25	18	25	0

	Jan-08	Feb-08	Mar-08	Apr-08		Jan-08	Feb-08	Mar-08	Apr-08
	Patients Waiting Over 6 Weeks					Short Stay Patients Waiting			
	Actual					Actual			
E Dun	2	3	3	0		0	0	2	0
W Dun	12	20	19	0		5	7	3	0
Glasgow	18	18	17	0		9	6	14	0
I' Clyde	7	2	0	0		2	1	0	0
N Lan	0	0	0	0		0	0	0	0
S Lan	6	4	1	0		1	0	1	0
E Ren	5	8	6	0		2	1	0	0
Renfrew	11	7	5	0		3	2	3	0
Other	2	1	3	0		3	1	2	0
Total	63	63	54	0		25	18	25	0

The Board, together with its local authority partners, successfully achieved the zero targets for April. All those involved should be congratulated on their achievement and ongoing efforts to ensure that people are not unnecessarily delayed awaiting discharge.

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 January - March quarter is reported below.

	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
April – June 2007		
Glasgow	31%	91%
July – September 2007		
Glasgow	42%	90%
October - December 2007		
Glasgow	45%	88%
January – March 2008		
Glasgow	67%	94%

Redesign of clinics has started to impact on waiting times and it is expected that the target will be achieved and maintained during 2008/9. Future reports will also include Clyde.

Robert Calderwood
Chief Operating Officer
0141 201 1206