

## **Waiting Times and Access Targets**

### **Recommendation**

The NHS Board is asked to note progress against the national targets as at the end of June 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 diagnostic 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 is four hours for 98% of Accident and Emergency patients.

#### 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

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

### Delayed Discharge

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

### 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

	<b>March-08</b>	<b>April-08</b>	<b>May-08</b>	<b>June-08</b>
<b>Greater Glasgow</b>	1060	509	992	766
<b>Yorkhill</b>	27	13	22	34
<b>Clyde</b>	49	22	48	16
<b>Total</b>	<b>1136</b>	<b>544</b>	<b>1062</b>	<b>816</b>
<b>Monthly Reduction</b>		<b>-592</b>	<b>+518</b>	<b>-246</b>

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 320 patients waiting between 15 and 18 weeks since March 2008 (28% decrease).

The significant rise in the number of patients waiting over 15 weeks in May was due to a combination of two holiday Mondays and also the number of patients placed on the waiting list in January approaching 15 weeks. Additional clinics now running across several specialties resulted in a decrease in the over 15 week waiting list of 23% for June. The rise in Yorkhill has been attributed to changes in Consultant staffing and reduction in Specialist Registrar support.

### **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

	<b>March-08</b>	<b>April-08</b>	<b>May-08</b>	<b>June-08</b>
<b>Greater Glasgow</b>	188	127	133	117
<b>Yorkhill</b>	51	106	82	23
<b>Clyde</b>	72	51	52	50
<b>Total</b>	<b>311</b>	<b>284</b>	<b>267</b>	<b>190</b>
<b>Monthly Reduction</b>		<b>-27</b>	<b>-17</b>	<b>-77</b>

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 121 patients waiting between 15 and 18 weeks since March 2008 (39% decrease). As noted in the last report, service redesign in paediatrics has now achieved a fall in the numbers waiting over 15 weeks.

## 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

		April-08 Max Waiting Time in Weeks	May-08 Max Waiting Time in Weeks	June-08 Max Waiting Time in Weeks	June-08 Total no of Patients Waiting over 6 Weeks
<b>CT</b>	<b>Glasgow</b>	9	9	9	231
	<b>Clyde</b>	8	8	8	38
<b>MRI</b>	<b>Glasgow</b>	9	9	9	434
	<b>Clyde</b>	8	8	8	295
<b>Ultrasound</b>	<b>Glasgow</b>	8	8	8	298
	<b>Clyde</b>	7	8	8	120
<b>Barium</b>	<b>Glasgow</b>	7	6	6	6
	<b>Clyde</b>	5	5	5	0

The Division continues to meet the extant target of nine weeks for these key diagnostic tests, has largely achieved the six week target for Barium and is making progress towards the six week target in other areas.

### Endoscopy / Cystoscopy

		April-08 Waiting Time in Weeks	May-08 Waiting Time in Weeks	June-08 Waiting Time in Weeks	June-08 Total no of Patients Waiting over 6 Weeks
<b>Upper endoscopy</b>	<b>Glasgow</b>	9	9	9	59
	<b>Clyde</b>	9	8	7	3
<b>Lower Endoscopy</b>	<b>Glasgow</b>	9	9	9	40
	<b>Clyde</b>	8	6	7	1
<b>Colonoscopy</b>	<b>Glasgow</b>	9	9	9	104
	<b>Clyde</b>	9	8	8	20
<b>Cystoscopy</b>	<b>Glasgow</b>	9	9	9	26
	<b>Clyde</b>	8	8	8	4

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

	March-08	April-08	May-08	June-08
<b>Greater Glasgow</b>	97%	98%	99%	100%
<b>Clyde</b>	100%	97%	95%	100%

In May there was 1 patient in Glasgow and there were 2 patients in Clyde who failed to meet the target. Processes have been reviewed and the escalation policy has been reiterated to all staff. Discussions have also taken place with one clinician from Clyde to ensure that this target is achieved.

The latest figure available relates to June 2008 when a total of 123 patients were admitted across NHS Greater Glasgow & Clyde and 100% of patients had operations performed within 24 hours.

### 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

	March-08			April-08			May-08			June-08		
	Number of Patients	Number within Target	% within Target	Number of Patients	Number within Target	% within Target						
Breast	22	22	100%	26	26	100%	34	34	100%	31	29	94%
Lung	28	27	96%	38	33	87%	35	27	77%	44	38	86%
Colorectal	25	24	96%	22	21	95%	23	22	96%	25	22	88%
Ovarian	8	8	100%	4	4	100%	4	4	100%	7	6	86%
Head & neck	8	8	100%	11	10	91%	11	10	91%	10	9	90%
Melanoma	9	9	100%	7	7	100%	10	10	100%	20	20	100%
Leukaemia	2	2	100%	2	2	100%	3	3	100%	1	1	100%
Lymphoma	13	11	85%	10	10	100%	14	12	80%	11	11	100%
Urology	18	18	100%	27	26	96%	19	18	95%	24	22	92%
Upper GI	15	14	93%	18	15	83%	18	17	94%	19	19	100%
<b>Total</b>	<b>148</b>	<b>143</b>	<b>97%</b>	<b>165</b>	<b>154</b>	<b>93%</b>	<b>171</b>	<b>157</b>	<b>92%</b>	<b>192</b>	<b>177</b>	<b>92%</b>

There have been challenges in Upper GI, Head & neck and Lung Cancer and concerted efforts including a monthly action plan are now in place to improve performance in these areas. Indicative figures show that during July 2008 improvements have been sustained at or above 95%.

### Chest Pain

The maximum wait from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention is 16 weeks. As reported at the previous meeting all cardiothoracic surgical services have transferred to the Golden Jubilee National Hospital and responsibility for managing and reporting the waiting list rests there. The Board is now only responsible for Rapid Access Chest Pain services, with a target waiting time of two weeks as part of the overall 16 week patient journey.

#### Rapid Access Chest Pain

	March-08	April-08	May-08	June-08
<b>Total No Waiting</b>	<b>87</b>	<b>88</b>	<b>36</b>	<b>29</b>
<b>Waiting &gt; 2 weeks</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 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

The Board, together with its local authority partners, successfully achieved the zero targets for April.

Since then there have been small numbers of patients whose discharge has been delayed more than six weeks (see below). Last year's performance is shown for comparison to show the considerable achievement made by all partnerships in reducing the number of patients delayed in hospital awaiting discharge.

	May 07	June 07		May 08	Jun 08
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
<b>E Dun</b>	2	1		0	1
<b>W Dun</b>	26	19		1	0
<b>Glasgow</b>	33	28		0	0
<b>I' Clyde</b>	3	5		2	0
<b>N Lan</b>	2	1		0	0
<b>S Lan</b>	3	3		0	0
<b>E Ren</b>	5	5		3	3
<b>Renfrew</b>	14	21		0	3
<b>Other</b>	4	4		1	2
<b>Total</b>	<b>92</b>	<b>87</b>		<b>7</b>	<b>9</b>

Several local authorities are reporting funding difficulties and as many of the process and choice issues have been resolved by close working between health and social care staff, we are now starting to experience patients delayed due to lack of funding.

### 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 April – June quarter is reported below. Clyde information is now available and future reports will be on an integrated basis.

	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
<b>April – June 2007</b>		
<b>Glasgow</b>	31%	91%
<b>July – September 2007</b>		
<b>Glasgow</b>	42%	90%
<b>October - December 2007</b>		
<b>Glasgow</b>	45%	88%
<b>January – March 2008</b>		
<b>Glasgow</b>	67%	94%
<b>April 08</b>		
<b>Glasgow</b>	66%	92%
<b>May 08</b>		
<b>Glasgow</b>	83%	89%
<b>June 08</b>		
<b>Glasgow</b>	78%	91%
<b>Clyde</b>	100%	77%

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