

Waiting Times and Access Targets

Recommendation

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

	June-08	July-08	August-08	September-08
Greater Glasgow	766	931	1153	0
Yorkhill	34	15	16	0
Clyde	16	13	51	0
Total	816	959	1220	0
Monthly Reduction		-143	+261	-1220

At the end of September 2008 all outpatients had a date for appointment within 15 weeks and going forward from 1 October 2008 all outpatients will be seen within 15 weeks of referral. This means that the Board has achieved this target six months early.

Work now continues to meet the next milestone which is the 12 week target.

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

	June-08	July-08	August-08	September-08
Greater Glasgow	117	77	101	0
Yorkhill	23	39	54	0
Clyde	50	66	37	0
Total	190	182	197	0
Monthly Reduction		-8	+15	-197

At the end of September 2008 all inpatients and day cases had a date for appointment within 15 weeks and going forward from 1 October 2008 all inpatients / day cases will be treated within 15 weeks. This means that the Board has achieved this target six months early.

Work now continues to meet the next milestone which is the 12 week target.

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

		July-08 Max Waiting Time in Weeks	August-08 Max Waiting Time in Weeks	September-08 Max Waiting Time in Weeks	September-08 Total no of Patients Waiting over 6 Weeks
CT	Glasgow	9	8	8	202
	Clyde	8	8	8	34
MRI	Glasgow	9	8	8	383
	Clyde	8	8	8	227
Ultrasound	Glasgow	8	8	8	281
	Clyde	8	8	8	98
Barium	Glasgow	6	6	6	2
	Clyde	5	5	5	0

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

Endoscopy / Cystoscopy

		July-08 Waiting Time in Weeks	August-08 Waiting Time in Weeks	September-08 Waiting Time in Weeks	September-08 Total no of Patients Waiting over 6 Weeks
Upper endoscopy	Glasgow	9	9	8	79
	Clyde	8	9	7	2
Lower Endoscopy	Glasgow	8	9	8	64
	Clyde	8	9	7	1
Colonoscopy	Glasgow	9	9	8	78
	Clyde	9	9	7	7
Cystoscopy	Glasgow	8	8	8	9
	Clyde	8	8	8	9

The Division continues to make progress towards the six week target. The six week target is within touching distance in Clyde in all services.

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

	June-08	July-08	August-08	September-08
Greater Glasgow	100%	99%	100%	100%

Clyde	100%	94%	98%	100%
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The latest figure available relates to September 2008 when all patients had operations performed within 24 hours across NHS Greater Glasgow & Clyde.

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

	May-08			June-08			July-08			August-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	34	34	100%	31	29	94%	42	42	100%	27	27	100%
Lung	35	27	77%	44	38	86%	23	22	96%	44	40	91%
Colorectal	23	22	96%	25	22	88%	23	22	96%	20	17	85%
Ovarian	4	4	100%	7	6	86%	7	7	100%	4	4	100%
Head & neck	11	10	91%	10	9	90%	12	12	100%	8	8	100%
Melanoma	10	10	100%	20	20	100%	9	9	100%	20	20	100%
Leukaemia	3	3	100%	1	1	100%	5	5	100%	1	1	100%
Lymphoma	14	12	80%	11	11	100%	10	9	90%	6	6	100%
Urology	19	18	95%	24	22	92%	43	43	100%	23	22	96%
Upper GI	18	17	94%	19	19	100%	24	22	92%	18	15	83%
Total	171	157	92%	192	177	92%	198	193	97%	171	160	94%

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. Overall performance improved in July but slipped again in August.

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 previously 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

	June-08	July-08	August-08	September-08
Total No Waiting	25	15	88	13
Waiting > 2 weeks	0	0	0	0

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.

	Aug 07	Sept 07		Aug 08	Sept 08
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
E Dun	5	5		0	0
W Dun	14	12		1	4
Glasgow	42	35		7	10
I' Clyde	4	4		7	0
N Lan	0	0		0	0
S Lan	2	3		3	0
E Ren	8	2		2	1
Renfrew	23	23		0	5
Other	3	4		1	0
Total	101	88		21	20

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.

	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
June 08		
Glasgow	78%	91%
Clyde	100%	77%
July 08		
Glasgow	67%	95%
Clyde	62%	75%
August 08		
Glasgow	80%	89%
Clyde	60%	67%

There are two vacant Stroke Consultant posts, one at Inverclyde and one at the Vale of Leven and the lack of specialist medical staff makes achievement of this target difficult. Staff from the Royal Alexandra Hospital are providing additional support but over the summer this has not been possible. The post at Inverclyde will be advertised within the next week and it is hoped that this will be successful.

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