

## **Waiting Times and Access Targets**

### **Recommendation**

The NHS Board is asked to note progress against the national targets as at the end of October 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 Government target is that by March 2011 the total maximum journey time will be 18 weeks from referral to treatment. The Board has already achieved interim milestones of 15 weeks maximum wait for admission for inpatient and day case treatment and 15 weeks for first outpatient appointment. The next interim milestone is to reach 12 weeks maximum wait for admission for inpatient and day case treatment, 12 weeks for first outpatient appointment and six weeks for Diagnostic tests 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 for 95% of patients 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 specialty 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

At the end of September 2008 the Board achieved the 15 week outpatient target. The Board achieved this target six months early. As the next milestone towards achieving 18 weeks referral to treatment, no patient will wait more than 12 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 12 Weeks

	July-08	August-08	September-08	October-08
<b>Greater Glasgow</b>	4300	4480	1878	1390
<b>Yorkhill</b>	244	158	76	54
<b>Clyde</b>	311	536	267	305
<b>Total</b>	<b>4855</b>	<b>5174</b>	<b>2221</b>	<b>1749</b>
<b>Monthly Reduction</b>		<b>+319</b>	<b>-2953</b>	<b>-472</b>

The Division is now working towards delivery of the 12 week waiting time target for outpatients with a monthly reduction of 472 (16% reduction) in October. There has been an overall reduction of 2,634 patients from July 2008 (54% reduction).

### Inpatient / Day Case Waiting Times

At the end of September 2008 the Board achieved the 15 week inpatient / day case target. The Board achieved this target six months early. As the next milestone towards achieving 18 weeks referral to treatment, no inpatient / day case will wait more than 12 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 12 Weeks

	July-08	August-08	September-08	October-08
<b>Greater Glasgow</b>	444	538	237	224
<b>Yorkhill</b>	177	132	17	55
<b>Clyde</b>	149	164	65	86
<b>Total</b>	<b>770</b>	<b>834</b>	<b>319</b>	<b>365</b>
<b>Monthly Reduction</b>		<b>+64</b>	<b>-515</b>	<b>+46</b>

The Division has 365 patients waiting over 12 weeks at the end of October 2008. This represents a reduction of 405 patients on July 2008 (53% reduction). In October there has been a slight rise of 46 patients, however plans are in place to ensure that the 12 week target is achieved.

### 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

		<b>August-08 Max Waiting Time in Weeks</b>	<b>September-08 Max Waiting Time in Weeks</b>	<b>October-08 Max Waiting Time in Weeks</b>	<b>October-08 Total no of Patients Waiting over 6 Weeks</b>	<b>% reduction in no waiting over pervious month</b>
<b>CT</b>	<b>Glasgow</b>	8	8	8	113	44%
	<b>Clyde</b>	8	8	8	20	41%
<b>MRI</b>	<b>Glasgow</b>	8	8	8	313	18%
	<b>Clyde</b>	8	8	8	180	20%
<b>Ultrasound</b>	<b>Glasgow</b>	8	8	8	130	53%
	<b>Clyde</b>	8	8	8	60	38%
<b>Barium</b>	<b>Glasgow</b>	6	6	6	0	N/A
	<b>Clyde</b>	5	5	5	0	N/A

The Division continues to meet and exceed the extant target of nine weeks for these key diagnostic tests and has achieved the six week target for Barium. The Directorate continues to make progress towards the six week target in other areas and is on plan to achieve this. The number of patients waiting over six weeks continues to fall in each modality.

### Endoscopy / Cystoscopy

		<b>August-08 Waiting Time in Weeks</b>	<b>September-08 Waiting Time in Weeks</b>	<b>October-08 Waiting Time in Weeks</b>	<b>October-08 Total no of Patients Waiting over 6 Weeks</b>
<b>Upper endoscopy</b>	<b>Glasgow</b>	9	8	8	37
	<b>Clyde</b>	9	7	7	7
<b>Lower Endoscopy</b>	<b>Glasgow</b>	9	8	8	22
	<b>Clyde</b>	9	7	8	9
<b>Colonoscopy</b>	<b>Glasgow</b>	9	8	8	31
	<b>Clyde</b>	9	7	8	15
<b>Cystoscopy</b>	<b>Glasgow</b>	8	8	8	27
	<b>Clyde</b>	8	8	8	1

The Division continues to make progress towards the six week target. It is anticipated that an interim milestone of seven weeks will be achieved by the end of December 2008.

### 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

	<b>July-08</b>	<b>August-08</b>	<b>September-08</b>	<b>October-08</b>
<b>Greater Glasgow</b>	99%	100%	100%	99%
<b>Clyde</b>	94%	98%	100%	100%

The latest figure available relates to October 2008 when a total of 166 patients were admitted in the month and across NHS Greater Glasgow & Clyde 99.5% of patients had their operation performed within 24 hours, with only one patient being operated on outwith the 24 hour period following admission. A detailed analysis of the circumstances surrounding this patient has been undertaken.

### 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

95% of 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

	July-08			August-08			September-08			October-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	42	42	100%	27	27	100%	39	39	100%	34	34	100%
Lung	23	22	96%	44	40	91%	40	37	93%	33	29	88%
Colorectal	23	22	96%	20	17	85%	23	22	96%	19	18	95%
Ovarian	7	7	100%	4	4	100%	4	3	75%	4	4	100%
Head & neck	12	12	100%	8	8	100%	15	15	100%	9	9	100%
Melanoma	9	9	100%	20	20	100%	12	12	100%	8	8	100%
Leukaemia	5	5	100%	1	1	100%	0	0	N/A	0	0	N/A
Lymphoma	10	9	90%	6	6	100%	4	3	75%	12	9	75%
Urology	43	43	100%	23	22	96%	23	22	96%	30	30	100%
Upper GI	24	22	92%	18	15	83%	22	21	95%	16	15	94%
<b>Total</b>	<b>198</b>	<b>193</b>	<b>97%</b>	<b>171</b>	<b>160</b>	<b>94%</b>	<b>182</b>	<b>174</b>	<b>96%</b>	<b>165</b>	<b>156</b>	<b>94%</b>

Retrospective audits have taken place for lung and lymphoma and action plans are in place to reduce bottlenecks here.

### 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. The Board has met the two week target throughout 2008.

### 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.

	Oct-07	Nov-07		Oct-08	Nov-08
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
<b>E Dun</b>	3	3		0	0
<b>W Dun</b>	18	19		0	4
<b>Glasgow</b>	28	19		10	8
<b>I' Clyde</b>	3	3		0	0
<b>N Lan</b>	0	0		0	0
<b>S Lan</b>	3	2		2	3
<b>E Ren</b>	3	6		3	2
<b>Renfrew</b>	17	17		6	8
<b>Other</b>	1	2		0	2
<b>Total</b>	<b>76</b>	<b>71</b>		<b>21</b>	<b>27</b>

Four of the patients in Renfrewshire are delayed as the local authority has not released funding. All of the South Lanarkshire residents are delayed for the same reason. Other patients are delayed awaiting particular placements or for housing issues to be resolved.

### 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
<b>July 08</b>		
<b>Glasgow</b>	67%	95%
<b>Clyde</b>	62%	75%
<b>August 08</b>		
<b>Glasgow</b>	80%	89%
<b>Clyde</b>	60%	67%
<b>September 08</b>		
<b>Glasgow</b>	89%	90%
<b>Clyde</b>	44%	61%
<b>October 08</b>		
<b>Glasgow</b>	83%	82%
<b>Clyde</b>	68%	66%

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. The post at Inverclyde has been advertised.

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