

Waiting Times and Access Targets

Recommendation

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

	September-08	October-08	November-08	December-08
Greater Glasgow	1878	1390	1445	572
Yorkhill	76	54	51	8
Clyde	267	305	292	145
Total	2221	1749	1788	725
Monthly Reduction		-472	+39	-1063

The Division is now working towards delivery of the 12 week waiting time target for outpatients with a monthly reduction of 1063 (59% reduction) in December. There has been an overall reduction of 1496 patients from September 2008 (67% reduction). At the end of December 2008 no patients are waiting over 14 weeks for an outpatient appointment.

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

	September-08	October-08	November-08	December-08
Greater Glasgow	237	224	266	57
Yorkhill	17	55	60	0
Clyde	65	86	59	7
Total	319	365	385	64
Monthly Reduction		+46	+20	-321

The Division has 64 patients waiting over 12 weeks at the end of December 2008. This represents a reduction of 321 (83%) in December. There has been an overall reduction of 255 patients from September 2008 (80% reduction). The Division has therefore largely achieved the 12 week target 3 months early. The agreed target for orthopaedics detailed that no patient would wait over 14 weeks at the end of December 2008; orthopaedics met this 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

		October-08 Max Waiting Time in Weeks	November-08 Max Waiting Time in Weeks	December-08 Max Waiting Time in Weeks	December-08 Total no of Patients Waiting over 6 Weeks
CT	Glasgow	8	7	6	0
	Clyde	8	7	6	0
MRI	Glasgow	8	8	6	0
	Clyde	8	8	6	0
Ultrasound	Glasgow	8	7	6	0
	Clyde	8	7	6	0
Barium	Glasgow	6	6	5	0
	Clyde	5	5	5	0

The 6 week target was achieved at the end of December for all four modalities.

Endoscopy / Cystoscopy

		October-08 Waiting Time in Weeks	November-08 Waiting Time in Weeks	December-08 Waiting Time in Weeks	December-08 Total no of Patients Waiting over 6 Weeks
Upper endoscopy	Glasgow	8	8	7	5
	Clyde	7	8	6	0
Lower Endoscopy	Glasgow	8	8	7	3
	Clyde	8	8	7	1
Colonoscopy	Glasgow	8	8	7	4
	Clyde	8	8	7	2
Cystoscopy	Glasgow	8	8	7	4
	Clyde	8	7	6	0

The Division continues to make progress towards the six week target by the end of March 2009. The interim milestone of seven weeks was achieved at 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

	September-08	October-08	November-08	December-08
Greater Glasgow	100%	99%	98	99
Clyde	100%	100%	100%	100%

The latest figure available relates to December 2008 when a total of 188 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 1 patient being operated on out with 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 in the following 11 months. In December 2008 this dropped to 97% compliance in the face of levels of demand which took the form of very sharp spikes in activity at different sites on different days. This position continued into January 2009 when again the NHS Board posted 97% compliance. A similar pattern has been reported across many Boards in Scotland. The Emergency Care and Medical Services Directorate continues to work collaboratively with colleagues in other Directorates and with key provider agencies to ensure we return to 98% compliance as soon as possible.

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

	September-08			October-08			November-08			December-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	39	39	100%	34	34	100%	38	38	100%	38	38	100%
Lung	40	37	93%	33	29	88%	26	22	85%	31	30	97%
Colorectal	23	22	96%	19	18	95%	24	24	100%	20	20	100%
Ovarian	4	3	75%	4	4	100%	9	9	100%	6	6	100%
Head & neck	15	15	100%	9	9	100%	8	8	100%	9	9	100%
Melanoma	12	12	100%	8	8	100%	2	2	100%	7	7	100%
Leukaemia	0	0	N/A	0	0	N/A	1	1	100%	3	3	100%
Lymphoma	4	3	75%	12	9	75%	8	5	63%	3	3	100%
Urology	23	22	96%	30	30	100%	23	23	100%	29	29	100%
Upper GI	22	21	95%	16	15	94%	18	18	100%	12	12	100%
Total	182	174	96%	165	156	94%	157	150	96%	158	157	99%

The Board achieved the 95% target in November & December 2008.

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 interventional cardiology and 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 Board is now required to maintain a performance standard of no patients waiting over six weeks for discharge. In some areas this has not proved possible. Nine of the patients delayed in Glasgow City Council are within a single CHCP area and additional resource has been brought in to assist with the caseload. Joint work continues in Renfrewshire where there are patients whose cases have not progressed quickly enough and where access to funding remains an issue.

	Dec-07	Jan-08		Dec-08	Jan-09
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
E Dun	1	2		0	0
W Dun	16	12		0	0

Glasgow	18	18		7	13
I' Clyde	2	7		0	0
N Lan	0	0		0	0
S Lan	5	6		1	0
E Ren	2	5		0	0
Renfrew	15	11		7	10
Other	2	2		1	0
Total	61	63		16	23

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
September 08		
Glasgow	89%	90%
Clyde	44%	61%
October 08		
Glasgow	83%	82%
Clyde	68%	66%
November-08		
Glasgow	87%	92%
Clyde	77%	73%
December-08		
Glasgow	81%	91%
Clyde	72%	77%

Fast-track referrals in Glasgow meet the 80% target. Progress in Clyde has shown improvement. Additional clinics have been undertaken at Inverclyde Royal and it is expected that the target will be achieved and maintained from January onwards

Robert Calderwood
Chief Operating Officer
0141 201 1206