

## **Waiting Times and Access Targets**

### **Recommendation**

The NHS Board is asked to note progress against the national targets as at the end of February 2009.

### **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 December 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 milestone was 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 position at the end of February throughout the Division is outlined below:

#### Outpatients Waiting Over 12 Weeks

	November-08	December-08	January-09	February-09
<b>Greater Glasgow</b>	1445	572	606	134
<b>Yorkhill</b>	51	8	29	14
<b>Clyde</b>	292	145	124	40
<b>Total</b>	<b>1788</b>	<b>725</b>	<b>759</b>	<b>188</b>
<b>Monthly Reduction</b>		<b>-1063</b>	<b>+34</b>	<b>-571</b>

There has been an overall reduction of 1600 patients from November 2008 (89% reduction) with a monthly reduction of 571 (75% reduction) in February. At the end of March 2009, the Division met the target as there were no patients waiting over 12 weeks for an outpatient appointment, although the formal figures have yet to be confirmed.

### 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 position at the end of February throughout the Division is outlined below:

#### Inpatients / Day Cases Waiting Over 12 Weeks

	November-08	December-08	January-09	February-09
<b>Greater Glasgow</b>	266	57	102	101
<b>Yorkhill</b>	60	0	0	0
<b>Clyde</b>	59	7	14	8
<b>Total</b>	<b>385</b>	<b>64</b>	<b>116</b>	<b>109</b>
<b>Monthly Reduction</b>		<b>-321</b>	<b>+52</b>	<b>-7</b>

The Division had 109 patients waiting over 12 weeks at the end of February 2009. There has been an overall reduction of 276 patients from November 2008 (72% reduction). At the end of March 2009, the Division met the target as there were no patients waiting over 12 weeks for treatment, although, as outlined above, the formal figures have yet to be confirmed.

### 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 was 6 weeks by the end of March 2009. The position at the end of February throughout the Division is outlined below:

#### CT, MRI, Ultrasound & Barium

		<b>December-08 Max Waiting Time in Weeks</b>	<b>January-09 Max Waiting Time in Weeks</b>	<b>February-09 Max Waiting Time in Weeks</b>	<b>February-09 Total no of Patients Waiting over 6 Weeks</b>
<b>CT</b>	<b>Glasgow</b>	6	6	6	0
	<b>Clyde</b>	6	6	6	0
<b>MRI</b>	<b>Glasgow</b>	6	6	6	0
	<b>Clyde</b>	6	6	6	0
<b>Ultrasound</b>	<b>Glasgow</b>	6	6	6	0
	<b>Clyde</b>	6	6	6	0
<b>Barium</b>	<b>Glasgow</b>	5	5	5	0
	<b>Clyde</b>	5	5	5	0

The 6 week target was achieved at the end of December for all four modalities, and has been maintained since that period.

#### Endoscopy / Cystoscopy

		<b>December-08 Waiting Time in Weeks</b>	<b>January-09 Waiting Time in Weeks</b>	<b>February-09 Waiting Time in Weeks</b>	<b>February-09 Total no of Patients Waiting over 6 Weeks</b>
<b>Upper endoscopy</b>	<b>Glasgow</b>	7	7	7	7
	<b>Clyde</b>	6	7	7	4
<b>Lower Endoscopy</b>	<b>Glasgow</b>	7	7	7	1
	<b>Clyde</b>	7	7	7	2
<b>Colonoscopy</b>	<b>Glasgow</b>	7	7	7	15
	<b>Clyde</b>	7	7	7	11
<b>Cystoscopy</b>	<b>Glasgow</b>	7	7	7	1
	<b>Clyde</b>	6	7	7	2

The interim milestone of seven weeks was achieved at the end of December 2008 and has been maintained. The formal February position is outlined above and the division has met the target of 6 weeks at the end of March 2009, although again, formal confirmation is awaited.

#### 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>November-08</b>	<b>December-08</b>	<b>January -09</b>	<b>February -09</b>
<b>Greater Glasgow</b>	98%	99%	100%	100%
<b>Clyde</b>	100%	100%	100%	100%

NHS Greater Glasgow & Clyde is maintaining this target and 100% of patients had their operation 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 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 and again in February. A similar pattern has been reported across many Boards in Scotland. It should be noted that in December and January the Board outperformed the Scottish National average. 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

	November-08			December-08			January -09			February -09		
	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	38	38	100%	38	38	100%	35	35	100%	33	33	100%
Lung	26	22	85%	31	30	97%	29	23	79.3%	26	25	96.1%
Colorectal	24	24	100%	20	20	100%	14	13	92.9%	16	15	93.8%
Ovarian	9	9	100%	6	6	100%	3	3	100%	3	3	100%
Head & neck	8	8	100%	9	9	100%	14	12	85.7%	10	7	70%
Melanoma	2	2	100%	7	7	100%	7	7	100%	3	3	100%
Leukaemia	1	1	100%	3	3	100%	2	2	100%	0	0	0%
Lymphoma	8	5	63%	3	3	100%	9	8	88.8%	8	8	100%
Urology	23	23	100%	29	29	100%	22	22	100%	21	21	100%
Upper GI	18	18	100%	12	12	100%	18	18	100%	15	14	93.3%
<b>Total</b>	<b>157</b>	<b>150</b>	<b>96%</b>	<b>158</b>	<b>157</b>	<b>99%</b>	<b>153</b>	<b>143</b>	<b>93.5%</b>	<b>135</b>	<b>129</b>	<b>95.5%</b>

The four month average in Glasgow & Clyde for the period November 08 – February 09 is 96%. Early indications demonstrate that the Board has achieved 95.3% for all urgent patients in Quarter 4 (October-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, and has continued to be met in January and February 2009.

## Delayed Discharge

The Board is now required to maintain a performance standard of no patients waiting over six weeks for discharge.

Significant difficulties have been encountered in Glasgow City Council in recent weeks due to a combination of staff changes and some particularly complex cases, and continuing efforts are being made to return to no patients waiting over 6 weeks.

	<b>Feb-08</b>	<b>Mar-08</b>		<b>Feb-09</b>	<b>Mar-09</b>
	<b>Patients Waiting Over 6 Weeks</b>			<b>Patients Waiting Over 6 Weeks</b>	
<b>E Dun</b>	3	3		0	0
<b>W Dun</b>	20	19		1	0
<b>Glasgow</b>	18	17		7	16
<b>I' Clyde</b>	2	0		0	0
<b>N Lan</b>	0	0		0	0
<b>S Lan</b>	4	1		0	2
<b>E Ren</b>	8	6		0	0
<b>Renfrew</b>	7	5		1	0
<b>Other</b>	1	3		0	1
<b>Total</b>	<b>63</b>	<b>54</b>		<b>9</b>	<b>19</b>

### 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.

	<b>80% of fast track referrals to Stroke / TIA clinics within 14 days</b>	<b>80% of Stroke patients CT or MRI scan within 24 hours of admission</b>
<b>November-08</b>		
<b>Glasgow</b>	87%	92%
<b>Clyde</b>	77%	73%
<b>December-08</b>		
<b>Glasgow</b>	81%	91%
<b>Clyde</b>	72%	77%
<b>January -09</b>		
<b>Glasgow</b>	90%	91%
<b>Clyde</b>	80%	80%
<b>February -09</b>		
<b>Glasgow</b>	89%	90%
<b>Clyde</b>	98%	72%

The outpatient target is now being delivered consistently across the Board area. Access to CT / MRI in Clyde meets the national standard of 48 hours and work is ongoing to reduce to the 24 hour standard.

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