

Waiting Times and Access Targets

Recommendation

The NHS Board is asked to note progress against the national targets as at the end of April 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 which was achieved.

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 first treatment for lung, bowel, ovarian, head & neck, haematology, gynaecology, skin, prostate, and bladder cancer is 62 days for 95% of patients, and for breast cancer and paediatric cancer is 31 days.

Chest Pain

Following the transfer of all interventional cardiology and cardiothoracic surgical services to the Golden Jubilee National Hospital, 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 met the two week target throughout 2008, and has continued to meet this target in 2009.

Delayed Discharge

No patient who is clinically ready for discharge should be delayed by more than six weeks.

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 (Quality Improvement Scotland standard). However, the Glasgow Managed Clinical Network has reviewed and changed the target for CT scanning from 48 hours to 24 hours as more clinically pertinent to stroke management.

2. PROGRESS AGAINST TARGETS

Outpatient Waiting Times

At the end of March 2009 the Board achieved the milestone of no patient waiting more than 12 weeks from GP referral to an outpatient appointment.

The position at the end of April 2009 throughout the Division is outlined below:

Outpatients

	Waiting Over 12 Weeks			Over 11 weeks
	January 2009	February 2009	March 2009	April 2009
Greater Glasgow	606	134	0	113
Yorkhill	29	14	0	12
Clyde	124	40	0	59
Total	759	188	0	184
Monthly Reduction		-571	-188	

There has been an overall reduction of 759 patients from January 2009 to March 2009 (100% reduction). At the end of March 2009, the Division met the target as there were no patients waiting over 12 weeks for an outpatient appointment.

From the 1st April 2009 the Division began working towards a local interim target of no patient waiting over 11 weeks for an outpatient appointment by 31st July 2009 for all admitted pathways.

Inpatient / Day Case Waiting Times

At the end of April 2009 the Board achieved the 12 week inpatient / day case target as the next milestone towards achieving 18 weeks referral to treatment. From the 1st April 2009 the Division began working towards the next milestone of no patient waiting over 9 weeks from the decision to undertake treatment to the start of that treatment by the end of December 2009.

The position at the end of April 2009 throughout the Division is outlined below:

Inpatients / Day Cases

	Waiting Over 12 Weeks			Over 11 weeks
	January 2009	February 2009	March 2009	April 2009
Greater Glasgow	102	101	0	44
Yorkhill	0	0	0	9
Clyde	14	8	0	15
Total	116	109	0	68
Monthly Reduction		-7	-109	

The Division had 109 patients waiting over 12 weeks at the end of February 2009. There has been an overall reduction of 116 patients from January 2009 to March 2009 (100% reduction). At the end of March 2009, the Division met the target as there were no patients waiting over 12 weeks for treatment.

From the 1st April 2009 the Division began working towards a local interim target of 11 weeks by 31st July 2009 for all patients.

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 April 2009 throughout the Division is outlined below:

CT, MRI, Ultrasound & Barium

		February 2009 Max waiting time in weeks	March 2009 Max waiting time in weeks	April 2009 Max waiting time in weeks	April 2009 Total no of patients waiting over 6 weeks
CT	Glasgow	6	6	6	0
	Clyde	6	6	6	0
MRI	Glasgow	6	6	6	0
	Clyde	6	6	6	0
Ultrasound	Glasgow	6	6	6	0
	Clyde	6	6	6	0
Barium	Glasgow	5	5	5	0
	Clyde	5	5	5	0

The 6 week target was achieved at the end of December for all four modalities, and continues to be maintained.

Endoscopy / Cystoscopy

		February-09 Waiting time in weeks	March-09 Waiting time in weeks	April-09 Waiting time in weeks	April-09 Total no of patients waiting over 6 weeks
Upper endoscopy	Glasgow	7	6	6	0
	Clyde	7	6	6	0
Lower Endoscopy	Glasgow	7	6	6	0
	Clyde	7	5	5	0
Colonoscopy	Glasgow	7	6	6	0
	Clyde	7	6	6	0
Cystoscopy	Glasgow	7	6	6	0
	Clyde	7	5	5	0

The Division met the target of 6 weeks at the end of March 2009, the formal position for April 2009 is detailed above, and the target has been maintained in April 2009. The Division is currently reviewing the model required to meet the next milestone for diagnostics of 4 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

The target is to operate on 98% of all hip fracture patients 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	January 2009	February 2009	March 2009	April 2009
Greater Glasgow & Clyde	100%	100%	100%	99%

NHS Greater Glasgow & Clyde continues to meet this target.

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.

Achieving the target continues to be a challenge in 2009 so far with 97% compliance posted for January, February and April. The target 98% compliance figure was achieved in March 2009.

Accident and Emergency attendance in the period January 2009 to April 2009 increased by 3.4% over the corresponding period in the previous year while inpatient admissions via A&E increased by 2.0%.

Despite the increasing demand, the Directorate of Emergency Care and Medical Services remains strongly committed to returning to a position of sustained achievement of this target.

Cancer Waiting Times

A minimum of 95% of all urgent referrals with suspected cancer should achieve a maximum of 62 days from urgent referral to first 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 Performance for Tracked Patients

	January 2009			February 2009			March 2009			April 2009		
	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	35	35	100%	33	33	100%	42	42	100%	54	54	100%
Lung	29	23	79.3%	26	25	96.1%	23	22	95.6%	33	31	94%
Colorectal	14	13	92.9%	16	15	93.8%	23	22	95.6%	19	19	100%
Ovarian	3	3	100%	3	3	100%	2	2	100%	4	4	100%
Head & neck	14	12	85.7%	10	7	70%	13	13	100%	6	6	100%
Melanoma	7	7	100%	3	3	100%	10	10	100%	11	11	100%
Leukaemia	2	2	100%	0	0	0%	1	1	100%	2	2	100%
Lymphoma	9	8	88.8%	8	8	100%	11	11	100%	9	8	89%
Urology	22	22	100%	21	21	100%	17	17	100%	26	26	100%
Upper GI	18	18	100%	15	14	93.3%	23	23	100%	21	17	81%
Total	153	143	93.5%	135	129	95.5%	165	163	98.8%	185	178	96.2%

The clinical case reviews are currently underway in order to assess and validate the confirmed cancer cases for the period January 2009 – March 2009 (quarter 1 data).

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 met the two week target throughout 2008, and has continued to meet this target in 2009.

Delayed Discharge

The Board is now required to maintain a performance standard of no patients waiting over six weeks for discharge. That standard was met in April 2009.

	March 2008	April 2008		March 2009	April 2009
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
E Dun	3	0		0	0
W Dun	19	0		0	0
Glasgow	17	0		16	0
I' Clyde	0	0		0	0
N Lan	0	0		0	0
S Lan	1	0		2	0
E Ren	6	0		0	0
Renfrew	5	0		0	0
Other	3	0		1	0
Total	54	0		19	0

Stroke

The Quality Improvement Scotland 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.

Target	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
March 2009		
GG&C	91 %	93 %
April 2009		
GG&C	77 %	85%

Performance relating to the outpatient target fell during April 2009 as both single handed Clyde Consultants were on two weeks leave and the Easter Public Holidays reduced available appointment slots. In future additional appointments will be made available around Easter. Public Holidays also impacted on Radiology.

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