

## **WAITING TIMES AND ACCESS TARGETS**

### **Recommendation**

The NHS Board is asked to note progress against the national targets as at the end of June 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 a 12 week maximum wait for admission for inpatient and day case treatment and 12 weeks for a first outpatient appointment at the end of March 2009. In addition, the maximum wait of six weeks for eight key Diagnostic tests was also achieved by 31 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 waiting time from urgent referral to first treatment for lung, colorectal, ovarian, head & neck, melanoma, lymphoma, urology and upper G.I. cancers 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.

#### 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 June 2009 throughout the Division is outlined below with no patients waiting over 12 weeks. From April 2009 the Division has worked to maintain the target of 12 weeks and proposals are being prepared which will further reduce the stage of treatment target in advance of the 18 week Referral to Treatment guarantee. The next milestone will be to achieve 11 weeks, although no definite date has yet been agreed for its achievement. The position at the end of June is outlined below:

Outpatients	Waiting Over 12 Weeks	Waiting Over 11 weeks		
	June 2009	April 2009	May 2009	June 2009
Greater Glasgow	0	113	416	90
Yorkhill	0	12	43	67
Clyde	0	59	102	14
<b>Total</b>	<b>0</b>	<b>184</b>	<b>561</b>	<b>171</b>
<b>Monthly Reduction</b>			<b>+377</b>	<b>-390</b>

There has been an overall reduction of 13 patients waiting over 11 weeks from April 2009 to June 2009. However, it can be seen that there is significant volatility in the numbers of patients waiting and it is anticipated that the number of patients waiting over 11 weeks will rise over the summer period.

### Inpatient / Day Case Waiting Times

At the end of March 2009 the Board achieved the 12 weeks inpatient / day case target, as a step towards achieving 18 weeks referral to treatment. From April 2009, the Division began working towards the next milestone of no patient waiting over 11 weeks from the decision to undertake treatment to the start of that treatment, with the eventual aim of achieving a 9 week wait for inpatient and daycase treatment by December 2011. This will require to be achieved as a key element of the overall patient pathway, although key milestone dates have yet to be formally agreed.

From April 2009, all specialties have maintained the 12 weeks inpatient and daycase target, with progress being made towards reducing to an 11 week position. Again, there may be some volatility during the summer months.

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

Inpatients / Day Cases	Waiting Over 12 Weeks	Waiting Over 11 weeks		
	June 2009	April 2009	May 2009	June 2009
Greater Glasgow	0	44	71	17
Yorkhill	0	9	14	13
Clyde	0	15	7	2
<b>Total</b>	<b>0</b>	<b>68</b>	<b>92</b>	<b>32</b>
<b>Monthly Reduction</b>			<b>+24</b>	<b>-60</b>

There has been an overall reduction of 36 patients waiting over 11 weeks from April 2009 to June 2009.

## 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 6 week target was achieved at the end of December 2008 for all four modalities, and continues to be maintained.

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

CT, MRI, Ultrasound & Barium		April 2009 Max waiting time in weeks	May 2009 Max waiting time in weeks	June 2009 Max waiting time in weeks	June 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

Endoscopy / Cystoscopy		April 2009 Max waiting time in weeks	May 2009 Max waiting time in weeks	June 2009 Max waiting time in weeks	June 2009 Total no of patients waiting over 6 weeks
Upper Endoscopy	Glasgow	6	6	6	0
	Clyde	6	6	6	0
Lower Endoscopy	Glasgow	6	6	6	0
	Clyde	5	6	5	0
Colonoscopy	Glasgow	6	6	6	0
	Clyde	6	6	6	0
Cystoscopy	Glasgow	6	6	6	0
	Clyde	5	6	6	0

The Division is currently reviewing the model required to meet the next milestone for diagnostics which is yet to be finalised.

## 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	April 2009	May 2009	June 2009
Greater Glasgow & Clyde	99%	99%	98%

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.

Despite a difficult start to the year, the NHS Board has achieved 98% compliance in 2 of the 3 months from April to June 2009. The following performance has been achieved:

Site	April 2009	May 2009	June 2009
Western Infirmary	94	96	97
Glasgow Royal Infirmary	96	98	97
Stobhill Hospital	99	99	99
RHSC	99	99	99
Southern general	98	98	98
Victoria Infirmary	98	99	99
Royal Alexandra Hospital	98	97	97
Inverclyde	97	98	98
Vale of Leven	99	99	99
<b>Board Average</b>	<b>97%</b>	<b>98%</b>	<b>98%</b>

Accident and Emergency attendances in the period January to June 2009 increased by 3.3% over the corresponding period in the previous year, while emergency inpatient admissions via A&E increased by 2.7%. The overall ratio of A&E attenders admitted fell slightly from 24.9% in 2008 to 24.8% in 2009.

The new minor injuries units at Stobhill and the Victoria Infirmary which opened in May and June 2009 respectively have provided a further impetus in terms of increasing overall numbers of A&E attenders on those sites. The impact of these new units will be kept under close scrutiny in the coming months.

Despite the increasing demand, the Directorate of Emergency Care and Medical Services remains strongly committed to maintaining 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 wait 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. The following table shows the current prospective performance from tracked patients within the Division:

Glasgow & Clyde Cancer Performance for Tracked Patients	April 2009			May 2009			June 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
<b>Breast</b>	54	54	100%	35	35	100%	41	41	100%
<b>Lung</b>	33	31	94%	38	32	84.2%	39	37	95%
<b>Colorectal</b>	19	19	100%	19	18	94.7%	25	24	96%
<b>Ovarian</b>	4	4	100%	5	5	100%	3	3	100%
<b>Head &amp; neck</b>	6	6	100%	11	9	81.8%	19	18	94.7%
<b>Melanoma</b>	11	11	100%	8	8	100%	18	18	100%
<b>Leukaemia</b>	2	2	100%	0	0	0%	2	2	100%
<b>Lymphoma</b>	9	8	89%	7	6	85.7%	6	6	100%
<b>Urology</b>	26	26	100%	18	18	100%	29	29	100%
<b>Upper GI</b>	21	17	81%	21	20	95.2%	19	18	94.7%
<b>Total</b>	185	178	96.2%	162	151	93.2%	201	196	97.5%

The data for quarter 1, 2009, has been submitted to ISD. ISD have not yet formally validated the data; the process should be complete in the near future.

The internal clinical review process, undertaken in conjunction with the Clinical Audit Departments, indicates that the Division achieved 96.4%.

### 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 but performance since then has been challenged.

There were significant staffing issues in hospital social work in Glasgow City that have only recently been resolved. This has delayed both allocation and assessment and, although now much improved, will have an impact for a further period. Despite additional care home places being funded in Renfrewshire, there remains patients awaiting funding being allocated for their required form of care.

	May 2008	June 2008		May 2009	June 2009
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
<b>E Dun</b>					
<b>W Dun</b>	1				
<b>Glasgow</b>		1		4	15
<b>F Clyde</b>	2				1
<b>N Lan</b>					1
<b>S Lan</b>		2		3	
<b>E Ren</b>	3	3			
<b>Renfrew</b>		3			5
<b>Other</b>	1				
<b>Total</b>	<b>7</b>	<b>9</b>		<b>7</b>	<b>22</b>

### 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
<b>May 2009</b>		
<b>GG&amp;C</b>	76%	88%
<b>June 2009</b>		
<b>GG&amp;C</b>	77%	89%

Performance against the outpatient standard was affected by SCI store issues in South Glasgow and teething problems at the new Stobhill ACH . These have now been resolved.

QIS has recently issued updated standards for the care of stroke patients in the acute setting and the MCN is currently preparing to review services against these revised standards.

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