

## **WAITING TIMES AND ACCESS TARGETS**

### **Recommendation**

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

From April 2009 the Division has worked to maintain the target of no patients waiting over 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 by the end of November for all patients on an admitted pathway. The milestone for patients following a non-admitted pathway will remain at 12 weeks. Work is underway to determine which pathways fall into which category; this work is being progressed using clinic outcome forms to inform the pathway types.

The following table shows current performance data:

Outpatients	Waiting Over 12 Weeks	Waiting Over 11 weeks		
	Aug 2009	June 2009	July 2009	Aug 2009
Greater Glasgow	0	90	492	444
Yorkhill	0	67	37	46
Clyde	0	14	116	109
<b>Total</b>	<b>0</b>	<b>171</b>	<b>645</b>	<b>599</b>
<b>Monthly Reduction</b>			<b>+474</b>	<b>-46</b>

There has been an overall increase of 428 patients waiting over 11 weeks from June 2009 to August 2009. As anticipated the number of patients has risen over the summer period, however it is anticipated that this number will reduce over the coming months.

### 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 daycare treatment by December 2011. This will require to be achieved as a key element of the overall patient pathway.

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. The interim target of 11 weeks by the end of June 2009 was set for all specialties with the exception of Orthopaedics, where the target remains 12 weeks. The Division met this target on the 30<sup>th</sup> June 2009. Orthopaedics has experienced significant pressure in maintaining the 12 week target through the summer months.

The following table shows the current performance data:

Inpatients / Day Cases	Waiting Over 12 Weeks	Waiting Over 11 weeks		
	Aug 2009	June 2009	July 2009	Aug 2009
Greater Glasgow	0	17	37	49
Yorkhill	0	13	0	0
Clyde	0	2	5	15
<b>Total</b>	<b>0</b>	<b>32</b>	<b>42</b>	<b>64</b>
<b>Monthly Reduction</b>			<b>+10</b>	<b>+22</b>

There has been an overall increase of 32 patients waiting over 11 weeks from June 2009 to August 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 following table shows the current performance data:

CT, MRI, Ultrasound & Barium		June 2009 Max waiting time in weeks	July 2009 Max waiting time in weeks	Aug 2009 Max waiting time in weeks	Aug 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		June 2009 Max waiting time in weeks	July 2009 Max waiting time in weeks	Aug 2009 Max waiting time in weeks	Aug 2009 Total no of patients waiting over 6 weeks
Upper Endoscopy	Glasgow	6	6	6	0
	Clyde	6	5	5	0
Lower Endoscopy	Glasgow	6	6	6	0
	Clyde	5	5	5	0
Colonoscopy	Glasgow	6	6	6	0
	Clyde	6	6	6	0
Cystoscopy	Glasgow	6	6	5	0
	Clyde	6	5	4	0

The Division has established milestones for a reduction in waiting times for diagnostics; the next local interim target is 5 weeks by the end of September 2009.

## 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	June 2009	July 2009	Aug 2009
Greater Glasgow & Clyde	98%	99%	100%

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 for the first time in December 2007 and has posted 98% compliance in the 16 of the 20 months since then.

The national target figure was achieved in all 3 months between June and August 2009. The Board posted its highest ever compliance figure for this target of 98.43% in July 2009, missing out on 99% compliance by the narrowest of margins (30 fewer patients waiting over 4 hours out of a total attendance for the month of just under 40,000 patients would have resulted in 99% compliance).

Site	June 2009	July 2009	Aug 2009
Western Infirmary	97	97	97
Glasgow Royal Infirmary	97	99	97
Stobhill Hospital	99	100	100
RHSC	99	99	99
Southern General Hospital	98	97	98
Victoria Infirmary	99	99	99
Royal Alexandra Hospital	97	99	98
Inverclyde Royal Infirmary	98	99	99
Vale of Leven Hospital	99	88	98
<b>Board Average</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>

Accident and Emergency attendances in the period January to August 2009 increased by 3.7% over the corresponding period in the previous year, while emergency inpatient admissions via A&E increased by 1.0%. The overall ratio of A&E attendances admitted fell slightly from 25.3% in January – August 2008 to 24.7% in January – August 2009. 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 for tracked patients within the Division for two of the three months making up quarter 3, showing 336 out of 348 patients were seen within target (96.6%). Quarter 1 (January – March 2009) validated data showed 96.4%. The data for quarter 2, 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%.

Glasgow & Clyde Cancer Performance for Tracked Patients	July 2009			Aug 2009		
	Number of Patients	Number within Target	% within Target	Number of Patients	Number within Target	% within Target
<b>Breast</b>	41	41	100%	42	41	97.6%
<b>Lung</b>	45	42	93%	30	27	90%
<b>Colorectal</b>	17	16	94.1%	15	14	93.3%
<b>Ovarian</b>	1	1	100%	0	0	N/A
<b>Head &amp; neck</b>	11	11	100%	10	10	100%
<b>Melanoma</b>	14	14	100%	17	16	94.1%
<b>Leukaemia</b>	6	6	100%	2	2	100%
<b>Lymphoma</b>	5	5	100%	3	3	100%
<b>Urology</b>	27	27	100%	18	18	100%
<b>Upper GI</b>	29	28	96.6%	15	14	93.3%
<b>Total</b>	196	191	97.45%	152	145	95.39%

## 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.

	July 2008	Aug 2008		July 2009	Aug 2009
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
<b>E Dun</b>	0	0		1	0
<b>W Dun</b>	0	1		0	0
<b>Glasgow</b>	0	7		11	16
North	n/a	n/a		1	1
East	n/a	n/a		0	0
West	n/a	n/a		2	4
South East	n/a	n/a		4	4
South West	n/a	n/a		4	7
<b>I' Clyde</b>	4	7		2	3
<b>N Lan</b>	0	0		3	2
<b>S Lan</b>	2	3		0	2
<b>E Ren</b>	1	0		0	0
<b>Renfrew</b>	3	2		9	11
<b>Other</b>	1	1		1	1
<b>Total</b>	<b>11</b>	<b>21</b>		<b>27</b>	<b>35</b>

There are two principal reasons for these patients remaining in hospital which are common across each area

- Delays in families identifying care homes
- Delays in chosen placement availability and failure to accept interim placements

The Associate Medical Director of the Rehabilitation and Assessment Directorate has worked with colleagues from local authorities and reviewed the process by which Consultant medical staff provide information to social work and to patients and their families. The output includes a standard letter advising families of the need for the early identification of a preferred home and of the need for interim placement. This documentation is available on the Acute Division intranet to all clinicians. The introduction of this new paperwork is being used as an opportunity to further raise the profile of this issue with all staff involved in planning and implementing patient discharge.

- Staffing capacity within Social Work in Glasgow City  
There has been significant staff movement following retirements and each CHCP now has an agreed plan to flex resource between social work teams to allow discharge assessments to be prioritised.
- 8 placements were delayed due to lack of Council funding in Renfrewshire  
Both Inverclyde and Renfrewshire Councils have allocated additional funding to care home placement in recent months and have indicated that this is unlikely to continue.

Detailed reports have been prepared by each CH(C)P Director outlining the action underway to return performance to zero.

### **Stroke**

The Quality Improvement Scotland (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 (MCN) has reviewed and changed the CT target from 48 hours to 24 hours as more clinically pertinent to stroke management.

<b>Target</b>	<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>July 2009</b>		
<b>GG&amp;C</b>	73%	89%
<b>Aug 2009</b>		
<b>GG&amp;C</b>	78%	88%

Performance against the outpatient TIA standard was impacted by Consultant availability over the summer, this is now resolved and September figures have improved. 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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