

## **WAITING TIMES AND ACCESS TARGETS**

### **Recommendation**

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

Revisions are currently underway to the above target. The 62 day 'urgent' referral target will be replaced by 'urgent with suspicion of cancer' referrals for the above noted tumour types. A second target of 31 days is being introduced from 'decision to treat' the patient, to actual 'first treatment'.

The 31 day target will cover all confirmed cancers within the above cohort not just those referred with a suspicion of cancer. The 31 day target will also include screened positive patients from the breast, cervical and bowel cancer programmes. Boards will be reporting on all of these revised targets from March 2010 onwards, and are expected to meet the targets by April 2011.

Preliminary data has been submitted to ISD for September and October 2009, however the parameters for the 31 day definition were revised as of December; further guidance is awaited on the format for the November submission.

#### 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		
	Oct 2009	Aug 2009	Sept 2009	Oct 2009
Greater Glasgow & Clyde	0	553	375	425
Yorkhill	0	46	28	28
<b>Total</b>	<b>0</b>	<b>599</b>	<b>403</b>	<b>453</b>
<b>Monthly Reduction</b>			<b>-196</b>	<b>+50</b>

There has been an overall decrease of 146 patients waiting over 11 weeks from August 2009 to October 2009. There has been a small increase in October which can be attributed to the holiday period. It is anticipated that this will reduce over the coming months. The Division is now working towards the local interim target of 11 weeks by the end of November 2009 for all admitted pathways with the exception of orthopaedics; all non-admitted pathways will remain at 12 weeks.

### **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 day case 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 day case 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 and is now working towards the next interim local target of 10 weeks by the end of November 2009, with the exception of Orthopaedics. Orthopaedics has continued to experience significant pressure in maintaining the 12 week target over the past few months.

Referral trends are demonstrating a 14% increase to Outpatients, this increase in demand is beyond that which we had projected and is in turn distorting inpatient and daycase activity requirements.

To address this the Division has deployed a number of initiatives which include increased non recurring internal sessions resulting in a 9% activity increase on last year's outturn position, as well as external capacity being utilised at the Golden Jubilee Hospital and the private sector.

The following table shows the current performance data:

Inpatients / Day Cases	Waiting Over 12 Weeks	Waiting Over 11 weeks		
	Oct 2009	Aug 2009	Sept 2009	Oct 2009
Greater Glasgow & Clyde	0	64	83	94
Yorkhill	0	0	0	0
<b>Total</b>	<b>0</b>	<b>64</b>	<b>83</b>	<b>94</b>
<b>Monthly Reduction</b>			<b>-19</b>	<b>+11</b>

There has been an overall increase of 30 patients waiting over 11 weeks from August 2009 to October 2009 within Orthopaedics.

### 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	Aug 2009 Max waiting time in weeks	Sept 2009 Max waiting time in weeks	Oct 2009 Max waiting time in weeks	Oct 2009 Total no of patients waiting over 6 weeks
<b>CT</b>	6	6	6	0
<b>MRI</b>	6	6	6	0
<b>Ultrasound</b>	6	6	6	0
<b>Barium</b>	5	5	5	0

Endoscopy / Cystoscopy	Aug 2009 Max waiting time in weeks	Sept 2009 Max waiting time in weeks	Oct 2009 Max waiting time in weeks	Oct 2009 Total no of patients waiting over 6 weeks
<b>Upper Endoscopy</b>	6	6	6	0
<b>Lower Endoscopy</b>	6	6	6	0
<b>Colonoscopy</b>	6	6	6	0
<b>Cystoscopy</b>	5	6	6	0

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

In addition the Directorate is moving to a target of 4 weeks maximum waiting time by the end of March 2010.

## Cataract Targets

The maximum time from referral to completion of treatment for cataract surgery is 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	Aug 2009	Sept 2009	Oct 2009
Greater Glasgow & Clyde	100%	100%	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 18 of the 22 months since then.

The national target figure was achieved in all 3 months between August and October 2009. This objective has been consistently attained against a backdrop of increasing demand for emergency care.

Based on the past 4 years data, the underlying rates of increase in NHSGGC are 2.9% per annum for new A&E attendances and 2.2% per annum for emergency inpatient admissions.

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

Site	Aug 2009	Sept 2009	Oct 2009
Western Infirmary	97	99	99
Glasgow Royal Infirmary	97	96	95
Stobhill Hospital	100	99	99
RHSC	99	98	98
Southern General Hospital	98	97	98
Victoria Infirmary	99	99	98
Royal Alexandra Hospital	98	97	97
Inverclyde Royal Infirmary	99	99	99
Vale of Leven Hospital	98	98	98
<b>Board Average</b>	<b>98%</b>	<b>98%</b>	<b>98%</b>

A major source of pressure, particularly at the Glasgow Royal Infirmary and Royal Alexandra Hospital sites, is medical staffing gaps, due to the implementation of Modernising Medical Careers.

## 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. Quarter 2 (April – June 2009) validated ISD performance was 95.9%.

The following table shows the current prospective performance for tracked patients within the Division for September 2009 and October 2009.

Glasgow & Clyde Cancer Performance for Tracked Patients	Sept 2009			Oct 2009		
	Number of Patients	Number within Target	% within Target	Number of Patients	Number within Target	% within Target
<b>Breast</b>	44	44	100	48	48	100
<b>Lung</b>	44	42	95.5	31	25	81
<b>Colorectal</b>	22	21	95.5	16	15	93.8
<b>Ovarian</b>	3	3	100	8	8	100
<b>Head &amp; neck</b>	9	9	100	10	10	100
<b>Melanoma</b>	19	19	100	16	16	100
<b>Leukaemia</b>	2	2	100	1	1	100
<b>Lymphoma</b>	4	4	100	3	3	100
<b>Urology</b>	22	22	100	20	20	100
<b>Upper GI</b>	22	21	95.5	30	30	100
<b>Total</b>	191	187	97.9	183	176	96.2

### 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 continues to exceed this.

	Sept 2008	Oct 2008		Sept 2009	Oct 2009
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
<b>E Dun</b>	0	0		1	0
<b>W Dun</b>	4	0		2	0
<b>Glasgow</b>	10	10		10	10
North	0	0		0	0
East	0	0		1	1
West	2	0		7	7
South East	3	8		1	1
South West	5	2		1	1
<b>I'Clyde</b>	0	0		4	6
<b>N Lan</b>	0	0		1	0
<b>S Lan</b>	0	2		4	5
<b>E Ren</b>	1	3		0	0
<b>Renfrew</b>	5	6		11	19
<b>Other</b>	0	0		3	4
<b>Total</b>	<b>20</b>	<b>21</b>		<b>36</b>	<b>44</b>

- The biggest single reason for delay is now the lack of Council funding

4 in Argyll and Bute  
 4 in Inverclyde  
 17 in Renfrewshire  
 2 in South Lanarkshire

There continues to be a small number of delays in allocation and assessment (4 cases) and a few cases where patients have not identified interim placements (4 cases), and some waiting for particular homes or services (4 cases). Local efforts of social work and discharge staff continue to promote both choice and the use of interim placements where this is reasonable to do so.

CH (C) P Directors are now sent a report at the start of each month to provide them with information on those patients who require to be discharged that month.

### 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.

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>Sept 2009</b>		
GG&C	73%	89%
<b>Oct 2009</b>		
GG&C	78%	88%

Performance against the outpatient TIA standard has improved and access to imaging continues to exceed the standard.

**Jane Grant**  
**Chief Operating Officer**  
**0141 201 1206**