

WAITING TIMES AND ACCESS TARGETS

Recommendation

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

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 following table shows current performance data:

Outpatients	Waiting Over 12 Weeks	Waiting Over 12 weeks		
	Dec 2009	Oct 2009	Nov 2009	Dec 2009
Greater Glasgow & Clyde	0	0	0	0
Yorkhill	0	0	0	0
Total	0	0	0	0

The Division has continued to meet the target of no patients waiting over 12 weeks for an appointment.

Inpatient / Day Case Waiting Times

At the end of March 2009 the Board achieved the 12 week inpatient / day case target, as a step towards achieving 18 weeks referral to treatment. From April 2009, the Division began working towards the next target of no patient waiting over 9 weeks 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. The Division is now working towards the target set for March 2010 where no patient will wait over 9 weeks for treatment as an inpatient / day case.

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 9 weeks		
	Dec 2009	Oct 2009	Nov 2009	Dec 2009
Greater Glasgow & Clyde	0	781	416	324
Yorkhill	0	21	20	2
Total	0	802	436	326
Monthly Reduction			-366	-110

There has been an overall decrease of 476 patients waiting over 9 weeks from October 2009 to December 2009.

Diagnostic Waiting Times

As a milestone towards achieving 18 weeks referral to treatment, the maximum wait from referral to CT scan, MRI scan, non-obstetric ultrasound, barium studies, upper endoscopy, lower endoscopy, 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 modalities, and continues to be maintained.

The Division is working towards the next target of no patient waiting over 4 weeks by March 2010.

The following table shows the current performance data:

CT, MRI, Ultrasound & Barium	Oct 2009 Total number of patients waiting over 4 weeks	Nov 2009 Total number of patients waiting over 4 weeks	Dec 2009 Total number of patients waiting over 4 weeks	Dec 2009 Maximum waiting time (in weeks)
CT	472	418	326	6
MRI	532	471	386	6
Ultrasound	508	453	406	6
Barium	12	10	8	5
Upper Endoscopy	252	55	49	5
Lower Endoscopy	82	29	12	5
Colonoscopy	248	73	36	5
Cystoscopy	17	10	2	5

Despite increases in activity there has been steady progress in moving towards the 4 week target as at 31 March 2010 as demonstrated in the figures above.

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	Oct 2009	Nov 2009	Dec 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 24 months since then.

Site	Oct 2009	Nov 2009	Dec 2009
	%	%	%
Western Infirmary	99	98	98
Glasgow Royal Infirmary	95	95	95
Stobhill Hospital	99	99	99
RHSC	98	98	98
Southern General Hospital	98	96	98
Victoria Infirmary	98	96	97
Royal Alexandra Hospital	97	97	96
Inverclyde Royal Infirmary	99	98	96
Vale of Leven Hospital	98	99	99
Board Average	98%	97%	97%

The national target figure was achieved in October 2009, however in November and December 2009, overall compliance dropped to 97%. This reflects the challenges to the emergency care system raised by the increasing numbers and complexity of emergency admissions during the winter period and by a temporary reduction in inpatient capacity caused by the resurgence of Norovirus.

For the NHS Board overall, new A&E attendances for the quarter were up 3.3% on the corresponding quarter in 2008.

In the month of December 2009 both Inverclyde Royal and Royal Alexandra Hospitals were particularly hard hit by outbreaks of Norovirus with 9 wards out of a possible 12 closed on the Inverclyde site at one point in December 2009. Plans have been drawn up and agreed for these sites which will look to increasing dedicated services for minor injuries and to opening a medical assessment unit at the Royal Alexandra Hospital, all within existing resources.

The drop in performance levels at Glasgow Royal Infirmary first occurred in August 2009 and is directly linked to the junior doctor changeover in that month. Work has been undertaken to minimise the impact of this change with resources being redeployed across the city.

Plans have now been agreed and are in the process of implementation which should result in the medical staffing issue being partially redressed and a number of processes within the A&E department streamlined. The local team is also reviewing the referral pathways of GP medical patients in the north and east to see whether these patients can be separated from the main A&E workload.

There are initial signs in terms of performance in late January 2010 and early February 2010 which suggest that the changes being implemented at Glasgow Royal Infirmary are beginning to have a positive effect in terms of improving target compliance.

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 2009 - June 2009) validated ISD performance was 95.9%. Quarter 3 (July 2009 - September 2009) validated ISD performance was 95.7%.

The following table shows the current prospective performance for tracked patients within the Division for patients treated in November 2009 and December 2009.

Glasgow & Clyde Cancer Performance for Tracked Patients	Nov 2009			Dec 2009		
	Number of Patients	Number within Target	% within Target	Number of Patients	Number within Target	% within Target
Breast	47	46	98%	32	32	100%
Lung	37	36	97%	31	27	87%
Colorectal	17	16	94%	19	17	89.5%
Ovarian	5	5	100%	3	3	100%
Head & neck	10	10	100%	7	6	85.7%
Melanoma	6	6	100%	10	10	100%
Leukaemia	2	2	100%	1	1	100%
Lymphoma	5	5	100%	7	7	100%
Urology	28	28	100%	29	28	96.6%
Upper GI	21	19	90.5%	21	19	90.5%
Total	178	173	97.2%	161	150	93.2%

Work is underway to address the areas where performance is below 95% and an analysis of each patient has been undertaken to ensure that all avoidable delays have been minimised. On each occasion where treatment fell below 95%, the patient pathway has been individually reviewed and the majority of cases breached because of the need to have multiple investigations to determine the most appropriate treatment or where patients were referred for surgical treatment but found not to be suitable, and then referred to oncology services.

Combined with October's performance (96.2%), this gives local prospective performance for the final quarter of the year as 499 out of 522 patients (95.5%) achieving the target.

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, 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 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 level.

	Nov 2008	Dec 2008		Nov 2009	Dec 2009
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
E Dun	0	0		0	0
W Dun	4	0		0	0
Glasgow	8	7		8	5
North	1	0		0	0
East	2	0		3	2
West	3	3		1	1
South East	2	4		0	2
South West	0	0		4	0
I' Clyde	0	0		4	2
N Lan	0	0		0	0
S Lan	3	1		1	1
E Ren	2	0		1	1
Renfrewshire	8	7		21	17
Other	2	1		0	3
Total	27	16		35	29

There were 13 patients delayed awaiting local authority funding, 11 in Renfrewshire and 2 in Inverclyde. Additional funding has been identified in Renfrewshire to support further care home placements.

Stroke

The following standards are monitored for stroke services across the Board area.

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
Nov 2009		
GG&C	88%	86%
Dec 2009		
GG&C	77%	84%

Fast track referrals to clinics within 14 days failed to meet the December 2009 target because of a reduction in capacity at Glasgow Royal Infirmary due to Consultant availability. It is planned to adopt electronic referral and vetting for the stroke service to assist with the allocation of patients to all available appointments and reduce individual site variation. Consultant staffing is also being reviewed to ensure appropriate support is in place for clinics. Access to imaging continues to exceed the standard.

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