

WAITING TIMES AND ACCESS TARGETS

Recommendation

The NHS Board is asked to note progress against the national targets as at the end of February 2010.

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

There are two key targets associated with cancer. These are the 62-day target and the 31-day target. The 62-day target is measured from 'referral' to 'first treatment'; the 31 day target is measured from 'decision to treat' to 'first treatment'.

The 62-day target applies to patients who:

- were referred urgently by a primary care clinician or General Dental Practitioner with a suspicion of cancer;
- were detected through the national breast, bowel and cervical screening programmes (*from March 2010 onwards*); or
- attended A&E or were referred directly to hospital.

The 31-day target applies to all patients diagnosed with the cancer irrespective of the route of referral.

Performance is measured on the following cancer types:

- Breast
- Colorectal
- Head & Neck
- Lung
- Lymphoma
- Ovarian

- Melanoma
- Upper GI
- Urological (prostate, bladder, other)
- Cervical (initially only through screening)

NHS Boards are expected to achieve at least 95% compliance.

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.

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		
	Dec 2009	Jan 2010	Feb 2010
Greater Glasgow & Clyde	0	0	0
Yorkhill	0	0	0
Total	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 13% 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 12% increase in activity against projected requirements. Part of this additional throughput has been achieved using Golden Jubilee Hospital capacity and the private sector. The Division is well advanced with its plan to deliver a 9 week access time for inpatients and day cases by 31 March 2010.

The following table shows the current performance data:

Inpatients / Day Cases	Waiting Over 12 Weeks	Waiting Over 9 weeks		
	Feb 2010	Dec 2009	Jan 2010	Feb 2010
Greater Glasgow & Clyde	0	324	424	268
Yorkhill	0	2	16	12
Total	0	326	440	280
Monthly Reduction			+114	-160

There has been an overall decrease of 46 patients waiting over 9 weeks from December 2009 to February 2010. There was an increase in January as patients who had been unavailable over the festive period came back onto the waiting list, this position has now stabilised and there was a significant improvement in February.

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 from March 2010.

The following table shows the current performance data:

CT, MRI, Ultrasound & Barium	Dec 2009 Total number of patients waiting over 4 weeks	Jan 2010 Total number of patients waiting over 4 weeks	Feb 2010 Total number of patients waiting over 4 weeks	Feb 2010 Maximum waiting time (in weeks)
CT	326	219	57	6
MRI	386	257	78	6
Ultrasound	406	247	71	6
Barium	8	8	1	5
Upper Endoscopy	49	38	26	5
Lower Endoscopy	12	12	41	5
Colonoscopy	36	54	59	5
Cystoscopy	2	4	11	5

Despite increases in activity the Directorate has delivered the target of having no patients waiting more than 4 weeks at 31 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	Dec 2009	Jan 2010	Feb 2010
Greater Glasgow & Clyde	100%	99%	100%

NHS Greater Glasgow & Clyde continues to meet this target.

Accident & Emergency 4 Hour Wait

Site	Dec 2009	Jan 2010	Feb 2010
Western Infirmary	98%	95%	95%
Glasgow Royal Infirmary	95%	95%	95%
Stobhill Hospital	99%	99%	98%
RHSC	98%	98%	98%
Southern General Hospital	98%	94%	95%
Victoria Infirmary	97%	95%	97%
Royal Alexandra Hospital	96%	93%	96%
Inverclyde Royal Infirmary	96%	96%	97%
Vale of Leven Hospital	99%	98%	98%
Board Average	97%	95%	96%

The table above details full month unscheduled care performance by site for the months of December 2009, January 2010 and February 2010. It will be noted from the data that January 2010 continued to see high levels of pressure on the system, particularly related to the weather in the first three weeks of the month, which resulted in significantly more falls and fractures than would be expected at that time of the year (+12% on orthopaedic emergency admissions on the previous year and +34% on orthopaedic presentations).

Overall, new attendances were up by 5.1% in January 2010 compared to January 2009 and a significant proportion of this increase was due to the weather conditions, leading to additional slips and falls, and exacerbated by a higher proportion of older patients being admitted as emergencies, with more complex health problems.

A number of the sites, most significantly Glasgow Royal Infirmary, continue to experience severe medical staffing pressures at middle grades with difficulties filling rotas and obtaining locum cover and this has provided a continual challenge for the clinical and management teams.

Performance in February improved by a full one percentage point and of particular note were the improvements across south Glasgow and at Royal Alexandra Hospital (RAH) where the overall performance for the month improved by 2% and 3% respectively. The performance increase at RAH was driven predominantly by improved arrangements for minor injuries and medical assessment, while in south Glasgow, by the introduction of temporary additional capacity (e.g. extending the Southern General Hospital Clinical Decision Unit opening times). The position in February was also helped by the fact that the new attender levels dropped back to 2009 levels.

Actions being taken to improve performance and return to 98% include:

- A further review of patient flows at all sites, from attendance, and admission to discharge,
- Extending the Emergency Nurse Practitioner service at Royal Alexandra Hospital,
- A review of rotas and other means of improving medical staff cover at Glasgow Royal Infirmary specifically,
- All local Unscheduled Care Teams conducting Critical Reviews of Performance; and
- An overall review of demand / capacity / flow analysis using performance metrics led by the Director of Emergency Care & Medical Services.

We are continuing to review performance with other Boards for lessons learned/sharing of good practice, however it should be noted that Glasgow and Clyde's performance is reported to be better than other major NHS Boards with the exception of Lanarkshire and Tayside.

We are working with the Board Communications and Community Engagement Teams to improve public awareness of the Victoria Minor Injuries Unit service.

Cancer Waiting Times

The table below demonstrates the performance for NHS GG&C as reported to ISD Scotland. For the months of January and February 2010, the Board achieved compliance with the 95% standard.

62 Day Target						
	January 2010			February 2010		
Cancer Site	Total Eligible Referrals	Total Meeting Target	% Compliance	Total Eligible Referrals	Total Meeting Target	% Compliance
Breast	29	29	100%	19	19	100%
Colorectal	14	14	100%	12	11	92%
Head & Neck	6	6	100%	6	6	100%
Lung	24	22	92%	34	31	91%
Lymphoma	4	4	100%	9	8	89%
Melanoma	0	0	-	4	4	100%
Ovarian	3	3	100%	1	1	100%
UGI	15	15	100%	11	11	100%
Urology	16	16	100%	14	13	93%
Total	111	109	98%	110	104	95%
31 Day Target						
	January 2010			February 2010		
Cancer Site	Total Eligible Referrals	Total Meeting Target	% Compliance	Total Eligible Referrals	Total Meeting Target	% Compliance
Breast	45	43	96%	57	57	100%
Colorectal	34	32	94%	32	30	94%
Head & Neck	19	19	100%	18	18	100%
Lung	54	50	93%	67	66	99%
Lymphoma	8	8	100%	21	21	100%
Melanoma	8	8	100%	22	22	100%
Ovarian	4	4	100%	2	2	100%
UGI	23	23	100%	26	25	96%
Urology	45	45	100%	51	48	94%
Total	240	232	97%	296	289	98%

These figures are unvalidated and may be subject to minor change pending ISD validation processes. It is anticipated that the official publication will take place towards the end of June 2010.

Chest Pain

The maximum wait from GP referral through a rapid access chest pain clinic, or equivalent, to cardiac intervention is 16 weeks. 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 January 2010 and February 2010.

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.

	Jan 2009	Feb 2009		Jan 2010	Feb 2010
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
E Dun				1	
W Dun		1			
Glasgow	13	7		7	5
North				1	
East				4	1
West	2	1			1
South East	9	4		2	3
South West	2	2			
I'Clyde				1	
N Lan					
S Lan				1	
E Ren					
Renfrewshire	10	1		14	11
Other					2
Total	23	9		24	18

The numbers of patients delayed over six weeks continues to reduce and partners are confident that we will once again achieve zero delays in April 2010.

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
Jan 2010		
GG&C	79%	75%
Feb 2010		
GG&C	94%	80%

The performance in January was impacted by a number of operational changes made at Inverclyde Royal Hospital designed to improve the patient pathway. The stroke ward at Inverclyde Royal Hospital has now moved to the main tower block and this will facilitate closer working with colleagues in Diagnostics and Medicine to ensure that compliance with the standard is achieved and maintained.

Jane Grant
Chief Operating Officer

0141 201 1206