

WAITING TIMES AND ACCESS TARGETS

Recommendation

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

In October 2008, the Scottish Government published Better Cancer Care – An Action Plan, where it announced it would:

- Extend the 62-day urgent referral to treatment target to include patients who had screened positive and all patients referred urgently with a suspicion of cancer (to be delivered by 2011).
- Introduce a new 31-day target for all patients diagnosed with cancer (no matter how they were referred) from decision to treat to first treatment (to be delivered by 2011)

The action plan set out the basis for the revised cancer waiting targets, as follows:

- 62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups:
 - any patient urgently referred with a suspicion of cancer by their primary care clinician (e.g. G.P. or Dentist)
 - any screened-positive patient who are referred through a national cancer screening programme (breast, colorectal or cervical)
 - any direct referral to hospital (e.g. self referral to A&E)
- 31-day target from decision to treat until first treatment for all cancers, no matter how patients are referred. For Breast cancer, this replaces the existing 31-day diagnosis to treatment target.

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

From April 2009 the Division has maintained 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		
	Feb 2010	Mar 2010	Apr 2010
Greater Glasgow & Clyde	0	0	0
Yorkhill	0	0	0
Total	0	0	0

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.

The Division met the target set for March 2010 where no patient will wait over 9 weeks for treatment as an inpatient / day case. This target has been maintained in April.

The following table shows the current performance data:

Inpatients / Day Cases	Waiting Over 12 Weeks	Waiting Over 9 weeks		
	Apr 2010	Feb 2010	Mar 2010	Apr 2010
Greater Glasgow & Clyde	0	268	0	0
Yorkhill	0	12	0	0
Total	0	280	0	0
Monthly Reduction			-280	0

Diagnostic Waiting Times

As a milestone towards achieving 18 weeks referral to treatment, the Division met the target of no patient waiting over 4 weeks from March 2010 from referral to CT scan, MRI scan, non-obstetric ultrasound, barium studies, upper endoscopy, lower endoscopy, colonoscopy and cystoscopy, and this has been maintained in April.

The following table shows the current performance data:

CT, MRI, Ultrasound & Barium	Mar 2010 Total number of patients waiting over 4 weeks	Apr 2010 Total number of patients waiting over 4 weeks	Apr 2010 Maximum waiting time (in weeks)
CT	0	0	4
MRI	0	0	4
Ultrasound	0	0	4
Barium	0	0	4
Upper Endoscopy	0	0	4
Lower Endoscopy	0	0	4
Colonoscopy	0	0	4
Cystoscopy	0	0	4

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	Feb 2010	Mar 2010	Apr 2010
Greater Glasgow & Clyde	100%	100%	99%

NHS Greater Glasgow & Clyde continues to meet this target.

Accident & Emergency 4 Hour Wait

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

The table above details full month unscheduled care performance by site for the months of February, March and April 2010. Performance against the unscheduled care access target of 98% has continued to rise month on month throughout 2010.

The case-mix of A&E departments is seasonal with winter characterised by relatively lower numbers of attenders but with high dependency levels resulting in higher numbers of admissions. Summer is characterised by higher numbers of attenders overall but lower numbers of admissions derived from these attendances.

The period from February to April 2010 has seen a gradual shift from winter to summer patterns of activity. Across NHS GG&C only 23.2% of new A&E attenders were admitted as inpatients in April 2010 compared with 25.5% only 3 months earlier. This slowing down of admission rates should allow us to embed some of the service changes around unscheduled care which have been developed by the sector management teams and which are briefly outlined below.

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, including a focus on length of stay and turnover intervals
- Extending the Emergency Nurse Practitioner service at Royal Alexandra Hospital,
- Revised rotas and other means of improving medical staff cover at Glasgow Royal Infirmary specifically due to MMC service gaps,
- All local Unscheduled Care Teams continuing to conduct Critical Reviews of Performance and implement site-specific action plans
- An overall review of demand / capacity / flow analysis using performance metrics
- Re-emphasis at all sites on key role of early discharge planning

A further dynamic is an increasing improvement in uptake of the services provided by our Minor Injuries Units at Stobhill and the Victoria with these units accounting for 26.3% of total activity at the 2 sites as opposed to 23.9% only 3 months earlier.

Cancer Waiting Times

The table below demonstrates the current performance for NHS GG&C.

	62 day target	31 day target
Cancer Type	%	%
Breast	100.0%	99.0%
Colorectal	95.7%	95.7%
Head & Neck	100.0%	93.8%
Lung	90.2%	94.8%
Lymphoma	93.3%	100.0%
Melanoma	94.4%	100.0%
Ovarian	100.0%	100.0%
Upper GI	100.0%	100.0%
Urology	98.3%	96.5%
All Cancers	96.3%	97.0%

Table 1: Quarter 1 (01 January – 31 March 2010)

The quarter 1 (January - March 2010) unvalidated position is therefore 96.3% (62 day target) and 97% (31 day target) and the data has been submitted to ISD for validation.

The ISD validated position for quarter 4 (October 2009 - December 2009) was 96.6%, this being the fifth quarter in a row that the target has been exceeded.

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 required to maintain a performance standard of no patients waiting over six weeks for discharge. That standard was achieved in April 2010 in all areas of the Board due to close working between hospital, community and social work staff.

	Mar 2009	Apr 2009		Mar 2010	Apr 2010
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
E Dun	0	0		0	0
W Dun	0	0		1	0
Glasgow	16	0		4	0
North	0	0		0	0
East	4	0		2	0
West	4	0		0	0
South East	5	0		1	0
South West	3	0		1	0
I' Clyde	0	0		0	0
N Lan	0	0		1	0
S Lan	2	0		0	0
E Ren	0	0		0	0
Renfrewshire	0	0		8	0
Other	1	0		1	0
Total	19	0		15	0

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
Mar 2010		
GG&C	98%	88%
Apr 2010		
GG&C	100%	87%

Work is ongoing to redesign out-patient services towards a position of all referrals being seen within 7 days and the effect of this can be seen in the reducing waiting times for a first appointment. The scanning target is now also being delivered consistently across the Board area.

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