

WAITING TIMES AND ACCESS TARGETS

Recommendation

The NHS Board is asked to note progress against the national targets as at the end of August 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 12 weeks for a first outpatient appointment (March 2009) and a 9 week maximum wait for admission for inpatient and day case treatment (March 2010). In addition, the maximum wait of 4 weeks for eight key diagnostic tests was also achieved (March 2010).

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 4 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 6 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.

As a milestone towards achieving the 18 weeks referral to treatment guarantee, the Division is now working towards meeting the next target of no patients waiting over 10 weeks by the end of December 2010. The number of patients waiting over 10 weeks at August 2010 is shown below. This is a decrease of 11% on the number of patients waiting over 10 weeks in July.

The following table shows current performance data:

| Outpatients | Waiting Over 12 weeks | | | Waiting over 10 weeks |
|-------------------------|-----------------------|-----------|-------------|-----------------------|
| | June 2010 | July 2010 | August 2010 | August 2010 |
| Greater Glasgow & Clyde | 0 | 0 | 0 | 1659 |
| Yorkhill | 0 | 0 | 0 | 87 |
| Total | 0 | 0 | 0 | 1746 |

Inpatient / Day Case Waiting Times

As a milestone towards achieving the 18 weeks referral to treatment guarantee, the Division met the target set for March 2010 of no patients waiting over 9 weeks for treatment as an inpatient / day case. This target has been maintained in July and August.

The Division is now working towards meeting the next target of no patients waiting over 8 weeks by the end of March 2011. The number of patients waiting over 8 weeks at August 2010 is shown below. This number has risen in month as predicated in the last Board report (August 2010). This is due to the impact of unavailability over the summer period.

The following table shows the current performance data:

| Inpatients / Day Cases | Waiting Over 9 weeks | | | Waiting over 8 weeks |
|-------------------------|----------------------|-----------|-------------|----------------------|
| | June 2010 | July 2010 | August 2010 | August 2010 |
| Greater Glasgow & Clyde | 0 | 0 | 0 | 153 |
| Yorkhill | 0 | 0 | 0 | 55 |
| Total | 0 | 0 | 0 | 208 |

Diagnostic Waiting Times

As a milestone towards achieving 18 weeks referral to treatment guarantee, the Division met the target set for March 2010 of no patients waiting over 4 weeks 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, May and June.

The Division is now working towards meeting the next target of no patients waiting over 3 weeks from referral to scan by the end of March 2011.

The number of patients waiting over 3 weeks at August 2010 is shown below. This shows a decrease of 20% on the number of patients waiting over 10 weeks in June 2010.

The following table shows the current performance data:

| Investigation | June 2010 Total number of patients waiting over 4 weeks | July 2010 Total number of patients waiting over 4 weeks | August 2010 Total number of patients waiting over 4 weeks | August 2010 Total number of patients waiting over 3 weeks |
|--------------------------|---|---|---|---|
| CT | 0 | 0 | 0 | 120 |
| MRI | 0 | 0 | 0 | 75 |
| Non Obstetric Ultrasound | 0 | 0 | 0 | 82 |
| Barium studies | 0 | 0 | 0 | 8 |
| Upper Endoscopy | 0 | 0 | 0 | 33 |
| Lower Endoscopy | 0 | 0 | 0 | 8 |
| Colonoscopy | 0 | 0 | 0 | 40 |
| Cystoscopy | 0 | 0 | 0 | 10 |

Meeting the out patient, in patient and daycase, and diagnostic waiting times targets will be a significant challenge and key to ensuring that the Division is able to meet the 18 week referral to treatment guarantee by December 2011.

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 | June 2010 | July 2010 | August 2010 |
|---|-----------|-----------|-------------|
| Greater Glasgow & Clyde | 100% | 100% | 100% |

NHS Greater Glasgow & Clyde continues to meet this target.

Accident & Emergency 4 Hour Wait

The table on the following page details full month unscheduled care performance by site for the months of June to August 2010. Performance against the 4 hour waiting time achieved the national guarantee standard of 98% compliance in July.

Performance dropped back to 97% in August with 7 out of the 9 sites posting 97% or better for the month and underlying performance levels have remained strong into September. From August onwards the case-mix of the A&E departments traditionally moves towards higher ratios of more unwell and complex cases which results in higher numbers of emergency admissions. July 2010 saw 9,792 emergency admissions across the 8 adult sites whereas this figure had risen to 9,916 in August, an increase of 1.3%. This figure will continue to rise as greater

pressure is placed on the A&E departments in the winter months. Winter planning arrangements are currently being finalised and a number of initiatives involving direct admission of GP referrals - noted in the previous report - are in place and being refined.

A specialist team has been assembled to support the Royal Alexandra Hospital (RAH) in the coming months. Performance, in terms of the 4 hour standard, at RAH fell in August to 95%. The Directorate team feel that the experience gathered elsewhere within NHS GG&C over the 4 year lifetime of the unscheduled care initiative can be brought to bear in helping RAH address the issues which are negatively affecting the performance of the A&E Department with regard to the 4 hour standard.

| Site | June 2010 | July 2010 | August 2010 |
|---------------------------|------------|------------|-------------|
| Western Infirmary | 97% | 97% | 97% |
| Glasgow Royal Infirmary | 96% | 97% | 97% |
| Stobhill Hospital | 100% | 99% | 99% |
| RHSC | 98% | 98% | 98% |
| Southern General Hospital | 96% | 97% | 97% |
| Victoria Infirmary | 97% | 99% | 97% |
| Royal Alexandra Hospital | 97% | 97% | 95% |
| Inverclyde Royal Hospital | 97% | 98% | 96% |
| Vale of Leven Hospital | 99% | 100% | 99% |
| Board Average | 97% | 98% | 97% |

Table: A&E 4 hr wait (June 2010 – August 2010)

Cancer Waiting Times

The table below demonstrates the current (unvalidated) performance for NHS GG&C for the period July and August 2010. This data is provisional and may be subject to change following the data validation process undertaken by ISD Scotland.

| Cancer Type | July | | August | |
|------------------------|--------------|--------------|--------------|--------------|
| | 62 Day | 31 Day | 62 Day | 31 Day |
| Breast | 100.0% | 100.0% | 100.0% | 100.0% |
| Colorectal | 95.0% | 100.0% | 94.1% | 100.0% |
| Head & Neck | 71.4% | 95.0% | 100.0% | 92.9% |
| Lung | 89.6% | 100.0% | 90.6% | 100.0% |
| Lymphoma | 100.0% | 100.0% | 100.0% | 100.0% |
| Melanoma | 100.0% | 100.0% | 75.0% | 92.9% |
| Ovarian | 100.0% | 100.0% | 100.0% | 100.0% |
| Upper GI | 95.7% | 100.0% | 90.5% | 100.0% |
| Urology | 100.0% | 100.0% | 100.0% | 91.7% |
| Cervical | 100.0% | 100.0% | 100.0% | 100.0% |
| Total | 94.7% | 99.7% | 95.2% | 97.4% |

Table: Cancer Waiting Times (quarter 3, July & August 2010 only)

Based on the current known 31 day and 62 day cases, it is likely that NHS GG&C will achieve the 95% target overall for July - September, quarter 3.

This would represent the 7th quarter in a row that the Board has exceeded the 95% compliance target. ISD published, for the first time, validated data relating to both the 31 day target and the 62 day target, covering quarter 2 (April – June 2010), which showed that GG&C continues to exceed the targets (95.8% and 97.2% respectively).

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 July and August 2010.

Delayed Discharge

The Board is required to maintain a performance standard of no patients waiting over 6 weeks for discharge. There continue to be individual circumstances where, due to case complexity, arrangements were not completed in accordance with the standard. Local authority funding restrictions are now also starting to impact on the timely discharge of patients and this is under discussion between the respective Chief Executives.

| | July 2009 | August 2009 | | July 2010 | August 2010 |
|---------------------|-------------------------------|-------------|--|-------------------------------|-------------|
| | Patients Waiting Over 6 Weeks | | | Patients Waiting Over 6 Weeks | |
| E Dun | 1 | | | | |
| W Dun | | | | 1 | |
| Glasgow | 11 | 16 | | 12 | 8 |
| North | 1 | 1 | | | 1 |
| East | | | | 1 | |
| West | 2 | 4 | | 4 | 3 |
| South East | 4 | 4 | | 7 | 4 |
| South West | 4 | 7 | | | |
| F'Clude | 2 | 3 | | | |
| N Lan | 3 | 2 | | | |
| S Lan | | 2 | | 1 | 1 |
| E Ren | | | | | |
| Renfrewshire | 9 | 11 | | | 6 |
| Other | 1 | 1 | | 1 | 2 |
| Total | 27 | 35 | | 15 | 17 |

The detailed reasons for each delay is shown below.

| Principal Reason for Delay | Description | Jul-10 | Aug-10 |
|--|--|-----------|-----------|
| Community Care Assessment | Awaiting completion of post-hospital social care assessment | 6 | 4 |
| Community Care Arrangements | Non availability of local authority funding to purchase Care Home place | 1 | 1 |
| | Awaiting place availability in Local Authority Residential Home | 3 | 1 |
| | Awaiting place availability in Independent Residential Home | | 1 |
| | Awaiting place availability in Nursing Home (not NHS funded) | 3 | 5 |
| | Awaiting place availability in Specialist Residential Facility for >65 | | 1 |
| | Awaiting place availability in care home (EMI/Dementia) | | 2 |
| | Awaiting completion of social care arrangements in order to live in their own home - social care support | | 1 |
| | Awaiting completion of social care arrangements in order to live in their own home - procurement/delivery of equipment | | |
| | Awaiting completion of social care arrangements in order to live in their own home - specialist housing provision | 1 | |
| Patient/Carer/Family related reason | Financial and personal assets problem | | 1 |
| Other | Patient exercising statutory right of choice | 1 | |
| Total | | 15 | 17 |

Stroke

The following standards are monitored for stroke services across the Board area and are being achieved

| 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 |
|--------------------|---|---|
| July 2010 | | |
| GG&C | 85% | 85% |
| August 2010 | | |
| GG&C | 93% | 84% |

Jane Grant
Chief Operating Officer
Acute Services Division
0141 201 1206