

WAITING TIMES AND ACCESS TARGETS

Recommendation

The NHS Board is asked to note progress against the national targets as at the end of October 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 October 2010 is shown below. Significant oversight is being deployed at sub directorate level to achieve this important December milestone. Whilst the vast majority of specialties have now secured slots for all patients, a small number (including Orthopaedics) continue with this process, and progress is reviewed on a weekly basis by the Chief Operating Officer.

The following table shows current performance data:

Outpatients	Waiting Over 12 weeks			Waiting over 10 weeks
	August 2010	September 2010	October 2010	October 2010
Greater Glasgow & Clyde	0	0	0	1997
Yorkhill	0	0	0	9
Total	0	0	0	2006

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 September and October.

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 October 2010 is shown below.

The following table shows the current performance data:

Inpatients / Day Cases	Waiting Over 9 weeks			Waiting over 8 weeks
	August 2010	September 2010	October 2010	October 2010
Greater Glasgow & Clyde	0	0	0	207
Yorkhill	0	0	0	53
Total	0	0	0	260

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 September and October.

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 October 2010 is shown below.

The following table shows the current performance data:

Investigation	August 2010 Total number of patients waiting over 4 weeks	September 2010 Total number of patients waiting over 4 weeks	October 2010 Total number of patients waiting over 4 weeks	October 2010 Total number of patients waiting over 3 weeks
CT	0	0	0	101
MRI	0	0	0	65
Non Obstetric Ultrasound	0	0	0	70
Barium studies	0	0	0	6
Upper Endoscopy	0	0	0	80
Lower Endoscopy	0	0	0	14
Colonoscopy	0	0	0	94
Cystoscopy	0	0	0	16

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	August 2010	September 2010	October 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 August to October 2010. Performance against the 4 hour waiting time fell from 97% in August and September to 96% in October.

The sites where performance has declined most significantly are Glasgow Royal Infirmary and the Western Infirmary, and performance at the Royal Alexandra Hospital has continued to be lower than the other major hospital sites. The Western Infirmary, in particular, has experienced pronounced activity pressures on capacity.

The key drivers for the decline in Board performance have been an overall increase in the number of emergency admissions compared to the same period last year, and previous months of this year, and more

pressure on available hospital beds due in part to a significant increase in delayed discharges and a lengthening of average length of stay.

A short life working group involving all service directors within the Acute Services Division is currently pursuing a detailed action plan targeted at improving overall management of capacity and demand and, core to this, is an improvement in Unscheduled Care Performance. In contextual terms it should be noted that neighbouring boards are also experiencing similar pressures on their UCC performance, most notably Lanarkshire and Forth Valley.

Site	August 2010	September 2010	October 2010
Western Infirmary	97%	95%	91%
Glasgow Royal Infirmary	97%	98%	95%
Stobhill Hospital	99%	99%	98%
RHSC	98%	99%	98%
Southern General Hospital	97%	98%	97%
Victoria Infirmary	97%	98%	97%
Royal Alexandra Hospital	95%	95%	94%
Inverclyde Royal Hospital	96%	98%	97%
Vale of Leven Hospital	99%	98%	99%
Board Average	97%	97%	96%

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

Cancer Waiting Times

Quarter Three Submission

The data submitted to ISD Scotland from NHS GG&C for the period July – September 2010, is as follows:

Q3 Data	Non Screened	Screened	Combined
62 Day	96.4%	98.2%	96.9%
31 Day	98.5%	100.0%	98.7%

This data indicates that NHSGG&C has successfully delivered the Cancer Performance Waiting Time Guarantees for this reporting and publication period.

Monthly Position:

The table below demonstrates the current (unvalidated) performance for NHSGG&C for the months of September and October 2010. This data is provisional and may be subject to change. There are a number of cases still under review for the October period.

Cancer Type	September 2010		October 2010	
	62 Day	31 Day	62 Day	31 Day
Breast	100%	100%	100%	100%
Colorectal	100%	100%	100%	97.8%
Head & Neck	100%	95.2%	75%	100%
Lung	97.4%	100%	92.3%	98.5%
Lymphoma	100%	100%	100%	100%
Melanoma	100%	100%	100%	100%
Ovarian	100%	100%	100%	100%
Upper GI	92.3%	100%	96.3%	100%
Urology	95.7%	94.8%	95.7%	95.8%
Cervical	No cases	100%	No cases	100%
Total	97.4%	98.6%	95.3%	98.6%

Table: Cancer Waiting Times (September and October 2010 only)

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 September and October 2010.

Delayed Discharge

The Board is required to maintain a performance standard of no patients waiting over 6 weeks for discharge.

	September 2009	October 2009		September 2010	October 2010
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
E Dun	1	0		0	0
W Dun	2	0		1	1
Glasgow					
North East	1	1		2	11
West	7	7		2	12
South	2	2		8	16
I' Clyde	4	6		0	0
N Lan	1	0		0	0
S Lan	4	5			1
E Ren	0	0		0	0
Renfrewshire	11	19		5	1
Other	3	4		1	1
Total	36	44		19	43

The principal reason for delay has become the lack of availability of local authority funding with 33 people delayed in Glasgow City Council for this reason. This issue has been addressed at Chief Executive level.

Stroke

The following standards are monitored for stroke services across the Board area and continue to be achieved; achievement of the scanning target in September was affected by activity at Inverclyde Royal Hospital where patients were not identified for scanning at the weekends. This has been addressed by the local team.

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
September 2010		
GG&C	95%	78%
October 2010		
GG&C	99%	84%

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