

WAITING TIMES AND ACCESS TARGETS

Recommendation

The NHS Board is asked to note progress against the national targets as at the end of December 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 has achieved, for the first time, the interim target of no patients waiting over 10 weeks by the end of December 2010, although the winter weather has brought some challenges in maintaining this position.

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 November and December.

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 December 2010 is shown below.

The following table shows the current performance data:

Inpatients / Day Cases	Waiting Over 9 weeks			Waiting over 8 weeks
	October 2010	November 2010	December 2010	December 2010
Greater Glasgow & Clyde	0	0	0	149
Yorkhill	0	0	0	7
Total	0	0	0	156

The delivery of the 8 week position will require considerable further effort in a number of specialties, most notably Orthopaedics, but the Division is making every effort to ensure robust plans are in place to deliver this stage of treatment target.

Diagnostic 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 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 November and December.

The Division is now working towards meeting the next internal 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 December 2010 is shown below.

The following table shows the current performance data:

Investigation	October 2010 Total number of patients waiting over 4 weeks	November 2010 Total number of patients waiting over 4 weeks	December 2010 Total number of patients waiting over 4 weeks	December 2010 Total number of patients waiting over 3 weeks
CT	0	0	0	45
MRI	0	0	0	65
Non Obstetric Ultrasound	0	0	0	47
Barium studies	0	0	0	2
Upper Endoscopy	0	0	0	37
Lower Endoscopy	0	0	0	4
Colonoscopy	0	0	0	35
Cystoscopy	0	0	0	2

Meeting the outpatient, inpatient 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	October 2010	November 2010	December 2010
Greater Glasgow & Clyde	100%	99%	100%

NHS Greater Glasgow & Clyde continues to meet this target.

Accident & Emergency 4 Hour Wait

The table below details the full month unscheduled care performance by site for the months of October to December 2010. Performance against the 4 hour waiting standard fell from 96% compliance in October to 94% in each of November and December.

December 2010 was an exceptionally busy month pan-Scotland with the prolonged severe weather conditions from the end of November 2010 impacting on services considerably, followed in late December by a sustained period of service demand significantly greater than seasonal norms and predicted levels. These factors impacted across the health care system and also affected colleague organisations – e.g. Out Of Hours Services, NHS 24 and the Scottish Ambulance Service.

Some of the key issues were:

- From 25th December 2010 there was a 5% increase in A&E attenders against the same time period last year.
- The week between the festive holidays was atypical. During the period 25th December to 7th January 2011, there was a 9% increase in emergency admissions, with the Western Infirmary, Glasgow Royal Infirmary and Royal Alexandra Hospital predominantly feeling the impact of these increases.
- From late December, there was a marked increase in H1N1 prevalence and this led to the need to increase ITU capacity.

- There was a significant increase in orthopaedic trauma due to the severe weather conditions.
- The large increase in emergency admissions included many people presenting with flu like/respiratory illnesses. A number of these patients were extremely ill and required to stay in hospital for some time, increasing our average length of stay.
- The severe weather conditions in December put pressure on our systems – access to patients’ homes meant our ability to discharge patients slowed down and, given the increase in admissions, bed capacity was a challenge during this period.
- As outlined above, the ability of the Scottish Ambulance Service to access patients at home impacted on provision of both in-patient and out-patient elective services.
- The impact of delayed discharges on the acute bed position.

In response to these pressures, the Winter Plan actions were escalated, including:

- The planned additional capacity was opened and further capacity was created;
- The elective programme was reviewed to create capacity to manage the emergency demand;
- 5 day wards remained open at weekends to provide additional or alternative bed capacity;
- Additional consultant ward rounds undertaken;
- Additional ambulances were made available out of hours to allow patients to be discharged home or transferred to other hospitals;
- Daily winter planning meetings, chaired by the Chief Operating Officer, took place on each of the exceptionally busy days in early January.

In recognition of the exceptional circumstances in late November, the Scottish Government introduced daily Severe Weather Winter Reporting to brief the Cabinet Secretary. These operated throughout December and into January.

In summary, the reported period was exceptionally busy and challenging and this impacted adversely on UCC performance within NHS Greater Glasgow & Clyde, and also in many other Scottish Boards.

Site	October 2010	November 2010	December 2010
Western Infirmary	91%	91%	89%
Glasgow Royal Infirmary	95%	93%	92%
Stobhill Hospital	98%	98%	96%
RHSC	98%	98%	97%
Southern General Hospital	97%	95%	96%
Victoria Infirmary	97%	92%	96%
Royal Alexandra Hospital	94%	93%	89%
Inverclyde Royal Hospital	97%	97%	95%
Vale of Leven Hospital	99%	99%	98%
Board Average	96%	94%	94%

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

Cancer Waiting Times

Quarter 4 2010 Position

Table 1 below demonstrates the current (unvalidated) performance for NHS GG&C for the months of October, November and December 2010 and for Quarter 4 overall. The data is provisional and may be subject to change. Final submission of this data to ISD will take place on 14 February 2011.

Table 1

Period	October 2010		November 2010		December 2010		Quarter 4 2010	
	62-Day	31-Day	62-Day	31-Day	62-Day	31-Day	62-Day	31-Day
Cancer Type								
Breast	100%	100%	100%	100%	100%	100%	100%	100%
Colorectal	94.3%	98.3%	84.4%	94.8%	85.7%	98.0%	88.4%	97.0%
Head& Neck	75.0%	100%	80.0%	94.7%	100%	94.7%	84.4%	96.8%
Lung	92.5%	100%	88.5%	100%	96.9%	100%	92.9%	100%
Lymphoma	100%	100%	91.7%	100%	100%	100%	95.0%	100%
Melanoma	100%	100%	100%	100%	100%	100%	100%	100%
Ovarian	100%	100%	100%	100%	n/a*	n/a*	100%	100%
Upper GI	96.3%	100%	91.7%	100%	94.4%	100%	94.2%	100%
Urology	95.8%	94.4%	95.8%	95.4%	92.0%	95.7%	94.5%	95.1%
Cervical	n/a*	100%	100%	100%	100%	100%	100%	100%
Overall	95.8%	98.8%	93.7%	98.2%	95.9%	98.3%	95.1%	98.4%

* n/a – indicates that no cases treated in this period

It should be noted that figures in Table 1 for Breast, Colorectal and Cervical include cases coming via the screening programmes.

Table 2 below shows the overall performance for these cancer types, followed by the division into screening and non-screening cases.

Table 2

Period	October 2010		November 2010		December 2010		Quarter 4 2010	
	62-Day	31-Day	62-Day	31-Day	62-Day	31-Day	62-Day	31-Day
Cancer Type								
Breast	100%	100%	100%	100%	100%	100%	100%	100%
- screened	100%	100%	100%	100%	100%	100%	100%	100%
- non-screened	100%	100%	100%	100%	100%	100%	100%	100%
Colorectal	94.3%	98.3%	84.4%	94.8%	85.7%	98.0%	88.4%	97.0%
- screened	83.3%	100%	66.7%	91.7%	63.6%	100%	71.4%	97.2%
- non-screened	100%	97.8%	95.0%	95.7%	100%	97.4%	98.3%	96.8%
Cervical	n/a*	100%	100%	100%	100%	100%	100%	100%
- screened	n/a*	n/a*	100%	100%	100%	100%	100%	100%
- non-screened	n/a*	100%	n/a*	100%	100%	100%	100%	100%

* n/a – indicates that no cases treated in this period

A meeting between the Director of Regional Services and General Managers responsible for cancer investigative and treatment services has been scheduled to review breach analyses and assess if there are further pathway measures which can be implemented to improve overall performance.

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 November and December 2010.

Delayed Discharge

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

	November 2009	December 2009		November 2010	December 2010
	Patients Waiting Over 6 Weeks			Patients Waiting Over 6 Weeks	
E Dun				1	
W Dun					
Glasgow	8	5		70	15
North East	3	2		26	8
West	1	1		27	1
South	4	2		17	6
F'Clude	4	2		1	
N Lan					2
S Lan	1	1			
E Ren	1	1			
Renfrewshire	21	17		1	2
Other		3		3	
Total	35	29		76	19

The number of patients awaiting discharge within Glasgow City rose during November 2010 but reduced in December. Work continues with local authority partners to return to the zero standard.

Stroke

The following standards are monitored for stroke services across the Board area and continue to be 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
November 2010		
GG&C	96%	87%
December 2010		
GG&C	98%	88%

Jane Grant
Chief Operating Officer
Acute Services Division
0141 201 1206