NHS Board Meeting
Tuesday 19 April 2011

Chief Operating Officer (Acute Services Division) **Board Paper No. 11/16**

WAITING TIMES AND ACCESS TARGETS

Recommendation

The NHS Board is asked to note progress against the national targets as at the end of February 2011.

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
From April 2011 a new HEAT target has been introduced that measures the percentage of patients admitted to a stroke unit on the day of admission or on the day following presentation. The target is to achieve 80% by April 2012 and 90% by March 2013. The Acute Division will report quarterly against this target with first reporting at June 2010.

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.

The Division has been working towards meeting the next target of no patients waiting over 8 weeks by the end of March 2011. The formal position at the end of February is shown below:

Inpatients / Day Cases	Waiting Over 9 weeks			Waiting over 8 weeks
	December 2010	**January 2011**	**February 2011**	**February 2011**
Greater Glasgow & Clyde	0	0	0	188
Yorkhill	0	0	0	10
Total	**0**	**0**	**0**	**198**

The Division can report that current indications are that the target of no patient waiting over 8 weeks was achieved at the end of March 2011.

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.

The next internal target of no patients waiting over 3 weeks from referral to test by March 2011 has been the focus of concerted effort in the last few months.

The formal position at the end of February is shown below:

Investigation	December 2010 Total number of patients waiting over 4 weeks	January 2011 Total number of patients waiting over 4 weeks	February 2011 Total number of patients waiting over 4 weeks		February 2011 Total number of patients waiting over 3 weeks
CT	0	0	0		47
MRI	0	0	0		27
Non Obstetric Ultrasound	0	0	0		30
Barium studies	0	0	0		2
Upper Endoscopy	0	0	0		59
Lower Endoscopy	0	0	0		7
Colonoscopy	0	0	0		45
Cystoscopy	0	0	0		28

The Division can report informally that the March 2011 target has been met.

Meeting the outpatient, inpatient and daycase, and diagnostic stage of treatment waiting times targets remains a significant challenge and is 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	December 2010	January 2011	February 2011
Greater Glasgow & Clyde	100%	100%	100%

NHS Greater Glasgow & Clyde continues to meet this target.

Accident & Emergency 4 Hour Wait

As previously reported late 2010 and early 2011, was characterised by increased demand and particularly challenging weather.

The period from late January to the present day has been characterised by improved weather, levels of demand lower than in December and early January (but still higher than previous years), and the slowing down of discharges from hospital slowing in-patient flows into, and through, the acute system.

The position through February and beyond is that activity levels have returned to expected seasonal norms and performance levels are beginning to reflect this change with 5 sites posting 95% compliance or better in February, as opposed to 3 sites in the previous month.

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.

In response the Board is pursuing a series of targeted actions:

1. The Board has established an A&E Attendances Steering Group which is reviewing alternatives to A&E attendance and hospital admission;

   Working with colleagues in Mental Health to review access to community services including addictions;

Maximising the appropriate use of Out Of Hours GP services;

Improving further early supported discharge;

Working with CH(C)Ps to review repeat A&E attendances.

2. The Board commissioned a Scottish Government sponsored survey of self presenting patients at 4 of the Board's largest A&E departments which identified patients stated reasons for self presentation at A&E departments rather than accessing other services such as NHS 24. This information is being considered by the A&E Attendances Steering Group.

3. The Board has commissioned a Lean Project focussed on Emergency Admission processes which will start in May 2011. This will focus on those sites with the lowest current performance: namely, Western Infirmary, Glasgow Royal Infirmary and Royal Alexandra Hospital and will incorporate patient flows throughout primary and secondary care.

4. In recent months a concerted effort to increase the percentage of patients attending Minor Injury Units at the Victoria and Stobhill Hospitals has resulted in increased activity in those facilities. These patients would have normally attended A&E.

5. Continued operation of the Board Unscheduled Care programme, in particular:

   (i) The use of detailed activity information generated from the A&E department EDIS information system which records activity in real-time by patient type, time of attendance, treatment, length of time from arrival at A&E to admission, discharge or transfer and the reasons for any delays in that process. This information is analysed by managers and clinicians in detailed performance reviews.

   (ii) The operation of UCC Groups for each geographical sector of NHSGG&C – North East, West, South and Clyde and also specifically for the RHSC. These multi-disciplinary groups meet regularly to review performance, identify blocks to performance and agree structured actions to address these using the above noted tools or other developed solutions.

Site	**December 2010**	**January 2011**	**February 2011**
Western Infirmary	89%	87%	82%
Glasgow Royal Infirmary	92%	88%	89%
Stobhill Hospital	96%	96%	97%
RHSC	97%	98%	97%
Southern General Hospital	96%	93%	95%
Victoria Infirmary	96%	92%	93%
Royal Alexandra Hospital	89%	86%	90%
Inverclyde Royal Hospital	95%	93%	95%
Vale of Leven Hospital	98%	98%	98%
Board Average	**94%**	**91%**	**92%**

Table: A&E 4 hour wait (December 2010 – February 2011)

Cancer Waiting Times

Quarter 4 Validated Position

The following position has been confirmed by ISD Scotland as the final validated position for NHSGG&C Cancer Performance for Quarter 4 (Oct - Dec 10). This data was publicly released on 29 March 2011 which shows that the Board continues to meet this target.

	Quarter 4 2010			
	Numerical		Percentage	
Cancer Type	**62-Day**	**31-Day**	**62-Day**	**31-Day**
Breast	246/246	338/341	100.0	99.1
Colorectal	84/95	181/188	88.4	96.3
Head & Neck	27/32	87/90	84.4	96.7
Lung	91/98	228/228	92.9	100.0
Lymphoma	19/20	45/45	95.0	100.0
Melanoma	15/15	50/51	100.0	98.0
Ovarian	8/8	21/21	100.0	100.0
Upper GI	65/69	150/150	94.2	100.0
Urology	69/73	203/214	94.5	94.6
Cervical	5/5	16/17	100.0	94.1
Overall	**629/661**	**1319/1345**	**95.2%**	**98.1%**

Provisional Data - January and February 2011

Please note the figures below are provisional and are still subject to ongoing case review. It is likely that the number of cases, and percentages, will change by the end of the quarter (Jan – March 2011).

	January						February					
	62 Day			31 Day			62 Day			31 Day		
	Eligible Referrals	Started within 62 Days	%	Eligible Referrals	Started within 31 Days	%	Eligible Referrals	Started within 62 Days	%	Eligible Referrals	Started within 31 Days	%
Breast (screened excluded)	31	31	100.0%	49	49	100.0%	36	36	100.0%	56	56	100.0%
Breast (screened only)	33	33	100.0%	31	31	100.0%	52	52	100.0%	47	47	100.0%
Cervical (screening excluded)	0	0	0.0%	7	6	85.7%	1	1	100.0%	3	3	100.0%
Cervical (screened only)	1	1	100.0%	1	1	100.0%	2	2	100.0%	4	4	100.0%
Colorectal (screened excluded)	19	19	100.0%	45	45	100.0%	20	19	95.0%	48	45	93.8%
Colorectal (screened only)	10	7	70.0%	11	10	90.9%	16	14	87.5%	18	16	88.9%
Head & Neck	12	12	100.0%	25	24	96.0%	11	11	100.0%	30	28	93.3%
Lung	35	30	85.7%	76	73	96.1%	31	26	83.9%	67	65	97.0%
Lymphoma	3	3	100.0%	10	9	90.0%	6	6	100.0%	13	13	100.0%
Melanoma	5	5	100.0%	20	20	100.0%	8	8	100.0%	26	25	96.2%
Ovarian	6	6	100.0%	10	10	100.0%	4	4	100.0%	6	6	100.0%
Upper GI	26	24	92.3%	54	54	100.0%	17	16	94.1%	47	47	100.0%
Urological	21	19	90.5%	67	63	94.0%	31	29	93.5%	83	82	98.8%
Total	202	190	94.1%	406	395	97.3%	235	224	95.3%	448	437	97.5%

A cross directorate meeting held to evaluate where improvements could be made to tumour specific performance identified the following actions:

a) Lung Pathway: Further collaborative working with Diagnostic colleagues to assess the possibility of earlier CT and PET CT appointing to facilitate earlier diagnosis and staging of lung cancers.

b) Colorectal Pathway: Colonoscopy capacity has been reviewed within the Directorate of Surgery and Anaesthetics. Increased scope capacity has been identified. Additional staff have also been trained to undertake telephone pre assessment.

c) Colorectal Treatment: Numerical and predicative analysis is underway to assess the pattern and flow of patients receiving concomitant chemo-radiation as their first intervention.

d) Head & Neck: Further review of the pathway to ensure earlier diagnosis of Head & Neck Cancers. Adjustments for VMAT (Volumetric Modulated Arc Therapy) have been agreed nationally and will come into force from 01 April.

e) Upper GI Pathway: Attempt to establish confirmed diagnosis at an earlier stage in the pathway. This will afford greater time within the pathway for patients to receive the various staging investigations required to ensure appropriate treatment is offered.

f) Urology & Cervical Pathway: Review of Brachytherapy capacity and demand at the Beatson West of Scotland Cancer Centre.

g) Oncology: Earlier escalation to the General Manager in relation to any delays in receiving first Oncology OPA.

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.

Delayed Discharge

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

	January 2010	**February 2010**		**January 2011**	**February 2011**
	Patients Waiting Over 6 Weeks			**Patients Waiting Over 6 Weeks**	
E Dun	1	0		0	0
W Dun	0	0		2	0
Glasgow	7	5		21	15
North East	*5*	*1*		*6*	*6*
West	*0*	*1*		*8*	*5*
South	*2*	*3*		*7*	*4*
I'Clyde	1	0		0	0
N Lan	0	0		2	1
S Lan	1	0		3	0
E Ren	0	0		0	0
Renfrewshire	14	11		2	2
Other	0	2		0	0
Total	**24**	**18**		**30**	**18**

Discussions between the Director of the Glasgow CHP and Glasgow City Council continue to ensure that the number of patients delayed returns to zero over six weeks. There are continuing high levels of under 6 week delays for Glasgow City residents causing significant bed pressures.

Stroke

The following QIS standards were monitored for stroke services across the Board area and continue to be achieved.

Target	**80% of fast track referrals to Stroke / TIA clinics within 7 days**	**80% of Stroke patients CT or MRI scan within 24 hours of admission**
	January 2011	
GG&C	82%	88%
	February 2011	
GG&C	84%	83%

From April 2011 a new HEAT target has been introduced that measures the percentage of patients admitted to a stroke unit on the day of admission or on the day following presentation. The target is to achieve 80% by April 2012 and 90% by March 2013. The Acute Division will report quarterly against this target, with first reporting at June 2010.

Future reporting format

As outlined within this report, there are a number of new targets which require to be delivered during 2011, most notably the change from the stage of treatment targets to the end-to-end 18 week RTT pathway measurement. It is the intention, therefore, to revise the format of the waiting times report in the forthcoming period to ensure that the revised targets are reported to the Board.

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