

WAITING TIMES AND ACCESS TARGETS

Recommendation

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

Patients should be discharged as soon as they are clinically fit for this to take place.

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, beginning in August when April to June data will be available.

PROGRESS AGAINST TARGETS

Outpatient Waiting Times

From December 2010 the Division has maintained the target of no patients waiting over 10 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 available patients waiting over 10 weeks by the end of December 2010, this target has been maintained in April 2011. Members should note that in June a review of Orthopaedics indicated a need to return their OP target to the national target of 12 weeks because of the sustained level of demand being experienced by this service.

Outpatients	Waiting Over 10 weeks			Waiting over 9 weeks
	February 2011	March 2011	April 2011	April 2011
Greater Glasgow & Clyde	620	0	0	829
Yorkhill	0	0	0	19
Total	620	0	0	848

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 2011 of no available patients waiting over 8 weeks for treatment as an inpatient / day case. This target has been maintained. Members should note that in June a review of Orthopaedics indicated a need to return their IP/DC target to the national target of 9 weeks because of the sustained level of demand being experienced by this service.

The formal position at the end of April 2011 is shown below:

Inpatients / Day Cases	Waiting Over 8 weeks			Waiting over 7 weeks
	February 2011	March 2011	April 2011	April 2011
Greater Glasgow & Clyde	188	0	0	384
Yorkhill	10	0	0	46
Total	198	0	0	430

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 achieved.

The formal position at the end of April 2011 is shown below:

Investigation	February 2011 Total number of patients waiting over 3 weeks	March 2011 Total number of patients waiting over 3 weeks	April 2011 Total number of patients waiting over 3 weeks	April 2011 Total number of patients waiting over 2 weeks
CT	47	0	0	108
MRI	27	0	0	117
Non Obstetric Ultrasound	30	0	0	87
Barium studies	2	0	0	0
Upper Endoscopy	59	0	0	76
Lower Endoscopy	7	0	0	18
Colonoscopy	45	0	0	76
Cystoscopy	28	0	0	29

Meeting the outpatient, inpatient and day case, 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.

18 Week RTT

The Division has focussed efforts on reducing the stage of treatment pathways as part of the work to meet the standard of 18 weeks from referral to treatment which should be implemented by December 2011. The Board has agreed targets with the Scottish Government Health Department, which will monitor the progress of the Division against this target. The position as reported at the end of April 2011 is detailed below:

18 Week Combined Trajectory for GG&C				
	Jan-11	Feb-11	Mar-11	Apr-11
Actual	77.1%	79.4%	80.0%	81.3%
Trajectory				80%

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	February 2011	March 2011	April 2011
Greater Glasgow & Clyde	100%	100%	100%

NHS Greater Glasgow & Clyde continues to meet this target.

Accident & Emergency 4 Hour Wait

The period from February to April 2011 has seen a number of the sites progress towards more acceptable levels of compliance with the 4 hour target. Both the Western Infirmary and Glasgow Royal Infirmary have made substantial progress towards a return to 98% compliance (performance up 10% and 6% respectively over the reported period).

Overall, the Board has achieved steady month on month improvement in its compliance figures which have improved by 4% from the recent low of 91% in January 2011. Two of the sites – RAH and Inverclyde - saw their performance reduce in April compared to March. Detailed support is ongoing at both sites which experienced increased activity and pressures due to an increase in the inpatient average length of stay.

The multi disciplinary / multi directorate site level Unscheduled Care Groups continue to be the major drivers of change and improvement in the delivery of unscheduled care.

The work of the Unscheduled Care Groups has been augmented in the past two of months by a specific review of unscheduled care on the 3 largest Hospital sites, Royal Alexandra Hospital, Glasgow Royal Infirmary and the Western Infirmary. The work is being carried out on behalf of the Board by ATOS Management Consultancy. This involves a detailed, structured analysis of patient flows from primary care through secondary care.

An Engagement Workshop was held on 20 May to present the initial findings of this review and to prioritise the actions required to take the reviews forward. The event was very well attended with representatives drawn from across the full spectrum of local health providers.

A clear plan of action was agreed for the rest of this review and the findings were presented at a further workshop on 17 June 2011.

The event was also very well attended by representatives drawn from across the full spectrum of local health providers. This second event concentrated upon detailed activity and patient flow analysis and from this an action plan detailing Board /System wide redesign and specific site action plans is being developed.

Site	February 2011	March 2011	April 2011
Western Infirmary	82%	87%	92%
Glasgow Royal Infirmary	89%	90%	95%
Stobhill Hospital (MIU)	97%	99%	100%
RHSC	97%	97%	97%
Southern General Hospital	95%	97%	98%
Victoria Infirmary	93%	95%	95%
Royal Alexandra Hospital	90%	93%	92%
Inverclyde Royal Hospital	95%	96%	94%
Vale of Leven Hospital	98%	98%	99%
Board Average	92%	94%	95%

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

Cancer Waiting Times

Quarter One (January – March 2011)

The following data has been submitted to ISD Scotland from NHS Glasgow & Clyde. This data will be considered the final submission from the NHS Board, and will go forward for publication on 28 June 2011.

Tumour Type	Quarter 1 Position			
	Numerical		Percentage	
	62 Day	31 Day	62 Day	31 Day
Breast (screened excluded)	99/99	176/176	100.0%	100.0%
Breast (screened)	138/138	119/119	100.0%	100.0%
Cervical (screened excluded)	3/2	15/14	66.7%	93.3%
Cervical (screened)	6/6	13/11	100.0%	84.6%

Colorectal (screened excluded)	65/62	158/154	95.4%	97.5%
Colorectal (screened)	47/41	51/47	87.2%	92.2%
Head & Neck	36/34	102/99	94.4%	97.1%
Lung	125/112	258/253	89.6%	98.1%
Lymphoma	19/19	47/46	100.0%	97.9%
Melanoma	19/19	73/72	100.0%	98.6%
Ovarian	18/18	31/31	100.0%	100.0%
Upper GI	70/65	163/162	92.9%	99.4%
Urological	80/77	255/246	96.3%	96.5%
All Cancer Types	725/692	1461/1430	95.4%	97.9%

NHS Glasgow & Clyde has achieved the cancer performance guarantee for the period of Quarter 1, 2011.

April 2011

The following data has been submitted to ISD Scotland from NHS Glasgow & Clyde. This data represents the provisional performance for April 2011. The data may be subject to further adjustments once ISD have undertaken a review of all cases, and removed potential duplicate cross board referrals.

Tumour Type	April Provisional Data			
	Numerical		Percentage	
	62 Day	31 Day	62 Day	31 Day
Breast (screened excluded)	32/32	66/66	100.0%	100.0%
Breast (screened)	60/59	49/48	98.3%	98.0%
Cervical (screened excluded)	1/1	7/7	100.0%	100.0%
Cervical (screened)	-/-	-/-	n/a	n/a
Colorectal (screened excluded)	18/16	47/44	88.9%	93.6%
Colorectal (screened)	10/7	9/9	70.0%	100.0%
Head & Neck	15/14	29/28	93.3%	96.6%
Lung	33/31	81/81	93.9%	100.0%
Lymphoma	16/16	23/23	100.0%	100.0%
Melanoma	9/9	19/19	100.0%	100.0%
Ovarian	4/4	9/9	100.0%	100.0%
Upper GI	26/25	46/46	96.2%	100.0%
Urological	26/25	78/77	96.2%	98.7%
All Cancer Types	250/239	463/457	95.6%	98.7%

With specific reference to the data contained in the above table, the area of 'lowest' performance is in relation to colorectal.

Within colorectal, two non screened cases both required CT and MRI staging investigations, and ultimately had first treatment with complex chemo-radiation. This is part of the review process noted below.

With regard to the screening performance, three cases within the month did not receive first treatment within 62 days. Of these cases, one related to an inter board transfer issue and the ultimate commencement of complex chemo-radiation, one related to a delay with the patients colonoscopy, and one case related to additional staging components within the patients journey.

Ongoing Actions

As noted in the previous Board report, there have been several improvement items identified by the Acute Division Cancer Group. These measures have included the following agreed steps:

- a) Escalation to the Assistant General Manager for Imaging of all lung cancer CT and PET CT requests booked greater than 7 days. This measure is an attempt to minimise the overall length of the diagnostic and staging pathway for tracked cancers.

- b) Increased scope capacity to assist with the achievement of the Colorectal screened and non screened cancers.
- c) Cross region working group to review the initial colorectal screening assumptions against the actual demand being experienced across Scotland. This work will link into a national exercise looking at the impact of the screening services.
- d) Capacity review of the number of patients who receive chemo radiation as their first definitive form of treatment for colorectal and rectal cancer.
- e) An increase in the number of ‘prostate seed’ appointment slots at the Beatson West of Scotland Cancer Centre in an attempt to accelerate the throughput patients with urological cancers.
- f) Head & Neck pathway review in an attempt to secure an earlier diagnosis and treatment decision.
- g) Escalation to the General Manager for Specialist Oncology of any delay greater than 7 days for a first oncological appointment.

It is anticipated that the ongoing progression of the above work plan will allow the Acute Operating Division to sustain and improve cancer specific 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.

Delayed Discharge

Delayed Discharge

The Board is required to maintain a performance standard that no patient waits over 6 weeks for discharge. In addition the Acute Division, CH(C)Ps and Local Authority partners are working to ensure that all patients are discharged as soon as they are clinically fit. This work is the principal focus of joint planning regarding older people and is supported by the additional” Change Funds” released this year to the Board .

	Under six weeks	Under six weeks		Over six weeks	Over six weeks
	April 2010	April 2011		April 2010	April 2011
East Dun	6	13		0	0
West Dun	8	22		0	0
Glasgow				0	0
NE	11	41		0	0
W	19	47		0	0
S	35	42		0	0
Inverclyde	9	7		0	0
North Lan	1			0	0
South Lan	5	10		0	0
East Ren	7	5		0	0
Renfrewshire	31	29		0	0
Other	6	2		0	0
Total	138	218		0	0

Jane Grant
Chief Operating Officer
Acute Services Division
0141 201 1206