

WAITING TIMES AND ACCESS TARGETS

Recommendation:

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

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).

1. GENERAL WAITING TIMES / 18 WEEKS REFERRAL TO TREATMENT (RTT)

Waiting times for outpatient appointments, inpatient / day case treatment and diagnostic tests have been falling over recent years as the Board has achieved successive Government targets. The revised Government target is that, by December 2011, the total maximum journey time will be 18 weeks from referral to treatment, referred to as the 18 week RTT target. The national target requires the Board to deliver 90% performance for combined admitted/non admitted performance by 31 December 2011.

The 18 weeks Standard requires all Boards to measure the total period waited by each patient, from referral to treatment, and to manage each patient’s journey in a timely and efficient manner. The clock starts for a RTT period on the date of receipt of a referral to a consultant-led service.

As outlined in previous Board papers, the Board has been reporting on the individual stage of treatment targets and it is now proposed to report against the 18 week RTT target, along with the backstop 12 week national Stage of Treatment target for inpatients /daycases. This new format will advise of the monthly position being achieved by the Board and will replace the stage of treatment format that has been utilised previously.

Previous format	Revised format
Stage of treatment targets for all categories: <ul style="list-style-type: none"> ➤ New outpatients ➤ Inpatients / Daycases ➤ 8 key diagnostic tests 	<ul style="list-style-type: none"> ➤ Single 18 week RTT pathway measurement covering the previous stage of treatment categories ➤ 12 week national guarantee for inpatients and daycases
Cataract Surgery	Embedded in 18 week reports
Hip Fracture	Discontinued

Achievement will be measured against a standard of 90% combined admitted and non-admitted performance within 18 weeks and the focus will now be on the whole journey measurement as this is the national requirement.

Within NHSGG&C this measurement process has essentially been manual in nature and is extremely complex relying on significant interpretation of data. Efforts over recent months will see the evolution of interim IT solutions being deployed across North & South Glasgow Sectors, along with Yorkhill to improve pathway ‘linkage’ and therefore more robust analysis, until the new patient management system is fully implemented. In Clyde, the patient management system roll-out will take place prior to December 2011. The Clyde sector performance will therefore, be addressed through that route.

There are two main components which are routinely assessed in relation to the 18 week RTT standard:

➤ **Combined admitted / non admitted performance:**

This measure outlines the Board's performance against the agreed trajectory for both the admitted and non-admitted pathways. As detailed below, the Board is currently achieving 88% performance, against an agreed trajectory of 81%, as an interim target towards delivery of the 90% position by December 2011.

	Apr-11	May-11	June-11
Actual	81.3%	86.5%	88%
Trajectory	80%	80%	81%

➤ **Linked Pathways**

As outlined above, this is a measure of the percentage of patients where their total pathway is being linked at present. The Board has achieved the June's performance trajectory, however, there is significant complexity involved in improving performance for this key performance indicator due, in part, to our status as a tertiary service provider for other NHS Boards and the cross boundary referrals that occur. Work continues nationally to develop more robust inter Board processes to allow appropriate pathway linkage to be facilitated.

	Apr-11	May-11	June-11
Actual	61.5%	65.2%	66.9%
Trajectory			66%

Stage of Treatment

The national 'stage of treatment' backstop guarantee of 12 weeks for inpatients and day cases will remain and will be reported as part of this report. At present, the Board is meeting this target for all available patients.

As previously reported; with the exception of Orthopaedics all specialties continue to meet the NHS GG&C target of 10 weeks for new Out patients and 8 weeks for inpatient and daycases. Orthopaedics remains within the revised maximum waiting of 12 weeks for outpatients and 12 weeks for Inpatient/Daycases.

2. ACCIDENT AND EMERGENCY WAITING TIMES

The Board is required to ensure that the maximum length of time from arrival to admission, discharge or transfer is 4 hours for 98% of Accident and Emergency patients.

The period from April to June 2011 has seen a number of the sites further consolidate the progress made in the first 3 months of the year. In particular, GRI, Western Infirmary and Victoria Infirmary have all made substantial progress over a short period of time and the provisional figures posted by these locations in June 2011 are respectively 9%, 12% and 4% higher than their lowest compliance figures for calendar year 2011. Overall the Board has achieved steady month on month improvement in the overall compliance figures which have improved by 5% in recent months.

Within NHS GG&C, 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.

Improvement work is currently being driven on a site basis by the issues which were identified during the ATOS sessions in May and June. Among the key issues currently being worked on across directorates and agencies are the following:

- Improved use of Estimated Discharge Date
- Discharges occurring earlier in the day
- Improve and extend the use of predictive tools
- Review use of discharge lounges
- Develop role of anticipatory care
- Extend role of community support teams in facilitating earlier discharge of patients

The above list is indicative rather than exhaustive and progress across the full range of improvement areas will be monitored over the summer / autumn period to ensure sustained improvement.

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

5. CANCER WAITING TIMES

As previously reported, the Board is required to deliver the following targets,

- 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 is 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 the patient was referred.

The following data, covering April to June 2011, has been submitted to ISD Scotland from NHS Greater Glasgow and Clyde. This data is provisional and is subject to further validation processes, and, therefore, possible change. Based on the current submission however, NHSGG&C has achieved the cancer performance targets for the period.

Tumour Type	April to June Position			
	Total pats /Nos met target		Percentage	
	62 Day	31 Day	62 Day	31 Day
Breast (screened excluded)	96/96	200/200	100.0	100.0
Breast (screened)	150/149	121/119	99.3	98.3
Cervical (screened excluded)	1/1	7/7	100.0	100.0
Cervical (screened)	0/0	0/0	-	-
Colorectal (screened excluded)	59/55	140/135	93.2	96.4
Colorectal (screened)	50/42	49/49	84.0	100.0
Head & Neck	35/33	86/84	94.3	97.7
Lung	130/118	271/269	90.8	99.3
Lymphoma	26/26	52/52	100.0	100.0
Melanoma	18/18	57/57	100.0	100.0
Ovarian	15/14	28/27	93.3	96.4
Upper GI	82/79	144/144	96.4	100.0

Urological	81/77	248/232	95.1	93.5
All Cancer Types	743/708	1403/1375	95.3%	98.0%

In terms of the 62 day performance overall, this has remained relatively static. There are however notable improvements in the performance of cases under guarantee as part of the bowel screening programme.

With regard to the overall performance of the lung pathway, there have been fluctuations. 12 cases out of 130 over the three month period did not achieve their first treatment with 62 days. The Director and General Manager for Medical Specialties, along with the General Manager of Specialist Oncology Services have met to consider further benchmarking with larger teaching hospitals across NHS England.

Of note within the 31 day performance is a slight deterioration in the urological pathway. This relates to a combination of factors related to Oncology and Surgical capacity. Within Oncology, additional Brachytherapy sessions have been planned throughout August to ensure that any bottlenecks are removed from the system. Three additional Oncology clinics have been scheduled to ensure there are no unnecessary waits. Within Surgery there were some limitations to the availability of specialist procedures, which have now been resolved. Overall 16 patients waited longer than 31 days, however, this should reduce in the coming months.

6. 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 continues to meet this target.

7. 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 and a trajectory has been agreed on a quarterly basis for this purpose.

The following table shows the performance against the first quarterly trajectory point:

	Target June 2011	Actual June 2011
% of patients admitted to stroke unit on day of admission / day following presentation	65%	75%

8. DELAYED DISCHARGES

Patients should be discharged as soon as they are clinically fit for this to take place. Previous reports have demonstrated the over 6 weeks position but it is now suggested that both the over, and under, 6 weeks position should be reported from this month to give a truer picture of patients delayed within the system.

In order to ensure that patients receive the most appropriate care and to ensure that capacity is available for new admissions, it is imperative that patients are discharged as soon as they are clinically ready. 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. Initiatives supported by these funds are expected to commence in the latter half of the year.

Reporting now includes patients in mental health beds across the Board area and 5 of the patients delayed over 6 weeks and 18 of those under 6 weeks are occupying mental health beds for adults or older people. In June 2011, there were only 2 patients waiting under 6 weeks reported for mental health.

There remain significant challenges within the Glasgow City Council area where workforce issues have delayed the discharge process, particularly in South Glasgow, although temporary staff have now been recruited to assist. Other strategies being used include ensuring that clients move to an interim choice of placement if their first choice is not immediately available and providing an increased number of funded care home places.

	Under six weeks	Under six weeks		Over six weeks	Over six weeks
	June 2010	June 2011		June 2010	June 2011
East Dun	13	19		0	0
West Dun	11	16		2	0
Glasgow	85	105		4	17
NE	24	40		1	2
W	18	37		1	5
S	43	28		2	10
Inverclyde	8	20		0	0
North Lan	2	3		0	2
South Lan	7	5		0	1
East Ren	9	3		0	0
Renfrewshire	20	37		1	1
Other	2	3		1	0
Total	157	211		8	21

Jane Grant
Chief Operating Officer
Acute Services Division