

WAITING TIMES AND ACCESS TARGETS

Recommendation:

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

Achievement is being measured against a standard of 90% combined admitted / non admitted performance within 18 weeks and the focus is now 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, Inverclyde Royal Hospital went live in September 2011.

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 87.3% performance, against an agreed trajectory of 84%, as an interim target towards delivery of the 90% position by December 2011.

	June-11	July-11	Aug-11
Actual	88%	87%	87.3%
Trajectory	81%	83%	84%

➤ Linked Pathways:

This is a measure of the percentage of patients where their total pathway is being linked at present.

The Board has achieved the August 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.

	June-11	July-11	Aug-11
Actual	66.9%	70.8%	73.9%
Trajectory	66%	67%	68%

➤ **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 inpatients and day cases. Orthopaedics remains within the revised maximum waiting of 12 weeks for outpatients and 12 weeks for inpatients and day cases.

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.

During the period from June to August 2011 the Division has continued to make progress overall, with 97% compliance achieved in July 2011, further consolidated in August 2011.

The specific improvement work targeted at the Royal Alexandra Hospital produced an improvement in performance. The management team have reconfigured the local Unscheduled Care Group and have developed and implemented a series of service changes to target areas of low performance. These have included reconfiguring staffing to manage the problems of breachers out of core hours, allied to revised arrangements for non A&E medical support and the operational policies of the Medical Assessment Unit. That said, there are still significant fluctuations in performance and so this focussed work requires to continue.

Glasgow Royal Infirmary continued its improvement in performance and achieved the 98% guarantee in August; however performance at both the Southern General Hospital and the Western Infirmary was lower in August than in July. The local unscheduled care teams have implemented actions to address the issues at these two sites.

The Directorate is continuing to progress the outcomes of the ATOS emergency care project which reviewed all stages in the emergency care journey and identified recommended actions. A series of immediate actions have already been implemented. These have included:

- ❖ The improved use of estimated Date of Discharge
- ❖ Improved use of predictive tools
- ❖ Reviewed use of discharge lounges
- ❖ Reconfiguration of Medical Assessment Units.

The Acute Division has undertaken a detailed review of the data and analysis produced by the ATOS project and this information, allied to the recommendations produced by the project, are being developed into a system wide-action plan to improve the emergency care pathway and to enable the Board to re-achieve the 98% guarantee.

Site	Jun-11	Jul-11	Aug-11
Western Infirmary	94%	98%	96%
Glasgow Royal Infirmary	97%	97%	98%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	97%	97%	97%
Southern General Hospital	96%	97%	96%
Victoria Infirmary	96%	98%	98%
Royal Alexandra Hospital	92%	94%	96%
Inverclyde Royal Hospital	97%	98%	97%
Vale of Leven Hospital	98%	99%	98%
Board Average	96%	97%	97%

3. CANCER WAITING TIMES

➤ A) Quarter Two (April – June 2011)

Provisional data for the quarter April - June 2011 was presented in the August Board report and the final confirmed position has been verified by ISD. NHS GG&C has achieved the cancer performance guarantee for quarter 2 (all cancer types 31 day target = 96%, 62 day target = 97.7%).

➤ B) July and August 2011

The following data represents the provisional performance for July and August 2011. This data is provisional and subject to further validation and possible change.

Cancer Type	July 2011		August 2011	
	62 Day	31 Day	62 Day	31 Day
Breast (screened excluded)	100.0%	100.0%	100.0%	100.0%
Breast (screened)	100.0%	100.0%	96.2%	97.6%
Cervical (screened excluded)	100.0%	100.0%	100.0%	100.0%
Cervical (screened)	-	-	100.0%	100.0%
Colorectal (screened excluded)	93.8%	97.4%	96.6%	94.1%
Colorectal (screened)	76.5%	94.7%	81.8%	100.0%
Head & Neck	89.5%	90.0%	100.0%	93.8%
Lung	95.0%	100.0%	97.6%	100.0%
Lymphoma	100.0%	100.0%	90.0%	100.0%
Melanoma	90.9%	100.0%	100.0%	100.0%
Ovarian	100.0%	100.0%	100.0%	100.0%
Upper GI	96.2%	100.0%	100.0%	100.0%
Urological	100.0%	92.1%	100.0%	92.4%
All Cancer Types	95.5%	97.4%	97.3%	97.2%

Table: Cancer Waiting Times (quarter 3, July & August 2011 only) - unvalidated by ISD

➤ C) Improvement Measures

As outlined in previous Board reports, there has been a series of measures identified to try and increase the performance across specific tumour groups.

➤ C i) Lung

There has been a significant improvement in the performance of lung cancer compliance.

In July 95.0% of cases received first treatment within 62 days, and in August 97.6% received first treatment within 62 days. Performance in this area continues to be closely monitored in an endeavour to sustain this improved position.

➤ C ii) Colorectal Screening

Colorectal screened cases continue to present challenges across the West of Scotland.

The initial focus of work in this area was to improve the time from a screened positive result to colonoscopy. This has been achieved and there are 17 dedicated sessions now in place within Surgery and Anaesthetics to accommodate the overall demand.

➤ **C iii) Urological**

Four non recurring brachytherapy theatre sessions have been undertaken throughout August to reduce the volume of cases awaiting this Oncology intervention as a first treatment. We anticipate seeing the benefit of this in the September performance.

4. 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.

5. 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. September’s performance will be reported in the next Board report.

6. DELAYED DISCHARGES

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 with local authorities 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.

Total patients delayed	Under six weeks	Under six weeks		Over six weeks	Over six weeks
	August 2010	August 2011		August 2010	August 2011
East Dun	9	10		0	0
West Dun	15	21		0	1
Glasgow	98	96		8	19
NE	26	32		1	0
W	24	35		3	5
S	48	29		4	14
Inverclyde	14	11		0	0
North Lan	3	2		0	4
South Lan	7	7		1	0
East Ren	7	4		0	1
Renfrewshire	21	34		6	3
Other	1	3		2	1
Total	175	188		17	29

Reporting now includes patients in mental health beds across the Board area and 7 of the patients delayed over 6 weeks and 15 of those under 6 weeks are occupying mental health beds for adults or older people. In August 2010, there were only 2 patients reported as waiting in mental health. There were, therefore, 195 patients awaiting discharge from acute hospitals in the Board in August 2011, as shown below, a reduction from 211 patients in July 2011.

Total patients delayed	Under six weeks	Under six weeks	Over six weeks	Over six weeks
	August 2010	August 2011	August 2010	August 2011
Acute	173	173	17	22
Mental Health	2	15	0	7

One of the Key Performance Indicators used is the number of bed days in acute hospitals occupied by patients aged 65 and over, who are ready to be discharged.

This information is shown below for the Board's key partnership areas. The table shows the number of bed days occupied by people over the age of 65 in Glasgow acute hospitals in the month from August, from the point at which they were declared fit for discharge.

	Bed Days
East Dun	403
West Dun	708
Glasgow	3,756
Inverclyde	277
East Ren	246
Renfrewshire	1,515
Total	6,905

Detailed joint work is ongoing to ensure these delays are addressed.

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