

WAITING TIMES AND ACCESS TARGETS

Recommendation:

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

There are two main components which are routinely assessed in relation to the 18 weeks 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% performance, against an agreed trajectory of 88%, as an interim target towards delivery of the 90% position by December 2011. There is a direct correlation between linkage and performance and the improved performance in linkage detailed below has had a small detrimental impact on performance. The Acute Division remains focused on delivering the extant 18 week December target. This is despite the loss of elective activity on November 30th.

	Aug-11	Sept-11	Oct-11
Actual	87.3%	87.2%	87%
Trajectory	84%	86%	88%

➤ 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 October performance trajectory; however, there remains significant complexity involved in delivering performance of 100% 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. We have agreed an 80% target which takes account of this position and has been agreed by SGHD. Work continues nationally to develop more robust inter-Board processes to allow appropriate pathway linkage to be facilitated. There has been significant improvement in linkage across the Acute Division.

	Aug-11	Sep-11	Oct-11
Actual	73.9%	78.2%	81.3%
Trajectory	68%	70%	75%

➤ Stage of Treatment

As previously reported, with the exception of Orthopaedics, all specialties continue to meet the NHSGG&C target of 10 weeks for new out patients and 8 weeks for inpatients and day cases. Orthopaedics remains within the waiting time of 12 weeks for outpatients and 12 weeks for inpatients and day cases. The Acute Division is in the final stages of planning to return Orthopaedics to the maximum wait of 9 weeks in 2012. The number of patients waiting over 9 weeks for Orthopaedics is detailed below:

Over 9 weeks	Aug-11	Sep-11	Oct-11
Actual	492	342	390

2. ACCIDENT AND EMERGENCY WAITING TIMES

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

During the period from August to October 2011, performance against this target ranged from 97% compliance in August to 95% compliance in October. The position for calendar year 2011 to August had been one of steady improvement throughout the year from 91% compliance in January to 97% compliance in August.

Over the 3 month period being reported on, four sites in particular have begun to experience capacity problems (i.e. the Western Infirmary, Royal Alexandra Hospital, Victoria Infirmary and Southern General Hospital). Detailed analysis has been carried out of the August to October period. All of these sites have seen significant challenges in performance at peak times of demand.

The Acute Division has implemented a number of initiatives over the winter period to provide additional surge capacity and to support discharge planning - the major initiatives include:

- Additional short-term inpatient beds on a number of sites
- Extension of the Clinical Decisions Unit opening times at Southern General Hospital and the transfer of this facility to a ward nearer to the emergency department which will improve patient flow
- Additional ambulances to facilitate earlier discharge and/or transfer of patients where clinically appropriate
- Additional Bed Management support
- Enhancements across the NHS Board to discharge and rehabilitation services

The elective inpatient workload will also be flexed over late December / early January to ensure that emergency and trauma work is given due priority over this period while maintaining our delivery of elective waiting time targets.

Detailed performance is outlined below:

Site	Aug-11	Sep-11	Oct-11
Western Infirmary	96%	93%	91%
Glasgow Royal Infirmary	98%	98%	98%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	97%	96%	97%
Southern General Hospital	96%	96%	94%
Victoria Infirmary	98%	97%	94%
Royal Alexandra Hospital	96%	95%	92%
Inverclyde Royal Hospital	97%	96%	96%
Vale of Leven Hospital	98%	98%	98%
Board Average	97%	96%	95%

3. CANCER WAITING TIMES

A) Quarter Three (July - September 2011)

Provisional data for the months July 2011 and August 2011 was presented in the October Board report and this has now been submitted to ISD for validation along with data for September 2011. The unvalidated data shows that NHS GG&C has achieved the cancer performance guarantee for quarter 3 (31 day target = 98%, 62 day target = 97.5%).

B) September and October 2011

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

Tumour Type	September 2011		October 2011	
	62 Day	31 Day	62 Day	31 Day
	Breast (screened excluded)	100.0%	96.2%	100.0%
Breast (screened)	100.0%	97.7%	100.0%	100.0%
Cervical (screened excluded)	N/A	100.0%	100.0%	100.0%
Cervical (screened)	100.0%	100.0%	100.0%	100.0%
Colorectal (screened excluded)	95.0%	96.0%	100.0%	97.4%
Colorectal (screened)	92.9%	92.9%	100.0%	100.0%
Head & Neck	90.0%	100.0%	100.0%	100.0%
Lung	100.0%	100.0%	97.8%	100.0%
Lymphoma	100.0%	100.0%	100.0%	100.0%
Melanoma	100.0%	100.0%	100.0%	95.5%
Ovarian	100.0%	100.0%	100.0%	100.0%
Upper GI	95.7%	100.0%	84.0%	100.0%
Urological	100.0%	95.3%	96.0%	96.5%
All Cancer Types	98.3%	98.0%	97.6%	99.0%

Table: Cancer Waiting Times (September & October 2011 only) – unvalidated by ISD

C) Improvement Measures

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

➤ Lung

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

➤ **Colorectal Screening**

This is subject to an ongoing review of demand and capacity with the Surgical Directorate. Colorectal screened cases continue to present challenges across the West of Scotland, however September and October performance for GG&C shows a significant improvement overall.

➤ **Upper GI - 62 Day performance**

There appears to be a dip in performance for upper GI cancers for October in the 62 day cohort. Four cases missed the guarantee date. A review of the clinical pathways for these four patients is underway within Surgery and Specialist Oncology.

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. The Board is currently above the planned trajectory.

% of patients admitted to stroke unit on day of admission / day following presentation	Quarter ended June 2011	Quarter ended Sept 2011
Actual	75%	90%
Target	65%	70%

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 now starting to be put in place.

Total patients delayed	Under six weeks	Under six weeks		Over six weeks	Over six weeks
	Oct 2010	Oct 2011		Oct 2010	Oct 2011
East Dun	4	11		0	0
West Dun	13	15		1	2
Glasgow	115	108		39	16
NE	57	31		11	0
W	29	26		12	8
S	29	51		16	8
Inverclyde	16	7		0	0
North Lan	1	1		0	1
South Lan	2	6		1	1
East Ren	11	8		0	0
Renfrewshire	26	38		1	2
Other	2	2		1	0
Total	190	196		43	22

The following table shows the number of patients delayed in acute hospitals and in mental health hospitals for both adults and older people.

Total patients delayed	Under six weeks	Under six weeks	Over six weeks	Over six weeks
	Oct 2010	Oct 2011	Oct 2010	Oct 2011
Acute	182	177	42	20
Mental Health	8	19	1	2
Total	190	196	43	22

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 patients over the age of 65 in Glasgow acute hospitals from April to September 2011, from the point at which they were declared fit for discharge.

Bed Days	April - Sept 2011
East Dun	2,849
West Dun	3,116
Glasgow	24,981
Inverclyde	2,775
East Ren	1,954
Renfrewshire	8,743
Total	44,418

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

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