

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of April 2013.

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 required 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 (RTT), 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.

The Acute Division reports on the individual stage of treatment targets against the 18 week RTT target, along with the national stage of treatment targets, and information on patient unavailability.

➤ 1.1 Combined admitted / non admitted performance

This measure outlines the Board's performance against the agreed target for both the admitted and non-admitted pathways. As detailed below, the Board is currently achieving 90.7% performance, against the target of 90%.

	Feb 13	March 13	April 13
Actual	91.2%	91.2%	90.7%
Trajectory	90%	90%	90%

The Division has focussed efforts on improving performance using a range of strategies including; robust analysis at an individual procedural level (high volume pathways), development of a data warehouse which helps to improve pathway linkage in the absence of the Unique Care Pathway Number, as well as continued and significant manual oversight of data quality, and a series of manual interventions to improve this.

In respect of the provision of services, pressures remain in both Ophthalmology and Orthopaedics specifically. This is a similar position nationally in Scotland. A variety of approaches including internal activity and the use of capacity at the Golden Jubilee National Hospital are currently being pursued.

➤ **1.2 Linked Pathways**

This is a measure of the percentage of patients where their total pathway is being linked. The Board continues to exceed the target of 80% in April 2013. It should be noted that 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.

	Feb 13	March 13	April 13
Actual	90.3%	89.1%	89.9%
Trajectory	80%	80%	80%

An emphasis on the completion of clinic outcome forms is ongoing with minor changes to the forms to ensure that where treatment has started the pathways are closed. A review of case notes continues to take place monthly to ensure that all treatment started is recorded. The Board has agreed targets with the Scottish Government Health Department, which will monitor the progress of the Division against this target.

Members should note that we continue to achieve our trajectory position in this area.

➤ **1.3 Stage of Treatment targets**

As the firm emphasis has now moved to pathway measurement, the focus of this report will be maintained on that measurement. The national stage of treatment times for available inpatients / daycases and new outpatients of 12 weeks will still continue to be reported, particularly in light of the Patient Rights (Scotland) Act 2011.

Nationally, IP/DC spinal surgery has been excluded from the 12 week treatment time guarantee for a 12 month period, and therefore there will be a number of patients in this category within NHS GG&C for that period. As at 31 May 2013, there were 120 spinal patients that have been exempted (down from 161 for the period to 28 February 2013), with 42 of those patients waiting over 12 weeks (20 with agreed dates for surgery, 22 still to be agreed). The Institute of Neurosciences management and clinical teams are continuing their work to bring the IP/DC services within 12 weeks.

The Division is continuing to monitor all stage of treatment targets.

Outpatients

Due to a combination of patient management / data errors, 3 pain service out patients breached 12 weeks in March 2013. Management have initiated the appropriate steps to address this issue and have communicated this to other specialities. There were no breachers in April 2013.

Inpatients

NHS GG&C has routinely met the national (treatment time) guarantee of 12 weeks from decision to treat, to treatment. However, in March and April 2013 there were 5 TTG breachers, all of whom have now had their treatment.

➤ **1.4 Unavailability**

Unavailability of patients across the Division has been closely monitored as the waiting time and numbers of unavailable patients have reduced over the past year. Delivery of the current position has been predicated on 'reasonable offers' being made to patients for access to OP or IP/DC slots at our hospitals across NHS GG&C, this is in line with the Access Policy.

A sector approach has been adopted and in most cases this will reduce the distances being required to attend an appointment.

Work is ongoing across the Division to ensure capacity is aligned with the demand profile; however it should be noted that the current arrangement of providing patients with a reasonable offer within the Board's area is best utilising NHS GG&C capacity and supporting effective utilisation of some of our most expensive assets, again, this operational approach is in line with the Access Policy.

The overall position at the end of April 2013 is detailed below.

	Total Unavailable	Total Unavailable	Total Unavailable
Inpatient / Day Cases	February 13	March 13	April 13
Greater Glasgow & Clyde	2,508	2,931	2,911
Yorkhill	531	513	513
TOTAL	3,039	3,444	3,424
Outpatients	February 13	March 13	April 13
Greater Glasgow & Clyde	2,065	1,687	1,728
Yorkhill	208	181	131
TOTAL	2,273	1,868	1,859

This demonstrates a fairly static position for both IP/DC and OP unavailability. At the end of April 2013, the total number of patients waiting (both available and unavailable) was 15,423 inpatients / day cases and 56,311 new outpatients.

The Division is also developing its governance processes around access management in line with both the internal and external audits. Future reports will detail the additional guidance being issued to staff, the approach to core and consistent training, and the compliance audit programme that will be instituted.

➤ **1.5 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 until January 2013.

However, due to an issue within TrakCare, there was 1 patient in February, and 4 in March who did not meet the 4 week target. As the TrakCare issue was not identified until April, there were a further 32 patients who did not meet the target in April. One of these patients is currently unavailable; all the other patients already have dates booked for their investigation.

Sustained and increased demand is being experienced in relation to MRI and CT scanning, with substantial increases noted in both modalities. In addition, the recent increase in breast referrals has led to an increased requirement for mammography, which is also placing additional access requirements on the service. Additional weekend / evening sessions are being undertaken on a number of sites to ensure adequate capacity is in place to deliver the 18 week position, access for emergency patients and the cancer / stroke targets

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.

Site	March 13	April 13
Western Infirmary	87%	89%
Glasgow Royal Infirmary	87%	89%
Stobhill Hospital (MIU)	100%	100%
RHSC	97%	96%
Southern General Hospital	91%	92%
Victoria Infirmary	92%	92%
Royal Alexandra Hospital	82%	88%
Inverclyde Royal Hospital	91%	91%
Vale of Leven Hospital	96%	96%
Board Average	90%	91%

Pressure on the Departments has continued although performance is starting to see improvement. 4 patients waited over 12 hours to be admitted in March 2013 and 5 in April 2013. There have been no 12 hour breachers since April 2013.

The number of patients requiring admission continued above the level of previous years and the clinical need of the patients, many of whom had a complex respiratory illness, led to an increased inpatient length of stay.

In accordance with the Winter Plan, we have continued to provide augmented clinical support services and additional temporary bed capacity. Beds have been temporarily redesignated for use by unscheduled care services and additional diagnostic and transport services have been provided at the weekend. Elective activity has also been flexed to allow for additional surges in demand from emergency care.

Measures to further improve performance includes:-

- The recruitment of three additional Emergency Department Consultants (2 in adult medicine and 1 in paediatrics) - funded by the National Unscheduled Care Plan;
- The recruitment of three additional Acute Physicians for South / West Glasgow;
- The creation of additional facilities to ensure patients are no longer in inpatient beds whilst they are waiting for transport home; and
- Additional services to provide alternatives to attendance at an Emergency Department - such as a new acute oncology assessment area for patients who are being treated at the West of Scotland (Beatson) Cancer Centre.

3. CANCER WAITING TIMES

- The 62 day urgent referral to treatment target includes screened positive patients, and all patients referred urgently with a suspicion of cancer.
- The 31 day target includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat, to treatment.

95% of all eligible patients should wait no longer than 62 days or 31 days. A 5% tolerance level is applied to these targets, as for some patients it may not be clinically appropriate for treatment to begin within target.

The table overleaf represents the current position for Quarter 1 2013. This data, although unvalidated, will be subject to very minor amendments following the ISD validation process.

Tumour Type	Quarter 1: Provisional			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast	215/218	98.6%	307/316	97.2%
Cervical	2/2	100.0%	11/11	100.0%
Colorectal	83/91	91.2%	178/186	95.7%
Head & Neck	34/35	97.1%	93/99	93.9%
Lung	104/116	89.7%	273/275	99.3%
Lymphoma	23/25	92.0%	60/60	100.0%
Melanoma	17/17	100.0%	69/69	100.0%
Ovarian	8/8	100.0%	25/25	100.0%
Upper GI	64/77	83.1%	187/188	99.5%
Urological	88/92	95.7%	285/301	94.7%
All Cancer Types	638/681	93.7%	1488/1530	97.3%

An improvement plan has been developed and presented to the Acute Division Detecting Cancer Early Programme Board (formerly Directors Cancer Access Meeting). This plan outlines several measures to sustain performance at a level >95% for both the 62 and 31 days performance standards in Lung, Colorectal and Upper GI. In summary, the following areas are being addressed:

- Reduce the number of stages built into the upper GI diagnostic and staging pathway.
- Reduce the interval between diagnostic imaging examinations and pathology reporting to a maximum of 7 days.
- Early escalation of 'late cases' to the treatment team, i.e. surgery or specialist oncology.
- Redesign the initial referral pathway for lung by aiming to have the patient moving straight to test prior to out patient appointment.
- Enhance the use of IT systems in patient tracking for suspect cancers.

4. STROKE

The target for March 2013 is that 90% of patients admitted with a diagnosis of stroke will be admitted to a stroke unit on the day of admission, or the day following presentation. Performance is reported on a monthly and quarterly basis; the quarter ending 31st March 2013 is included in the table below.

% of patients admitted to stroke unit on day of admission / day following presentation	Quarter ended June 2012	Quarter ended Sept 2012	Quarter ended Dec 2012	Quarter ended March 2013
Actual	74%	78%	71%	82%
Trajectory	83%	86%	88%	90%

The target has shown significant improvement in the quarter ending March 2013. The Board's performance at 82% is just above the average performance in Scotland (80%) but still below the national target. The Board's monthly performance at the end of March 2013 reached 88%.

Much of the improvement seen has been driven by changes to the stroke pathway at the Royal Alexandra Hospital, introduced in January 2013. This has seen the Royal Alexandra Hospital achieve 100% compliance in March and April 2013. The Southern General Hospital continues to maintain its consistently high performance, in April this was 97%. The Western Infirmary / Gartnavel General Hospitals also saw improvements in performance towards the end of the quarter, however Glasgow Royal Infirmary, which had been performing well early in the quarter, experienced a dip in performance in March. In part this was due to the hospital seeing its highest rate of suspected stroke admissions in over a year, however there were also significant capacity pressures on the Infirmary site as a whole. This in turn impacted on bed availability in the acute stroke unit, in particular over weekends.

Improvement actions are in place on each site to re-inforce the stroke pathway and improve the flow of patients through the stroke units. In addition each hospital is undertaking daily and weekly monitoring of admissions and an analysis of patients who breach the national target, in order that all possible actions are taken to meet the national target on each site.

5. PATIENTS AWAITING DISCHARGE

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. The target for discharge to be completed has reduced from six to four weeks, from April 2012, and future reports will now reflect this.

This work is the principal focus of joint planning with local authorities regarding older people, and is supported by the additional “Change Funds” released to the partnerships.

The number of patients awaiting discharge by CH(C)P, and by service, in April 2012 and April 2013, is shown in the tables below.

NUMBER OF PATIENTS WAITING - TOTAL BY CH(C)P

	April 12	April 13		April 12	April 13		April 12	April 13
Total patients delayed	Under 4 weeks	Under 4 weeks		Over 4 weeks	Over 4 weeks		Total	Total
East Dun	9	6		3	0		12	6
West Dun	8	10		3	0		11	10
Glasgow	62	84		15	12		77	96
NE	21	25		3	1		24	26
W	15	29		1	1		16	30
S	26	30		11	10		37	40
Inverclyde	7	5		2	0		9	5
North Lan	2	3		1	0		3	3
South Lan	2	6		4	3		6	9
East Ren	8	9		3	1		11	10
Renfrewshire	31	14		5	0		36	14
Other	3	3		1	0		4	3
Total	132	140		37	16		169	156

NUMBER OF PATIENTS WAITING - TOTAL BY SERVICE

	April 12	April 13		April 12	April 13		April 12	April 13
Total patients delayed	Under 4 weeks	Under 4 weeks		Over 4 weeks	Over 4 weeks		Total	Total
Acute	122	127		33	13		155	140
Mental Health	10	13		4	3		14	16
Total	132	140		37	16		169	156

Column 1 - ‘Apr 2012 under 4 weeks’ does not include a further 37 patients who were delayed less than 3 days as this was not a requirement of ISD reporting at that time. The total number of patients awaiting discharge in the April 2013 census (156 patients) therefore represents a 24% reduction compared to April 2012 (206 patients).

The figures above relate to the number of patients whose discharges are progressing through the discharge planning process.

In addition, in April 2013, there are a further 61 patients whose discharge cannot be progressed immediately as their case is particularly complex or their case is being considered under the Adults with Incapacity legislation. This compares to a figure of 83 patients the same time last year, a reduction of 27%.

The plans agreed by each Partnership to reshape older people's care each contained a specific commitment to reduce the number of days patients spent in acute hospitals waiting to be discharged.

Each Partnership agreed that this would substantially reduce, by as much as 50% in most cases, and despite the improvements described above this has not yet been delivered.

The number of bed days occupied by patients over the age of 65 awaiting discharge, including those who were subject to Adults with Incapacity procedures, in acute hospitals since April 2012, is shown below.

BED DAYS OCCUPIED BY PATIENTS OVER 65 AWAITING DISCHARGE

Bed Days Acute	Cumulative April 11 – Mar 12	Cumulative April 12 - Mar 13	% change on last year
East Dun	6,370	5,534	13.1%
East Ren	4,093	5,173	-26.3%
Glasgow	64,865	43,185	33.4%
Inverclyde	5,578	3,744	32.9%
Renfrewshire	19,792	12,698	35.8%
West Dun	8,611	6,050	29.7%
Sub Total	109,309	76,382	30.1%
N Lanarkshire	1,561	793	49.2%
S Lanarkshire	4,101	3,922	4.4%
All other areas	2,042	2,288	-12.0%
Total	117,013	83,385	28.7%

The number of bed days occupied by patients over the age of 65 awaiting discharge, including those who were subject to Adults with Incapacity procedures, in acute hospitals for the year April 2012 to March 13, is shown above This reflects a 28.7% reduction on the same period the previous year however this figure is 62% above the target of 51,484 set for CHPs/ CHCPs and Local Authorities.

Jane Grant
Chief Operating Officer
Acute Services Division