

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of June 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. The new patient management system is now fully implemented and this should improve the linkage of patient pathways.

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 91.1% performance, against the target of 90%.

	Apr 13	May 13	June 13
Actual	90.7%	90.4%	91.1%
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. The

Scottish Government has also funded Private Sector Capacity for Ophthalmology, along with Board wide funding.

➤ 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 June 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.

	Apr 13	May 13	June 13
Actual	89.9%	87.5%	85.3%
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.

The Board has continued to perform above the 80% trajectory, however it is noted that performance has reduced. During May the Trakcare system was implemented in North Glasgow, which was a major system change. Managers and clinicians are working to improve the actual performance figure achieved.

➤ 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 had been excluded from the 12 week treatment time guarantee, and there are a number of patients in this category within NHS GG&C. The Scottish Government Health Department has confirmed that the exclusion for spinal surgery will now be extended beyond 1 October 2013 until 1 April 2014. As at 30 June 2013, there were 98 spinal patients that have been exempted (down from 120 for the period to 31 May 2013), with 21 of those patients waiting over 12 weeks. 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

NHS GG&C has met the national waiting time guarantee of 12 weeks from GP referral to outpatient consultation.

Inpatients

NHS GG&C has met the national (treatment time) guarantee of 12 weeks from decision to treat in May and June 2013.

➤ **1.4 Unavailability**

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

	Total Unavailable	Total Unavailable	Total Unavailable
Inpatient / Day Cases	April 13	May 13	June 13
Greater Glasgow & Clyde	2,911	2,934	2,816
Yorkhill	513	483	534
TOTAL	3,424	3,417	3,350
Outpatients	April 13	May 13	June 13
Greater Glasgow & Clyde	1,728	2,131	2,429
Yorkhill	131	91	114
TOTAL	1,859	2,222	2,543

This demonstrates a relatively static position for IP/DC unavailability. Unavailability in Outpatients is rising, with notable increases in general surgery, ophthalmology and dermatology. Unavailability is subject to seasonal variation, however the Division continues to monitor and address changes. At the end of June 2013, the total number of patients waiting (both available and unavailable) was 16,517 inpatients / day cases and 61,978 new outpatients.

➤ **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.

However, 43 imaging patients waited for longer than the 4 week national target between 28th May and 14th June. This was due to a system error in Trakcare. As at 12 July 2013, 42 patients have been booked for their test, with 1 patient who cannot be contacted.

Sustained and increased demand is being experienced in relation to MRI and CT scanning, with substantial increases noted in both modalities. 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	May 13	June 13
Western Infirmary	88%	84%
Glasgow Royal Infirmary	90%	86%
Stobhill Hospital (MIU)	100%	100%
RHSC	97%	98%
Southern General Hospital	90%	93%
Victoria Infirmary	95%	96%
Royal Alexandra Hospital	91%	92%
Inverclyde Royal Hospital	93%	93%
Vale of Leven Hospital	98%	98%
Board Average	92%	92%

Pressure on the Departments has continued and the introduction of the Trakcare electronic information system brought extra short term pressures to the north Glasgow and Royal Hospital for Sick Children's sites as departments adapted to new ways of working and caused some errors in data reporting. Similar issues have been experienced on other sites in NHS GGC and other Boards when such a significant system change is put in place. Additional staff were put in place during the early weeks and on site IT support provided. These issues have been addressed and recent data shows that performance has further improved.

No patients have waited more than 12 hours since April 2013.

The number of patients requiring emergency admission continues to increase compared to previous years.

A detailed unscheduled care action plan is in preparation together with a winter plan and these will be discussed at Board level in the coming months.

Since the last meeting a particular focus has been placed on ensuring that patients are discharged as early in the day as it is appropriate to do so and this has increased the availability of beds early in the morning. An additional vehicle has also been provided by the portering service to help move patients from the Western to Gartnavel and the Scottish Ambulance Service have provided additional service in the evenings in south Glasgow. A major redesign of the Emergency Department in Inverclyde Royal will be complete this month and that will allow improved patient flow on that site.

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 undernoted table details the validated position for NHS GG&C Quarter 1 (Jan-Mar 2013). This information was published on 25 June 2013.

Tumour Type	Quarter 1 Validated			
	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%

NHS Scotland did not achieve the 62 day standard overall for Quarter 1.

The national position is set out on the following page:

	62 Day	31 Day
NOSCAN (North)	91.3%	96.6%
SCAN (East)	96.5%	99.0%
WOSCAN (West)	94.8%	97.5%
NHS Scotland	94.4%	97.8%

As previously reported, there have been several attempts to understand what key improvement measures will make the greatest impact on service improvement within the 62 days pathway. The agreed top five items that are being progressed are:

- Reduce the length of time between staging investigations from 14 days to 7 days. This bid has been developed via the MMI group, and led by Diagnostic Imaging colleagues.
- Redesign of the lung pathway with the aim of appointing patients to CT following a suspicious CxR. This will obviate the step of referring the patient to respiratory for a first out patient appointment and then on for the CT thereafter. This will reduce the over length and steps in the diagnostic and staging pathway.
- Reintroduction of weekly reporting, mainly to show urgent suspicion of cancer referrals appointed >14 days, and also patients who are diagnosed and within 2 weeks of their breach date with no definite first treatment plan. This exception report will be escalated to Directors.
- Bid developed to reduce the length of time to scope within Endoscopy.
- Redesign of Oncology Radical Radiotherapy Pathways, September - December 2013

The current position for Quarter 2 is as follows. This data is unvalidated and may change favourably over the next seven days as further data on confirmed and treated cancers for the period April - June are finalised.

Tumour Type	Quarter 2 Unvalidated			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast	195/196	99.5	300/305	98.4
Cervical	4/4	100.0	11/11	100.0
Colorectal	92/100	92.0	190/197	96.4
Head & Neck	25/29	86.2	82/85	96.5
Lung	128/139	92.1	285/287	99.3
Lymphoma	27/27	100.0	77/77	100.0
Melanoma	31/31	100.0	80/80	100.0
Ovarian	8/8	100.0	28/28	100.0
Upper GI	90/94	95.7	177/179	98.9
Urological	67/73	91.8	210/234	89.7
All Cancer Types	667/701	95.1	1442/1485	97.1

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 June 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	Quarter ended June 2013
Actual	74%	78%	71%	82%	86%
Trajectory	83%	86%	88%	90%	90%

- Stroke performance – shows GGC at 86% to quarter ending June 13 which is on par with the average for Scotland 86 %
- Performance was 93% in June 2013.

Improvement actions are in place on each site to re-enforce 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 analysis 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 drop to four weeks from April 2013 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 June 12 and June 13, is shown in the following tables.

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

	June 12	June 13		June 12	June 13		June 12	June 13
Total patients delayed	Under 4 weeks	Under 4 weeks		Over 4 weeks	Over 4 weeks		Total	Total
East Dun	15	8		4			19	8
West Dun	7	5		4			11	5
Glasgow	101	92		7	8		108	100
NE		34	29		4		38	29
W		35	30		2	1	37	31
S		32	33		1	7	33	40
Inverclyde	7	10		1	1		8	11
North Lan	1	2					1	2
South Lan	5	4		1	3		6	7
East Ren	12	5		1			13	5
Renfrewshire	29	15		8			37	15
Other	4	2		1	2		5	4
Total	181	143		27	14		208	157

NUMBER OF PATIENTS WAITING - TOTAL BY SERVICE

	June 12	June 13		June 12	June 13		June 12	June 13
Total patients delayed	Under 4 weeks	Under 4 weeks		Over 4 weeks	Over 4 weeks		Total	Total
Acute	165	134		22	12		187	146
Mental Health	16	9		5	2		21	11
Total	181	143		27	14		208	157

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

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 12 – May 12	Cumulative April 13 - May 13	% change on last year
East Dun	551	768	+39.4%
East Ren	1,126	554	-50.8%
Glasgow	8,083	6,120	-24.3%
Inverclyde	928	410	-55.8%
Renfrewshire	2,594	1,103	-57.5%
West Dun	1,213	770	-36.5%
Sub Total	14,495	9,725	-32.9%
N Lanarkshire	226	116	-48.7%
S Lanarkshire	551	767	+39.2%
All other areas	513	458	-10.7%
Total	15,785	11,066	-29.9%

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 May 13, is shown above. This reflects a 29.9% reduction on the same period the previous year.

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