

WAITING TIMES AND ACCESS TARGETS

Recommendation:

The NHS Board is asked to note progress against the national targets as at the end of August 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 91.2% performance, against the target of 90%.

	Jun 13	Jul 13	Aug 13
Actual	91.1%	91%	91.2%
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 series of actions, including improving utilisation, using additional internal activity, and the use of capacity at the Golden Jubilee National Hospital,

are currently being pursued. 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.

	Jun 13	Jul 13	Aug 13
Actual	85.3%	87.3%	88.1%
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.

➤ 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 31st August 2013, there were 127 spinal patients that have been exempted, with 19 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.

It is advised that unvalidated data identifies that there have been further 12 week breachers in Ophthalmology and Diabetology during September 2013.

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 for the majority of specialties. However, there were 4 Ophthalmology patients in July, and 8 patients in August (2 in Ophthalmology, 5 in Diabetology and 1 in General Medicine) who breached this target, these patients have now attended for their consultation.

Inpatients

NHS GG&C met the national (treatment time) guarantee of 12 weeks from decision to treat in July 2013. However, in August 2013, there was 1 TTG breacher within Plastic Surgery; the patient has been treated.

➤ 1.4 Unavailability

The overall position at the end of August 2013 is detailed overleaf.

	Total Unavailable	Total Unavailable	Total Unavailable
Inpatient / Day Cases	June 13	July 13	August 13
Greater Glasgow & Clyde	2,816	3,147	3,036
Yorkhill	534	509	491
TOTAL	3,350	3,656	3,527
Outpatients	June 13	July 13	August 13
Greater Glasgow & Clyde	2,429	3,178	2,819
Yorkhill	114	162	116
TOTAL	2,543	3,340	2,935

This demonstrates the seasonal variation for both IP/DC and Outpatient unavailability. Unavailability is subject to seasonal variation, however the Division continues to monitor and address changes. At the end of August 2013, the total number of patients waiting (both available and unavailable) was 16,851 inpatients / day cases and 63,780 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. No patients waited beyond 4 weeks in July 2013 and August 2013.

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	June 13	Jul-13	Aug-13
Western Infirmary	84%	89%	88%
Glasgow Royal Infirmary	86%	91%	92%
Stobhill Hospital (MIU)	100%	100%	100%
RHSC	98%	99%	99%
Southern General Hospital	93%	94%	94%
Victoria Infirmary	96%	97%	95%
Royal Alexandra Hospital	92%	93%	93%
Inverclyde Royal Hospital	93%	95%	95%
Vale of Leven Hospital	98%	99%	98%
Board Average	92%	94%	94%

The overall Board performance figures in terms of the unscheduled care standard have stabilised at 94% compliance after difficulties earlier in the year. The overall NHS GG&C figure of 94% for July and August is the highest monthly compliance figure achieved by the Board since November 2012. No patients waited more than 12 hours in June, July or August 2013.

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

A more detailed paper describing arrangements for planning unscheduled care is on the agenda for the October Board meeting.

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 validated position for NHSGG&C Quarter 2 (April - June 2013) was **95.1%** (62 days) and **97.1%** (31 days) as published on 24 September 2013.

The current provisional monthly data for July and August 2013 is noted in the following tables. *(This data is provisional and is subject to further change following validation).*

Tumour Type	July 2013			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast	61/63	96.8	87/90	96.7
Cervical	3/5	60.0	7/7	100.0
Colorectal	26/28	92.9	48/49	98.0
Head & Neck	14/14	100.0	28/28	100.0
Lung	48/48	100.0	100/100	100.0
Lymphoma	8/9	88.9	14/14	100.0
Melanoma	9/9	100.0	25/26	96.2
Ovarian	3/3	100.0	7/7	10.0
Upper GI	23/26	88.5	57/57	100.0
Urological	22/22	100.0	65/68	95.6
All Cancer Types	217/227	95.6%	438/446	98.2%

Tumour Type	August 2013			
	62-Day Target		31-Day Target	
	Number	%	Number	%
Breast	71/72	98.6	97/107	93.3
Cervical	3/3	100.0	4/4	100.0
Colorectal	16/18	88.8	53/55	96.4
Head & Neck	9/9	100.0	26/27	96.3
Lung	38/39	97.4	80/80	100.0
Lymphoma	10/10	100.0	21/21	100.0
Melanoma	10/10	100.0	30/30	100.0
Ovarian	3/3	100.0	6/6	100.0
Upper GI	14/15	93.3	52/54	96.3
Urological	30/33	90.1	93/100	93.0
All Cancer Types	204/212	96.2%	462/481	96.0%

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 September 2013 is not yet available but the position for the months of July 2013 and August 2013 is shown below.

% of patients admitted to stroke unit on day of admission / day following presentation	Quarter ended March 2013	Quarter ended June 2013	Month ended July 2013	Month ended August 2013
Actual	82%	86%	91%	93%
Trajectory	90%	90%	90%	90%

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 national target for discharge is currently 4 weeks and will reduce further to 2 weeks by April 2015. 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.

There are currently 15 patients waiting over 4 weeks - 8 in Glasgow City, 5 South Lanarkshire and 2 in West Dunbartonshire.

NUMBER OF PATIENTS WAITING - TOTAL BY CH(C) P COMPARISON 2012/13

The number of patients awaiting discharge by CH(C) P, and by service, in August 12 and August 13, is shown in the following tables. This table demonstrates an improving picture across all areas with the exception of South Lanarkshire.

	Aug 12	Aug 13	Aug 12	Aug 13	Aug 12	Aug 13
Total patients delayed	Under 4 weeks	Under 4 weeks	Over 4 weeks	Over 4 weeks	Total	Total
East Dun	10	3	4		14	3
West Dun	10	8	4	2	14	10
Glasgow	75	80	33	8	108	88
NE	22	29	4		26	29
W	27	20	11		38	20
S	26	31	18	8	44	39
Inverclyde	11	9			11	9
North Lan	4	1			4	1
South Lan	6	6	2	5	8	11
East Ren	8	6	3		11	6
Renfrewshire	27	12	5		32	12
Other	5	2	1		6	2
Total	156	127	52	15	208	142

	Aug 12	Aug 13		Aug 12	Aug 13		Aug 12	Aug 13
Total patients delayed	Under 4 weeks	Under 4 weeks		Over 4 weeks	Over 4 weeks		Total	Total
Mental Health and LD	8	12		4	2		12	14
Non Mental Health	148	115		48	13		196	128
Total	156	127		52	15		208	142

EARLY REFERRAL to SOCIAL WORK

Local Target - 0 % of patients to be referred on the day designated ready for discharge (RFD)

Early referral to social work is a key focus for the Discharge Team across all acute hospital sites. By April 2015 to ensure patients are discharged a maximum of 2 weeks beyond their ready for discharge date (RFD) referral to social work will need to be as early as possible in the patient journey to ensure the assessment process is complete as near to the fit for discharge date as possible.

The Discharge Team are working to an action plan to ensure no one is referred to social work on the same day they are RFD and to aspire to the majority of referrals to social work occurring more than 7 days before RFD.

Current Performance

Since April 2013 there has been a reduction in the percentage of referrals on the same day as RFD from 15.5% to 11.1% in August 2013. There has also been an increase in referrals more than 7 days before RFD from 52.8% in April 2013 to 59.3 % in August 2013.

The % referred on the same day has shown an increase in August, but the Discharge Team is targeting early referral on a ward by ward basis to address this.

Grant R Archibald
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APPENDIX

➤ Combined admitted / non admitted performance

This measure outlines the Board's performance against the agreed target for both the admitted and non-admitted pathways.

	April 13	May 13	Jun 13	Jul 13	Aug 13
Actual	90.7%	91.1%	91.1%	91%	91.2%
Trajectory	90%	90%	90%	90%	90%

➤ 1.2 Linked Pathways

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

	April 13	May 13	Jun 13	Jul 13	Aug 13
Actual	89.9%	87.5%	85.3%	87.3%	88.1%
Trajectory	80%	80%	80%	80%	80%