

**WAITING TIMES REPORT – MARCH 2006**

**1. Introduction**

The purpose of the report is to update the NHS Board on the waiting time position for those services for which there is a national waiting time guarantee.

**2. Inpatient, Day Case and Outpatient**

In March 2006, NHS Lanarkshire maintained the national waiting time guarantee that no patient wait over twenty-six weeks for an inpatient, day case or outpatient appointment. In addition, no patient is waiting longer than eight and eighteen weeks for angiography and angioplasty respectively.

The capacity plan continues to be refined and updated. Clinical Directors in the new Directorates of Surgical and Critical Care Services and Emergency and Medical Services are now involved directly in the detail of the plan and influencing the assumptions on which the capacity plan is based. This is an ongoing process and will, as appropriate, lead to adjustments in the trajectory for each speciality that feature in the Delivery Plan. A financial plan to underpin delivery of all waiting time guarantees represents work in progress. Orthopaedics remains a particular pressure and the pace of implementation will be influenced by service redesign and the availability of capacity. Access to additional orthopaedic capacity has been obtained through the Independent Sector funded by the Scottish Executive.

The trajectory for delivery of outpatient and ASC guarantees remains end of calendar year 2007. A programme to introduce New Ways Guidance to improve the management of outpatient appointments is at an advanced stage and will shortly be shared with colleagues in Primary Care. The detail of the proposals will be discussed with General Practitioners prior to implementation.

**3. Cancer**

The most recent published information on cancer for the four main tumour types indicated progress in delivery of national waiting time guarantees in

breast, lung and ovarian with significant improvement required in respect of colorectal.

NHS Lanarkshire has put in place a system of information collection and reporting that tracks urgent GP referrals and provides real time information. Two full months data has been collected for February and March 2006 that is currently being analysed with an examination also of data quality. That will include dialogue with clinical and clinical effectiveness staff to ensure confidence with the data and agreement on how in future information should be reported in terms of format and content, frequency of reporting and to whom. In parallel a mapping event will be held on each site to capture the current pathway for each main tumour type that will involve both clinical and non-clinical staff. That will inform a single event designed to agree a single pathway for each main tumour type. The intention is to achieve that by the end of May 2006. The priority, in the interim, is to address patients who are currently waiting for diagnosis and treatment. A mechanism has been agreed to review long waiters on a routine basis and to take appropriate action. There is work in progress to appoint a lead clinician for each main tumour type. It is anticipated that the successful candidates will play a key role in the effective management of cancer patients across Lanarkshire.

#### **4. Diagnostics**

In March 2006, the maximum wait for access to diagnostic services did not exceed twenty-six weeks. This was in line with the current waiting time guarantee.

A Diagnostic Collaborative has been established with responsibility for examining current capacity and service delivery across Lanarkshire. It will also assess the potential for service redesign. Representatives from primary and secondary care have been identified and the first meeting of the Collaborative will be held in May 2006. Steering Groups have however already been established around Endoscopy and Radiology and mapping events to identify current capacity and patient pathways are almost complete. The findings from those will be presented to the Collaborative in May. This will inform adoption of single patient pathways and the emergence of a capacity plan for delivering diagnostic national waiting time guarantees.

The Centre for Change and Innovation (CCI) has allocated funding to the Collaborative to fund backfill costs to enable clinical staff to fully participate in the work of the Collaborative. In addition, funds will be available to appoint a Support Services Manager to support the Collaborative. The Delivery Unit at the Scottish Executive has also advised the NHS Board that an allocation of capital and revenue monies will be provided in 2006/07 to facilitate delivery of the national waiting time guarantees. Details of that funding will be provided shortly.

## **5.     **Unscheduled Care****

The guarantee to be achieved by 31 December 2007 will require NHS Lanarkshire to ensure patients wait a maximum of no more than four hours from arrival to discharge or transfer for accident and emergency treatment. The position at the end of March 2006 indicated 82% compliance with the guarantee.

**Ian A Ross**  
**Director of Acute Services**