

WAITING TIMES

1. Introduction

The purpose of the paper is to identify actual waiting time performance for each waiting time guarantee against the trajectory as contained in the NHS Lanarkshire Local Delivery Plan 2006/07. A brief commentary is also provided where performance is not in line with the trajectory.

2. Local Delivery Plan: Actual v Target 2006/07: July Position

i) Inpatients, Day Cases and Outpatients

There has been a decrease during July in the total number of inpatients and day cases waiting over eighteen weeks. In addition, the number of orthopaedic patients continues to fall in line with the trajectory.

The majority of patients waiting over eighteen weeks are day cases with around 60% in cataracts and endoscopy. There is work in progress as part of the cataract and diagnostic collaborative to redesign both services with a view to establishing more appropriate patient pathways. In the interim additional capacity has been commissioned through more effective use of existing resources and, as appropriate, internal waiting list initiatives. There will be no patients waiting over eighteen weeks in either service at 31 December 2006.

Orthopaedics continues to represent a considerable challenge. Support for the recommendations of the CCI orthopaedic initiative in Hamilton/East Kilbride has further informed discussion with clinicians around a single service model for orthopaedics across Lanarkshire. Work to date has enabled decisions to be taken to increase capacity through planned recruitment of additional consultant and supporting staff. The current shortfall in capacity however requires continued reliance on internal waiting list initiatives and access to the National Golden Jubilee Hospital. In addition, there is continued use of the Independent Sector through a contractual agreement to end of calendar year 2006. The continued commitment is to deliver the eighteen-week guarantee for orthopaedics by 31 December 2006.

The number of outpatients waiting over eighteen weeks has increased although it remains in line with the trajectory. In addition, medical paediatrics is being managed within the waiting time guarantee.

ii) Inpatients/Day Cases ASCs

There continues to be a month on month reduction in the number of patients with an ASC code. Waiting lists where patients have been allocated an ASC code continue to be cleaned. In addition, New Ways Guidance is being introduced. A Project Board with responsibility for full implementation of New Ways Guidance will shortly be established to reflect the complexity associated with introduction of New Ways and delivery of the guarantee that there will be no patients with an ASC code by 31 December 2007.

iii) Cancer

In June, the opportunity was taken to identify the number of patients awaiting assessment for conditions associated with colorectal and lung. This was extracted from the patient information system that was introduced in February and refined during March and April. This identified 230 colorectal patients and 24 lung patients. Capacity was commissioned in July and August to ensure, as a minimum, that all patients would receive a diagnosis by the end of August. This programme of work is on course to deliver that commitment. Patients, as appropriate, will receive their first treatment in September. In addition, a new system of management has been introduced to more effectively manage GP urgent referrals for colorectal and lung with effect from 3 July 2006. This will ensure that all referrals from that date will be managed within the 62-day guarantee. This programme of work is similarly on course to deliver that commitment. Discussions are continuing with NHS Greater Glasgow and Clyde to ensure that patients who attend the Beatson Hospital for first treatment will receive that treatment within 62 days.

The Delivery Unit has been advised of the commitment by Lanarkshire to deliver the waiting time guarantee for colorectal and lung by the end of September. The NHS Board already routinely deliver the guarantee for breast and ovarian.

There is work in progress to introduce the capture of real time patient information on all other tumour types by the end of September. The opportunity will then be taken to assess the nature and extent of any additional capacity required to deliver the guarantee for those cancers. The commitment to the Delivery Unit is to put that additional capacity in place by the end of December 2006.

iv) Diagnostics

Work to date on endoscopy has resulted in compilation of an action plan to deliver the maximum wait of nine weeks by 31 March 2007. This includes both short-term initiatives to remove the current patients waiting and permanent investment to increase capacity to enable the nine-week guarantee to be sustained. Discussions with the Delivery Unit has resulted in part release of national recurring funding to support delivery of the waiting time guarantee.

Progress on the radiology element of diagnostics is continuing with a mapping event planned for 28 August to agree the optimal patient pathway for each modality. In parallel, work on capacity and demand will be presented to inform actions that require to be taken both short term and long term to deliver the nine-week guarantee. In the knowledge that a demand for examination already exists particularly in CT and MRI, internal and external initiatives are planned to provide additional capacity between September and December. This will in the first instance equalise waiting times across Lanarkshire with a move thereafter to further reduce the maximum wait. Proposals for permanent investment, as appropriate, will follow agreement on the optimal patient pathways.

v) Unscheduled Care

Work continues through the Unscheduled Care Collaborative to reduce waits in Accident and Emergency to less than four hours. The performance of NHS Lanarkshire in July improved from 87% to 90% compliance with the guarantee. This has been achieved through adoption of additional measures including the introduction of 'see and treat' and creation of discharge lounges.

4. Future Reporting

The opportunity will be taken to further refine and improve the information made available to the NHS Board to increase awareness of the waiting time position, the pressures on the service that may result in variation from the anticipated flight path and the action being taken to address those issues.

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