

## **HEAT/LDP TARGETS**

### **1. INTRODUCTION**

The purpose of the paper is to inform Board members of the position at 30th November 2006 of the performance for waiting times compared to the planned trajectory identified in the Local Delivery Plan 2006/07. A brief commentary is provided where performance is not in line with the trajectory and should be read in conjunction with the statistics shown in Appendix 1. The opportunity is also taken to forecast the position at end of calendar year 2006.

### **2. INPATIENTS AND DAY CASES**

The six-month guarantee for inpatients and day cases has been maintained. Good progress continues to be made to reduce the number of patients waiting over 18 weeks. At the end of November 2006, the number of patients over eighteen weeks had fallen to 88. NHS Lanarkshire is in line to deliver the guarantee that no patient will wait over eighteen weeks by end of calendar year 2006.

Orthopaedics continues to represent a pressure. There is considerable work in progress around service redesign, recruitment of further permanent staff with access also to additional capacity at Golden Jubilee. There is continued reliance on some internal and external waiting list initiatives. This will continue during 2007 although permanent investment in staff and consumables will reduce reliance on internal and external initiatives.

The Cataract Collaborative has introduced a number of measures to improve the patient pathway. This includes a new referral procedure for cataracts and follows discussions between primary and secondary care and with colleagues in optometry. From November 2006, optometrists will make all cataract referrals, channeled by fax, to a central referral point in Lanarkshire. Whilst the number of patients over eighteen weeks is slightly above trajectory the guarantee that no patient will wait over eighteen weeks at 31 December 2006 will be achieved.

### **3. OUTPATIENTS**

The number of outpatients waiting over eighteen weeks has decreased although it remains above the trajectory. The number of outpatients over eighteen weeks reduced to 2054 at the end of November 2006. It is anticipated that this will be sustained during December 2006. There continues to be pressures in a number of specialties including dermatology, respiratory and orthopaedics and work is in progress through specialty groups to examine the current patient pathway, opportunities for service redesign including increased involvement of AHP and specialist nursing staff with identification also of good process and practice operating across the country. In the interim there is a reliance on internal and external waiting list initiatives to sustain and improve the current position. The contribution that primary care can make to demand management is also being explored. In addition, work continues with Information Management and General Management to assess data quality to ensure that patients removed from the list are done so in a timeous fashion.

#### **4. INPATIENTS/DAY CASES ASCs**

There has been a reduction in the number of patients with an ASC code. This reflects more robust management of the ASC list linked to implementation of New Ways. The number of patients with an ASC code at end of November 2006 was 2839. It is anticipated that this trend will continue through to the end of calendar year 2006 in line with the trajectory. A Project Board has been established for delivery of the guarantee to be achieved by 31 December 2007. The remit of the Project Board will include introduction of an IT system to facilitate implementation of New Ways. A recent meeting with representatives of the Delivery Unit indicated their satisfaction with current progress and arrangements in place or planned to deliver the waiting time guarantee.

#### **5. CANCER**

Performance in breast and lung cancer has met the expected target. The figure for colorectal is below trajectory at 80% compliance. Two colorectal patients did not receive their first treatment in sixty-two days. One was referred before 3 July 2006 prior to commencement of new management arrangements, the other receiving their first treatment after 69 days.

The NHS Board has agreed to bring on line weekly reporting on five further tumour types including Upper GI, Urology, Lymphoma, Melanoma and Head and Neck. This will take effect during December 2006.

#### **6. DIAGNOSTICS**

The action plans for endoscopy and radiology are being implemented as reflected in the reduced maximum waits in line with the trajectory. The short-term initiatives in endoscopy and radiology will shortly be replaced by permanent capacity to deliver and sustain the nine-week maximum wait by March 2007. Capacity will also be increased in line with the agreed business cases through purchase of equipment and software upgrades.

#### **7. UNSCHEDULED CARE**

Performance has dropped below trajectory in November to 92%. This reflects increase pressures in the system that are currently being worked through.

**Ian Ross**  
**Director of Acute Services**  
**Acute Services Division**