

## 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 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

It is necessary to evidence progress towards delivery of waiting time guarantees. To facilitate that, a trajectory has been prepared for each guarantee. This indicates anticipated improvements in waiting times or number of patients waiting on a monthly basis through to the end of March 2007. Delivery of those improvements is informed by ongoing work around capacity planning and the impact of service redesign currently being taken forward through Collaboratives in Diagnostics and Cataracts, the MCN for Cardiology and the Lanarkshire Cancer Group. In addition, the new management arrangements introduced from April 2006 has provided a Lanarkshire wide focus with the potential for more effective waiting times management. Whilst the trajectory indicates improvements month on month, it is possible that fluctuations will arise due to unplanned pressures. An explanation for variations and actions to address them will routinely be provided to the NHS Board. Clarification is also awaited from the Scottish Executive on definitions for some categories of waiting time including hip fractures.

### 3. June 2006 Position

Progress is being made on delivery of all waiting time guarantees. Particular regard should however be taken to the following:

#### i) Inpatients, Day Cases and Outpatients

There has been an increase during June in the total number of inpatients and day cases waiting over eighteen weeks although, within that, the number of orthopaedic patients continues to fall in line with the trajectory. There is however continued pressure around orthopaedics and work continues with clinical staff to further refine the capacity plan. In addition, further capacity is being generated through internal waiting list initiatives, increased access (when available) to National Golden Jubilee Hospital and a contract through to the end of calendar year 2006 with the Independent Sector.

The Cataract Collaborative has now been established and work is in progress to identify capacity and demand. The number of patients waiting over three months

has increased during May and June due in part to the under utilisation of available capacity. This is currently being addressed.

Considerable progress has been made to reduce the number of outpatients waiting over eighteen weeks. Whilst the number of outpatients waiting over eighteen weeks has increased during June it remains in line with the trajectory. In addition, medical paediatrics is being managed within the waiting time guarantee.

## **ii) Inpatients/Day Cases ASCs**

Whilst there continues to be a month on month reduction in the number of patients with an ASC code, the number for June exceeds the trajectory. This reflects the backlog of patients that have been on the ASC list for some time. There is work in progress to clean up waiting lists where patients have been allocated an ASC code and this is reflected in the increased reduction during June. This phase will shortly be completed after which it is proposed to introduce the recommendations of New Ways Guidance designed to improve the management of waiting lists.

## **iii) Cancer**

There are particular pressures around compliance with the waiting time guarantee for lung and colorectal cancer. A mechanism to capture real time patient information is however now established with protocols in place to ensure urgent referrals from GP's are processed appropriately and within the 62-day waiting time guarantee. In addition, the backlog of patients currently on the waiting list are being addressed through provision of additional capacity during July, August and September to ensure that those patients currently waiting are diagnosed and if necessary receive their first treatment over that period. Additional capacity will be required to sustain that position, the detail of which is currently being identified. The Delivery Unit has been advised of the actions being taken by the NHS Board and that the objective is to deliver the waiting time guarantee by 30 September 2006 and thereafter to sustain that position. This will apply also to breast and ovarian cancer with a commitment also to identify timescales for capturing real time patient information for all other tumour types and delivery of waiting time guarantees. The Delivery Unit have also been advised that, as a consequence of the actions being taken with an increased number of backlog patients being seen and as appropriately receiving their first treatment, the percentage compliance with the waiting time guarantee in colorectal and lung will fall during July, August and September. The Delivery Unit has advised the NHS Board of their intention to introduce weekly performance reporting against each main tumour type from September 2006.

## **iv) Diagnostics**

A Diagnostics Collaborative is in place with sub groups established for endoscopy and radiology. Site mapping events have taken place involving colleagues in primary and secondary care as well as the public. Discussions are continuing within each sub group to develop a single patient pathway for each component part of endoscopy and radiology. Work streams have been identified to inform that process. An application for funding has been made to the Delivery Unit to facilitate implementation of actions to deliver the waiting time guarantee. A meeting is planned with the Delivery Unit during July to enable discussion on the detail of the bid application.

#### **v) Unscheduled Care**

Work is in progress through the Unscheduled Care Collaborative to reduce waits in Accident and Emergency Departments to less than four hours. The overall NHS Lanarkshire performance increased in June from 86% to 87%, slightly below the target performance set out in the Delivery Plan. A whole system approach is being adopted reflected in a detailed action plan that has been shared with the Centre for Change and Innovation (CCI).

#### **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.

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