

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. April 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

The most significant pressure is around orthopaedics. There is work in progress 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.

Considerable progress has been made to reduce the number of outpatients waiting over eighteen weeks. There has been one instance of a patient exceeding twenty-six weeks caused by an administrative error.

ii) Inpatients/Day Cases ASCs

A work plan is in place to address ASCs across each specialty. The first phase is to clean up waiting lists where patients have been allocated an ASC code. This phase will be completed by June 2006 after which it is proposed to introduce the recommendations of New Ways Guidance designed to improve the management of waiting lists. The variation in the trajectory has been caused by a delay in implementing New Ways Guidance.

iii) Cancer

There are particular pressures around compliance with the waiting time guarantee for lung and colorectal cancer. In recent months, action has been taken to introduce a process of information capture, recording and reporting that enables real time patient information to be available for use by clinicians and managers. Patient information for the months of February, March and April is available and is currently the subject of a data quality check by clinical staff. In addition, a General Manager and Clinical Lead for cancer services are now in post and in discussion with clinical staff to agree action both short term and long term to improve the patient pathway and deliver the guarantee. Improvements in the patient pathway will also be informed by the work of the Diagnostic Collaborative.

iv) Diagnostics

A Diagnostics Collaborative is in place with sub groups established for endoscopy and radiology. Site mapping events have been undertaken in April and May involving colleagues in primary and secondary care as well as the public leading to single events in early June that will result in single patient pathways for each component part of endoscopy and radiology. Action plans will emerge from this process that will aim to provide single system short term and long-term solutions to the management of endoscopy and radiology with a phased reduction in current maximum waits and delivery of waiting time guarantees.

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. A whole system approach is being adopted reflected in an agreed action plan. Improvement in performance in month has been achieved through adoption of 'see and treat'.

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