

## **HEAT/LDP TARGETS**

### **1. INTRODUCTION**

The purpose of the paper is to inform the NHS Board of the position at 31<sup>st</sup> October 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.

### **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. We are 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.

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. With immediate effect, optometrists will make all future cataract referrals channeled by fax to a central referral point in Lanarkshire.

### **3. OUTPATIENTS**

The number of outpatients waiting over eighteen weeks has decreased although it remains above the trajectory. 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. 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.

#### **5. CANCER**

Performance in breast cancer has met the expected target. The figures for lung and colorectal are below the trajectory. Two colorectal patients did not receive their first treatment in sixty-two days, both of whom were referred before 3 July 2006 prior to commencement of new management arrangements. Seven lung patients did not receive their first treatment within sixty-two days. Two were referred before 3 July 2006 with the remaining five having received their first treatments within eighty-two days. This can be attributed to identified 'bottlenecks' in the system that are currently being investigated.

#### **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 increased during October in line with the trajectory. This reflects implementation of the action plan to improve patient throughput by appointment of additional nursing staff, increased clarity of the junior doctor role, improved discharge arrangements and improved communication.

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