

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: August Position

i) Inpatients, Day Cases and Outpatients

The NHS Board is performing in line with the trajectory for day cases and inpatients. Orthopaedics continues to present the greatest challenge and work is ongoing with clinical and other staff to improve process and practice and maximise available capacity. The consensus is that permanent capacity to deliver a sustainable solution represents the best way forward and steps are currently being taken to increase capacity through recruitment of additional staff. In the interim, there will be continued reliance on internal and external waiting list initiatives.

There is work in progress as part of the Diagnostic Collaborative to redesign the endoscopy service with a view to establishing more appropriate pathways. In the interim, additional capacity has been commissioned through internal waiting list initiatives to increase capacity that will facilitate delivery of the eighteen week maximum wait for inpatients/day cases as well as the 62 day maximum patient journey from receipt of urgent GP referral to first treatment for selected cancers. As with Orthopaedics, the preferred way forward is through permanent investment and steps to recruit additional staff and to maximise available capacity are currently underway. There is confidence that the NHS Board will be in line with the trajectory for endoscopy by the end of September.

The Cataract Collaborative has recently completed its first phase redesign of the cataract service with agreement on the most appropriate model of care for each stage of the patient journey. An implementation plan is currently being prepared. It is considered that the new model of care can be implemented at minimum additional cost through better use of

existing resources. In the interim, there will be continued reliance on capacity at Golden Jubilee Hospital. This will enable the NHS Board to ensure that the maximum wait will not exceed eighteen weeks by end of calendar year 2006.

The number of outpatients waiting over eighteen weeks has increased during August and currently exceeds the trajectory. There are significant pressures on a number of medical specialties including respiratory and dermatology and discussions are taking place with clinical staff to agree a way forward that will enable the NHS Board to sustain and improve upon the maximum wait of twenty-six weeks. The opportunity is being taken to review each outpatient specialty with a view to identifying specific actions to move back in line with the trajectory by the end of calendar year 2006. In addition, medical paediatrics is being managed within the waiting time guarantee although increased pressures during August has seen the maximum wait rise to twenty-six weeks.

ii) Inpatients/Day Cases ASCs

There has been an increase in the number of patients with an ASC code and work has been commissioned to investigate and understand the reasons for the increase. This applies in particular to General Surgery, Ophthalmology, Orthopaedics and Urology. Regard will be taken to compliance with the revised administrative procedure in respect of effective management of waiting lists and the on-going waiting list clean. This will be reflected in revised action plans for each specialty.

A Project Board with responsibility for full implementation of New Ways Guidance will be established during October 2006 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

The NHS Board is in line to deliver its commitment to the Delivery Unit that 95% of all urgent GP referrals received since 3 July 2006 will, as appropriate, have received their first treatment in terms of colorectal, lung, breast and ovarian cancers by 30 September 2006. In addition, this will apply also to all patients who have been the subject of an urgent GP referral prior to 3 July 2006 and who were within the pathway of selected cancers will, as appropriate, receive their first treatment by 30 September 2006. 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.

There is work in progress to introduce the capture of real time patient information on remaining 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 NHS Board has been selected as one of two NHS Boards to pilot a new electronic system to capture patient information relating to cancer. The other pilot site is NHS Glasgow and Clyde. The pilot will commence on 9 October 2006 and patient trackers are currently being trained on use of the system.

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 have resulted in release of national recurring funding to support delivery of the waiting time guarantee.

Progress on the radiology element of diagnostics is continuing. A successful mapping event was held on 28 August to agree the optimal patient pathway for each modality. In parallel, work on capacity and demand is underway that has informed actions 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 have been agreed to provide additional capacity between September and December 2006. This will in the first instance equalise waiting times across Lanarkshire and enable the NHS Board to be in line with the trajectory for radiology by the end of November 2006. Proposals for permanent investment are currently being considered.

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 August improved from 90% to 91% compliance with the guarantee. This has been achieved through introduction of a range of initiatives designed to improve medical admission performance including recruitment of additional flow coordinators between A&E and AMRU. 'See and Treat' remains a key element in delivering the guarantee at each acute hospital site together with continued intensive discussions with the Community Health Partnerships and Out of Hours on flow streams particularly with regard to emergency admissions from care homes.

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