

Meeting of
Lanarkshire NHS Board
29 August 2007

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WAITING TIMES

1. PURPOSE

The purpose of the paper is to inform the NHS Board of the position at 31 July 2007 of the performance for waiting times compared to the planned trajectory identified in the Local Delivery Plan

2. CONTENT/SUMMARY OF KEY ISSUES

The paper provides an overview of targets to be sustained or delivered by 31 December 2007. It details progress against each target with an indication of action taken and/or planned to address slippage.

The attachment to the paper provides a rating against each target in respect of progress. Green represents on target, amber represents off target but will recover to meet the target with red representing that the target will not be met within the timescale. At present, ratings extend over green and amber only.

There is particular pressure on two targets namely the eighteen-week outpatient and cancer targets.

3. ACTIONS

The action plan to deliver the outpatient target has been discussed with the Delivery Unit with a view to the trajectory more accurately reflecting the impact of actions planned or proposed over the period August to December 2007 to reduce the number of patients waiting over eighteen weeks. An adjustment to the trajectory has since been made against which the NHS Board will be measured over the period to 31 December 2007. Action on cancer services is captured in a separate paper to the NHS Board.

4. CONCLUSIONS

The NHS Board is asked to note progress to date against each target and the actions proposed to ensure delivery of the waiting time guarantees by 31 December 2007.

Rosemary Lyness
Director of Acute Services
21 August 2007

NHS Lanarkshire Board

29th August 2007

WAITING TIMES

1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 31 July 2007 of the performance for waiting times compared to the planned trajectory identified in the Local Delivery Plan.

2. OVERVIEW OF TARGETS

The targets reported on in this paper are:

HEAT 3.04K – By the end of 2007 no inpatient / day case will wait more than 18 weeks from a decision to undertake treatment to the start of that treatment. (The current guarantee is 26 weeks.)

HEAT 3.05K – By the end of 2007 Availability Status Codes (ASCs) will be abolished.

HEAT 3.07K – By the end of 2007 no patient will wait more than 18 weeks from GP referral to an outpatient appointment. (The current guarantee is 26 weeks).

HEAT 3.08K – By the end of 2007 the maximum length of time from arrival to admission, discharge or transfer for 98% of Accident and Emergency patients will be four hours. (The current target is 95%).

HEAT 3.09K – By the end of 2007 the maximum time from referral to completion of treatment for cataract surgery will be 18 weeks.

HEAT 3.10K – By the end of 2007 the maximum time from admission following fracture to a specialist hip surgery unit for surgery will be 24 hours for 98% of patients.

HEAT 3.11K & 3.12K - Continue to deliver and sustain all cancer targets and guarantees (Breast Surgery from urgent referral to diagnosis and treatment within 1 month. Lung, bowel, ovarian, head & neck, haematology, gynaecology, skin, prostate, bladder, paediatric from urgent referral to diagnosis and treatment within 2 months).

HEAT 3.15K, 3.16K, 3.17K, 3.18K – By the end of July 2007 the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy will be 9 weeks, with a further target of this to be embedded within the overall 18 week outpatient wait by the end of 2007.

HEAT 3.19K – By the end of 2007 the maximum wait from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention will be 16 weeks. Heart treatment will be provided within 16 weeks of the outpatient appointment with a heart specialist and where that specialist has recommended treatment.

HEAT 4.01K – The number of people waiting over 6 weeks for discharge to a more appropriate care setting will be reduced by 50% from April 2006 to April 2007 and to zero by April 2008. The number of patients delayed in short stay beds will be reduced by 50% from April 2006 to April 07 and to zero by April 2008

3. PROGRESS AGAINST TARGETS

HEAT 3.04K – Inpatient / Day Case True Waiting List

The Division met the maximum waiting time of 18 weeks for all patients on the true waiting list at December 2006 (twelve months in advance of the guarantee date of 31 December 2007). The Division has sustained this position since December 2006 and will continue to deliver the 18-week maximum wait.

HEAT 3.05K – Inpatient / Day Case Availability Status Codes (ASCs)

By December 2007, Availability Status Codes (ASCs) require to be eradicated with the implementation of the “New Ways” guidance within that timescale. The position within the Acute Division is demonstrated in the following table:

	Apr-07	May-07	Jun-07	Jul-07
Target	2169	2093	2017	1941
Revised Target	1800	1670	1540	1410
Actual	1641	1597	1686	1357

The position at end of July is in line with the trajectory. In parallel, NHS Lanarkshire has undertaken an awareness campaign across primary and secondary care on implementation of New Ways that is designed to improve management of waiting lists to the benefit of the patient.

HEAT 3.07K - Outpatient Waiting Times

The national target of a maximum waiting time of 18 weeks for all new outpatients has to be achieved by December 2007. The current position across the Division is outlined below:

	Apr-07	May-07	Jun-07	Jul-07
Target	1245	1090	935	2652
Actual	2986	2541	2521	2652

In July 2007, the Director of Acute Services met with representatives from the Delivery Unit to discuss the outpatient waiting time and the actions underway to deliver the eighteen-week waiting time guarantee by end of calendar year 2007. The action plan was discussed in detail with the Delivery Unit who accepted that the plan as proposed would deliver the guarantee. It was agreed that the trajectory should be adjusted to reflect the phased introduction of short and long-term investments to reduce by specialty the number of patients waiting over eighteen weeks. The attachment to the paper reflects the adjustments to the plan.

HEAT 3.09K - Cataract Targets

The national target of a maximum wait of 18 weeks from referral to treatment for patients requiring cataract surgery must be achieved by December 2007. The target has two key elements – the initial outpatient wait (target - 12 weeks) and the surgical component (target – 6 weeks). The target is measured by the patient numbers waiting in excess of the targets outlined. The current position shows:

Outpatients	Apr-07	May-07	Jun-07	Jul-07
Target	152	133	114	95
Revised Target	197	172	147	122
Actual	182	175	112	82

Inpatient / Day case	Apr-07	May-07	Jun-07	Jul-07
Target	247	216	185	154
Revised Target	29	14	0	0
Actual	40	54	20	10

The cataract outpatient target is in line with the trajectory. Inpatients/day cases indicate a downward trend with the guarantee being achieved by the end of the calendar year.

HEAT 3.10K - Hip Fracture

Admission to specialist hip unit within 24 hours / % Operations performed within 48 hours

	Apr-07	May-07	Jun-07	Jul-07
Target	87%	88%	89%	91%
Actual	94.2%	90%	88.5%	NA

The performance information for July is not currently available. Information is awaited from ISD, Edinburgh.

HEAT 3.08K - Accident & Emergency 4 Hour Wait

The current target is 95% of Accident & Emergency patients should be treated and discharged, admitted or transferred within four hours of arrival at the department. By the end of 2007 this target rises to 98%. Progress against target trajectory over recent months is demonstrated in the table below:

	Apr-07	May-07	Jun-07	Jul-07
Target	96%	96%	96%	96%
Actual	89%	96%	96%	96%

Performance has been maintained during July and reflects the range of measures introduced to improve service delivery. Local Improvement Plans specify improvements and service changes within and between sites.

HEAT 3.11K & 3.12K - Cancer Waiting Times

In June 2007, the Cancer Performance Support Team (CPST) undertook a diagnostic visit in Lanarkshire to assess performance against the 62 day waiting time guarantee. Their report with recommendations was published in July 2007 to which the NHS Board has responded. The detail of that is discussed in a separate paper to the NHS Board on cancer services.

Progress for tracked patients treated within the month of July is as follows:

	Apr 07	May 07	Jun 07	Jul 07
	% within target	% within target	% within target	% within target
Breast	95.0%	96.4%	95.0%	92.8%
Lung	91.6%	82.0%	79.0%	93.1%
Colorectal	100%	92.3%	100.0%	84.6%
Ovarian	N/A	100.0%	100.0%	100.0%

As part of the CPST recommendations, the NHS Board has introduced time lined patient pathways for each tumour type with implementation from 1 August 2007. Parallel reporting has also been agreed with the Delivery Unit with identification of 'backlog' (representing all urgent referrals received before 1 August 2007) and live reporting of referrals received since 1 August 2007. The extent of the backlog for the remaining five tumour types has been identified and is:

Head & Neck	25
Lymphoma	4
Melanoma	9
Upper GI	3
Urology	17

There is a commitment by clinicians and managers to remove the backlog by 30 September 2007. A verbal report on progress on referrals received since 1 August 2007 will be given at the meeting.

HEAT 3.15K, 3.16K, 3.17K, 3.18K Diagnostic Waiting Times

At the end of July 2007 the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy should be 9 weeks. This was achieved in Lanarkshire at the end of March 2007 and has since been sustained. The investment programme agreed recently by the Diagnostic Collaborative and part funded by the Delivery Unit will deliver a maximum wait of four weeks for each modality in radiology by the end of August. Continued investment is also planned in endoscopy to ensure current waiting times are maintained and improved. Additional capacity is required to address the increased demand that has occurred due to the waiting time guarantees for cancer. The detail of this is currently being factored to ensure compliance with the time lined patient pathways introduced from 1 August 2007.

No. of patients over 9 weeks	Apr-07	May-07	Jun-07	Jul-07
CT	0	0	0	0
MRI	0	0	0	0
Barium Studies	0	0	0	0
Ultrasound	0	0	0	0
Upper GI	0	0	0	0
Lower GI	0	0	0	0
Colonoscopy	0	0	0	0
Cystoscopy	0	0	0	0

HEAT 3.19K – Cardiac Surgery

The 16 week end to end target for cardiac treatment comprises, 2 weeks Rapid Access Chest Pain Clinic, 4 week cardiology diagnostic phase and 10 weeks for cardiac surgery or interventional cardiology.

No. of patients over target wait	Apr-07	May-07	Jun-07	Jul-07
Angiography	62	33	23	32
Angioplasty	0	0	0	0

Investment has been agreed in 2007/08 to increase Cath Lab capacity at Hairmyres Hospital to deliver and sustain the waiting time guarantees. Recruitment of permanent staff is underway with the expectation that the additional sessions will be fully operational after the summer period. In the interim additional sessions are being funded through local initiatives. The increase in the number of patients waiting over 4 weeks for angiography is reflective of the holiday period.

HEAT 4.01K - Delayed Discharge

The national targets for April 2008 are as follows

- No patient who is clinically ready for discharge should be delayed by more than six weeks
- No patient who occupies a bed in a short-stay specialty should be delayed for more than three days

The performance for June is shown below.

		Apr-07	May-07	Jun-07	Jul-07
Total number of delayed discharges over 6 weeks	Target	10	10	10	8
	Actual	6	16	26	35
Total number of delayed discharges in short stay specialties	Target	10	10	10	8
	Actual	7	12	7	12

There has been a significant increase in the number of patients over six weeks. This upward trend has occurred since April 2007 and relates to South Lanarkshire patients only. A number of factors are considered to have contributed to this situation. Dialogue is taking place between NHS Lanarkshire and South Lanarkshire Council to analyse the information available and to identify solutions to reduce the number of patients over six weeks and deliver a sustainable solution in line with the trajectory. It is important that a solution is agreed prior to commencement of the winter period when acute hospital beds are under increased pressure.

The Delayed Discharge Review Report has been finalised and submitted for consideration to NHS Lanarkshire and North and South Lanarkshire Councils.

**ROSEMARY LYNESS
DIRECTOR OF ACUTE SERVICES.**