



## HEAT/LDP TARGETS

### 1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 31st January 2007 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 with no patients waiting over eighteen weeks at end of calendar year 2006. This position was maintained in January and will be sustained during 2007. This represents delivery of a Ministerial Waiting Time Guarantee twelve months in advance of the guarantee date (31 December 2007).

Orthopaedics continues to represent a pressure. Recruitment of additional permanent staff continues, linked to service redesign. Additional capacity has been negotiated at Golden Jubilee for the period to March 2007 with the potential to extend the arrangement beyond that date. There is continued reliance on some internal and external waiting list initiatives. Due to continued bed pressures in January 2007, additional capacity has had to be negotiated in the Independent Sector.

The Cataract Collaborative continues to implement improvements to the patient pathway with no patient waiting over eighteen weeks. The new referral procedure for cataracts, implemented from November 2006, is working well with optometrists making all cataract referrals to a central referral point in Lanarkshire.

### 3. OUTPATIENTS

The number of outpatients waiting over eighteen weeks has decreased but remains above the trajectory. The number of outpatients at the end of January 2007 was 2167. This reverses the trend of the previous month. The reasons for the fluctuations are being investigated. Work is continuing to examine current patient pathways and in particular to identify opportunities for service redesign. This will include increased involvement of AHP and specialist nursing staff with identification also of good process and practice operating across the country. 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 further 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. The number of patients with an ASC code at end of January 2007 was 2350. The Project Board, established to deliver the national guarantee by 31 December 2007, has met with further meetings agreed during 2007. The remit of the Project Board includes introduction of an IT system to facilitate implementation of New Ways.

#### **5. CANCER**

Performance in breast and colorectal cancer has met the expected target. Compliance for lung cancer was 80%. Four patients did not receive their first treatment within the guarantee period. There is work in progress to address the reasons for delay in each instance.

The NHS Board has, since December, introduced weekly reporting on five further tumour types including Upper GI, Urology, Lymphoma, Melanoma and Head and Neck. There is work in progress to further refine the patient information captured for each of those tumour types. This will in time enable performance on those tumour types to be routinely reported to the NHS Board.

#### **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. Some difficulties are being experienced in the recruitment of additional staff particularly in radiology. The implications for capacity are currently being assessed and may necessitate further internal and external initiatives.

#### **7. UNSCHEDULED CARE**

Performance of 90% for January 2007 is below the trajectory. This reflects considerable pressure on the system that is currently being worked through.

#### **8. LOCAL DELIVERY PLANS – WAITING TIME TARGETS 2007/08**

A meeting has taken place with representatives of the Scottish Executive to discuss Local Delivery Plans for 2007/08 waiting time targets. Key observations from that meeting are:

- Orthopaedics will represent a significant challenge to delivery of the inpatient, day case and ASC targets.
- There will be an impact on service delivery from modernising medical careers.
- There were significant pressures on selected outpatient services including respiratory medicine, dermatology and orthopaedics.
- The incorporation of waiting times for the eight key diagnostic tests within the eighteen week outpatient pathway will represent a significant challenge.

- The increase in the number of tumour types to achieve and sustain delivery of the 62 day target from receipt of urgent GP referral to first treatment will require continuous service redesign and targeted investment.

The Scottish Executive has indicated that they will provide financial support to assist delivery of waiting time guarantees during 2007/08. In addition, access will continue to be provided to capacity at the Golden Jubilee.

NHS Lanarkshire is currently updating its capacity plan to deliver the improved waiting times. The NHS Board will continue its programme of service redesign and actions to improve performance linked to permanent investment. This will be taken forward in the context of 'A Picture of Health'.

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