

HEAT/LDP TARGETS

1. INTRODUCTION

The purpose of the paper is to inform Board members of the position at 31st December 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 with no patients waiting over eighteen weeks at end of calendar year 2006. This position 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 December 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 bed pressures in December and early January, 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 at end of calendar year 2006. 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 increased and is above the trajectory. The number of outpatients at the end of December 2006 is 2402. Over previous months there has been a gradual reduction in the number of patients waiting over eighteen months. It had been anticipated that this trend would continue. The reasons why this has not been achieved 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 December 2006 was 2501. The Project Board, established to deliver the national guarantee by 31 December 2007, has met with further meetings agreed for 2007. The remit of the Project Board includes introduction of an IT system to facilitate implementation of New Ways.

5. CANCER

Performance in breast cancer has met the expected target. The figure for colorectal is below trajectory at 89% compliance. One colorectal patient did not receive their first treatment in sixty-two days. Compliance for lung cancer was 69%. 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 95% for December is in line with the trajectory. There continues however to be considerable pressure on the system that is currently being worked through.

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