

WAITING TIMES

1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 30 June 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
Target	2169	2093	2017
Revised Target	1800	1670	1540
Actual	1641	1597	1686

There has been some slippage against the revised target that will be recovered over the period to September 2007.

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
Target	1245	1090	935
Actual	2986	2541	2521

Actions taken during May and June has stabilised the position with no further increase in the number of patients waiting over eighteen weeks. It is anticipated that this situation will continue during July that is the main holiday period. Trajectories to the end of calendar year 2007 are currently being revised for each specialty to reflect the short-term and long-term investments that have been agreed to increase capacity and in a phased basis reduce the number of patients waiting over eighteen weeks to nil by 31 December 2007. This is part of a programme of service redesign to deliver a sustainable solution.

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
Target	152	133	114
Revised Target	197	172	147
Actual	182	175	112

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

The cataract outpatient target is in line with the trajectory with some slippage around inpatients/day cases. This will be recovered over the period to September.

HEAT 3.10K - Hip Fracture

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

	Apr-07	May-07	Jun-07
Target	87%	88%	89%
Actual	94.2%	90%	N/A

The performance information for June 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
Target	96%	96%	96%
Actual	89%	96%	96%

Performance has been maintained during June 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

All urgent referrals with suspected cancer should currently wait a maximum of 62 days from urgent GP referral to treatment. Performance in breast, colorectal, ovarian and lung have improved over recent months and is reflected in the June return. There have however been issues around the remaining five tumour types on which NHS Lanarkshire has not routinely reported. The need to sustain performance across the reported four tumour types has also been emphasised.

Following publication of national cancer data for the period October to December 2006 that highlighted low compliance with the waiting time guarantee particularly in Colorectal, Upper GI and Urology, the Cabinet Secretary advised NHS Lanarkshire of her intention to ask the Support Team within the Delivery Unit to undertake a diagnostic visit to Lanarkshire to meet with managers and clinicians, to walk the patient pathway for selected tumour types, to share their conclusions and to advise on areas of

improvement. The visit was undertaken on 27/28 June 2007 and the NHS Board has recently received the report from that visit. The detail of the report is currently being discussed with clinicians and managers with a view to a formal response by the end of July 2007. An action plan is expected to accompany the response. A Lanarkshire Cancer Action Team has been established following the visit by the Support Team to implement the action plan and to deliver sustainable solutions.

The Support Team has placed significant emphasis in the importance of patient pathways for each tumour type (with confirmed time lines) and recruitment of patient trackers to cover each tumour type. Work is in progress with clinical staff to ensure that patient pathways are updated with time lines to be available for implementation from August 2007. Recruitment of patient trackers for each tumour type is now complete with staff in post from 1 August 2007. This will facilitate reporting across all nine tumour types with all patients referred as urgent being tracked to ensure monitoring of progress along the patient journey. It is anticipated that representatives from the Support Team will be in weekly contact with NHS Lanarkshire to monitor implementation of the action plan and to offer support as required.

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

	Apr 07	May 07	Jun 07
	% within target	% within target	% within target
Breast	95%	96.4%	95%
Lung	91.6%	82%	79%
Colorectal	100%	92.3%	100%
Ovarian	N/A	100%	100%

It is intended that a position statement on the remaining five tumour types (Melanoma, Head and Neck, Lymphoma, Urology and Upper GI) will be provided to the august meeting of the NHS Board. This will include details of the process for managing new urgent GP referrals received from 1 August 2007 as well as those patients previously referred and currently at varied stages of the patient journey (as at 31 July 2007).

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.

No. of patients over 9 weeks	Apr-07	May-07	Jun-07
CT	0	0	0
MRI	0	0	0
Barium Studies	0	0	0
Ultrasound	0	0	0
Upper GI	0	0	0
Lower GI	0	0	0
Colonoscopy	0	0	0
Cystoscopy	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
Angiography	62	33	23
Angioplasty	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.

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
Total number of delayed discharges over 6 weeks	Target	10	10	10
	Actual	6	16	26
Total number of delayed discharges in short stay specialties	Target	10	10	10
	Actual	7	12	7

There has been an increase in the number of patients over six weeks. This relates to South Lanarkshire patients only. A number of factors have been highlighted as contributing to this situation. Dialogue is continuing between NHS Lanarkshire and South Lanarkshire Council to identify options to reduce the number of patients over six weeks and deliver a sustainable solution in line with the trajectory.

The Delayed Discharge Review Report is being finalised by the Central Monitoring Group. The final draft report has been shared with members of the Central Monitoring Group and will be passed to the Lanarkshire Partnership later this month.

**ROSEMARY LYNESS
DIRECTOR OF ACUTE SERVICES.**