NHS Lanarkshire

NHS LANARKSHIRE BOARD
WEDNESDAY, 30 MAY 2007

WAITING TIMES

1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 30 April 2007 of the performance for waiting times compared to the planned trajectory identified in the Local Delivery Plan. The Plan has recently been updated to include the planned trajectory for 2007/08. The significant milestone is 31 December 2007 by which time many of the guarantees have to be delivered. A brief commentary is provided where performance in April 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 the end of April 2007. This represents continued 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 and this will continue through 2007/08. In addition, discussions are continuing with Golden Jubilee over a proposal to establish a joint consultant appointment in Orthopaedics between NHS Lanarkshire and Golden Jubilee. Due to the increase in permanent capacity with recruitment of additional clinical staff, it has proved possible to cease reliance on waiting list initiatives. The exception has been limited use of the Independent Sector for spinal services.

3. OUTPATIENTS

The number of outpatients waiting over eighteen weeks has increased to 2986 during April 2007. Particular pressures are being experienced in Orthopaedics, Ophthalmology and Dermatology. The number of patients waiting over eighteen weeks for each specialty at end of April is 688, 261 and 659. The reasons for the fluctuations have been identified and action plans to address those are being taken forward. Those include:

- Extention of the Extended Scope Practitioner Service across Lanarkshire. The pilot project initiated at Hairmyres in 2005/06 demonstrated that over 30% of orthopaedic outpatient referrals could be streamed off with patients seen by clinicians other than consultant staff. Recruitment to the service at Monklands and Wishaw General is almost complete and will

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result in a phased, sustainable reduction in the number of patients waiting over eighteen weeks.

- Appointment of a Locum Consultant Ophthalmologist for a period of twelve months. This will remove the backlog with a sustainable solution in place delivered through the Cataract Collaborative.

- Appointment of a staff grade for a twelve-month period is being considered with establishment of nurse led dermatology services to increase capacity. This is linked to service redesign with dialogue between primary and secondary care to establish robust referral criteria with an increased contribution to service delivery by General Practitioners and nursing staff.

The increased capacity has had a positive impact with a reduction in the number of patients over eighteen weeks at 17 May 2007 to 2417. 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 March 2007 was 1641. Recent discussions with the Delivery Unit resulted recently in agreement to revise the trajectory. This reflects further work undertaken that enables a more accurate assessment of the impact of implementation of New Ways on the number of patients with an ASC code. The revised trajectory is shown in Appendix 1. This anticipates a reduction in the number of patients with an ASC code to around 750 by end of calendar year 2007. The position at end of March 2007 is in line with the revised trajectory.

The Project Board, established to deliver the national guarantee by 31 December 2007, is meeting routinely with work in progress to spread awareness amongst staff in both primary and secondary care of the main implications of New Ways and how it is to be applied across Lanarkshire. It is anticipated that the new IT system to facilitate implementation of New Ways will become available in June 2007. A recent meeting with representatives of the Scottish Executive confirmed progress to date

5. CANCER

Performance in breast and colorectal cancer has met the expected target. Compliance for lung cancers was 91.6%. One lung patient did not receive their first treatment within the guarantee period. The reason for delay was access to the PET scanner in Aberdeen. Waits are currently over four weeks from access to the scanner to reporting. A further scanner will this year be commissioned in Glasgow that may improve access and therefore performance. In the interim, the option of accessing PET scanner facilities in England is being explored for those patients able to travel. Protocols to more effectively manage inter hospital transfer of patients for investigation/treatment has recently been agreed at regional level. This will inform future discussion between NHS Boards

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. Patient tracking facilities for each of those tumour types will be introduced in May/June 2007 that will enable delays to be identified and performance improved.

6. DIAGNOSTICS

The action plans for endoscopy and radiology are being implemented as reflected in the reduced maximum waits in line with the trajectory. No patient is currently waiting over nine weeks. The short-term initiatives in endoscopy and radiology are currently being replaced by permanent capacity to deliver and sustain the nine-week maximum wait beyond April 2007. Capacity is also being 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 and activity shortfalls are currently being met through internal waiting list initiatives.

By the end of calendar year 2007, it will be necessary to include investigations within an eighteen -week total patient journey. It will therefore be necessary to reduce further the maximum diagnostic wait to deliver the improved guarantee. Discussions within the Diagnostic Collaborative have identified the need for additional capacity in both radiology and endoscopy to enable the patient journey to be completed within the eighteen-week period. This, as previously, is linked to service redesign. The nature and extent of that additional capacity has been identified, the detail of which has been shared with the Delivery Unit. It is anticipated that the maximum wait for radiology will reduce to four weeks by August 2007. The introduction of 'straight to test' has had a significant impact on reducing waiting times.

7. UNSCHEDULED CARE

Performance in April is 89% compliance. This remains below the 95% trajectory. Reflections by the Unscheduled Care Collaborative on pressures confronting the acute hospital system has resulted in specific actions being agreed designed to reduce demand, improve patient flow and support staff to improve performance. Those measures include:

- Introduction of new medical staffing rotas within A&E Department at Wishaw General to provide additional manpower to address patient flows. Locums are being appointed pending substantive recruitment.

- All emergency admissions to Wishaw General are being tracked jointly on an individual patient basis to identify opportunities to reduce the number of 'avoidable admissions'. This will link to the care management pilot and the new arrangements for GP management of patients within care homes.

- The role of ward managers to deliver improved management and availability of medical and surgical bed has been given a major focus. This represents work in progress and is being lead by the Acting Associate Director of Nursing.

- A change has been made to the management of A&E and ECU at Wishaw General with secondment of the UCCP Programme Manager as the operational and clinical lead.

Each action is being monitored and reviewed by the Unscheduled Care Collaborative. Initial signs are encouraging with performance reaching 95% on 20 May 2007.

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