



WAITING TIMES

1. PURPOSE

The purpose of the paper is to inform the NHS Board of the position at 31 December 2007 of 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 confirms that all targets have been achieved with the exception of hip fracture where performance is slightly below target performance. That is reflected in the traffic light rating against each target. NHS Lanarkshire has been identified as one of the best performing NHS Boards in Scotland particularly in respect of the four hour Accident and Emergency and cancer targets

3. NEXT STEPS

The objective is to sustain the targets achieved and to further improve performance in line with new targets announced recently by the Cabinet Secretary to be achieved by 31 March 2009. Details of the new targets for waiting time guarantees form part of the paper.

There is work in progress to identify the capacity required to deliver and sustain the improved targets. It will be necessary to factor in capacity that NHS Lanarkshire can access at the Golden Jubilee as well as additional capacity that may be generated through service redesign and improved performance. The option of the Independent Sector will also be included. The outcome of that work will be captured in the Local Delivery Plan that will, in time, be presented to the NHS Board.

Dialogue between NHS Lanarkshire and the Scottish Government is continuing around the eighteen week target from referral to treatment that has to be delivered by 31 December 2011. The Cabinet Secretary will launch the target at an event on 6 February 2008 after which it is anticipated that a Project Initiation Document (PID) will be issued to NHS Boards with guidance on the way forward. It is anticipated that a Project Board will be established in Lanarkshire to take forward the eighteen week target to be chaired by Rosemary Lyness. It should be noted also that Tim Davison has been asked to participate as Lead Chief Executive on the National Project Board for the eighteen week target. The Improvement Support Team (IST) has also indicated their intention to work closely with Executive Directors and Clinicians in NHS Lanarkshire in respect of the eighteen week target. This is based on previous performance and in particular the improvement agenda around cancer.

4. CONCLUSIONS

The NHS Board is asked to note that all targets with the exception of hip fracture have been achieved. The Scottish Government have responded positively to this achievement and have acknowledged the work undertaken particularly in cancer and the four hour target in Accident and Emergency.

Rosemary Lyness
Director of Acute Services
21 January 2008

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1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 31 December 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 Acute Division delivered 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). This has been sustained through to the target date Of 31 December 2007. This will continue and be improved further in line with new targets.

The capacity available to achieve this has been drawn from internal capacity but also through use of Golden Jubilee. NHS Lanarkshire has a partnership contract with Golden Jubilee that provides access to inpatient and day case capacity extending to a value of around three million pounds. Main specialties include orthopaedics, general surgery and cataracts. Diagnostic capacity in the form of CT and MRI is also accessed. NHS Lanarkshire anticipates a continued relationship with Golden Jubilee with capacity there viewed as part of the overall capacity available to Lanarkshire patients.

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

By December 2007, Availability Status Codes (ASCs) required to be eradicated with the implementation of the "New Ways" guidance within that timescale. This has been achieved and is demonstrated in the following table:

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sept-07	Oct-07	Nov-07	Dec-07
Target	2169	2093	2017	1941	1865	1789	1713	1637	1560
Revised Target	1800	1670	1540	1410	1280	1150	1010	880	750
Actual	1641	1597	1686	1357	1321	1220	1111	1069	1061

Whilst there appears to be variation against the target it should be noted that of the 1061 patients 515 have a booked appointment before the end of the calendar year leaving only 546 patients without an appointment. This is in line with the trajectory that anticipates a maximum of 750 'suspended' patients at 31 December 2007.

New Ways has been introduced from 1 January 2008 and close attention is being given to use of the new software and the importance of consistent application by staff in line with agreed protocols shared with staff through awareness sessions and access to guidance material. Dialogue is continuing with the Scottish Government and Information Services Division (ISD) around national and local reporting. In addition, NHS Lanarkshire has agreed to assist ISD in a pilot to facilitate development of the methodology to assess new ways data quality. This will commence in February 2008.

HEAT 3.07K - Outpatient Waiting Times

The national target of a maximum waiting time of 18 weeks for all new outpatients has been achieved by December 2007. This is outlined below:

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sept-07	Oct-07	Nov-07	Dec-07
Target	1245	1090	935	2652	2500	1800	1000	500	0
Actual	2986	2541	2521	2652	2224	1601	1007	527	0

The capacity available to achieve this has been largely internal capacity. It has been supplemented by limited use of the Independent Sector and Golden Jubilee. The latter has been mainly on a 'see and treat' basis for cataracts. It has proved necessary to undertake internal waiting list initiatives in selected specialties to deliver the eighteen week target. This is not sustainable and there is work in progress to identify the capacity required to sustain and improve the target. It will be important to factor in the anticipated impact of service redesign with the expectation that for some specialties there will be increasing opportunity in future for procedures to be undertaken by specialist nursing and AHP staff with the avoidance of referral to the hospital consultant. This will enable patients to be seen in the right place at the right time by the right clinician. In addition, there exists issues around the number of return appointments and whether those, in all instances, are required. The option of 'straight to test' also has a bearing on outpatient demand and the introduction of this has already demonstrated benefit to the patient in Endoscopy linked to delivery of cancer targets. A significant piece of work is therefore underway to improve understanding of capacity and demand in outpatients. This will be informed by studies that have been initiated to assess the current outpatient patient pathways in line with Lean thinking. An examination of use of space is also planned to ensure most effective and effective use of available space.

HEAT 3.09K - Cataract Targets

The national target of a maximum wait of 18 weeks from referral to treatment for patients requiring cataract surgery has been 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.

Outpatients	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sept-07	Oct-07	Nov-07	Dec-07
Target	152	133	114	95	76	57	38	19	0
Revised Target	197	172	147	122	97	72	47	22	0
Actual	182	175	112	82	91	106	33	2	0

Inpatient / Day case	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sept-07	Oct-07	Nov-07	Dec-07
Target	247	216	185	154	123	92	61	30	0
Revised Target	29	14	0	0	0	0	0	0	0
Actual	40	54	20	10	1	2	0	0	0

Capacity to deliver the cataract target has been mainly internal with limited use of Golden Jubilee on a 'see and treat' basis. The introduction of referral from the optometrist with establishment of cataract only clinics has coincided with an increase in demand that has put pressure on available capacity. The requirement to manage 'second eyes' and patients with co morbidities have also challenged use of the available capacity. The intention is to review the cataract capacity in the context of the total capacity available to ophthalmology. This has been prompted by new solutions including Lucentis that will increase pressures on available resources.

HEAT 3.10K - Hip Fracture

Admission to specialist hip unit within 24 hours / % Operations performed within 48 hours. The target to be achieved by 31 December 2007 was 98%. NHS Lanarkshire achieved a performance of 95.1%. The table below illustrates recent performance against the target.

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sept 07	Oct 07	Nov 07	Dec 07
Target	87%	88%	89%	91%	92%	94%	95%	97%	98%
Actual	94.2%	90%	88.5%	85.4%	98%	100%	94%	97%	95.1%

During December a total of 75 patients were seen of which four were out with the guarantee period. At the previous meeting the opportunity was taken to highlight an issue relating to time to diagnosis with a request to the Health Delivery Directorate for clarification. Two of the four patients that were out with guarantee in December fell into that category. NHS Lanarkshire is in discussion with the Directorate on whether those two patients should have been included in the guarantee calculation for December. The exclusion of those two patients in the calculation would have resulted in an improved performance of 97.3%. It is acknowledged however that further work is required to improve the analysis of patients within this target guarantee with on going monitoring of theatre capacity and identification of opportunities to redesign trauma. It should be noted that the Scottish average for hip fracture at year end was 97%.

HEAT 3.08K - Accident & Emergency 4 Hour Wait

The current target is 98% of Accident & Emergency patients should be treated and discharged, admitted or transferred within four hours of arrival at the department. This target was delivered at 31 December with a performance of 99%. This is reflected in the table below.

	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sept-07	Oct-07	Nov-07	Dec-07
Target	96%	96%	96%	96%	96%	97%	98%	98%	98%
Actual	89%	96%	96%	96%	98%	97%	97%	98%	99%

The achievement of this target is considerable and reflects the range of sustainable measures introduced to improve service delivery. It also reflects the strong clinical and general management involvement at each stage of the patient journey. This will be sustained during 2008/09 with increased engagement with colleagues in community and primary care and both Local Authorities in Lanarkshire to explore and act on increased opportunities for supporting people at home, facilitating early discharge and where appropriate avoiding hospital admission. Dialogue with Independent Providers of nursing home accommodation across Lanarkshire to encourage improvement and development of staff skills and competencies will also form part of actions to improve service delivery and quality as well as deliver improved targets during 2008/09.

Evidence of improved working across partner agencies is demonstrated by the response to winter where the public holiday period and patient presentation to Accident and Emergency results in increased pressure on all agencies. Whilst there have been periods of significant pressure during the festive period the coordinated response has been positive. A joint evaluation of the experience of winter will be undertaken during February/March 2008, the results of which will be reported to the NHS Board.

HEAT 3.11K & 3.12K - Cancer Waiting Times

NHS Lanarkshire has achieved the target of 95% compliance against the 62 Day referral to treatment by 31 December 2007. Details by tumour type are provided in the table below. In December, the average in month for all tumour types across Lanarkshire (against unvalidated data) was 97%. Individual tumour types with the exception of lung exceeded the 95% target.

	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sept 07	Oct 07	Nov 07	Dec 07
	% within target	% within target	% within target	% within target	% within target	% within target	% within target	% within target	% within target
Breast	95.0 %	96.4 %	95.0 %	92.8 %	94.5 %	100.0 %	100.0 %	100%	100%
Lung	91.6 %	82.0 %	79.0 %	93.1 %	80.0 %	80.0 %	86.0 %	100%	93%
Colorectal	100%	92.3 %	100.0 %	84.6 %	73.3 %	95.0 %	100.0 %	75%	100%

Ovarian	N/A	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100.0 %	100%	100%
Lymphoma	N/A	N/A	N/A	N/A	N/A	N/A	100.0 %	75%	100%
Melanoma	N/A	N/A	N/A	N/A	N/A	N/A	100.0 %	100%	100%
Upper GI	N/A	N/A	N/A	N/A	N/A	N/A	100.0 %	100%	100%
Head & Neck	N/A	N/A	N/A	N/A	N/A	N/A	40.0 %	100%	100%
Urology	N/A	N/A	N/A	N/A	N/A	N/A	100.0 %	100%	100%

Performance during December in NHS Lanarkshire compared favourably with other NHS Boards across Scotland.

	Weekending 07th Dec 07	Weekending 14th Dec 07	Weekending 21st Dec 07	Weekending 28th Dec 07
NHS Lanarkshire	94.1%	100.0%	100.0%	100.0%
Scottish Average	96.7%	95.3%	96.8%	98.4%

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. The NHS Board accepted the findings in full and responded to those.

The agreed action plan was implemented with monitoring of progress undertaken as part of the weekly meetings with the CPST. A confidence assessment undertaken in November by the Directorate indicated increased satisfaction with the performance of NHS Lanarkshire in service delivery. The Directorate has since advised the NHS Board that in delivering the target within the calendar year they demonstrated significant general and clinical management leadership with the introduction of robust time lined patient pathways for each tumour type.

The quarter 3 validated data (July to September 2007) will be published shortly. This is expected to indicate that NHS Lanarkshire achieved around 84% performance across tumour types. This represents a 14% improvement since Quarter 1 (January to March 2007).

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

In March 2007, NHS Lanarkshire delivered the maximum wait of nine weeks from referral to MRI scan, CT scan, non obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy. The waiting time position has since been sustained and in some areas improved. This has been achieved through an investment programme with recruitment in clinical and non clinical staff. In addition, there has been considerable service redesign with the

introduction of 'straight to test' and extensions to the working day. There has also been an increased focus on Lanarkshire wide solutions with a movement away from a site only focus. The impact of improved waiting time performance (e.g. cancer) will place increased pressure on diagnostic services and the need to deliver flexible and timeous responses. It is intended to build on the work of the Diagnostic Collaborative with work in progress to develop the existing improvement plan in the context of a capacity plan for diagnostic services to deliver a maximum wait of six weeks by 31 March 2009.

No. of patients over 9 weeks	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sept-07	Oct-07	Nov-07	Dec-07
CT	0	0	0	0	0	0	0	0	0
MRI	0	0	0	0	0	0	0	0	0
Barium Studies	0	0	0	0	0	0	0	0	0
Ultrasound	0	0	0	0	0	0	0	0	0
Upper GI	0	0	0	0	0	0	0	0	0
Lower GI	0	0	0	0	0	0	0	0	0
Colonoscopy	0	0	0	0	0	0	0	0	0
Cystoscopy	0	0	0	0	0	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	Aug-07	Sept-07	Oct-07	Nov-07	Dec-07
Angiography	62	33	23	32	25	3	3	0	0
Angioplasty	0	0	0	0	0	0	0	0	0

NHS Lanarkshire has delivered the target by 31 December 2007. The need to further increase capacity has been recognised and is reflected in the commitment to replace equipment and increase capacity in the Cath Lab during 2008/09. Additional staff has been recruited with a procurement process underway to replace existing equipment. In addition environmental and other improvements are planned over the next few months to areas adjacent to the Cath Lab.

Dialogue is also continuing with NHS Ayrshire and Arran to provide them with limited access to the Cath Lab at Hairmyres Hospital.

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

		Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sept 07	Oct 07	Nov 07	Dec 07
Total number of delayed discharges over 6 weeks	Target	10	10	10	8	8	8	6	6	6
	Actual	6	16	26	35	33	29	29	27	23
Total number of delayed discharges in short stay specialties	Target	10	10	10	8	8	8	5	5	5
	Actual	7	12	7	12	13	15	15	7	4

There has been a further reduction in the number of delayed discharges in short stay beds with a small reduction only in the number of patients over six weeks. For the latter the number remains high and represents a considerable pressure on hospital beds. A number of factors contribute to this situation. Meetings have taken place with South and North Lanarkshire Councils to review 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. That represents work in progress. Additional capacity has been put in place in South Lanarkshire and North Lanarkshire in response to the levels of demand. In addition further analysis of current trends is underway across North and South Lanarkshire to identify the action that will be required to deliver the guarantees by April 2008 and the service and financial implications of that.

The Delayed Discharge Review Report has been finalised and submitted for consideration to NHS Lanarkshire and North and South Lanarkshire Councils. Both Councils have indicated support in principle to the key recommendations and further dialogue at Executive level is anticipated shortly.

4 NEW WAITING TIME TARGETS 2008/09

The Cabinet Secretary has advised NHS Boards of new targets to be achieved by 31 March 2009. The key new waiting time targets are as follows:

- The maximum wait from urgent referral to treatment for all cancers is two months
- As a milestone in achieving eighteen weeks referral to treatment, no patient will wait longer than fifteen weeks from GP referral to a first outpatient appointment from 31 March 2009
- As a milestone in achieving eighteen weeks referral to treatment, no patient will wait longer than fifteen weeks for inpatient or day case treatment from 31 March 2009
- As a milestone in achieving eighteen weeks referral to treatment, no patient will wait longer than six weeks for one of the eight key diagnostic tests from 31 March 2009
- NHS Boards will achieve agreed reductions in the rates of attendances at Accident & Emergency, from 2006/07 to 2010/11; and from end 2007 no patient will wait more than four hours from arrival to admission, discharge or transfer for accident and emergency treatment
- By 2008/09, NHS Boards will reduce the proportion of older people (aged 65+) who are admitted as an emergency inpatient 2 or more times in a single year by 20% compared with 2004/05 and reduce by 10% emergency inpatient bed days for people aged 65 and over by 2008-01-24
- To achieve agreed reductions in the rates of hospital admissions and bed days of patients with primary diagnosis of COPD, Asthma, Diabetes or CHD from 2006/07 to 2010/11
- NHS Boards to deliver agreed improved efficiencies for first outpatient attendance DNA, non routine inpatient average length of stay, review to new outpatient attendance ratio and day case rate by March 2011

It should be noted that some targets have been removed from the official monitoring process although NHS Boards will be expected to sustain performance in those areas e.g. hip fracture. There is work in progress to determine how each target will be achieved with a trajectory prepared for each target against which progress will be monitored by the NHS Board and the Scottish Government. Details of each trajectory will be contained within the NHS Lanarkshire Delivery Plan for 2008/09.

**Rosemary Lyness
Director of Acute Services
21 January 2008**