



WAITING TIMES

1. PURPOSE

The purpose of the paper is to inform the NHS Board of the waiting time position at 30 April 2008. In addition the paper identifies the improved waiting time guarantees that NHS Boards have been asked to deliver by 31 March 2009. Trajectories are provided against which the NHS Board will monitor performance. A traffic light system of monitoring will be applied. Each waiting time guarantee and the plans for delivery are described in the Local Delivery Plan for 2008/09.

2. CONTENT/SUMMARY OF KEY ISSUES

The waiting time guarantees delivered at 31 March 2008 have largely been sustained during April. The exceptions are outpatients and the four hour maximum wait in Accident and Emergency. New Ways continues to present challenges particularly in outpatients with one patient exceeding the eighteen week maximum wait at the end of April. Continued pressure on the four hour wait at Accident and Emergency across all three acute sites has resulted in performance of one percent below the guarantee level.

The waiting time guarantees for 2008/09 comprise some that were included in 2007/08 but with expected improved performance in the coming year, some new guarantees with others excluded from reporting. NHS Boards are expected to maintain performance on those guarantees that have been excluded. The new guarantees are covered in the paper. Periodic updates will be provided to the NHS Board on those guarantees that require to be maintained. At the annual delayed discharge census carried out on 15 April 2008 the NHS Board delivered the two guarantees required of them namely that there should be no delayed discharge patient in short stay beds and no patient over six weeks. That position has been sustained during April/May as reflected in the local census on 15 May 2008.

The NHS Board has previously been advised that it is intended to deliver a level of performance in selected areas in excess of the national waiting time guarantees. Those areas are inpatients, day cases and outpatients with the objective of delivering a maximum wait of twelve weeks and in diagnostics to improve on the national guarantee of six weeks to a maximum wait of four weeks by 31 March 2009. It is intended to report on the national guarantee as well as the improved local guarantee.

3. NEXT STEPS

The new waiting time guarantees have taken effect from 1 April 2008 with delivery by 31 March 2009. Guarantees are being taken forward in the context of the eighteen week referral to treatment target to be achieved by 31 December 2011. The Scottish Government has confirmed that additional funding will be provided to the NHS Board in 2008/09 to facilitate delivery of the waiting time targets. Release of the additional funding will be linked to delivery. Clinical Business Plans for each specialty are being finalised that describe the actions that will be taken to deliver the waiting time guarantees by 31 March 2009.

The Project Board to deliver 18 week RTT will meet in June. A detailed programme plan has been submitted to the Scottish Government and feedback is awaited to confirm project funding.

4. CONCLUSIONS

The NHS Board is asked to note the waiting times position at 30 April 2008 and the improved waiting time guarantees that require to be delivered by 31 March 2009.

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Director of Acute Services
21 May 2008

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1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 30 April 2008. In addition, the paper identifies the new waiting time guarantees that the NHS Board has to deliver by 31 March 2009.

2. OVERVIEW OF TARGETS

The targets reported on in this paper are:

HEAT A5 KPM1 – At 31 March 2009 no inpatient / day case will wait more than 15 weeks from a decision to undertake treatment to the start of that treatment.

HEAT A4 KPM1 – At 31 March 2009 no patient will wait more than 15 weeks from GP referral to an outpatient appointment.

HEAT A7 KPM2 – At 31 March 2008 the maximum length of time from arrival to admission, discharge or transfer for 98% of Accident and Emergency patients will be four hours.

HEAT A2 KPM1 – At 31 March 2009 no patient will exceed 62 days from urgent GP referral to treatment for eight agreed tumour types. (Breast Surgery from urgent referral to diagnosis and treatment within 1 month.)

HEAT A6 KPM1 – At 31 March 2009 the maximum wait from referral to MRI scan, CT scan, non-obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy will be 6 weeks.

HEAT A7 KPM1 – At 31 March 2009 Numbers of A&E attendances per 100,000 population.

HEAT E2 KPM1 - NHS Boards to achieve a sickness absence rate of 4% from 31 March 2009.

HEAT E4 KPM1 - Number of BADS surgical procedures performed in a day case or outpatient setting (same day care) expressed as a percentage of the total number of BADS procedures including inpatients.

HEAT E4 KPM2 - Reduce the average length of stay in hospital for acute inpatients discharged following an urgent, emergency or other non routine unplanned admission. This includes emergency transfers.

HEAT E4 KPM3 - Reduce the ratio of return to new outpatient attendances (all specialties).

HEAT E4 KPM4 - A 10% reduction in the first outpatient appointment DNA rate between year ending March 2007 and March 2010. Based on the percentage of first outpatient appointments where a patient did not attend (DNA) all specialties.

HEAT E7 KPM1 – To increase the percentage of new GP outpatient referrals into consultant led secondary care services that are triaged online for clinical; priority and appropriate recipient service to 90% from December 2010.

It should be noted that HEAT guarantees that commence with an E are reported on quarterly commencing the quarter April to June 2008.

3. PROGRESS AGAINST TARGETS

New Ways

Work is currently underway at national and local level with representatives from ISD and the service to review definitions; a range of technical issues (including software) and the scope of statistical publications.

It is likely that some immediate solutions will be put in place in order to address a range of issues relating to this matter.

HEAT A5 KPM1 – Inpatient / Day Case True Waiting List

There were no inpatients and day cases over eighteen weeks at 30 April 2008. The next step is to reduce that to a maximum wait of twelve weeks by 31 March 2009. This performance will exceed the national guarantee by three weeks. An initial trajectory has been prepared to demonstrate proposed activity reductions over the period to March 2009 to achieve fifteen and twelve weeks. The position at the end of April is provided in the Appendix to the paper. The trajectory will be refined in light of experience and acceptance of Clinical Business Plans that are currently being finalised.

HEAT A4 KPM1 – Outpatient Waiting Times

There was one outpatient over eighteen weeks at 30 April 2008. This is attributable to New Ways of reporting.

As with inpatients and day cases the next step is to reduce the maximum wait to twelve weeks that similarly goes beyond the national waiting time guarantee of fifteen weeks. The trajectory represents an initial analysis and will be subject to refinement.

HEAT A7 KPM2 - Accident & Emergency 4 Hour Wait

Performance in April 2008 was 97%. This falls below the guarantee by 1%.

The key reasons for 'breaching' the four hour guarantee have been identified as wait for bed, wait for first assessment and wait for a specialist.

Secondary Care is working closely with colleagues in Primary Care on joint action to take forward an agreed action plan to improve demand management and the streaming of patients to the correct service. In line with other Health Systems in Scotland, active steps are being taken to implement new emergency care models (eg Clinical Decision Unit) and this will now be progressed by the new Emergency Access Board, jointly Chaired by the Director of Acute Services and CHP South.

HEAT A2 KPM2 - Cancer Waiting Times

NHS Lanarkshire delivered the target of 95% compliance against the 62 Day referral to treatment at 30 April 2008 (against unvalidated data). In March, the average in month for all tumour types across Lanarkshire (against unvalidated data) was 96.0%. Of the eight tumour types only upper GI and Urology fell below the 95% guarantee. Performance nationally over April was 96.5%.

The quarter 4 validated data (October to December 2007) has now been published with performance across all tumour types at 92.5%.

HEAT A6 KPM1 Diagnostic Waiting Times

There are no patients over nine weeks against any of the diagnostic targets i.e MRI scan, CT scan, non obstetric ultrasound, barium studies, gastroscopy, sigmoidoscopy, colonoscopy and cystoscopy at 30 April. There is however pressures on specific modalities due to continued delivery of cancer targets. The next step is to reduce the maximum wait to four weeks by 31 March 2009. The performance will exceed the national guarantee by two weeks. An initial trajectory has been prepared to demonstrate proposed activity reductions over the period to 31 March 2009 to achieve maximum waits of six and four weeks. The position at the end of April is provided in the attachment to this paper. The trajectory will be refined in light of experience and acceptance of the Clinical Business Plans.

4 18 Weeks RTT

The Project Board to take forward the 18 Weeks RTT has been established and will meet for the first time in June. The detail of the approach to be adopted by NHS Lanarkshire has been shared with the Scottish Government who has expressed their support. A financial allocation has been released to support the work of the Project Board.

Rosemary Lyness
Director of Acute Services
21 May 2008