



WAITING TIMES

1. PURPOSE

The purpose of the paper is to inform the NHS Board of the waiting time position at 30 September 2008. This is against the 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

All Heat waiting time guarantees have been achieved in September. New Ways continues to present challenges particularly in outpatients. A revised set of New Ways definitions are currently being finalised and will be issued shortly. It is anticipated that those will assist management of the waiting list.

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 since April and is again reflected in the local census on 15 October.

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. Performance against both performance measures are captured in the Appendix.

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 agreed to release additional funding to the NHS Board in 2008/09 to facilitate delivery of the waiting time targets. Clinical Business Plans for each specialty are available 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 has agreed four strands of work. A Project Initiation Document is being prepared for each work stream with a view to approval by the end of calendar year 2008. There is work in progress to extend Lean methodology to other specialties to build on the work already undertaken at Wishaw General. It has been announced that NHS Lanarkshire will be an early adopter site for Lean in Scotland.

4. CONCLUSIONS

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

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23 October 2008

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1. INTRODUCTION

The purpose of the paper is to inform the NHS Board of the position at 30 September 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.

3. PROGRESS AGAINST TARGETS

New Ways

The work that has been undertaken by ISD and the service to review New Ways definitions has reached an advanced stage with an expectation that revised definitions will be issued shortly. The NHS Board continues to be in regular dialogue with ISD on operational and strategic issues relating to New Ways.

The opportunity is being taken to review current internal practice and process to improve New Ways compliance. This will be informed by revised New Ways definitions. A staff training programme will emerge from this process to ensure staff awareness of and compliance with New Ways.

HEAT A5 KPM1 – Inpatient / Day Case True Waiting List

There were no inpatients and day cases over eighteen weeks at 30 September 2008. Indeed for the vast majority of inpatients and day cases the maximum wait is now fifteen weeks. The next step will be to reduce that to a maximum wait of twelve weeks by 31 March 2009. To achieve that in orthopaedics it is intended to increase capacity at Hairmyres Hospital through temporary use of vacated theatre capacity following the transfer of cardio thoracic services to Golden Jubilee. This will operate for a period of six months from December 2008. An initial trajectory has been prepared to demonstrate proposed activity reductions over the period to March 2009 to achieve twelve weeks. The position at the end of September is provided in the Appendix to the paper.

HEAT A4 KPM1 – Outpatient Waiting Times

There were no outpatients over eighteen weeks at 30 September 2008. The number of patients over fifteen weeks was however above trajectory. This is illustrated in the

Appendix to the paper. This reflects the significant increase during 2008 in the number of referrals in high volume specialties including orthopaedics and dermatology. This has placed considerable pressure on existing capacity. It should be noted that increased pressures on outpatient services is being experienced across Scotland. To address the pressures on outpatients in Lanarkshire, an action group has been established chaired by the Head of Planning. The action group meets weekly and will, with service managers for each specialty, micro manage waiting lists and patient scheduling.

HEAT A7 KPM2 - Accident & Emergency 4 Hour Wait

Performance in September 2008 was 98%. Modernising Medical Careers (MMC) continues to impact on 'front door services' with the reduction in available junior medical support. This has had particular implications for Wishaw General. Continued compliance with the guarantee reflects the positive relationship with consultant staff on each site.

Secondary Care continue to work 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. Establishment of the emergency response service in Lanarkshire has provided the potential to ensure patients are streamed and directed appropriately.

HEAT A2 KPM2 - Cancer Waiting Times

NHS Lanarkshire delivered the target of 95% compliance against the 62 Day referral to treatment at 30 September 2008 (against unvalidated data). In September, the average in month for all tumour types across Lanarkshire (against unvalidated data) was 97.0%. Of the eight tumour types only upper GI fell below the 95% guarantee.

There are however increased pressures on specific tumour types including colorectal, upper GI and lymphoma. Pressures in those tumour types are being experienced across Scotland and the Support Access Group from the Scottish Executive is currently looking at the cause and effect of this on service delivery.

The national cancer strategy will be launched on 28 October 2008. It is anticipated that the number of tumour types subject to waiting time guarantee will be extended with improved guarantees for some existing tumour types.

HEAT A6 KPM1 - Diagnostic Waiting Times

There were 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 September 2008. There is however pressures on specific modalities due to continued delivery of cancer and outpatient targets. Those are being managed within the diagnostic service through a programme of continuous

improvement and investment in staff and equipment. The next step is to reduce the maximum wait to four weeks by 31 March 2009. A trajectory has been prepared to demonstrate proposed activity reductions over the period to 31 March 2009 to achieve that objective. The position at the end of September is provided in the attachment to this paper.

4 18 Weeks RTT

The Project Board has established four work streams to take forward 18 weeks RTT. Project Initiation Documents (PID) are being prepared for each work stream with an expectation that those will be approved in calendar year 2008. A significant issue to progress the agenda is access to information. A key requirement is the ability to link information relating to the patient journey with the facility to achieve that electronically. The ability to achieve that does not currently exist and represents a key task for the work stream on information. Lean methodology continues to be a central feature of the NHS Boards approach to service improvement and increased efficiency and implementation of Lean techniques have recently been extended to other specialties. In addition, the Scottish Government have this month announced that NHS Lanarkshire will be an early adopter site for Lean in Scotland.

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