

## Greater Glasgow NHS Board

### Board Meeting

Tuesday, 19<sup>th</sup> August, 2003

Board Paper No. 2003/54

Director of Planning and Community Care

## WAITING TIMES

### Recommendation:

Members are asked to note progress.

#### A. BACKGROUND

- At the May 2003 meeting, the Board noted that we would now report on residents of all Health Boards who are on a Glasgow waiting list and that we would show the numbers waiting split by those with an availability status code (ASC) and those without an ASC. This paper sets out the latest position.

#### B. CURRENT POSITION - 9 MONTH WAITING TIME TARGET

- The provisional waiting list position at July 31 is presented in table 1 for patients waiting without availability status codes (ASCs). Table 2 presents the numbers of patients with ASCs - e.g. where a patient has asked to defer admission for personal reasons.

Table 1 - All NHS Board residents without ASCs

Trust	April	May	June	July	December Target
North Glasgow	373	526	655	582	0
South Glasgow	252	323	401	409	0
Yorkhill	42	24	1	0	0
Total	667	873	1,057	991	0
Total - last year 2002/03	1,175	1,234	1,287	1,410	na

There are currently 991 patients waiting over 9 months at the end of July with no ASC codes applied, we plan to reduce this to zero by December 31, 2003. The bottom line waiting list increase of 324 in the early part of the year, between April and July, is representative of the annual waiting list cycle i.e. when last years waiting list initiatives cease and this years are starting and have yet to make an impact. The April to July position for 2002 is shown to put this in context and presents a similar trend to this year. A further comparison between the months of July 2002 and 2003 shows an improved position from 1,410 to 991, a decrease of 419 or 30%.

Table 2 - All NHS Board residents with ASCs

Trust	April	May	June	July
North Glasgow	3,970	4,074	4,069	4,161
South Glasgow	2,083	2,001	1,802	1,856
Yorkhill	290	314	331	338
Total	6,343	6,389	6,202	6,355

## **EMBARGOED UNTIL DATE OF MEETING.**

Specific proposals to reduce the number of patients waiting over 9 months with ASC codes will be included as part of our medium term plans for 2004/05.

### **ASC Reporting**

- It was agreed at the May Board meeting that we would provide additional information to differentiate between ASC codes. This is included in Attachment 1 to this paper.

### **Planning for 2003/4**

Planning processes are in place to ensure that we continue to move towards:

- Maximum wait for inpatient and day case treatment of 9 months by December 2003
- Maximum wait for inpatient and day case treatment of 6 months by December 2005
- Maximum wait for outpatient appointments of 26 weeks by December 2005
- It is intended that a detailed report will be presented to the Board, which will set out our plans - as interim measure the activity and costs that we have agreed with the Trusts to date for each specialty to deliver the plans, is presented in Attachment 2.

### **Position at July 31, 2003**

- In summary, we estimate that we need to admit an additional 3,237 patients across Glasgow at a cost of £4,795k to deliver zero waits over 9 months by December 2003 and thereafter sustain this until March 2004. This applies to patients without ASC codes and takes account waiting list growth over this period.
- In addition to this, a further £652k will be invested specifically to reduce CHD and diagnostic waiting times.
- In total our planned investment is £5,447k in 2003/04 to improve waiting times. These costs are partly offset by £866k, which was allocated non-recurringly in 2002/03 and £1,492k funding received from the National Waiting Times Unit (NWTU). Details are contained in attachment 2.
- The net cost of the plans to GGNHSB is therefore £3,039k. The provision of £3,039k to support the Board in achieving waiting time targets is funded from the £4,000k as identified within the Acute Programme section of the 2003/04 Revenue Startpoints paper approved by the Board in June 2003.
- It is considered prudent that the difference between the £3,039k committed and the £4,000k allocated should be made available in the form of a contingency plan to cover e.g. additional pressures that we may encounter over the winter period.
- In finalising the plan, we are currently reviewing the CHD allocation with the potential to reduce costs if the planned numbers of CABG cases are proved to be in excess of projected demand; however, this has the potential to be offset by a change in casemix and costs with cardiology.
- Finally, our focus is now on agreeing a sustainable long term plan to maintain the 9 month maximum wait and the move to a maximum 6 month wait.

## **WAITING TIMES DIFFERENTIATING BETWEEN AVAILABILITY STATUS CODES (ASCs)**

At the May Board meeting it was reported that:

- There is no longer a deferred list. All patients will be on the unified list.
- The unified waiting list is made up of two categories:

Patients without Availability Status Codes (ASCs)

Patients with ASCs

- The Availability Status Code removes the concept of guarantees and associated exceptions and replaces them with codes that describe availability for treatment.

Each patient whose circumstances prevent them from receiving an offer of admission for the specialty or procedure will have an ASC code applied.

It was also agreed that future reports would provide additional information to differentiate between ASC codes.

- Schedule 1 to this paper presents a definition of each ASC.
- Schedule 2 presents the waiting list position for patients with ASCs at the end of the first quarter of the year i.e. at June 30, 2003.
- Schedule 3 presents guidance from the Scottish Executive Health Department (SEHD) to NHS Boards for clinically reviewing patients with ASCs and NHSGGs plans to address this.

**AVAILABILITY STATUS CODES (ASCs) DEFINITIONS**

2	Where the patient has asked to delay admission for personal reasons or has refused a reasonable offer of admission.	considered mainly PATIENT driven
3	In individual cases where, after discussion with the patient, the treatment has been judged of low clinical priority.	considered mainly SERVICE driven
4	With highly specialised treatments identified at the time of placing the patient on the waiting list.	considered mainly SERVICE driven
8	Where the patient did not attend nor give any prior warning.	considered mainly PATIENT driven
9	In circumstances of exceptional strain on the NHS such as a major disaster, major epidemic or outbreak of infection, or service disruption caused by industrial action.	considered mainly SERVICE driven
A	Patients under medical constraints (condition other than that requiring treatment) which affected their ability to accept and admission date, if offered.	considered mainly PATIENT driven
X	NEW Temporary CODE – valid until Sep 2003 – patients transferred from the DWL for whom the reason for their being on the DWL was not known.	considered mainly SERVICE driven

**PATIENTS WAITING WITH AVAILABILITY STATUS CODES  
NORTH, SOUTH AND YORKHILL TRUSTS - JUNE 30, 2003**  
(To be read in conjunction with ASC definitions - see Schedule 1)

**Table 1 - All Trusts**

<b>OVER 9 MONTH WAITS</b>	<b>ASC Code</b>							
	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>A</b>	<b>X</b>	<b>Total</b>
Patients Waiting	2,612	1	1,047	820	189	1,044	489	6,202
% Distribution by ASC	42%	0%	17%	13%	3%	17%	8%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs				Mainly SERVICE driven ASCs			
	72%				28%			

**Table 2 - All Trusts**

<b>UNDER 9 MONTH WAITS</b>	<b>ASC Code</b>							
	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>A</b>	<b>X</b>	<b>Total</b>
Patients Waiting	1,150	0	146	714	1	626	222	2,859
% Distribution by ASC	40%	0%	5%	25%	0%	22%	8%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs				Mainly SERVICE driven ASCs			
	87%				13%			

**Table 3 - All Trusts**

<b>ALL WAITS</b>	<b>ASC Code</b>							
	<b>2</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>9</b>	<b>A</b>	<b>X</b>	<b>Total</b>
Patients Waiting	3,762	1	1,193	1,534	190	1,670	711	9,061
% Distribution by ASC	42%	0%	13%	17%	2%	18%	8%	100%
% Distribution by mainly PATIENT or SERVICE driven	Mainly PATIENT driven ASCs				Mainly SERVICE driven ASCs			
	77%				23%			

## **CLINICAL REVIEW OF ASC PATIENTS**

### **SEHD GUIDELINES - JUNE 2003 (EXTRACT)**

Boards and Trusts should now put in place robust arrangements to ensure that all patients previously on the deferred waiting list and who are now on the new single waiting list with an ASC are clinically reviewed by 30 September 2003. Patients on the new single list with ASCs and who have never been on the deferred list should also be clinically reviewed within this timescale if they have been waiting more than 12 months as at the date of review. Those patients assessed as no longer requiring treatment should be removed from the waiting list and should be informed of this. Patients who are currently medically unavailable for treatment, or who are currently unavailable for social reasons, should be recorded as such and their cases kept under regular review. Admissions should be planned for all those patients who are assessed as still requiring treatment and who are currently ready and available – including patients who may have been unavailable for treatment in the past but are now available, and patients who may have been placed on the deferred list in the past because they failed to attend for treatment.

### **NHSGG PLANS**

We have been reviewing this with the Trusts. Our assessment is that we are simply not able to complete this exercise by the end of September timeframe. Our proposed approach is in three phases. Phase one would administratively review all ASC patients and clinically review all ASC codes who were previously guarantee exempt, phase two would clinically review all long waiters ie over 12 months on ASC codes and phase three would clinically review all other ASC's. We consider this is a reasonable approach which targets our efforts in the key priority areas. We are working to assess the timescale for each of these elements.

NHSGG WAITING TIME PLANS 2003/04

NORTH TRUST - PLANNED ACTIVITY AND COST ESTIMATES

ACTIVITY TO DELIVER ZERO >9 MONTH WAITS	Golden Jubilee National Hospital (GJNH)		Private Sector		In-house		Total	
	No	Cost £'000	No	Cost £'000	No	Cost £'000	No	Cost £'000
Orthopaedic Surgery	361	601	60	510	144	329	565	1,440
ENT	94	52					94	52
General Surgery	110	72	60	240	260	258	430	570
Plastic Surgery	328	136					328	136
Urology			30	102	100	117	130	219
Ophthalmology								
Cardiology								
<b>Total - 1</b>	<b>893</b>	<b>861</b>	<b>150</b>	<b>852</b>	<b>504</b>	<b>704</b>	<b>1,547</b>	<b>2,417</b>

ADDITIONAL "SPECIALTY" ACTIVITY - THAT DOES NOT SPECIFICALLY ADDRESS >9 MONTH WAIT TARGETS

Scopes							0	0
Angiography - 12 week target	250	69					250	69
Angioplasty - 24 week target							0	0
MRI - unpublished waiting list							0	0
CABG - 24 week target	120	252					120	252
<b>Total - 2</b>	<b>370</b>	<b>321</b>					<b>370</b>	<b>321</b>

**Totals - 1 and 2**

**2,738**

Notes

1. No costs are applicable to GJNH activity in quarter 1; thereafter marginal costs are applicable.
2. Specialties that will be subject to final (minor) adjustments - plastic surgery, cardiology, angiography/angioplasty and CABGs.

NHSGG WAITING TIME PLANS 2003/04

SOUTH TRUST - PLANNED ACTIVITY AND COST ESTIMATES

ACTIVITY TO DELIVER ZERO >9 MONTH WAITS	Golden Jubilee National Hospital (GJNH)		Private Sector		In-house		Total	
	No	Cost £'000	No	Cost £'000	No	Cost £'000	No	Cost £'000
Orthopaedic Surgery - Total	280	397	80	680	180	372	540	1,449
ENT	464	192					464	192
General Surgery	40	26	92	240	250	381	382	647
Plastic Surgery							0	0
Urology					169	36	169	36
Ophthalmology	135	54					135	54
Cardiology								
<b>Total - 1</b>	<b>919</b>	<b>669</b>	<b>172</b>	<b>920</b>	<b>599</b>	<b>789</b>	<b>1,690</b>	<b>2,378</b>

**ADDITIONAL "SPECIALTY" ACTIVITY - THAT DOES NOT SPECIFICALLY ADDRESS >9 MONTH WAIT TARGETS**

Scopes	960	208			160	99	1,120	307
Angiography - 12 week target							0	0
Angioplasty - 24 week target							0	0
MRI - unpublished waiting list	320	24					320	24
CABG - 24 week target							0	0
<b>Total - 2</b>	<b>1,280</b>	<b>232</b>					<b>1,440</b>	<b>331</b>

**Totals - 1 and 2**

**2,709**

Notes

1. No costs are applicable to GJNH activity in quarter 1; thereafter marginal costs are applicable.
2. Specialties that will be subject to final (minor) adjustments - plastic surgery, cardiology, angiography/angioplasty and CABGs.



**NHSGG WAITING TIME PLANS 2003/04  
NORTH AND SOUTH TRUSTS - PLANNED ACTIVITY AND COST ESTIMATES**

ACTIVITY TO DELIVER ZERO >9 MONTH WAITS	Golden Jubilee National Hospital (GJNH)		Private Sector		In-house		Total	
	No	Cost £'000	No	Cost £'000	No	Cost £'000	No	Cost £'000
Orthopaedic Surgery - Total	641	998	140	1,190	324	701	1,105	2,889
ENT	558	244	0	0	0	0	558	244
General Surgery	150	98	152	480	510	639	812	1,217
Plastic Surgery	328	136	0	0	0	0	328	136
Urology	0	0	30	102	269	153	299	255
Ophthalmology	135	54	0	0	0	0	135	54
Cardiology	0	0	0	0	0	0	0	0
<b>Total - 1</b>	<b>1,812</b>	<b>1,530</b>	<b>322</b>	<b>1,772</b>	<b>1,103</b>	<b>1,493</b>	<b>3,237</b>	<b>4,795</b>

**ADDITIONAL "SPECIALTY" ACTIVITY - THAT DOES NOT SPECIFICALLY ADDRESS >9 MONTH WAIT TARGETS**

Scopes	960	208	0	0	160	99	1,120	307
Angiography - 12 week target	250	69	0	0	0	0	250	69
Angioplasty - 24 week target	0	0	0	0	0	0	0	0
MRI - unpublished waiting list	320	24	0	0	0	0	320	24
CABG - 24 week target	120	252	0	0	0	0	120	252
<b>Total - 2</b>	<b>1,650</b>	<b>553</b>	<b>0</b>	<b>0</b>	<b>160</b>	<b>99</b>	<b>1,810</b>	<b>652</b>

<b>Totals - 1 and 2</b>	<b>5,447</b>
<b>Less Funding by NWTU</b>	<b>1,492</b>
<b>Less Funding available from 2002/03 allocation</b>	<b>866</b>
<b>Grand Total Costs to GGNHSB - 2003/04</b>	<b>3,089</b>

Note - 1. No costs are applicable to GJNH activity in quarter 1; thereafter marginal costs are applicable.