

Borders NHS Board



ACCESS TO TREATMENT REPORT AT FEBRUARY 2014

AIM

The aim of this paper is to update the Board on progress against Waiting Time and other access guarantees, targets and aims.

INPATIENTS, DAYCASES, OUTPATIENTS AND DIAGNOSTICS

Overview

Health Boards are required to ensure that patients access treatment within 12 weeks. This is known as the Treatment Time Guarantee (TTG).

Further, that Health Boards ensure at least 90% of patients are seen within 18 weeks from a referral by a GP to start of treatment. This is known as Referral to Treatment (RTT).

The building blocks to achieve this access to treatment are known as the Stage of Treatment targets and these are set at 12 weeks for inpatient/daycase and 12 weeks for new outpatients. Locally the aim is to achieve nine weeks for each moving forward, in order to allow local flexibility and responsiveness in delivering for patients and also to address the difficulties encountered in particular this year.

This is supported by Diagnostic waiting times where the waiting times standard for a number of key diagnostic tests is a maximum of six weeks. NHS Borders has to ensure that the diagnostic test and verified report is received by or made available to the requester within six weeks. Locally the aim is to achieve a wait of no more than four weeks.

Each of these is taken in turn below in order to provide the Board with an informed narrative of the position and steps to achieve the challenges faced.

Stage of Treatment – the building blocks

The Board has the following number of patients on its waiting lists shown against nine and 12 weeks waiting.

This has been an improving picture over the last five months and plans are in place to continue this in a sustainable way.

Table 1 Inpatient/daycase Stage of Treatment – patients waiting

<i>Available Inpatient/daycase</i>	<i>Dec – 13</i>	<i>Jan - 14</i>	<i>Feb - 14</i>
>9weeks	90	247	133
>12weeks	10	27	38
Total Waiting	1,434	1,428	1,437

The main areas where inpatients are waiting longer are Orthopaedics, ENT, Ophthalmology and General Surgery.

Table 2 – New Outpatient Stage of Treatment – patients waiting

Available Outpatient	Dec - 13	Jan - 14	Feb - 14
>9weeks	365	567	391
>12weeks	59	166	167
Total Waiting	4,210	4,316	4,201

The main areas where new outpatients are waiting longer are in ENT, Oral Surgery and Cardiology. Additional clinics are planned to reduce waiting times for patients to nine weeks. Details of the trajectory will be presented at the next Board meeting.

The 12 week Treatment Time Guarantee (TTG)

TTG provides inpatient access within 12 weeks of an agreement with the patient to proceed to treat.

This Guarantee is directly linked to how long a patient is waiting for treatment, yet it is reported only following the delivery of the treatment to the patient. That is why it remains crucial to keep the Stage of Treatment targets in sight, as these are a precursor and indicator of any potential forthcoming breaches of the TTG.

There is, then, necessarily a difference in the timescales of reporting. Stage of Treatment breaches are reported when the patient wait exceeds 12 weeks whilst TTG breaches are reported once the patient is treated.

Table 3 below outlines a high level of patients have been seen outwith TTG.

The main reason for this is due to bed availability and short notice cancellations due to theatre over runs.

Table 3 Inpatient Performance Against TTG

Inpatient (Available Patients)	Dec - 13	Jan - 14	Feb - 14
>12weeks	10	11	20

Operationally it has been challenging to respond to the surge of activity earlier in the year combined with restricted theatre capacity and a loss of some theatre activity due to, for example, Norovirus.

However, the improvement and future planning for capacity to achieve Stage of Treatment, and the fact that all local inpatient waiting times are anticipated to be at nine weeks at the end of March with the exception of Ophthalmology (11 weeks), General Surgery and Orthopaedics (12 weeks) is important to note. Careful planning will be required to sustain these waiting times, but this will provide flexibility in planning and an ability to respond to any unforeseen, unplanned or unexpected cancellations or scheduling.

A system and process review is being undertaken for each specialty, together with Demand and Capacity Plans, Forward Plans and Daily Monitoring. Additionally, patient pathways will be reviewed specialty by specialty. All of this will conclude by May 2014.

Further, any additional TTG breaches from April 2014 will be individually scrutinised to identify any systemic remedy required.

18 Weeks Referral to Treatment (RTT)

The national target for NHS Boards RTT is to deliver 90% combined admitted/non admitted performance, with a local "stretch" applied aiming to achieve an overall performance target of at least 95%, and the admitted pathway above 90%.

In February, the combined RTT performance was 90.0% and therefore the national target was met.

The admitted pathway performance remains low, particularly in ENT and Orthopaedics. Again, this illustrates how crucial the Stage of Treatment targets are, how they are the building block to delivering good all-round access for treatment. The work being done on Stage of Treatment is expected to impact positively on RTT.

Delays in outpatient appointments have contributed to the February position and a plan is now in place to address performance, as mentioned above, particularly in Orthopaedics, as shown in Table 4:

Table 4: Overall Monthly Performance against 18 week RTT

Performance	Dec - 13	Jan - 14	Feb - 14
Overall	92.0%	90.01%	90.0%
Admitted Pathways	72.9%	65.0%	67.3%
Non-admitted Pathways	95.1%	94.2%	93.9%

Diagnostics

The national target is that no patient waits more than six weeks for one of a number of identified key diagnostic tests. Locally this target has been set at four weeks.

The national target has been met and there are no patients awaiting diagnostics for more than six weeks. Details of the diagnostic waits over the local target of four weeks are included below in Table 5:

Table 5: Diagnostic Performance over Four Weeks

Diagnostic	Dec - 13	Jan - 14	Feb - 14
Colonoscopy	1	5	0
Cystoscopy	8	4	0
MRI	3	6	0
CT	0	0	0
US (non obstetric)	52	0	14
Barium	8	0	0
Total	72	21	14

The improvement in the ultrasound position in January was due to the use of agency locums to recover the position which occurred as a result of the December public holidays. A vacant sonographer post has been successfully recruited to and will significantly impact on waiting times and service sustainability from April.

Unavailability

To ensure continued delivery of Waiting Times targets, it is essential that patient unavailability is closely monitored and that patients are managed in accordance with national guidelines. Fortnightly meetings are in place to provide assurance that unavailability codes are being used appropriately across all services.

Information regarding unavailability is shown in Table 6 below.

Table 6: Monthly Unavailability Statistics

Unavailable	Dec - 13	Jan - 14	Feb - 14
Unavailable: patient advised	202 (77.7%)	194 (75.2%)	212 (73.4%)
Unavailable:medical	48(22.3%)	64(24.8%)	77(26.6%)
Inpatient/day cases	250 (17.6%)	258 (17.3%)	289 (20.1%)

“Unavailable: Patient Advised” is the recognised national descriptor for those patients who have advised that they are unavailable for treatment on the dates offered often due to the fact that they have opted to remain longer on the waiting list in order to be treated at the Borders General Hospital or are otherwise unavailable due to for example, holidays or work arrangements.

“Unavailable: Medical” is the recognised national descriptor for patients who are not deemed to be medically fit for their operation at the current time.

Cancer Waiting Times

Two cancer standards are in place on which NHS Boards are asked to deliver. The 62 day urgent referral to treatment standard includes screened positive patients and all patients referred urgently with a suspicion of cancer.

The 31 day standard includes all patients diagnosed with cancer (whatever their route of referral) from decision to treat to treatment. The current standard is that 95% of all eligible patients should wait no longer than 62 or 31 days.

There were no breaches of the 62-day standard in January and one in February 2014. There are no anticipated significant issues with delivering the 31-day standard for the January-March 2014 quarter, and the quarterly performance is predicted to be 100%

For January-March 2014, there are two predicted breaches of the 62-day standard in March (both Urology). It is therefore anticipated that there will be a total of three breaches for the quarter to end of March and the impact on the standard is currently being calculated.

Delayed Discharges

The current target for 2013/14 is to reduce to zero delays over four weeks. As at the census point of 15th February, there were two patients waiting just over four weeks and both these patients have now been discharged.

NHS Borders are working to what will be the new national target from April 2015 of 14 days. The provisional figures for February are that there were nine patients waiting over 14 days. More detail is provided in Table 7 below:

Table 7: Delayed Discharges

<i>Delayed Discharge Category</i>	<i>Total</i>
Over 14 days	9
7-14 days	6
0-7 Days	5
Delays	20
Complex Cases	5
Total delays and complex cases	25

ALLIED HEALTH PROFESSIONALS

Overview

For all Allied Health Profession (AHP) services, a local target of nine weeks is the aim which should be met from referral to initial appointment.

Table 8: AHP service performance against nine week target

<i>AHP Service</i>	<i>Dec - 13</i>	<i>Jan - 14</i>	<i>Feb - 14</i>
Physiotherapy	193	329	313
Speech and Language Therapy	0	1	0
Dietetics	4	4	3
Podiatry	0	0	0
Occupational Therapy	0	2	7

Physiotherapy

There are 313 patients with waits longer than nine weeks at the end of February.

Impacting significantly on Physiotherapy waits is lost capacity as a result of vacancies. These are currently being interviewed for and it is anticipated that the position will improve when these posts are filled.

The project to transfer Physiotherapy from its current data system of EPEX onto Trakcare has recently started. A major benefit from this will be the ability to more proactively manage waits.

Speech and Language Therapy

The waiting time data at the end of February 2014 for the speech and language therapy service shows no patients breaching the target.

Dietetics

The waiting time in Dietetics is continuing to show three patients breaching nine weeks.

Podiatry

The waiting time data at the end of February 2014 for the podiatry service shows no patients breached the nine week waiting time target.

Occupational Therapy

The waiting time data at the end of February 2014 for the Occupational Therapy service shows that seven patients breached.

UNSCHEDULED CARE

Four Hour Emergency Access Standard

The Board is required to ensure that the maximum length of time from arrival at Accident & Emergency to admission, discharge or transfer is four hours for at least 95% of patients. The local target remains at the national standard of 98%. The NHS Borders February performance was 96.6%.

Table 9 – Performance against the emergency access standard.

<i>Emergency Access</i>	<i>Dec - 14</i>	<i>Jan - 14</i>	<i>Feb - 14</i>
Flow 1	99%	99%	99%
Flow 2	96%	97%	95%
Flow 3	97%	92%	94%
Flow 4	97%	95%	94%
Total	98%	96%	97%

No patients have waited more than 12 hours since April 2013.

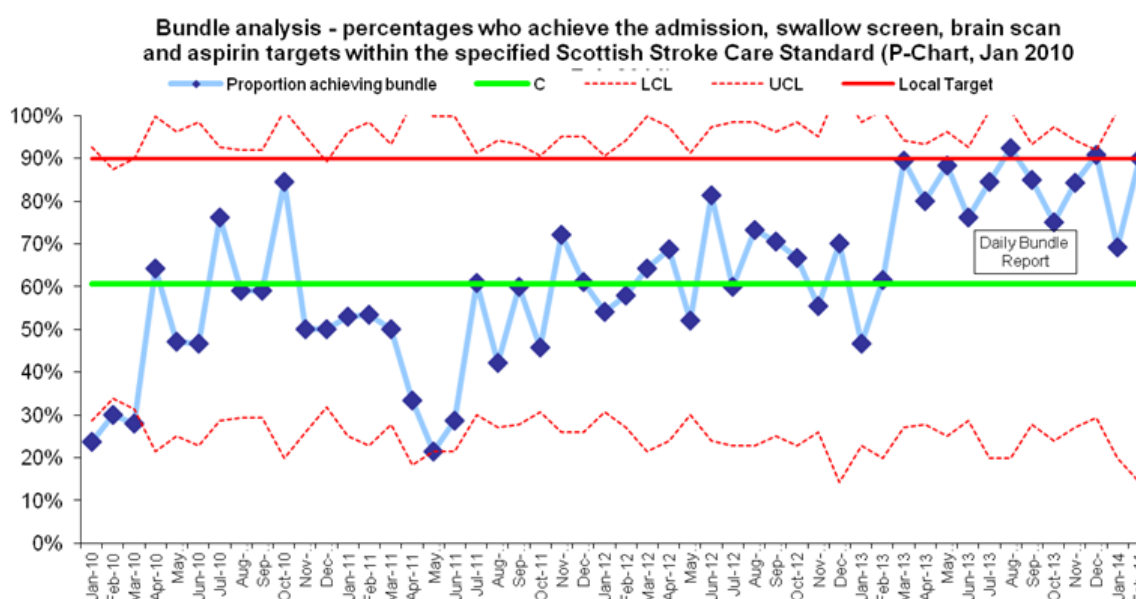
Stroke Bundle

There is currently no HEAT target associated with Stroke. Health Boards are required to report against the Scottish Stroke Care Standards.

The Stroke Bundle is made up of elements of the Scottish Stroke Care Standards which are;

- admission to a dedicated Stroke Unit within 1 day of admission
- a swallow screen test on day of admission
- a brain scan within 24hours of admission
- appropriate treatment initiated within one day of admission

Performance against the bundle as at the end of February 2014 is represented in the diagram below;



MENTAL HEALTH

The Scottish Government has advised NHS Boards that they will evidence progress against national waiting time guarantees as reflected in the Local Delivery Plan (LDP). This will apply to mental health issues and will evolve over time.

The expectation is that from March 2013 Health Boards will deliver 26 weeks referral to treatment for Specialist Child and Adolescent Mental Health Services (CAMHS) reducing to 18 weeks by December 2014.

The Service is on track to deliver the target at the due date, with no patients reported waiting over 18 weeks since October 2013.

Additionally, from December 2014 Health Boards are expected to deliver 18 weeks RTT for Psychological Therapies.

Performance is as reported below:

Table 10 – Performance against 18 week RTT

	Dec - 14	Jan -14	Feb - 14
> 18 weeks	25	43	67

The reason for the increase is due to changes in the way these patients are being recorded in line with ISD guidance. Patients are now recorded from referral to treatment, whereas previously this was from referral to assessment. This change was introduced from the end of January 2014. There is significant Demand and Capacity work being undertaken by the service to plan for improved access.

Recommendation

The Board is asked to note:

- the ongoing performance across waiting times and other access guarantees, targets and aims
- that the Inpatient and the New Outpatient Stage of Treatment forward plans and trajectories will be presented at the next Board meeting

Policy/Strategy Implications	Not applicable
Consultation	Not applicable
Consultation with Professional Committees	Not applicable
Risk Assessment	Leadership and engagement across all staff groups Capture of real time information. Maximisation of internal and external capacity
Compliance with Board Policy requirements on Equality and Diversity	Not applicable
Resource/Staffing Implications	As budgeted

Approved by

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