

Sustaining the Gains: Where next with the 18 week referral to treatment target

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1. Achievement

Eighteen months ago, the Trust began work to prepare for the achievement of the 18 week pathway by December 2008. Now, nine months ahead of national target, we have already achieved the required national thresholds of 95% for non-admitted patients, and 90% for admitted patients.

This applies to all consultant-led hospital services, from referral to treatment, and means that the maximum component waits are now:

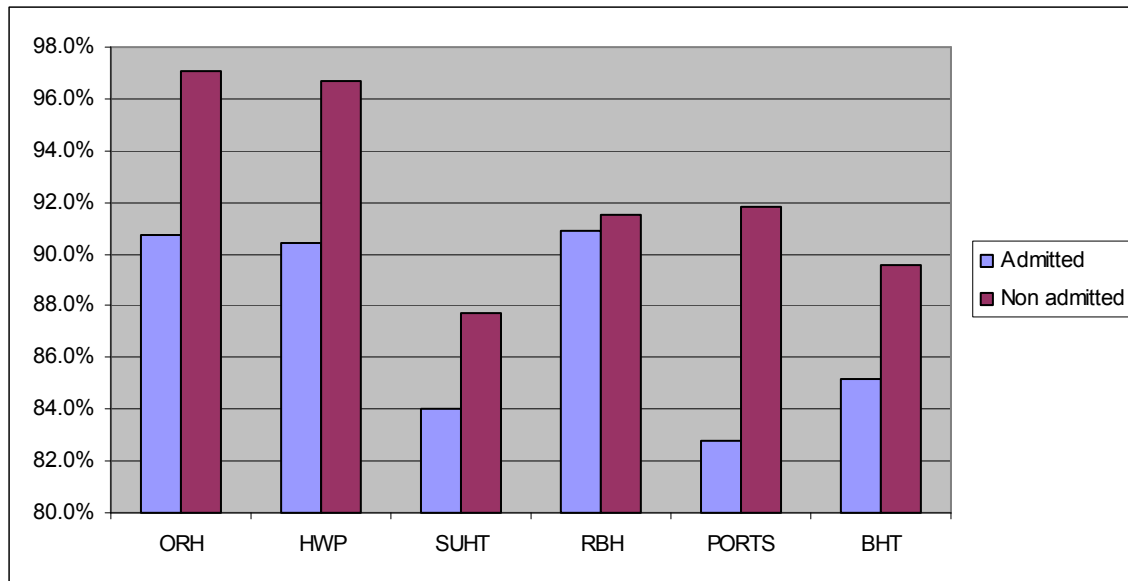
- Outpatients: 4 weeks
- Diagnostics: 6 weeks
- Inpatient: 8 weeks

Since 2003, waiting times have fallen from over 130 weeks in some cases, and a year ago maximum waits were at 42 weeks. Our elective cancellation rate has also fallen from as high as 2% a year ago to 0.75%, exceeding our target of 0.8%.

This is a fantastic achievement and is down to dedication and hard work of staff at every stage on the patient's journey.

Our elective performance now exceeds that of the other large acute providers in the South Central SHA.

18 Week Performance week ending 23 March 2008:



Particularly as we have come closer to the target with the associated need to clear the backlog of longer waiting patients, a large amount of the achievement of 18 weeks has been through familiar increase in activity and effort by staff throughout the system.

The Trust sees over half a million people a year as outpatients, and around 100,000 as elective inpatients and day cases. Even a year ago there were nearly 10,000 patients waiting more than 18 weeks, and maximum waits from referral to treatment were around 42 weeks. In surgery, the Trust has gone from doing an average of under 500 operations a week to over 650 a week a year later. In diagnostics, the Trust carried out over 25,000 more examinations in 2007/08 compared to 2006/07.

2. What next?

2.1. Holiday Period

Unless properly planned for, there may be challenges over the summer holiday period in sustaining the target, both in terms of staff leave, and also patients taking holidays which make it harder for us to see them within 18 weeks. (See Clock Rules below on how to allow for delays that are accounted for by patient choice.)

As the outpatient wait is now only 4 week, please consider clinics that are not run weekly, in particular ones that occur only once a month. Please make sure contingency plans are set up in advance – for example, asses whether patients usually seen in monthly clinics could be seen in those run on a more frequent basis. Any questions to Sarah.Pennington@orh.nhs.uk

2.2. Pathway Reform

Although in many ways it may have felt like previous targets in terms of achievement, it's important to remember the principles behind 18 weeks:

- Unlike previous elective targets, 18 weeks covers the whole patient pathway. Although we are still acutely aware and planning for elements of the pathway (and are still being measured on them by our PCTs), 18 weeks will in time replace the existing targets around outpatient, inpatient and diagnostic waits.
- As much as being about speed, it is about quality, equality, efficiency and customer service, and it should be a product of and a driver for the improvements that we make in the overall quality of patient care.

This means that as well as the managing and monitoring we have done to achieve the target, we need to continue to develop services and reform pathways. This is to ensure that we do not build up any more backlog and that patients can be seen without the level of additional effort required to meet the target.

A range of systems reform work has already been taking place over the last 18 months – from the work with ‘Lean’ methodology in Theatres to reviewing of outpatient clinic set-ups and streamlining of inpatient and diagnostic pathways. For example, one piece of work on laparoscopic cholecystectomy at the Churchill increased day-case rates from 25% to 73% in 3 months, as well as reducing DNAs and gaining a high level of patient satisfaction.

This pathway reform not only helps us achieve and sustain elective targets, it has also been shown to be one of the most valuable tools we can use to maintain and improve standards of care. Pathway reform can reduce delays and waste, enhance the quality of care, improve clinical outcomes and patient safety, and increase patient satisfaction.

There will be opportunities for staff to be involved in this work throughout the year. If you are interested in being involved, or have a proposal for a particular piece of work, please email Andrew.Murphy@orh.nhs.uk

2.3. Information System Reform

Measurement and Systems. PAS has now been upgraded to allow us to report and monitor patients through the Referral to Treatment Period. The addition of a Unique Booking Reference Number (UBRN) and an RTT status field has enabled us to track a patient through their journey and ensure that they are treated within 18 weeks. In addition, a new system called Infoflex, that makes it easier for us to track patients, is being installed in the Trust shortly. You will be contacted about this directly if it affects you. If you have any questions in the meantime, please contact Sarah.Pennington@orh.nhs.uk or Adrian.Crookes@orh.nhs.uk

Data Collection. We have improved our data collection over the last 18 months, and continued focus is required on this to ensure that we accurately record our activity, both to measure the pathway, and also to ensure that we receive the income from the PCT for the work that we carry out. This is particularly the case in outpatients. Again, if you have any questions about data collection, please contact Sarah.Pennington@orh.nhs.uk

3. Clock Rules

As we have moved towards 18 weeks, you may well have heard a lot about ‘clock starts’ and ‘clock stops.’ A summary of these rules is attached as an appendix to this briefing, and they are designed to ensure that the NHS is measured for the elements of the wait that it is able to control.

These rules might seem very complicated. However, the golden rule to remember is, **unless there is a specific clinical or patient-led reason not to**, all patients must be treated within 18 weeks.

4. Find out more

The Trust web resource for the 18 Week Programme can be found at:

www.oxfordradcliffe.nhs.uk/forclinicians/18weeks

Information about the national programme can be found at: www.18weeks.nhs.uk

Ideas, suggestions and questions to 18.weeks@orh.nhs.uk

5. Key Contacts

Andrew Murphy Trust Lead andrew.murphy@orh.nhs.uk	Mr Ashok Handa Programme Clinical Director (Surgery) ashok.handa@nds.ox.ac.uk
Sarah Pennington Programme Manager sarah.pennington@orh.nhs.uk	Dr Richard Turner Programme Clinical Lead (Medicine) richard.turner@orh.nhs.uk
Adrian Crookes Trust Information Manager adrian.crookes@orh.nhs.uk	Dr Anne Thomson Clinical Lead, Division C anne.thomson@orh.nhs.uk
Oliver Francis Communications Manager oliver.francis@orh.nhs.uk	Jo Hunter Outreach Librarian jo.hunter@orh.nhs.uk