

Achieving the 18 Week Referral to Treatment Target

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1. Introduction

By December 2008, no patient referred to a consultant led hospital service will be allowed to wait longer than 18 weeks from referral to treatment.

This will apply to all trusts in the NHS, and represents the coming together of the various waiting time targets for the different elements of hospital services. For the first time, in a similar way to our approach to cancer waiting times, the 18 week target will cover the whole patient pathway. This new goal effectively replaces the existing targets around outpatient and inpatient waits and the newer targets relating to diagnostic services.

From a patient's point of view, 18 weeks is a fairer and more inclusive target, and from the Trust's point of view it is a more complete target that should enable us to effectively measure and manage all the timings of the care that we deliver. It is about the right care, at the right time, of the right quality, without unnecessary delay. As much as being about speed, it is about quality, equality, efficiency and customer service, and it should be a product of the improvements that we make in patient care.

The Trust has a good track record in achieving elective targets and, in many cases, has been ahead of national targets. This year, we are confident that we will achieve the national targets of 11 weeks for outpatients, 13 weeks for the main diagnostic services and 20 weeks for inpatients. Consequently the organisation has a wealth of experience in how to effectively manage our activity such that we are able to meet patient access targets.

2. Managing the whole pathway

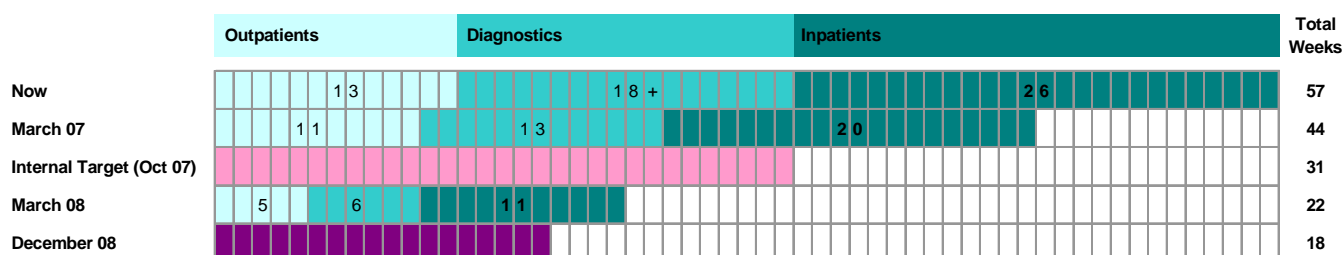
The 18 week target presents us with a fresh dimension to managing waits. Aside from cancer, we have not routinely measured or managed waits across the entire patient pathway. Our approach to achieving this new target will need to be a combination of intensifying work we know to be effective, and a new approach that focuses upon the constraints and blockages within

clinical pathways. The benefits and opportunities that this presents us are widespread, and include:

- improved speed of access for patients – our current waits can exceed 50 weeks, meaning some groups of patients will be treated three times as quickly
- improved equality of access – all patients referred to a consultant-led service, regardless of their condition, are covered by this target
- greater clinical ownership – in order to deliver this target, all staff who have contact with patients will need to be involved, presenting us with an opportunity to improve engagement and communication between all our staff groups

3. Target milestones

The milestones in achieving the 18 week target are shown below:

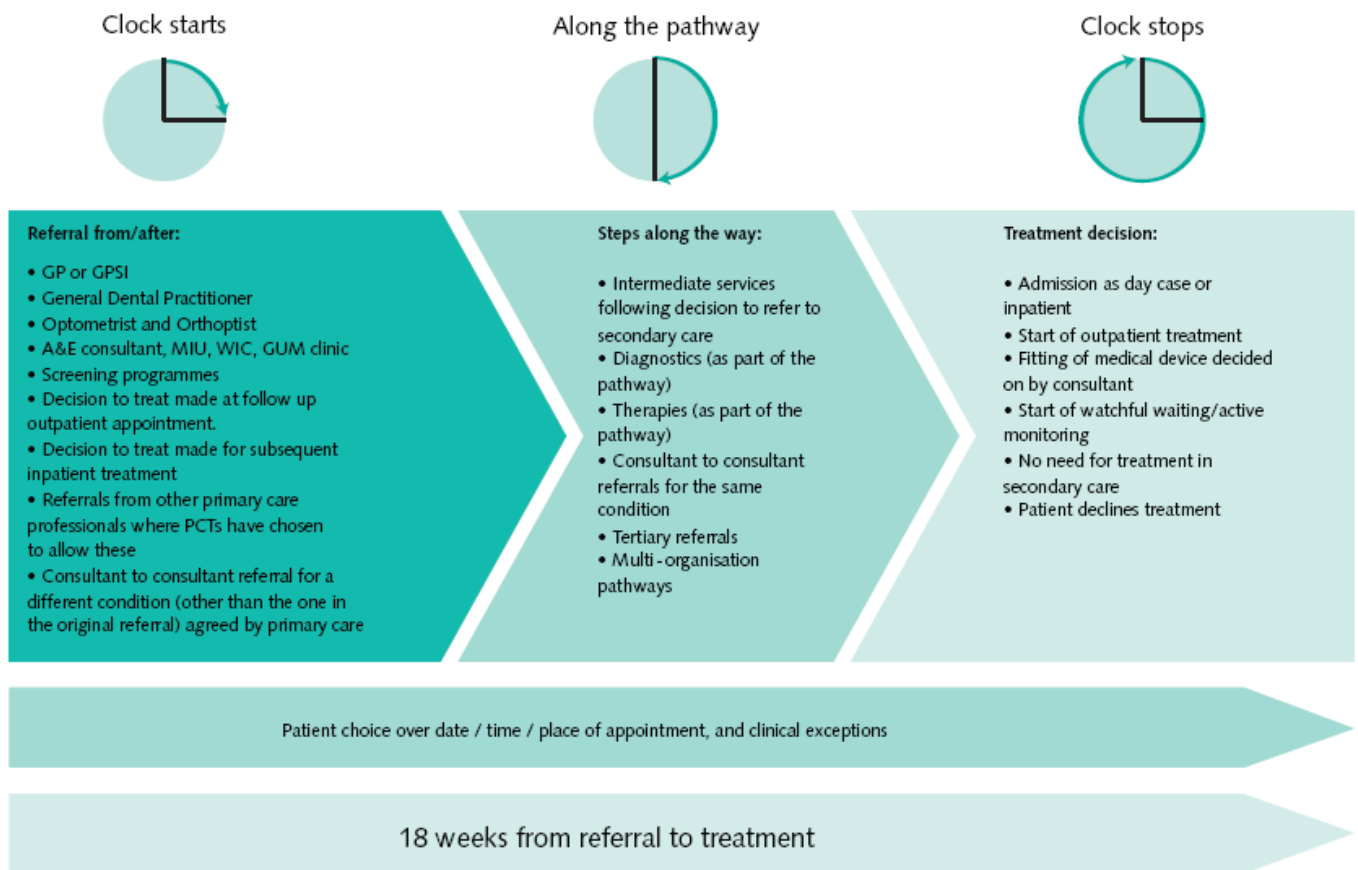


In order to achieve this, we will inevitably need to increase our activity, which we hope, under payment by results, should be largely matched in funding by our Primary Care commissioners. However, the financial constraints for the NHS in Oxfordshire are well known, and much of the reduction will need to be achieved through improvements in process and efficiency. Each of us knows where care could be delivered more effectively within our resources. The 18 week programme will seek to capture and apply that knowledge. We clearly have a way to go, but this should be seen in the context of where we have come from: since 2003, waiting times have fallen from over 130 weeks in some cases.

4. Changing the way we count

Calculating the time of an 18 week journey will not always be straightforward, and you will hear a lot about ‘clock starts’ and ‘clock stops’. The table on the following page summarises what is meant by 18 weeks – what is counted and what is not. These criteria are to ensure that the NHS is measured for the elements of the wait that it is able to control. It will also give allowance for when it may be clinically appropriate for a longer wait.

This change in focus will have a profound impact on how we currently report, as well as how we manage our waiting times. In terms of reporting we are now required to collect a detailed data around clock starts and stops. We will be required to collect more detailed coded data within outpatient clinics, diagnostic services and admissions to be able to track, monitor and report the Trust position for all the relevant patients on an 18 week RTT pathway. *We can only manage it if we can measure it.*



5. First steps

Measurement and Systems. In addition to our main Patient Administration System, different parts of the patient pathway are managed through multiple systems, and across specialities systems differ and do not always ‘talk’ to each other well. Over the coming months we will be conducting a review of these systems, as well as delivering enhancements to the Patient Administration System to enable us to more effectively follow patients through their pathway. ‘Infoflex’, a patient tracking system with clinical applications which is already in use in cancer, will be rolled out across other systems and disciplines.

Diagnostics. Whilst the 18 week target cannot be met solely by reducing the individual elements of the wait, achieving the milestones in individual areas will put the Trust in a stronger position to meet the overall target. Although we have systems in place to measure waits for outpatient first attendances and inpatient waiting lists, the same cannot be currently said for diagnostic services across the board. Our first priority in this area must be to achieve the same waiting times discipline in diagnostic services that we have achieved in outpatients and inpatients. To this end, the Performance Improvement Team already established in diagnostics will focus on applying the successful approach that the Trust has taken in achieving reductions in inpatient and outpatient waits.

Data Collection. The Trust has been voluntarily submitting data about how we are currently faring against the target, and this has, from January 2007, becomes mandatory, with more detailed data being required from April 2007.

The vast majority of 18 week pathways start with an outpatient attendance, but we do not currently record the outcome of these attendances adequately. Accurate recording is important not only for the 18 week programme, but also for ensuring that we are paid by our commissioners (the PCTs) for the work that we carry out. We need to ensure that outcomes are

accurately and concisely recorded by clinicians within the outpatient setting and updated on PAS.

In order to meet our reporting deadlines, all outpatient data collection sheets are being reviewed, and revised forms are being distributed to all outpatient departments this month. It is vital that 100% of these forms are filled in. If your job requires you to fill in these data collection sheets, you will be contacted directly by the 18 Week programme team. Any queries to sarah.pennington@orh.nhs.uk

Top to bottom support. Pathway Developments Groups are being established across all Trust specialties. These will typically comprise a Service Manager, a Consultant, Senior Nurse, Trust information support and other interested participants. These will be supported by clinicians and managers at all levels of the Trust. If you are interested in joining a Pathway Development Group, please contact your service manager.

Everyone who has contact with patients, from porters to consultants can play their part in delivering this 18 week target, and there will be further opportunities for staff involvement as the programme progresses. In return, the Trust will provide prompt and accurate information to all necessary groups. It will encourage innovation, will support the necessary changes, and will reward success.

6. 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

7. Key Contacts

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