

No Delays Essentials

Six things that will make a big
difference to your **18 week wait**



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You may already know a lot of the information described in this document. You may be working on all or some of these 'six things' already. This is because they have been developed from existing knowledge in the NHS.

So why has the NHS Institute written this? We decided to put 'six things' in one place; things that experts believe will make a big impact on meeting the 18 week target. It's a starting point or place to check what you are doing. It's aimed at operational and clinical managers.

The 'six things' focus on teams getting to and maintaining a position where things like paperwork, clinical decisions, information and communication don't contribute to delays in patient care. Some people call this improving patient flow. We recommend you look at all of them and work out which ones you believe will make the biggest impact.

18 weeks describes a national aim that by the end of December 2008 no one will have to wait more than 18 weeks from referral to the start of treatment. This timescale includes all the stages that lead up to and including first definitive treatment, including outpatient consultations, diagnostic tests and procedures. It includes referrals from GPs, consultants and a range of other clinical groups. See www.18weeks.nhs.uk for more information.

"I felt a bit bad when I read the draft version of 'six things'. They are all obvious yet we weren't doing them all." **Functional unit manager**

The No Delays Achiever

The 'six things' are in the 'No Delays Essentials' section. There are links to analysis, improvement tools and case studies for each of the 'six things'.

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'Six Things' 02 Impact of 'six things' 09 Getting started 10



Keep the flow: reduce unnecessary waits.

03



Plan ahead: along all stages on a patients journey

04



Pool similar work together and share staff resources.

05



Reduce things that do not add value to patients.

06



Keep things moving: see & treat patients in order/ first-in, first-out.

07



Focus on the whole patient journey
(as well as the team, unit and section you work in).

08

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02



The total impact of lots of short delays makes a big delay.

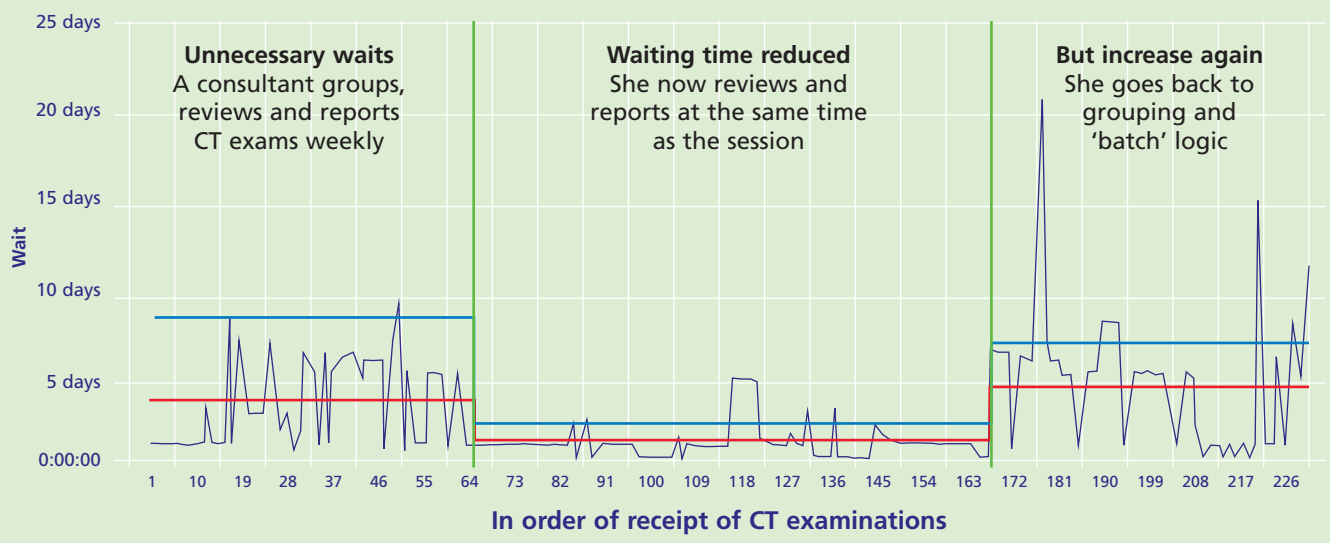
1 Keep the flow

Reduce piles of paperwork, ensure frequent decision making, reduce batching or batch sizes in diagnostics.

A consultant groups and reviews her CT examination results once a week. This is because she believes her efficiency is important and by grouping them she spends less time on each CT exam, but this increases waiting. Her patients wait anywhere between one and nine days for their diagnostic assessment. When she reported at the same time as the examination, waiting times were less than two and a half days.

Other examples of piles, batches and grouping include:

- A particular diagnostic test is only carried out once a week.
- Letters are typed up once every three days.
- Multi-disciplinary teams meet fortnightly.
- Delay and time spent by a consultant to justify GP requests for ultrasound / other diagnostic tests (when 'wrong' referral rates are low).



.....reduce unnecessary waits

Significance for 18 weeks. Imagine you are this consultant's patient. You could wait up to nine days for a CT scan report just because she does not review and report on the day of your scan. This is only one stage in your journey, but that can easily take up 7% of an 18 week pathway.

What can I do? It's obvious in one way; reducing the number of steps and identifying and cutting out these hidden waits. What is challenging is that

we are all so busy that as we strive to be efficient personally, we can actually make things worse, as you can see illustrated in the example.

How will the No Delays Achiever help me? The No Delays Achiever will allow you to identify the key HRGs for 18 weeks and prioritise areas where there are big delays. It highlights useful next steps such as mapping out patient pathways to understand where delays may occur.



“Each step of the programme is planned for and scheduled so everyone knows what to expect and when to expect it, this reduces delays.”

2 Plan ahead: along all stages in a patient's journey

“If everyone knows what’s going on, it’s easier to stay on track.”

A Gastroenterology Matron from South Devon Health Care NHS Trust set up pre-operative assessments to tell patients what will happen to them, what they need to do until they are discharged, and give them the date when they go home. For example, they know what special foods they need in their fridge when they get home.

They called this an 'enhanced recovery programme.' The pre-operative stage triggers off plans and schedules so everyone knows what to expect and when to expect it. This expectation, planning, and scheduling together with more evidence-based care has reduced readmissions and length of stays (from 12.6 days to 6.0 days).

In this department they did not have a waiting list, so the improvements meant that they reduced the number of beds they needed and that some staff could be redeployed.

Other examples of planning ahead include:

- Forward planning elective bed needs / high dependency bed needs.
- Making sure all equipment is ready for an operating list.
- Booking / scheduling in necessary tests and procedures in advance.
- Setting a real date for discharge and planning towards it.

- Pathology setting up its work processes to coincide with ward rounds.
- Anticipating and planning for rehabilitation and therapies.
- Co-ordinating plans with other departments so resources like high dependency beds are requested in line with their availability.

Significance for 18 weeks. Planning ahead around patient care increases the chance that each patient receives the right care, in the right place, at the right time.

For example, it will allow you to co-ordinate resources around patient care (eg staffing, equipment, beds), in line with the availability of the resources.

What can I do? This may sound obvious as we already do a lot of planning ahead in services, but you can check the consistency and comprehensiveness of how things are planned. You will need agreed clinical care pathways and an approach to help you schedule activities along care pathways. This approach is called 'process templates'.

How will the No Delays Achiever help me? You will find more information about the work from South Devon Health Care NHS Trust and the enhanced recovery programme they established. It is linked to a range of tools and techniques that will help you implement this type of approach, and includes links to 'process templates'.



Big variations in waiting times between patients increases the chances that someone will take longer than 18 weeks.

3 Pool similar work together and share staff resources

Pool the work of consultants, clinicians, technicians and administrative staff where there is common and equivalent work.

In Ealing Hospital NHS Trust, the radiology team identified a number of ways in which similar work could be pooled together for CT scans. Rather than setting aside slots for different types of patients, they filled sessions with the next patients to be referred. This contributed to a waiting time reduction from six to three weeks.

Why does pooling work? It reduces the variation in waiting times between patients. In train stations and post offices they often have one queue for a number of cashiers so you don't get stuck behind someone who is slow.

Other examples of where pooling can help

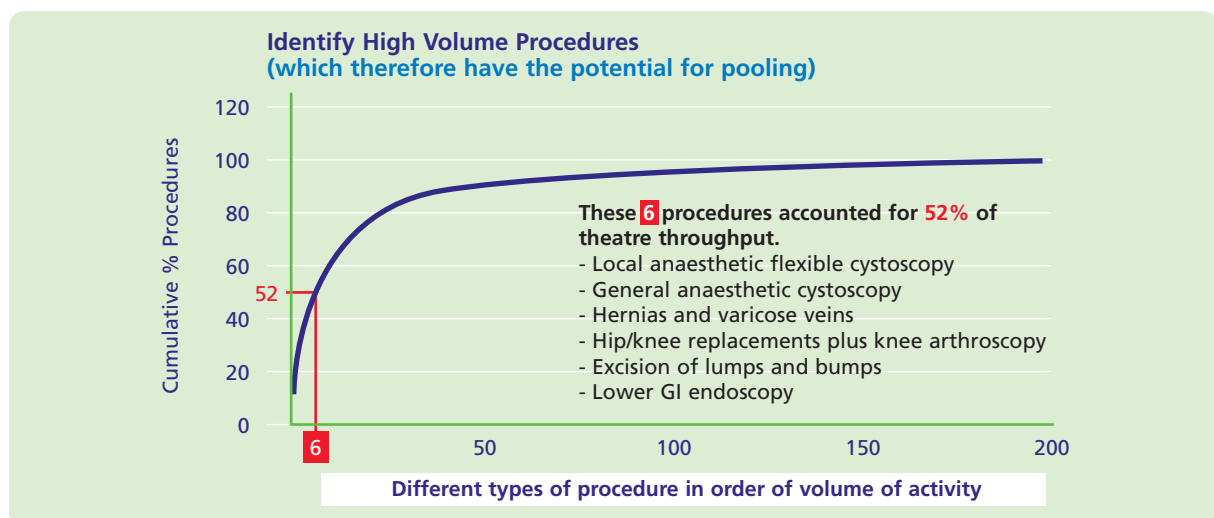
- Pooling referrals to consultants in line with their availability and capacity.
- Pooling all the work for some of the most common and simple procedures, such as hernias.
- Pooling elements of administrative functions.
- Pooling treatment and therapies.

Significance for 18 weeks. Big variations in waiting times between patients increases the chances that someone will take longer than 18 weeks.

What can I do? Wirral Hospital found that when they looked at one admitting ward, only six procedures accounted for 52% of theatre throughput. These procedures have the potential for pooling.

This idea is not about taking away specialist work or expertise. It's about identifying the things that we do most often and making sure that we don't let patients, their paperwork, tests and so on become stuck. You can identify which things are common and frequent and see what's possible. You can also count the number of different types or slots (count the queues).

How will the No Delays Achiever help me? The No Delays Achiever will provide you with the data to compare delays between different consultants. This will allow you to spot where pooling may not be taking place and where the impact of pooling is greatest. From 2007 the No Delays Achiever will develop a graph like this one from your hospital's data. It will also provide you with tips, tools and ideas to change the way people work.





Imagine the impact if all staff were able to free up 20 minutes everyday.

4 Reduce things that do not add value to patients

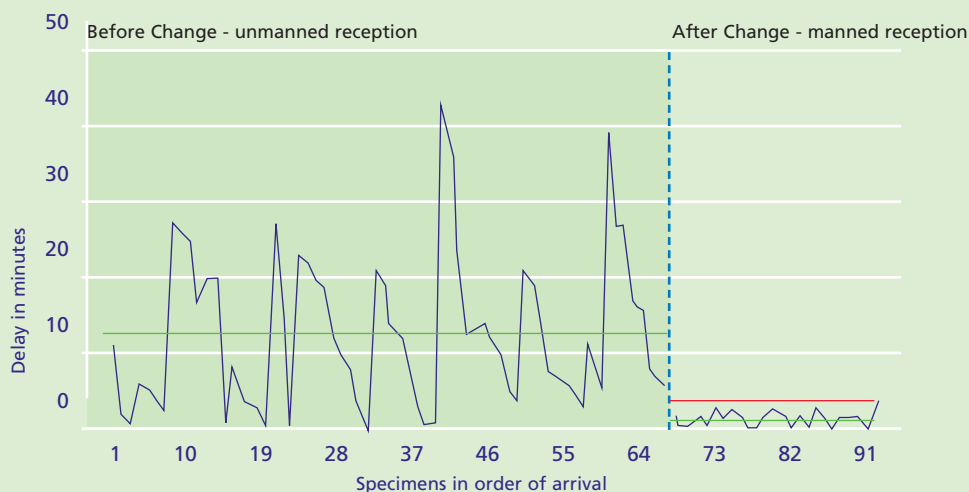
A lot of our work adds value to patients: right referral, right diagnostic tests, right diagnosis, right information and communication, right advice, right treatment, right aftercare and right handover.

In the pathology department in Hereford Hospitals NHS Trust when a sample bag used to arrive into the department, one of the team would open it and put the sample on a rack. Then the sample would be moved from the rack and into the centrifuge. One day, someone tried removing the rack. By taking away this small but unnecessary step the team found they saved 40 minutes a day. That's almost 10% of someone's working day. It is also a 10 minute break for four members of staff.

Five things that do not add value and have a big impact on 18 weeks:

1. Patients having to come to hospital on different days for different tests.
2. Time spent finding the necessary equipment or information.
3. Time spent doing things again, such as the same paperwork or the same diagnostic tests.
4. Unnecessary appointments and follow-ups in outpatients.
5. Unnecessary diagnostic tests and re-doing diagnostic tests.

Hereford Hospitals NHS Trust - Biochemistry - Time of arrival of Specimen to the start of it being processed



What can I do? The challenge is that a lot of things which don't add value to patients are built into customs, habits and the ways 'things are done'. They also tend to be the 'hassle factors' in people's jobs. One starting point is to visually map the processes and procedures you do and make time to look out for things that don't add value.

Significance for 18 weeks. Time is precious. The cumulative impact of time spent checking, doing

work again, looking for things and carrying out unnecessary steps is time lost. It could be better spent on patient care or getting home on time. Staff in Hereford now clear their work by 4.45 rather than 5.30.

How will the No Delays Achiever help me? You can find out more about what Hereford Hospitals did, some of the tools they used and their approach to improving turnaround time in pathology.



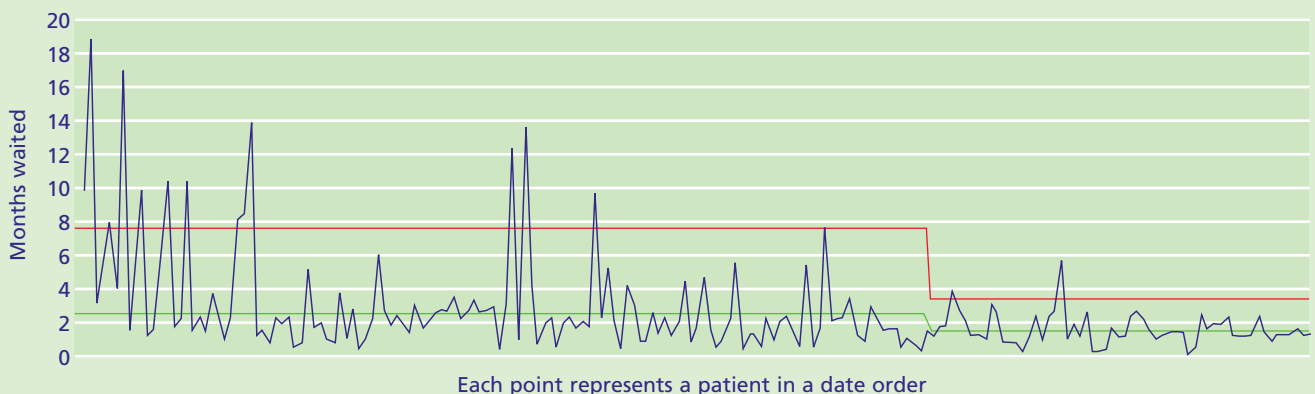
5 Keep things moving: see and treat patients in order / first-in, first-out

If one person jumps the queue for non-clinical reasons it means everyone else behind them waits longer.

The main impact of doing things in turn is to reduce the difference in waiting time between patients. Therefore, it reduces maximum waits and

improves patient experience. Hull and North East Yorkshire Hospital Trust had a hospital wide approach to making sure patients were treated in order in all their surgical areas. One service manager commented "It promotes a fair approach to selecting patients for surgery..."

The maximum waiting time reduces when you see and treat patients in order



Other examples of when things are not done in order:

- Blood samples get trapped at the bottom of the 'drop off' bucket until it's emptied.
- Seeing patients in the order that a report is written rather than in order of referral.
- A consultant picks out a case that is interesting and brings it forward.
- A GP has five different priorities for his patient letters to be typed. Are all priorities necessary?
- One consultant has longer waiting list times than her colleagues.
- Patients who miss an appointment (either by cancellation or the patient doesn't turn up).

What can I do? Look at the difference in waiting times, for example between the decision to admit and the date for treatment, and use this to discuss practice with clinicians and staff responsible for managing lists. Minimise numbers of different types of slots, cancellations and patients not turning up.

Significance for 18 weeks. Seeing patients in turn, doing things in turn reduces the maximum waiting times. This will increase the chances that all patients are seen within 18 weeks.

How will the No Delays Achiever help me? The No Delays Achiever will give you access to tools to analyse waiting lists in this way.



I have spent all week fire-fighting, isn't it time I found the cause of the fires?

A large number of people waiting for my service may be a symptom of a problem elsewhere. I can check it out!

6 Focus on the whole patient journey (as well as the team, unit and section you work in)

The efficiency of the whole patient journey is more important than the individual teams' efficiencies.

Taking steps to reduce waiting times in one part of a hospital service often highlights something else that prevents further improvement. After extensive and detailed improvement work in ultrasound, the service improvement lead stated "without improving transport we can go no further to improve ultrasound services." As a result the hospital decided to review portering services.

Diagnostics are often highlighted as a bottleneck in the 18 week pathway. This is because the speed of clinical investigation and clinical decision-making depends upon diagnostic services. However, in turn, diagnostic services rely upon the transportation of patients and samples they need to test. This means that the turnaround time for test results will depend upon the porters or other transportation turnaround time. Transporting patients and / or samples for diagnostic tests isn't the only role porters have so their efficiency and way of working will also have knock-on effects for other parts of the hospital.

Other ways to think about the whole patient journey

- Follow-up appointments which impact on the ability to see new patients.
- Transfer and care across different health care and social care organisations.
- Use of high dependency beds post-surgery for all surgical specialties.
- The impact of giving one patient group a higher priority over another means that the lower priority will end up waiting longer.

Significance for 18 weeks. 18 weeks covers most of the patient journey which means that some waits that have been hidden in the past will be brought into the open.

Imagine your team reduces its backlog of work and sees more patients, but the next team along the patients' pathway did not make any changes. Your backlog would only become their backlog. If this other team was the bottleneck, no more patients would be seen by the 'pathway' as a whole. Waiting times would not be reduced.

What can I do? You could start by tracing the whole patient journey with a sample of ten patients. Another way to start is to talk to people. Talk to the team / people who transfer patients to your team, get to know them and when you feel ready say:

1. How can I make your job easier?
2. This is how you can make my job easier....

Then talk to the team you handover patients to, get to know them and when you feel ready say:

3. How can I make your job easier?
4. This is how you can make my job easier....

An additional approach is to make sure you support improvement work that focuses at the 'bottleneck' and work that begins at the **last step of a patient's journey** and moves backwards.

How will the No Delays Achiever help me? The No Delays Achiever will allow you to identify the key HRGs for 18 weeks. This will allow you to prioritise efforts. It will provide you with some tools and strategies to map out pathways, build an understanding of the whole system, and re-design pathways.

In today's financial climate, it is essential to be able to describe potential and realised benefits.

Impact of six things: demonstrate resource and financial savings

A common theme for the 'six things' is that they all have the potential to result in resource savings.

In today's financial climate, it is essential to be able to describe potential and realised benefits. It is possible to look at the impact of staff making improvements on individual patient pathways or diagnostic pathways and show resource savings.

In one hospital, the pathology services improved efficiency by up to 50% resulting in two and half members of staff being re-deployed.

In another hospital, the application of core principles of flow and lean in part of surgical services increased the number of patients treated by nearly 40% (around £400,000 additional income).

Of course, these benefits will not necessarily be reflected in the 'bottom line' or result in lower budgets at the start. They may result in an improved working environment, more time for learning and training, and improved patient outcome and / or experience.

Once you have made improvement, you usually need a period of consolidation to ensure it has

been sustained before taking any decisions on resources that will impact on the 'bottom line'.

What can I do? Identify changes in the way care is delivered very specifically. You can do this from a 'process' perspective. This is looking at "inputs, process and outputs" along care and diagnostic pathways. For example:


Inputs: are we / have we changed the resources (human, equipment etc) into providing patient care in diagnostic pathways?

Process: are we providing shorter referral to treatment times? Are we turning around diagnostic tests faster?

Outputs: are we providing better quality of care / quality of diagnostic tests? Are we providing more or less care?

How will the No Delays Achiever help me? The No Delays Achiever has developed a method you can follow to calculate resource savings. This is available on www.institute.nhs.uk/NoDelaysAchiever





Improvements led by staff are generally very successful and stand the test of time.

Getting started

You may have worries or concerns about meeting 18 weeks and this is probably not the only challenge you face. However, you need to get started on service improvement. What you actually do will depend on your style and the local situation.

One operational manager told us:

“Take time to engage people. Understand what the service is about. Know which specific things you want to improve - what direction you’re taking - whether it’s waiting times, working environment or anything else. Then get to the crux of the matter”

Often staff know where the problems lie, but have never been asked to, and never felt they were allowed to, make changes. When given this

opportunity they should carry out small tests to see if new ideas work (and measure their impact). Improvements led by staff are generally very successful and stand the test of time.

Here is a potential plan

- Get an idea about the current picture and understand what is happening. Check to see if you are doing the ‘six things’ already.
- Be bold, ask for advice and help, the response might surprise you.
- Don’t make any assumptions, map out the processes and see how things currently work.
- Identify causes of delay then focus on improvement
- Think about planning.

No Delays Achiever

A web-based analysis and improvement package

18 Weeks

Not sure where to start

What else?

you can seek advice on next steps; access evidence-based improvement tools and techniques; all from one place.

And?

It will identify the areas you need to focus on

Expensive?

(It’s free for the NHS)

www.institute.nhs.uk/NoDelaysAchiever