

18 WEEKS

Moving to a “no wait” culture for elective care in England

Philippa Robinson
18 Weeks National
Implementation Director



What we will cover...



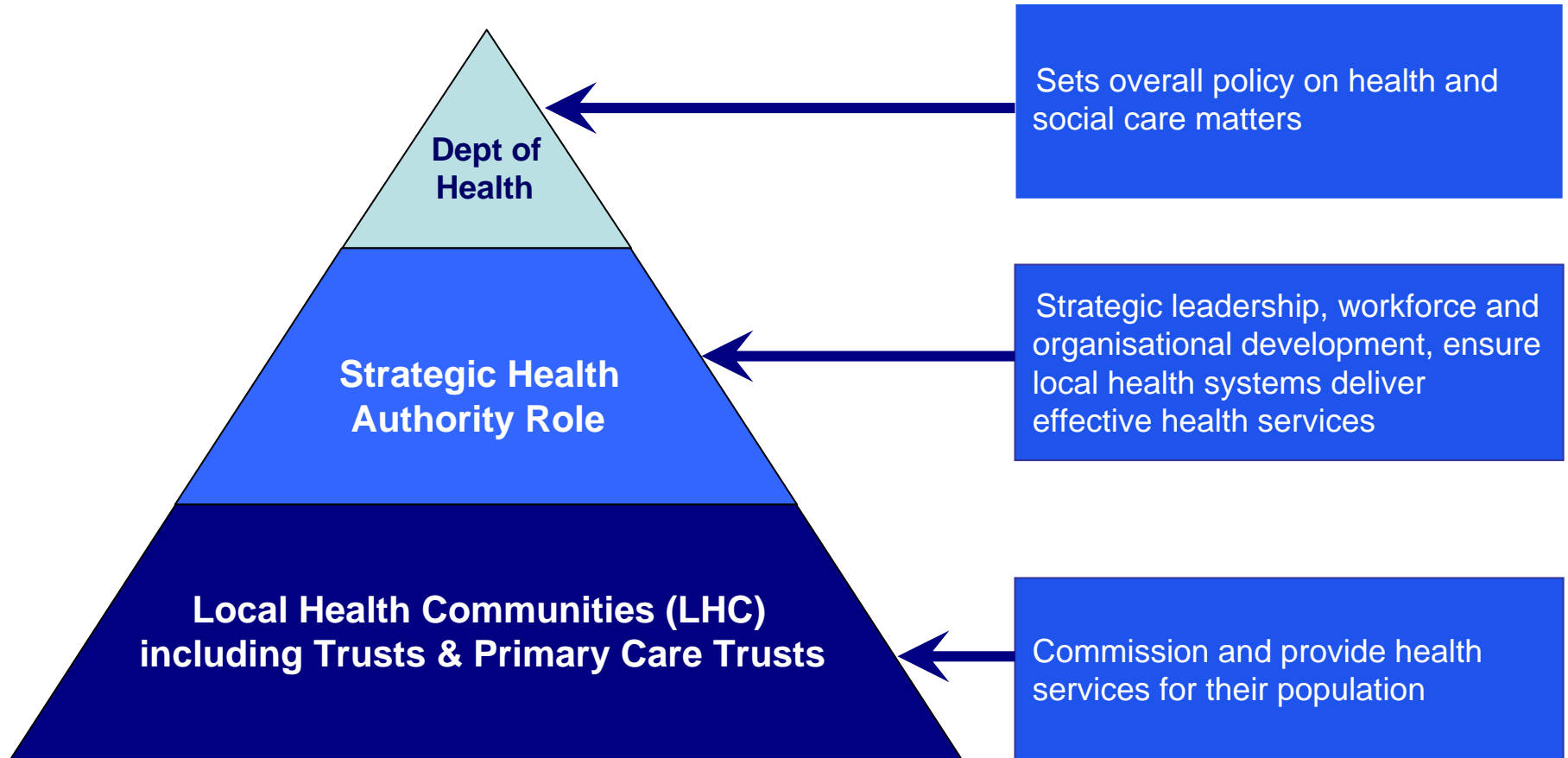
1. The structure of the NHS in England
2. Historical context
3. Referral to Treatment (RTT)
4. Delivering 18 week patient pathways
5. Improving and transforming services
6. Service transformation in orthopaedics
7. The Orthopaedic Coaching Programme
8. The results – it's working!
9. Sustainability



The story...

Watch the campaign as seen in GP practices around England.

The NHS in England: Structure



Historical waiting culture

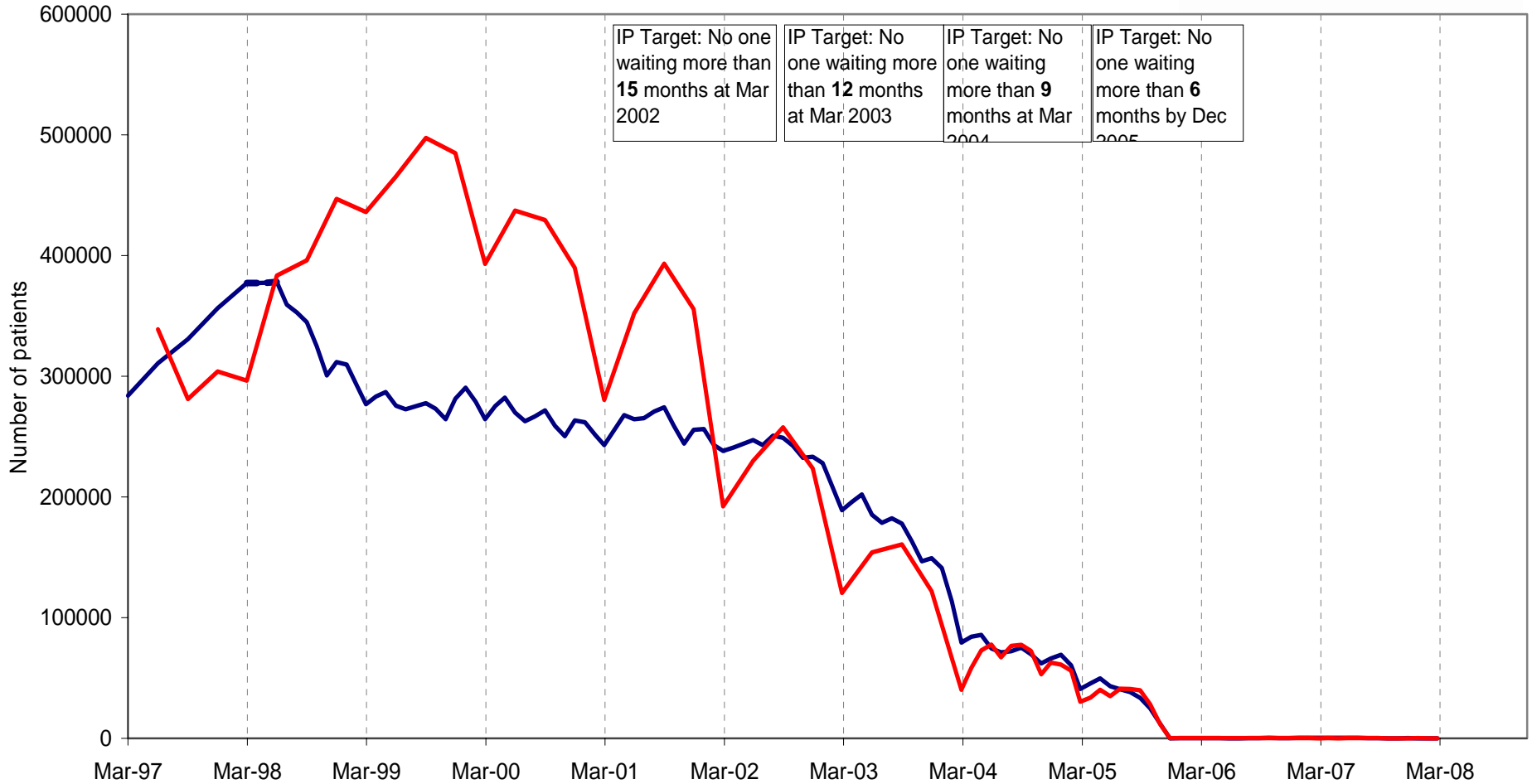


- Patients previously associated NHS planned care with long waiting lists
- Patient surveys in 2004 demonstrated that 1 in 4 patients felt they should have been treated sooner
- Elimination of waiting was the key issue and political driver
- Policy approach was national access targets based on stages of treatment, outpatient, inpatients
- Waiting list initiatives were thought to be the answer
- In practice, planning based on activity, not capacity and demand and managing variation
- “Hidden waits” (including diagnostics) were undermining real progress to reduce waiting times and improvements to patient experience of elective care
- Access targets not perceived as being connected to quality & safety

NHS stage of treatment waiting times trends



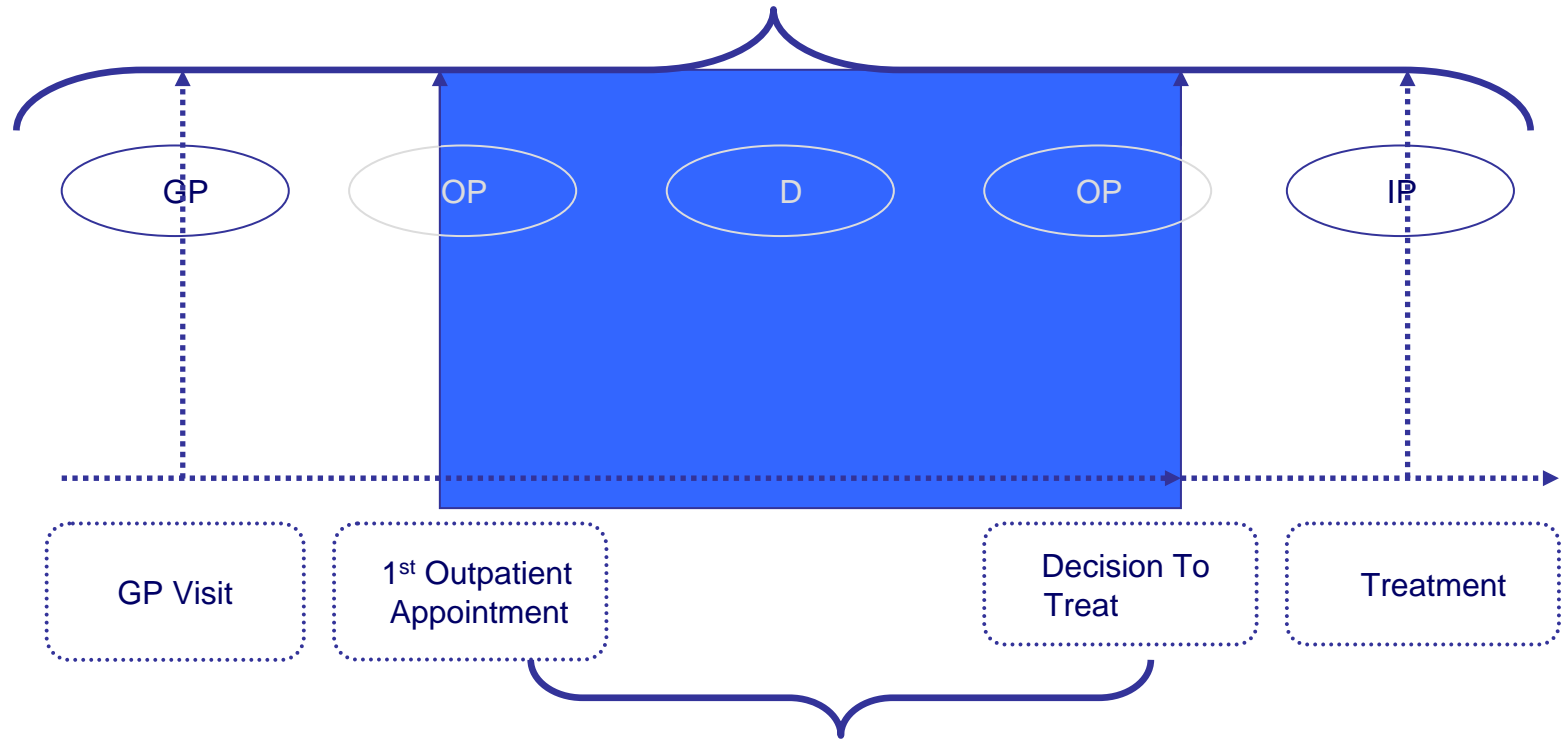
Inpatient and outpatient waiting times 1997 - present



IP Target: No one waiting more than 15 months at Mar 2002	IP Target: No one waiting more than 12 months at Mar 2003	IP Target: No one waiting more than 9 months at Mar 2004	IP Target: No one waiting more than 6 months by Dec 2005
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— Patients waiting over 26 weeks for inpatient admission
— Patients waiting over 13 for 1st OP appointment following GP referral

Eliminating the hidden waits



The time from first outpatient to decision to treat (or not to treat) includes the most significant challenges including all diagnostics and subsequent outpatient appointments



Stages of Treatment ➔ Referral to Treatment

... Referral to Treatment (RTT) was born!

What is the 18 weeks RTT pathway?



“By 2008, no one will wait longer than 18 weeks from GP referral to hospital treatment”

– NHS Improvement Plan (June 2004)

18 Week pathways are measured from referral to first definitive treatment. This includes all the stages that lead up to treatment, including outpatient appointments, diagnostic tests and procedures. It covers some stages that had traditionally been measured (inpatient and outpatient waits), but crucially, other elements that were not previously measured, particularly diagnostics.

This challenge is different...

18 WEEKS

1. Scale

- 12m referrals per annum
- 25 times larger than cancer waits
- Every specialty, SHA, PCT and trust was challenged

2. Managing patients through journey

- Massive cultural change required to shift focus to “pulling” patients through whole pathways
- Commissioners own the target and must own the patients

3. Ability to measure pathways

- We had not previously tracked patients across the whole pathway

...and the NHS had to manage within the climate

1. Finance

- Period of severe financial deficit in 2005/06
- Financial balance has to be delivered alongside 18 weeks

2. Capability and capacity

- Capacity was under pressure from the range of other initiatives already underway

3. Wider system reform

- 18 week delivery had to make maximum use of system reform and be sustained in a reformed NHS

Misconceptions at the beginning



- 18 week pathways could be delivered by reducing waits for patients at each stage of treatment
- It could be achieved through simple process improvements at each stage of the pathway
- Solving diagnostic waits would alone deliver 18 Weeks
- MRI and CT had the longest waits and would pose the biggest challenge to 18 Weeks

The move to 18 Weeks



1. The aim is to ensure that patients are treated with minimal unnecessary non-clinical delay and that new models of care transform patient experience and quality of care, as well as their perception of it
2. It's now 2008, and patients are experiencing dramatically shorter overall waits for treatment. Patients need to understand where they are on the pathway and what the next step towards diagnosis or treatment is

Delivering 18 week patient pathways



1. Engage the NHS in solving the challenges of creating a no delays culture, including clinicians, managers, staff and patients

2. Enable the improvement and transformation of services to deliver and sustain quality and safe services by providing clear responsibilities, aligned incentives and proven solutions

3. Develop robust performance measurement and management systems to assure and sustain delivery

4. Intensive Support for the NHS by collecting and sharing good practice and introducing a delivery support programme

**How did we get there?
First step: measure RTT**



If you can't measure it, you can't improve it

At the same time...

Engage the NHS



Patients – key to the whole process. Effective engagement critical in developing user centred services and identifying solutions to emerging challenges presented by low wait system

Clinicians – Driving new models of care across systems and locally, ensuring patients have high quality and safe health services

Managers – clear leadership, particularly at Board level critical

Staff – key to the successful implementation. Staff also need to fully understand the principles of 18 weeks

Improve & transform services



Drive efficiency and quality in
current processes and models of
care

Challenge current models of practice
to develop transformational
change

**Delivery
of 18
weeks**

Enabling service transformation



- Because more of the same but faster wouldn't work!
- Shift from stages of treatment into whole pathway
- Sustainability of service improvement

That is why we:

- Have developed **40 symptom-based Commissioning Pathways** incorporating proven good practice into the pathways
- Are looking at **new, enhanced and expanded** workforce roles to support and sustain new ways of working
- Are focussing on the **high impact technological advances** across our specialties
- NHS Institute for Innovation Improvement Tools, including **No Delays Achiever** <http://www.nodelaysachiever.nhs.uk/>