

Delivering 18 week elective referral to treatment pathways for patients in England – Challenges and achievements so far

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What I will cover

1. Recap of background and challenges
2. Gearing up to support delivery of 18 weeks – “The Programme”
3. Enabling the implementation of 18 weeks
4. Driving implementation and transformation
5. Developing new models of delivery
6. Emerging tips to improve ambulatory flow at primary assessment stage



1. Recap of background and challenges

- NHS Traditionally associated with long waits / queues
- History of hidden waits where performance management of stages of treatment has allowed waits in certain specialities and diagnostics to build
- Initial Assessment highlighted the key areas requiring close attention
- NHS Improvement Plan committed the NHS to ensuring that no patient waits longer than 18 weeks from referral to the start of their treatment by December 2008
- 18 weeks is the length of time patients told us would be an acceptable maximum wait for treatment
- 18 weeks is a massive challenge, will affect over 12.5 million patients
- First time who whole patient journey will be performance managed
- NHS has demonstrated that the patient journey can be measured
- Performance on track to enable us to meet 18 weeks by December 2008

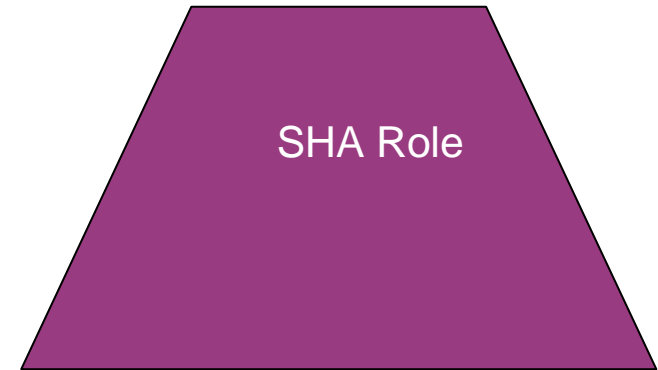
1. Gearing up to support delivery of 18 weeks - The Department of Health (DH) role

- Set agenda 'drum beat'
- Create right environment
- Create partnerships
- Show policy alignment
- Ensure Patient Experience is driving force of 18 weeks programme
- Model innovative thinking
- Develop alternative means of communicating how to deliver 18 weeks
- Ensure development of mechanisms to deliver
- Spread learning nationally - establish and use bases of 18 weeks leaders at every level



1. Gearing up to support delivery of 18 weeks - The Strategic Health Authority (SHA) role

- Eyes and ears across system
- Provide support for each other
- Track Performance
- Identify and deal with emerging challenges
- Model innovative thinking
- Use databases of local expertise to drive delivery
- Establish SHA local delivery networks
- Ensure sufficient improvement capacity and capability within LHCs
- Develop a range of approaches to drive delivery e.g. electronic discussion fora, conference calls, collaboratives, events
- Spread learning at sector level
- Develop mentoring organisations to offer advice to peers
- Support LHCs in development of patient & public involvement



1. Gearing up to support delivery of 18 weeks – The Local Health Communities (LHC) role



**Local Health
Communities** including
Acute Trusts, Primary
Care Trusts and
commissioners

- Think and act differently
- Develop local delivery networks
- Design reliable processes – achieve 95% reliability in processes e.g. cash machine
- Involve patients and the public in planning, feedback, record holding
- Apply learning locally
- Support and mentor each other locally
- Create will and utilise ideas with implementation frameworks
- Target local stakeholder groups (boards, exec managers, clinicians, families, community resources)
- Remove resource barriers, real or perceived

1. Gearing up to support delivery of 18 weeks – “The Department of Health programme”

Delivering the 18 week Patient Pathway

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

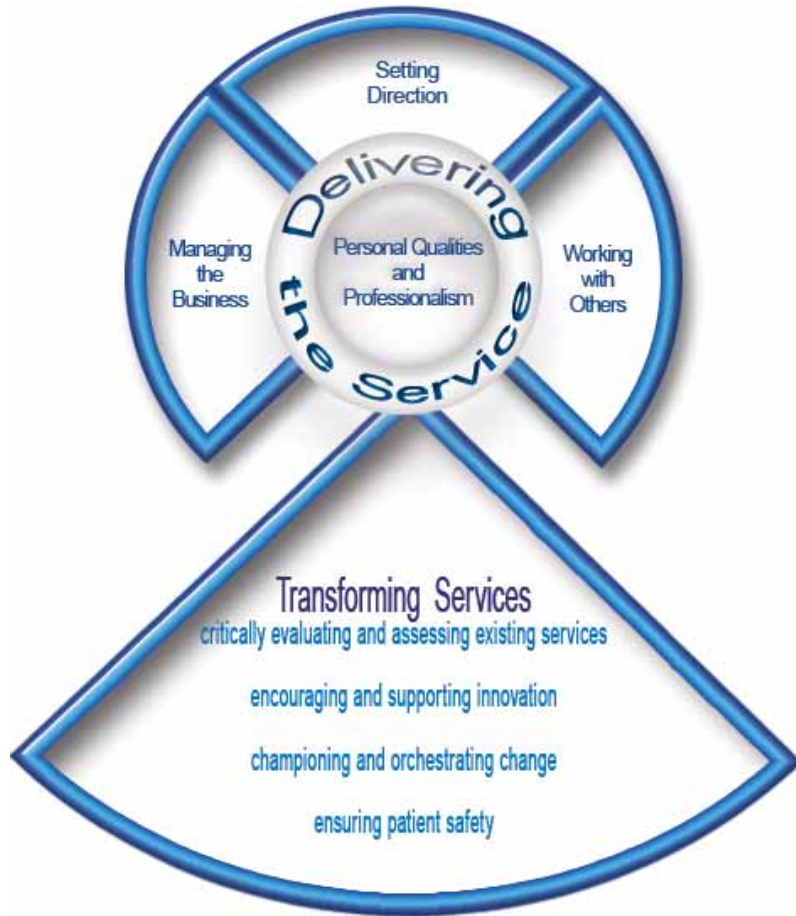
2. Enable the improvement and transformation of services to deliver and sustain quality and safe services by providing clear responsibilities, aligned incentives and proven solutions

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

1. Gearing up to support delivery of 18 weeks – “The Programme”

Engage the NHS



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

1. Gearing up to support delivery of 18 weeks – “The Programme”

Enable the improvement and transformation of services

**Enabling
service
transformation**

Why Change?

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

That is why we are:

- Developing **50 symptom based Commissioning Pathways** incorporating proven good practice into the pathways
- Developing **quality of life outcome measures** to help commissioners focus on what they get for their spend
- Looking at **new, enhanced and expanded** workforce roles to support and sustain new ways of working
- Focus on the **high impact technological advances** across our specialties
- Rolling out **countrywide SHA Roadshows** to support NHS
- NHS Institute for Innovation Improvement Tools, including **No Delays Achiever** <http://www.nodelaysachiever.nhs.uk/>

1. Gearing up to support delivery of 18 weeks –

“The Programme”

Develop robust performance measurement and management systems

Performance managing the change

- 18 weeks is a **commissioner led target**, forces the commissioner to commission the most effective pathway for the patient
- The move from measuring **Stages of Treatment, to Referral to Treatment is a massive undertaking**
- Baseline exercise carried out by Pioneers in 2006 proved whole **pathways could be measured**
- **Patient Tracking List methodology** now in place to aid the wider NHS
- Electronic means of measuring should be **in place for most trusts by December 2007** – roll-out fast tracked to enable more efficient measurement
- **Data quality and completeness remains an issue**, but publication of admitted RTT data starting to drive service improvement – non-admitted data will follow later this year

1. Gearing up to support delivery of 18 weeks – “The Programme” Intensive Support for the NHS

Intensive support to drive improvement and spread learning

- **SHAs have a key role in supporting local transition to 18 week pathways**, but IST team rolled out to drive improvement across the whole of the NHS by:
 - working closely with **PCTs and Trusts**, including some Foundation Trusts (FTs)
 - **Measurement Roadshows now successfully completed** in every SHA
 - The focus of support moving from **data capture processes to RTT performance for Trusts and PCT provider measurement**

2. Enabling the implementation of 18 weeks Policy and system reform



2. Enabling the implementation of 18 weeks

Policy and system reform

Policy Levers

- **Practice Based Commissioning (PBC)** will give commissioners opportunity to commission specific services for their population
- PBC will encourage innovation, **particularly expansion of services** outside of traditional hospital settings
- Payment By Results (PBR) will **drive improvement** and more efficient pathways
- PBR will also **encourage specialist services** to become more efficient

3. Driving implementation and transformation

Drive efficiency and quality in
current processes and models of
care

Challenge current models of practice
to develop transformational
change

**Delivery
of 18
weeks**

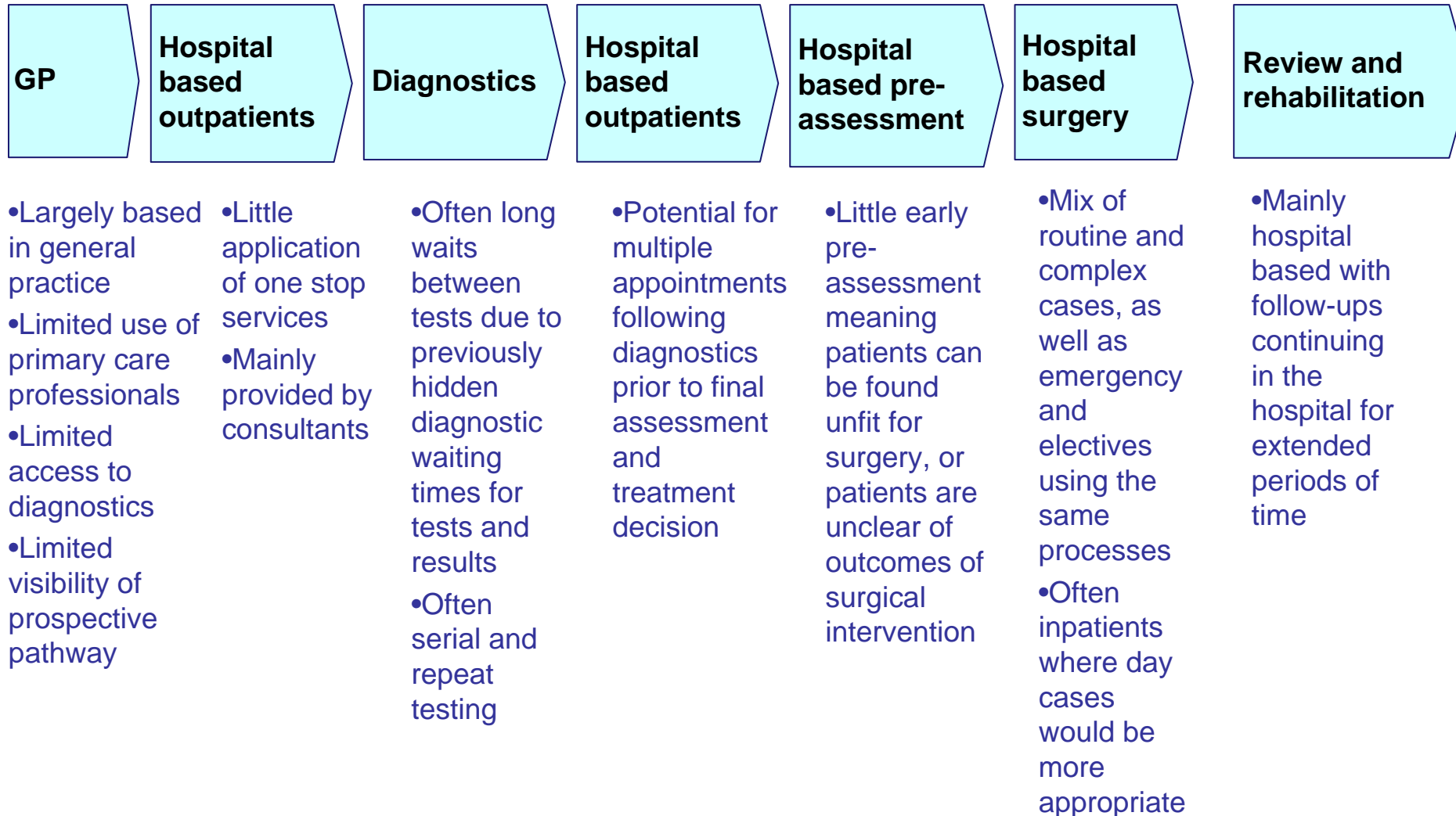
This will need to be done through more streamlined pathways



**18 Weeks
this way!!**

4. Developing new models of delivery - Existing typical pathway

Currently, some care pathways include unnecessary sequential steps, not all of which provide clinical value for patients



Where's Outpatients?

4. Developing new models of delivery

Where's Outpatients

- 18 weeks is about the **whole patient journey** from referral to treatment
- It is **not about challenging traditional models**, such as Outpatients in a hospital setting but treating the patient in the most appropriate setting with the right care at the right time
- These new **models will look very different**. We will now look at some of this

4. Developing new models of delivery - New pathway

New pathway models are emerging which address these issues

Self Assessment & Self Care

- Provision of services to support the management of self-limiting conditions, and use of appropriate treatments for onward care e.g. NHS Direct, Pharmacist.

Primary Assessment, Diagnostics & Treatment

- Provision of generalist primary care in a community setting, including access to the appropriate diagnostics and treatment. Provided by a range of appropriately trained primary care professionals

Specialist Assessment, Diagnostics & Treatment

- Provision of care provided by a range of specialists (consultants, GPwSIs, nurse consultants) in the community (e.g. Integrated Clinical Assessment and Treatment Services) or hospital setting (e.g. outpatients)

Supra- specialist Assessment, Diagnostics & Treatment

- Provision of care provided by a supra-specialist for patients requiring highly specialised low volume care e.g. care provided within a tertiary centre.

Review and Rehabilitation

- Provision of services in community or hospital settings to support the ongoing care of patients following treatment. This includes follow-up appointments following surgery.

4. Developing new models of delivery

Commissioning new pathways

- **Clinically driven pathways** that commence at the patients' presentation of symptoms and end at completion of the patients' journey
- Pathways **not defined** by whether they are delivered in **primary or secondary care, or by which specialty or professional**
- **Patient focussed** e.g. reflect the patients' view of when the pathway starts and finishes, as well as their health needs and preferences

4. Developing new models of delivery

New models of Commissioning

- New models of Commissioning will be needed to sustain 18 Weeks
- Commissioning Pathways helping to focus discussions around local service requirements, including: **setting;** **workforce; technology required**
- Commissioners have the choice of commissioning from **General Medical Services, Primary Medical Services, Alternative Provider Medical Services and Specialist Provider Medical Services** – this will aid innovation in primary care
- **Clear thresholds will need to be in place to stream patients effectively** to the right clinician in the most appropriate setting

4. Developing new models of delivery

Commissioning Levers

- Under PBC, GP practices have far **greater freedom** to ensure that services are tailored to the specific needs of their patients
- Use leverage of 18 weeks to put in place **transformed pathways across local systems**
- PBC should therefore lead to **local innovation** resulting in flexible high quality service

4. Developing new models of delivery

Supporting new models of delivery

- NHS Institute **tools to support commissioning** to be launched soon to include best practice, Commiss
- No Delays Achiever and guide
- No Delays Web **conferences on and 2 Oct**

4. Developing new models of delivery

Case study

Bolton Musculoskeletal Care and Treatment Service

Improving Patient Access

- Accessible and responsive model of service to provide maximum impact and shorter pathways delivered within a clinical governance framework
- Safely moving services out of the hospital into a community setting
- Clinical & cost effective – rich mix of skills; one stop shop; evidence based, i.e. red flags; 10 High Impact Changes
- Governance – leadership the key to accountability
- Patient focused –
“..if everybody in the NHS treated me like this I wouldn’t have anything to complain about!”
- Accessible and responsive care – 18 months to 18 weeks
 - 7 week RTT
 - 95% patient satisfaction
 - 60% deflected from acute sector
 - 12% orthopaedic referrals on to acute not all for orthopaedics – e.g. neurology, pain, rheumatology
 - Hospitals focusing more on operations due to decrease in outpatient activity
 - 80% conversion rate
 - The right patients are getting to hospital at the right time
 - 90% of patients seen and treated in 3 weeks

5. Emerging tips to improve ambulatory flow at primary assessment stage

The future of outpatients

- **Outpatients** in a hospital setting?
- **One stop clinics**, text messaging, better scheduling of tests – reducing follow ups
- **Managing variation** across all settings – better planned outpatients / theatre scheduling etc allowing more efficient throughput
- **New workforce** – enhanced, expanded and new roles, such as Practitioners with Special Interest / General Practitioners with Special Interest
- **Role of interface clinics**, Integrated Care and Treatment Service, Clinical Assessment Service, Clinical Assessment and Treatment Service
- Use commissioning pathways to help identify and overcome blockages
- **Straight to test**
- **Direct listing** for surgery
- **Care Closer to Home**
- More **convenient appointments** (Choose and Book)

“They didn’t know it was impossible so they just went ahead and did it”

Mark Twain

