

How England ‘tamed the queue’ – can this work on the Gold Coast?

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What we will cover...

- Background to the policy and successful implementation of the 18 week programme in England
- Designing and implementing a similar programme on the Gold Coast

The English National Health Service

- Comprehensive care for 57 million people
- Funded from general taxation
- >90% of all healthcare in England
- £90 billion turnover
- 1.3 million staff

Current context for the English NHS

Past performance

The NHS has a strong track record of delivery over the past period, meeting key targets for improving access and quality

Future vision

The Next Stage Review process established a clear vision for the future, based around putting quality at the heart of everything we do in the health service

Financial outlook

Substantial efficiency savings in 2010/11 and a much tighter position thereafter. Launch of Quality, innovation, productivity & prevention (QIPP)

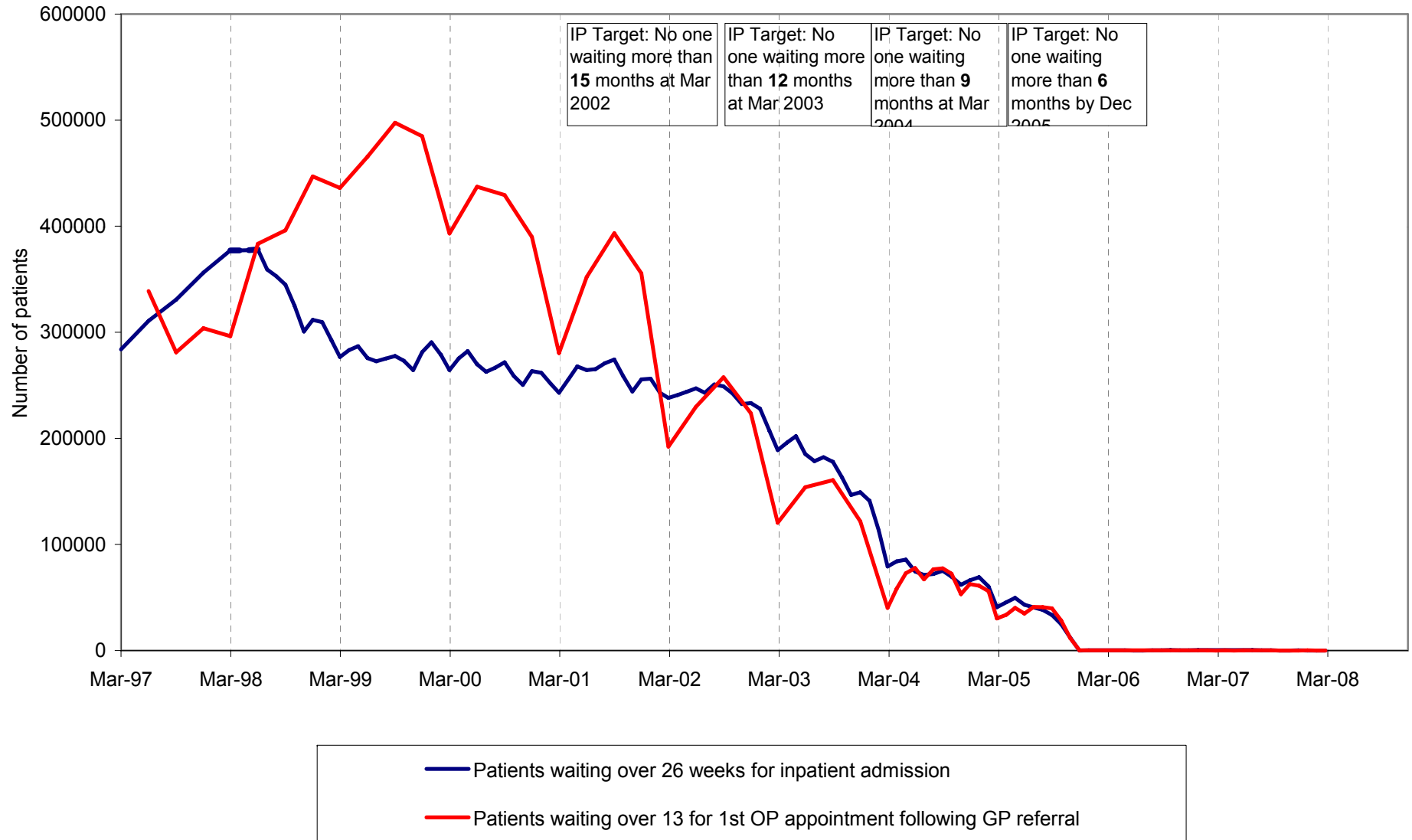
Priorities

- Maintain the momentum and continue to deliver on key priorities
- Make quality the underpinning organising principle of the NHS
- Make cost synonymous with quality

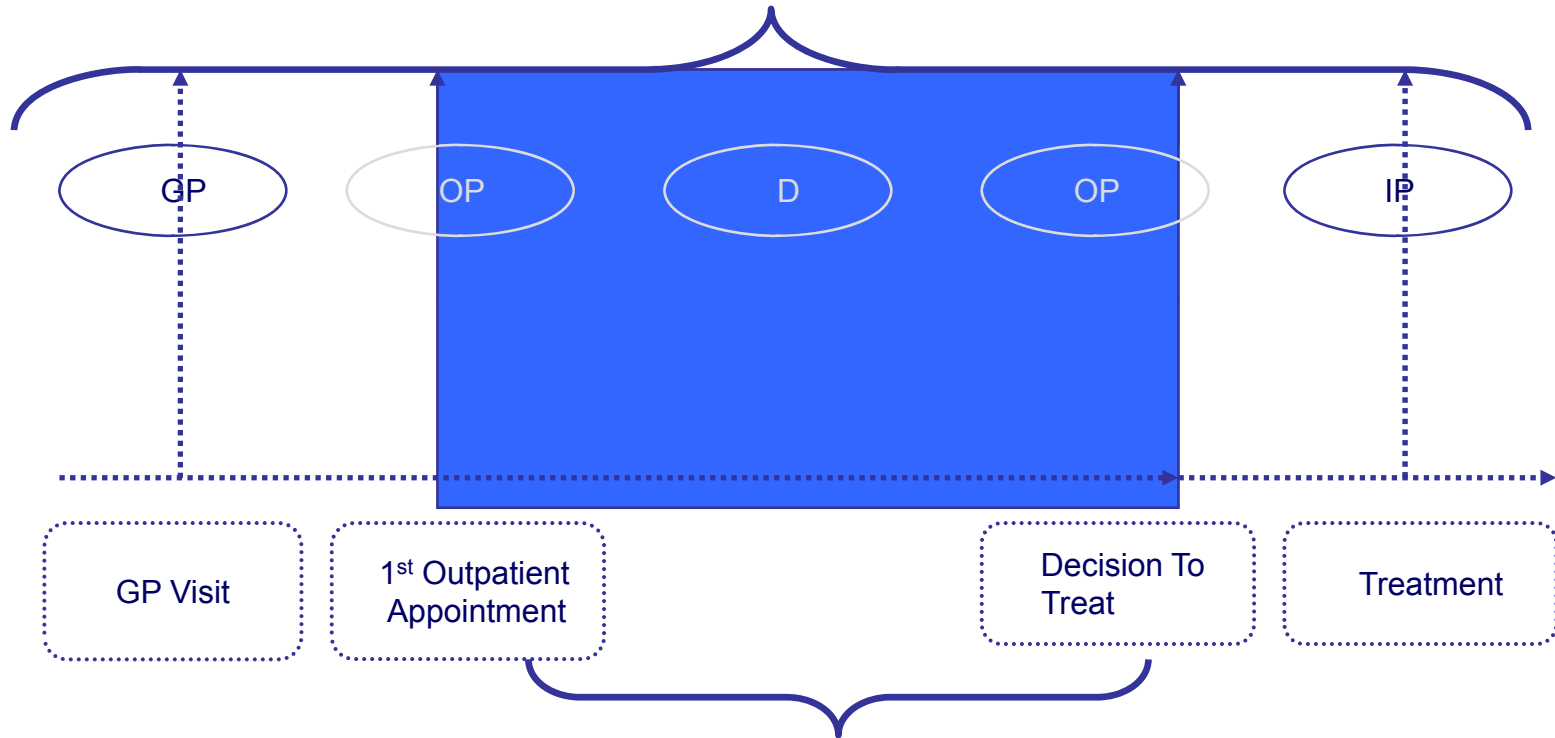
Historical waiting culture

- 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



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

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.

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

8 Steps to transforming: Kotter



- ❖ Establish a sense of urgency
- ❖ Form a powerful guiding coalition
- ❖ Create a vision
- ❖ Communicate the vision
- ❖ Empower others to act on the vision
- ❖ Plan for and create short term wins
- ❖ Consolidate improvements and produce still more change
- ❖ Institutionalise new approaches

It's working!



- **18 Weeks is the realisation of a long-term vision to end concerns over the length of hospital waiting times**
- **Final target delivered at a nationally aggregated level since August 2008 (5 months early)**
- **Since January 2009 18 weeks is now the MINIMUM operational standard for elective care.**

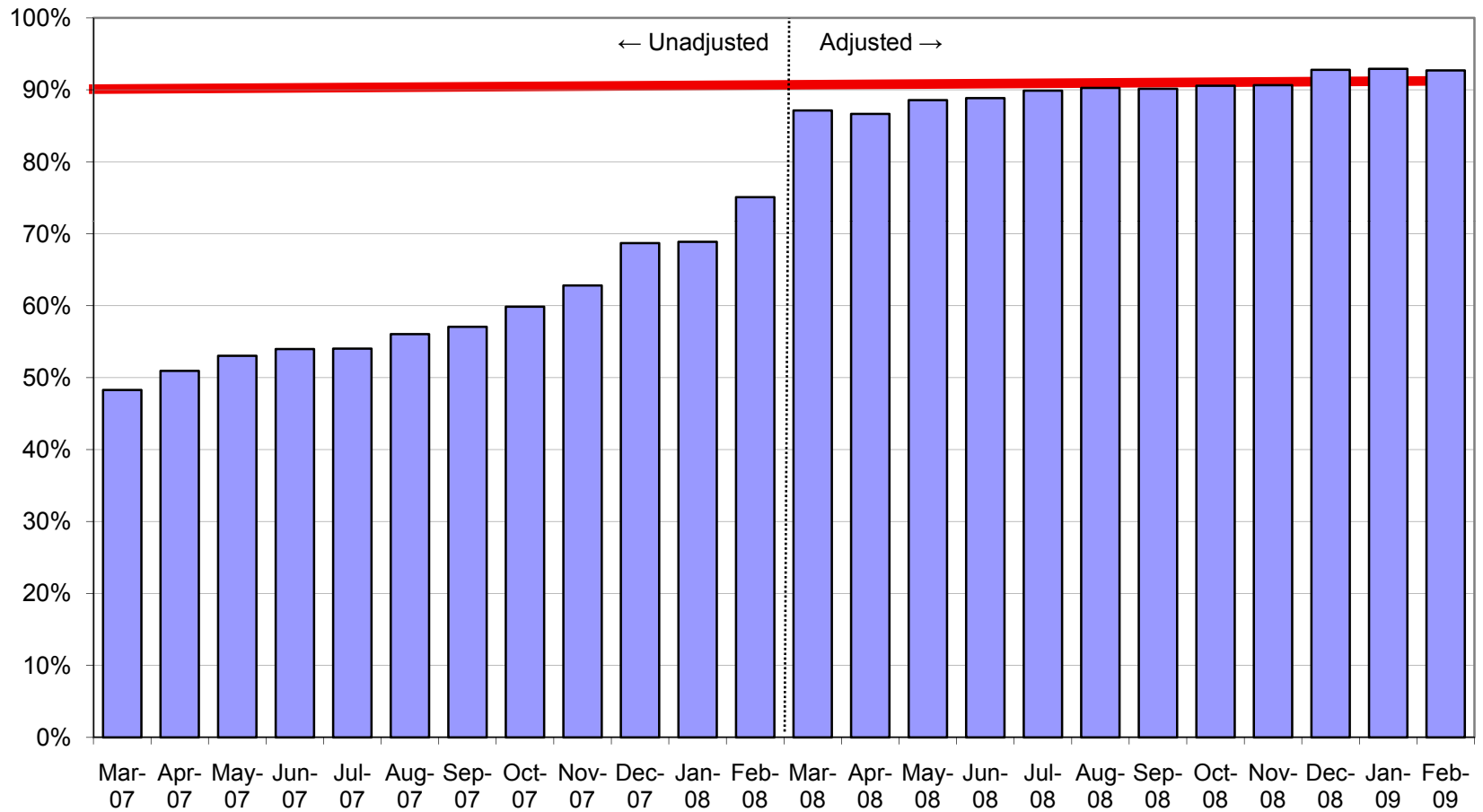


**The success is ultimately dependent on
patients genuinely feeling the difference:
timeliness as a quality measure for the
benefits of all patients**

Referral to treatment performance: Admitted pathways



- ✓ **92.7% of admitted patient pathways under 18 weeks**
- ✓ **98% data completeness**

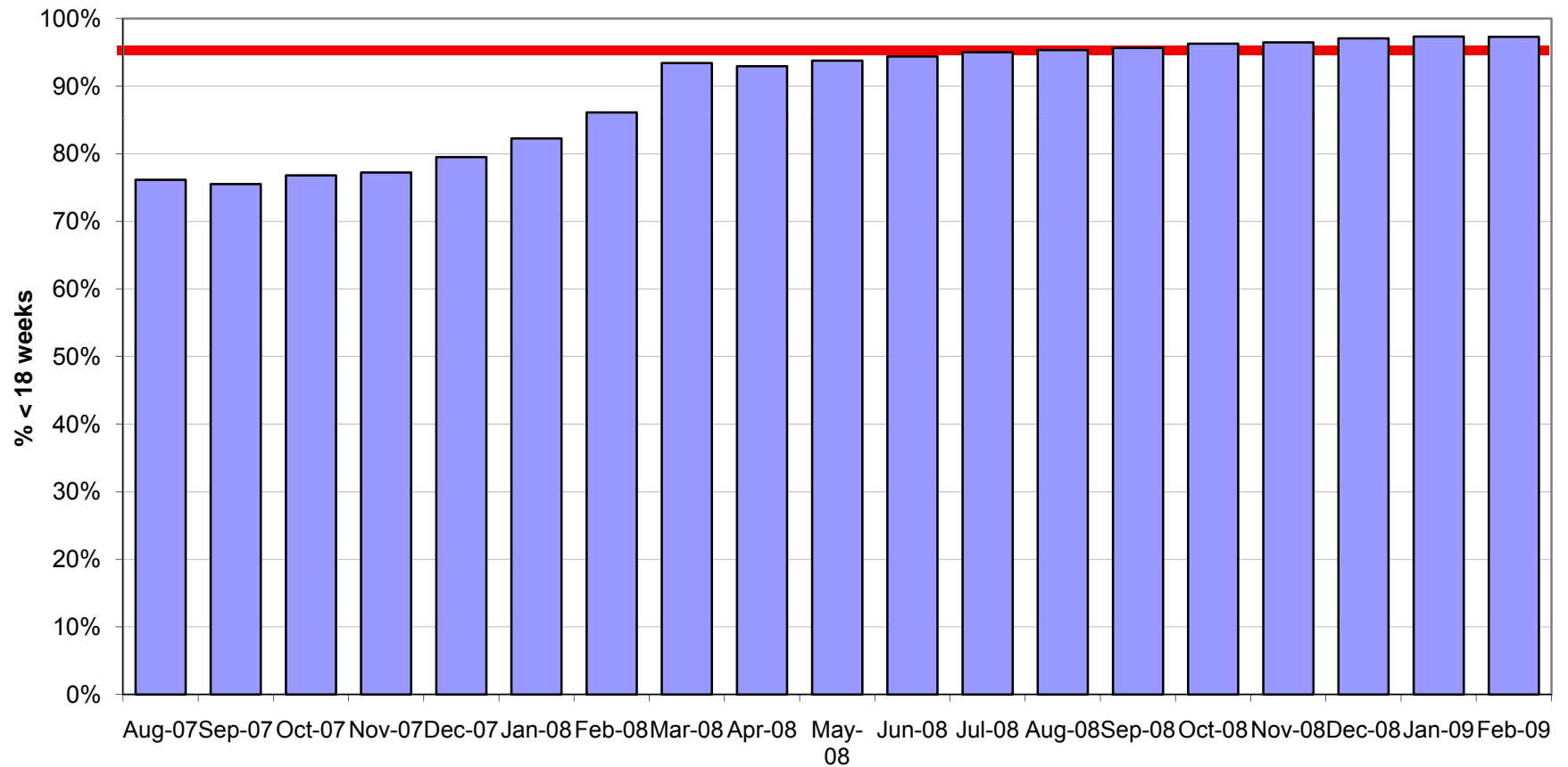


Referral to treatment performance Non-admitted pathways



- ✓ **97.29% of non-admitted patient pathways under 18 weeks**
- ✓ **98% data completeness**

RTT Non-admitted patients % < 18 weeks



The future

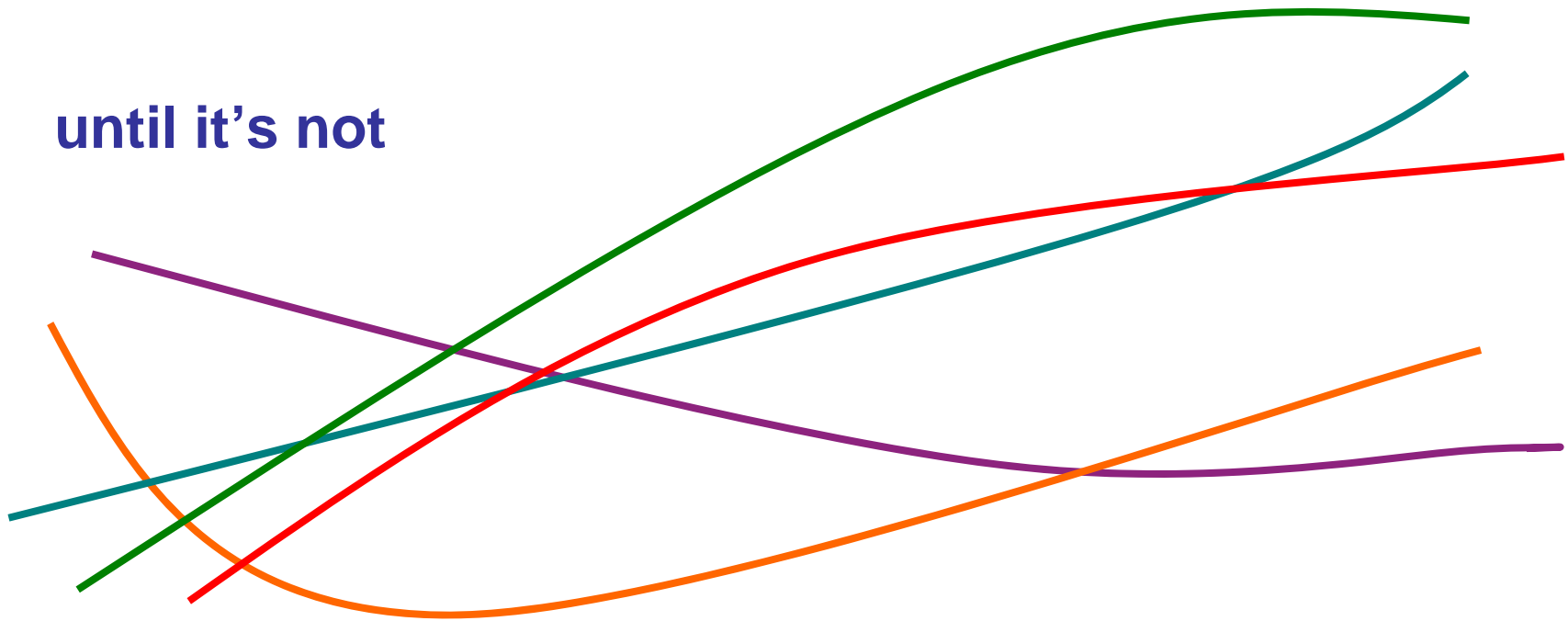


- **Sustainability and continuous improvement**
- **Embedding 'no wait' culture in QIPP**
- **Enhanced Recovery Programme**
- **Informed decision making and Patient reported outcome measures (PROMS)**
- **Ensuring learning is embedded in leadership programmes and other policy implementation**



Everything is impossible...

until it's not




More information:
www.18weeks.nhs.uk



Search the site Quick links

18 WEEKS
Delivering the 18 week patient pathway

 What is 18 weeks?

 How do I measure and monitor 18 weeks?

 How do I achieve and sustain 18 weeks?

 Who can help me?

NHS

Get involved!

 **Newsflash**

[IPT directory of contacts in each trust published](#)

[National audiology conference in London on 30 April to launch a number of new key documents](#)

I'm a patient...

Please note this website is designed for healthcare professionals working towards 18 weeks in the NHS.

Members of the public can read more about 18 weeks [here](#).

Welcome to 18 weeks

This website is home to the official guidance and information to help NHS health professionals achieve and sustain 18 weeks.

