

18 WEEKS

Addressing diagnostics as a constraint in 18 weeks referral to treatment pathways in England

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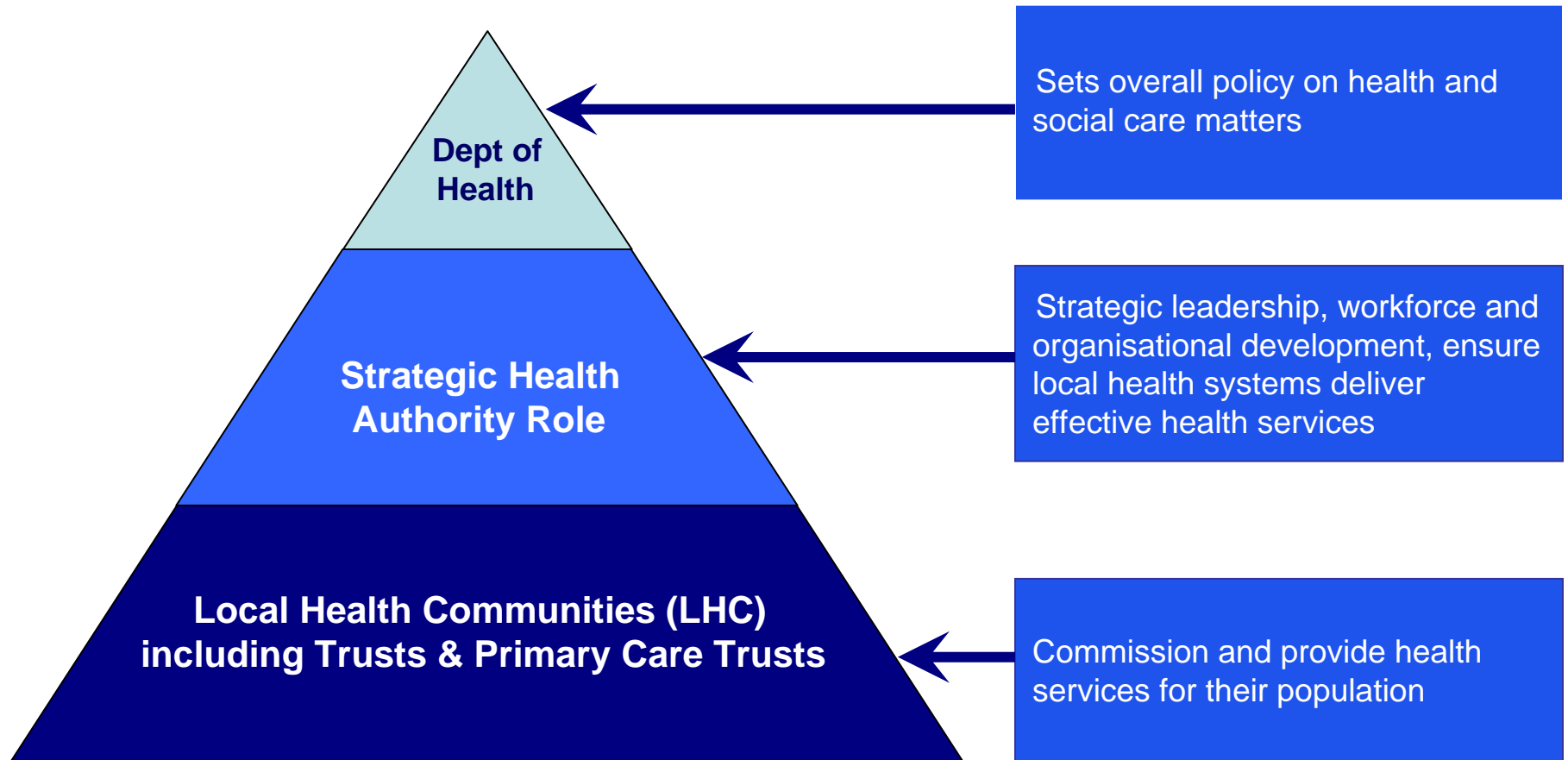


What I'll cover



- NHS structure in England
- Historical culture
- Stages of Treatment to Referral to Treatment
- Referral to Treatment pathways: what are they?
- The challenge
- The move to 18 Weeks
- Delivering 18 Weeks
- Audiology case study
- How we are today

The NHS in England: Structure



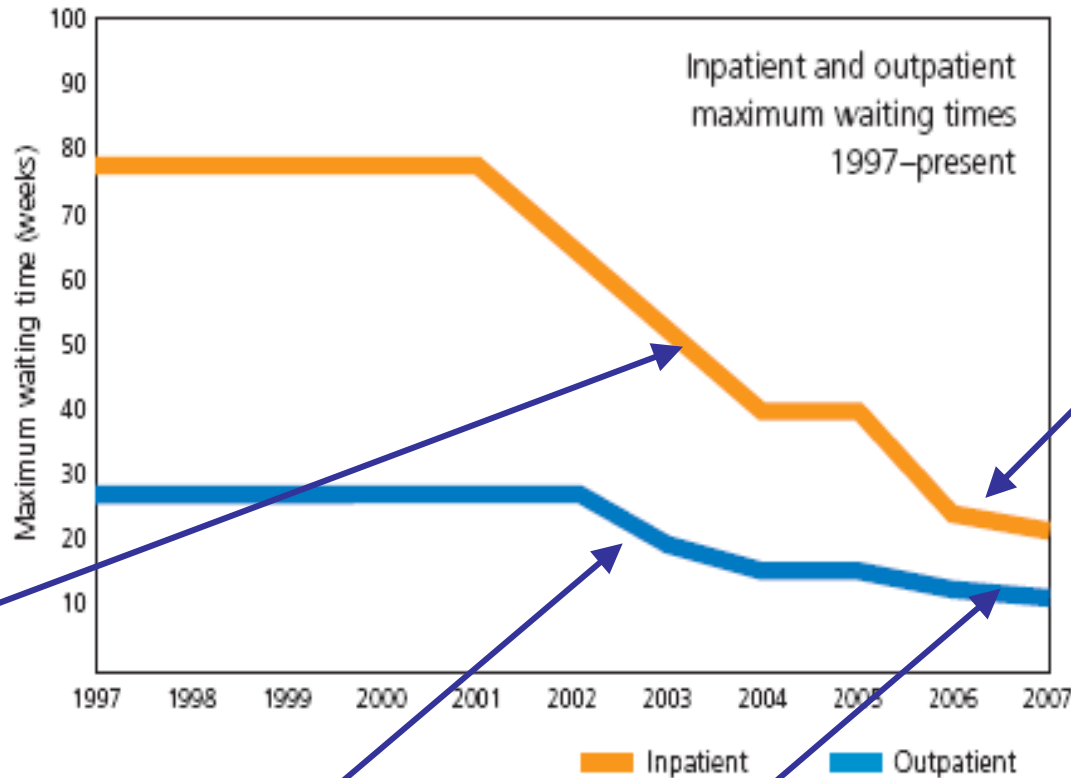
Historical waiting culture



- 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

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15 month inpatient target

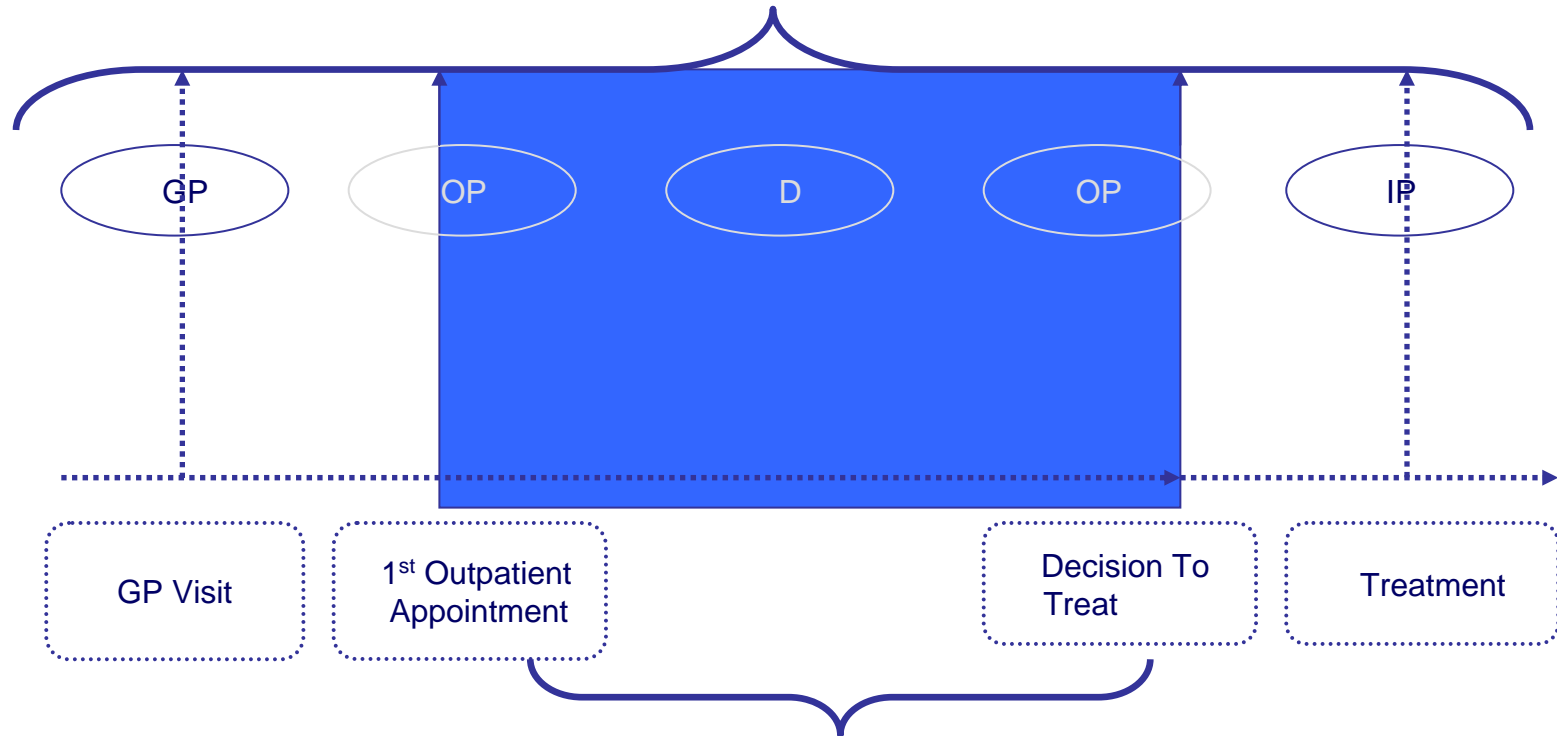
26 week 1st OP appointment

13 week 1st OP appointment operational

6 month inpatient operational

Eliminating the hidden waits

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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...

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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

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

2. Capability and capacity

- Capacity is 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

The move to 18 Weeks



1. Achievement of 2005 Stage of Treatment access targets had already significantly reduced waiting times. 18 weeks builds on this for medical and surgical pathways, but required a culture change to referral to treatment (RTT)
2. 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
3. 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
4. Some common **misconceptions** about 18 weeks included:
 - 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 will alone deliver 18 weeks
 - MRI and CT have the longest waits and will pose the biggest challenge to 18 weeks

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

- When a patient is referred on by their GP, the 18 week clock starts; it stops on first definitive treatment
- Data captured at every point in the pathway, from primary care to secondary and/or tertiary
- Data captured for key 15 diagnostic tests on a monthly basis
- Direct Access Audiology data collection mandatory since May 2008
- Electronic systems set up for ease of recording
- Patient tracking lists (prospective) and Inter-provider transfers to help tracking

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/>

Underpinned by: Intensive support



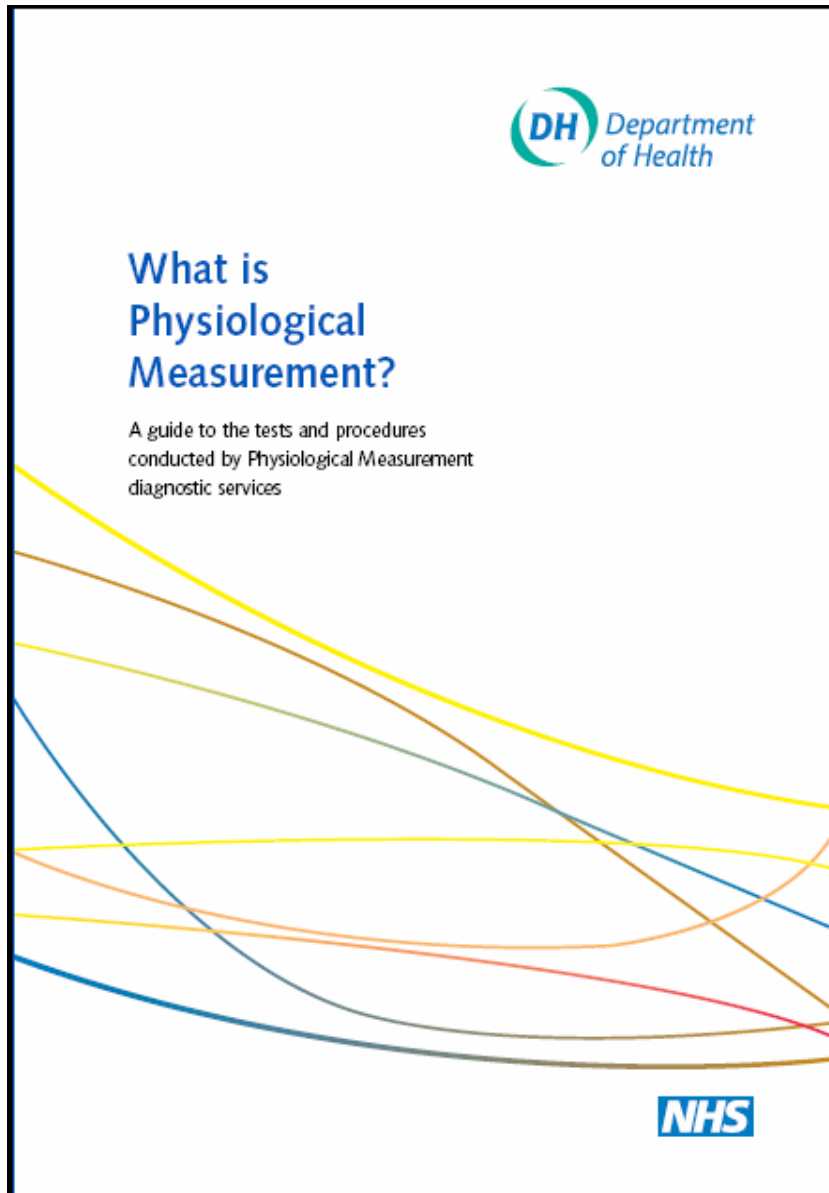
SHAs have a key role in supporting local transition to 18 week pathways, but IST team rolled out to drive improvement across the whole of the NHS by:

- 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

... And performance management at national and local level

Diagnostics in RTT pathways

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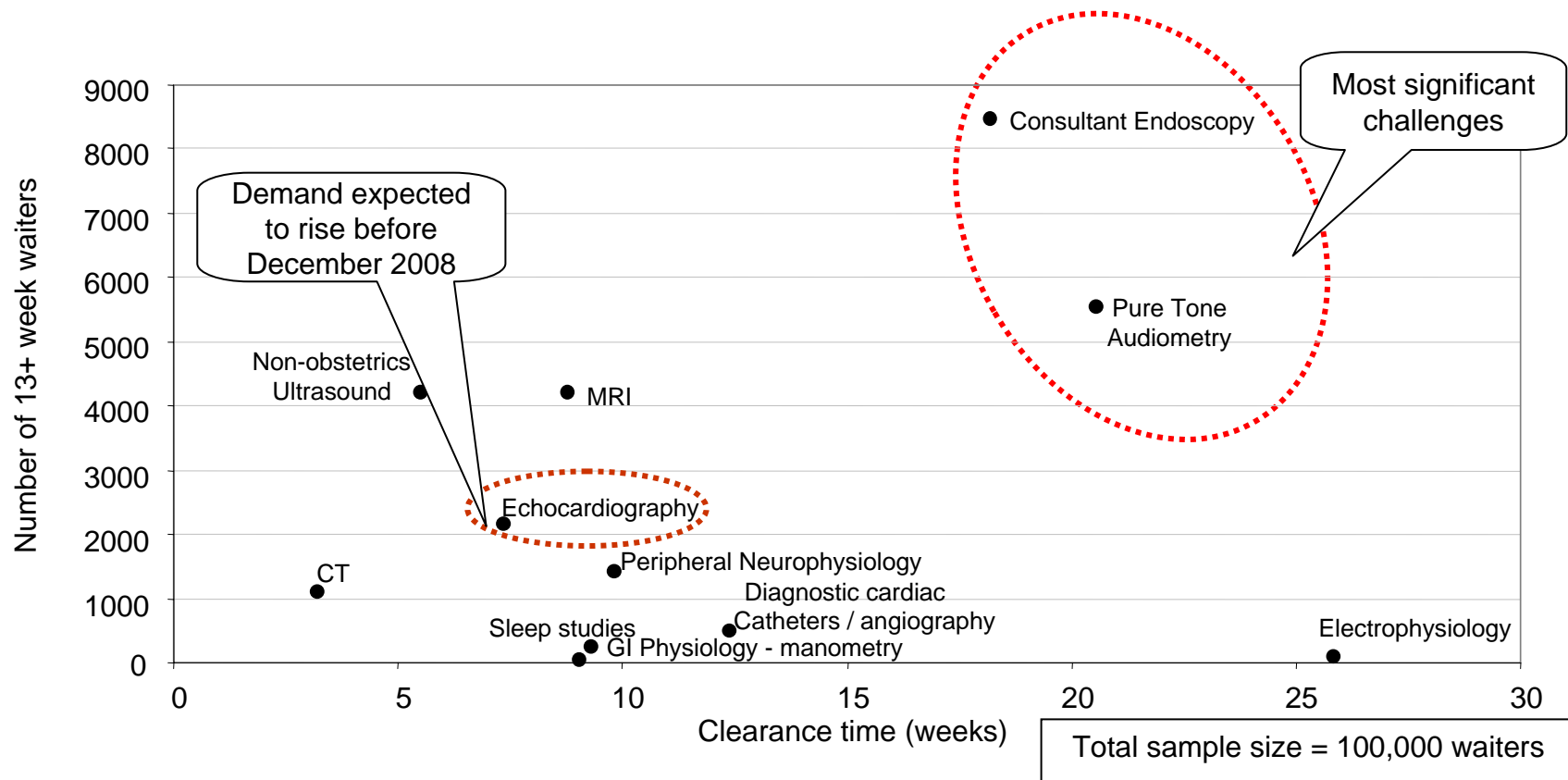
- **Covers all tests and procedures** undertaken in the 8 clinical disciplines
 - **Audiology**
 - Cardiology
 - GI Physiology
 - Neurophysiology
 - Ophthalmology and Vision Science
 - Respiratory and Sleep Physiology
 - Urodynamics
 - Vascular Technology
- **Informs monthly data collection and quarterly returns**
- **Provides a reference source** for current standards and length of tests and procedures

Historical waiting culture: Diagnostic clearance times



Data collected from the 28 pilot sites in Q1 of 2005/06 identified that there are long waits for diagnostics but these were not predominantly in the expected areas of MRI and CT. Endoscopy and Pure Tone Audiometry face particularly long waits coupled with large numbers of patients waiting and are therefore a particular challenge.

Diagnostic test clearance times

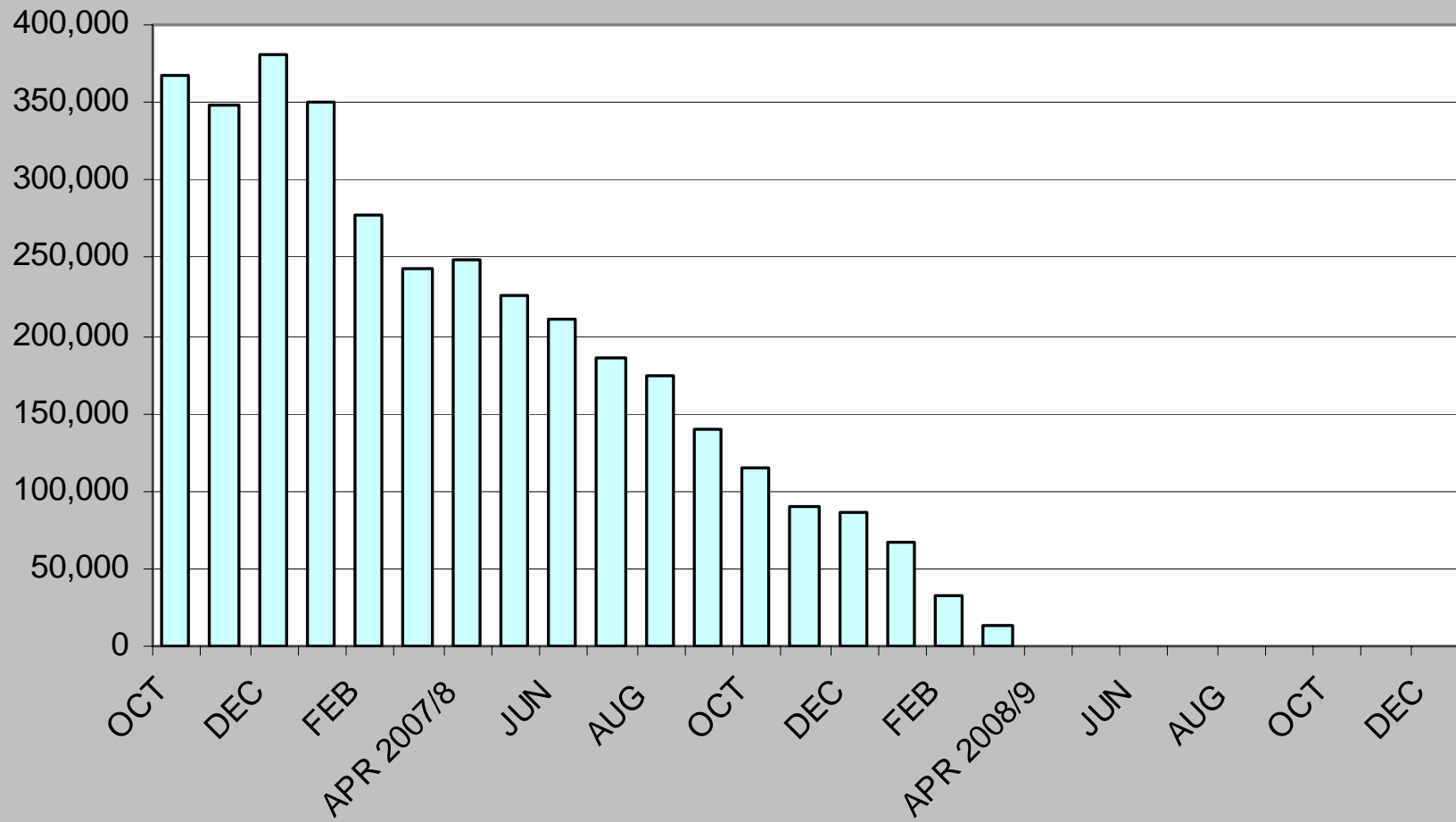


Source: Pilot site pathway data, may not be representative of the national position

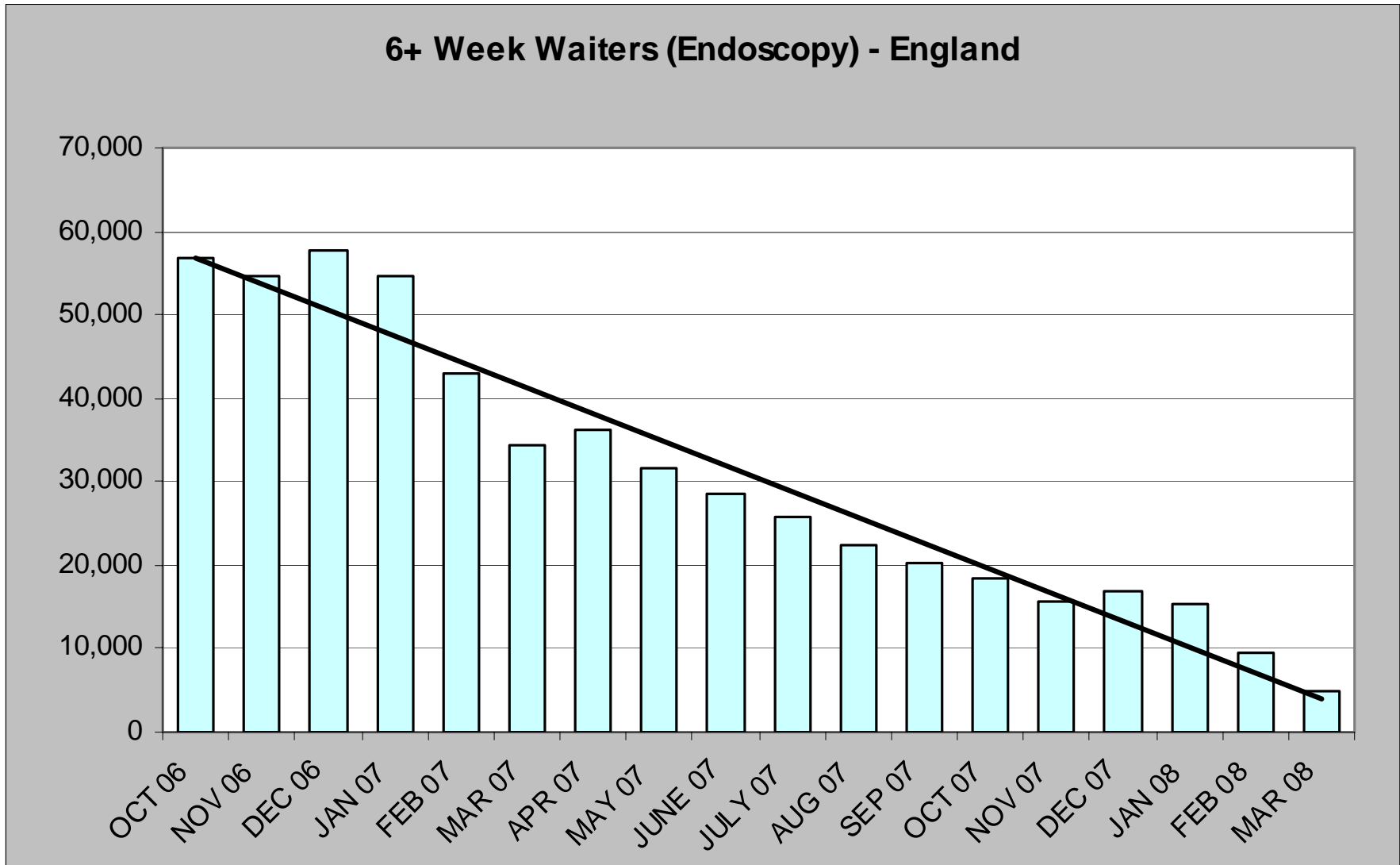
The scale of the improvement: Diagnostics



6+ Week Waiters (All 15 Tests) - England



The scale of the improvement: Endoscopy

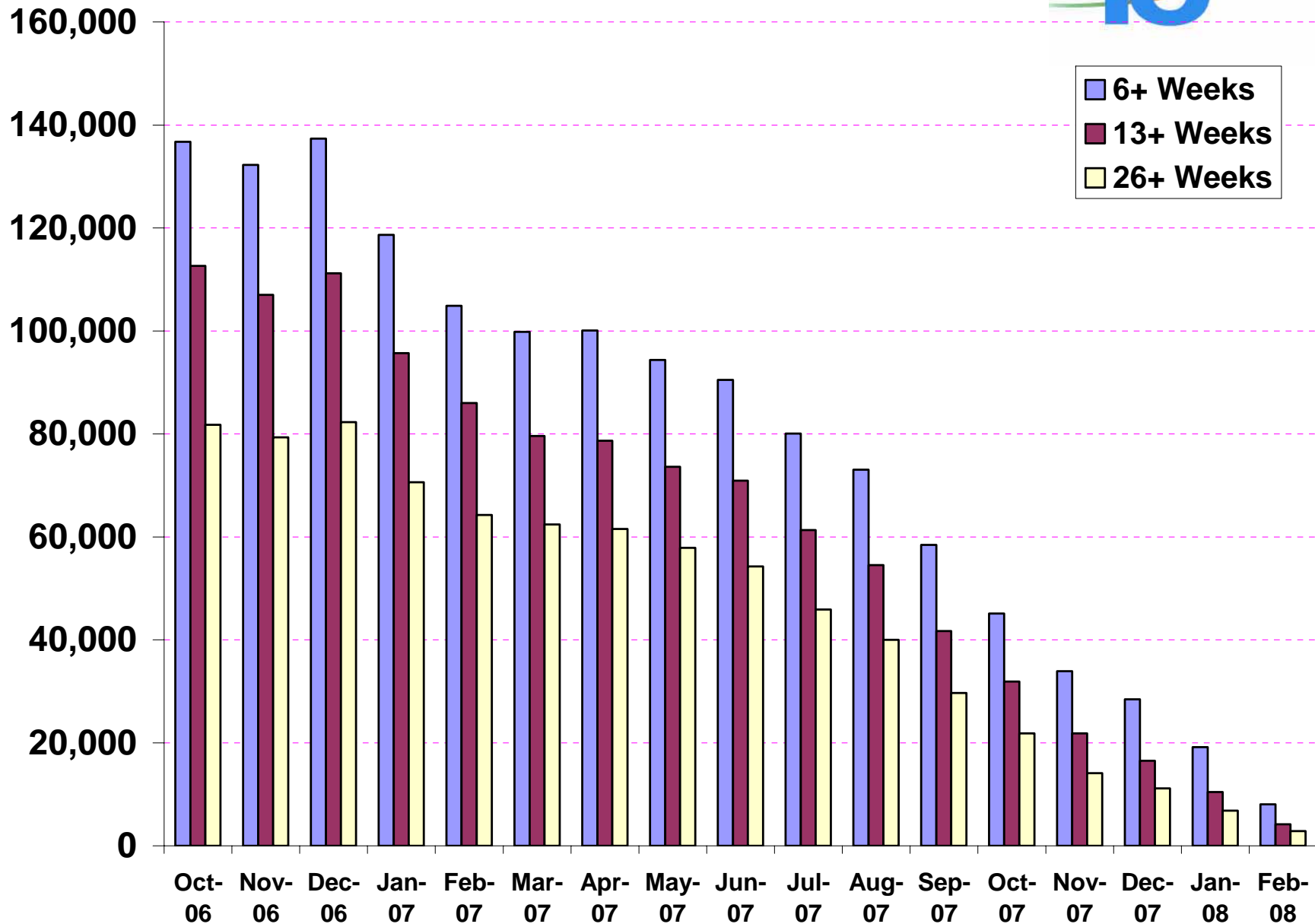




Case study on Audiology

Waiters for Audiology Assessments by Time band (Oct 06-Feb 08)

Alternative View (6+, 13+ and 26+ Wk Only)



DH Transforming Audiology Services (TAS) Project

(18 week Physiological Measurement national programme)

Sets out the National Priority, Strategy, Guidance and Promoted Innovation and Technology Adoption, Enabling Workshops, Quality Improvement, Flexible Local Solutions



Background: In 2000/1-2004/5 New Infrastructure, Digital Signal Processing hearing aids, Protocols, Training, Workforce education introduced by Modernised Hearing Aid Services

Delivered improved patient outcomes, affordability through procurement, training on protocols

BUT

Created high demand, long waiting lists, investment in acute sector based services with multiple patient appointments, resulting in variable adoption of good practice and resistance to change

TAS tackled the barriers to adoption of new technology including resistance to change, perception of high cost, low applicability, technical competence and promoted

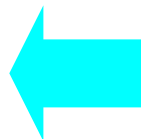
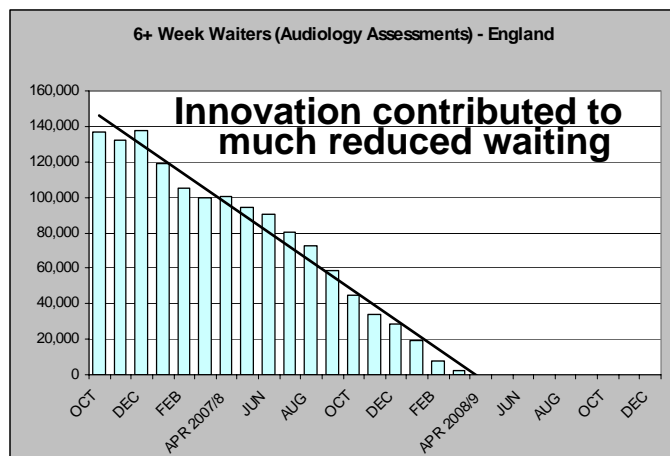
- early (for NHS) adoption of innovation embedded into a new model of care

- improved systems, governance and workflows
- improved skills and competences through targeted training in using the new technology

•higher profile for audiology

CREATED

- flexible services, improved capacity and problem solving
 - better access, triage, less appointments, 'assess and treat' clinics
 - clear pathways for maintenance and ongoing care
- NOW NO waits for assessment in most areas



Innovation



Screening device



Open Ear Technology

How we're doing



March milestone achieved nationally!

- **87.1% of admitted patients received their first definitive treatment within 18 weeks**
- **93.4% of non-admitted patients received their first definitive treatment within 18 weeks**

December 2008 target:

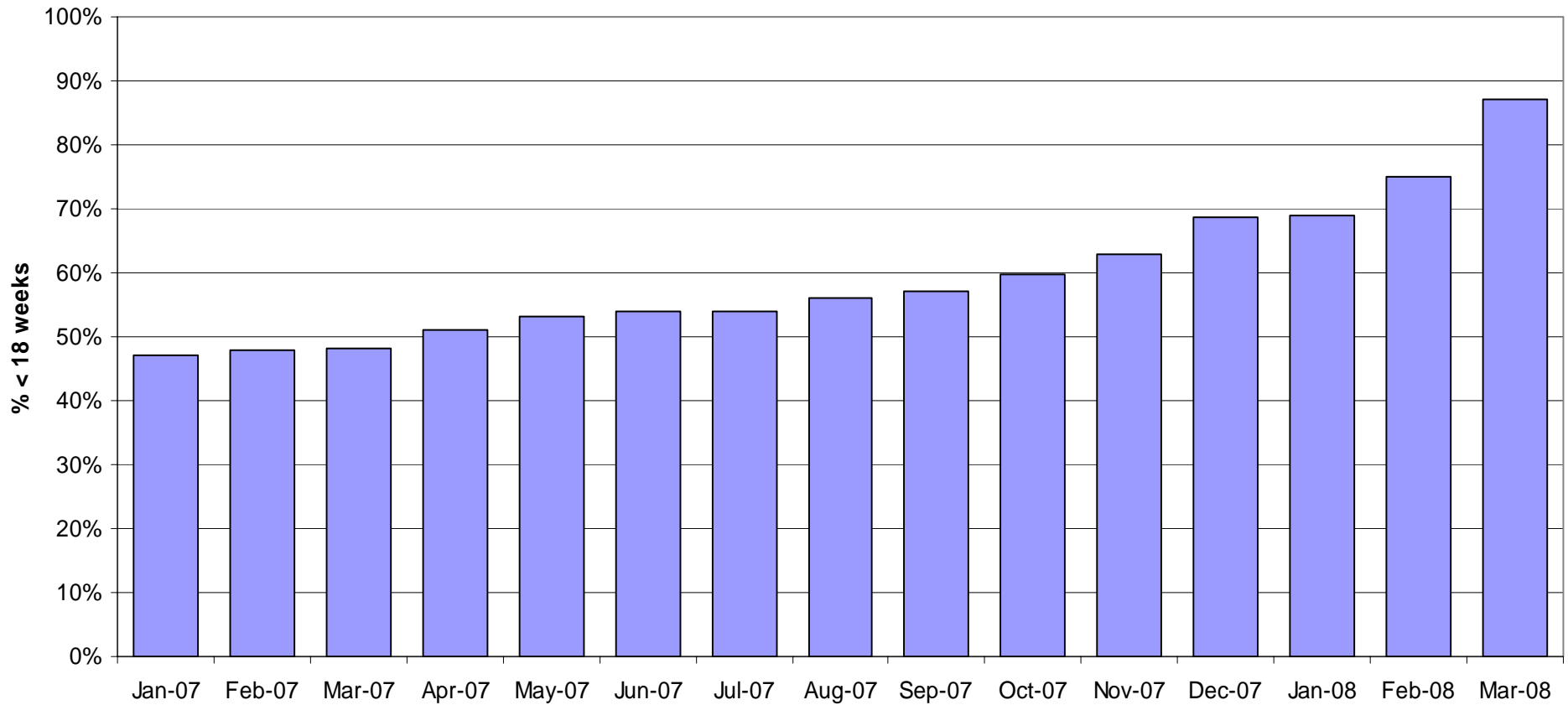
- **90% admitted**
- **95% non-admitted**

March referral to treatment performance



- ✓ 87% of admitted patient pathways under 18 weeks
- ✓ 100% data completeness

RTT Admitted patients % < 18 weeks

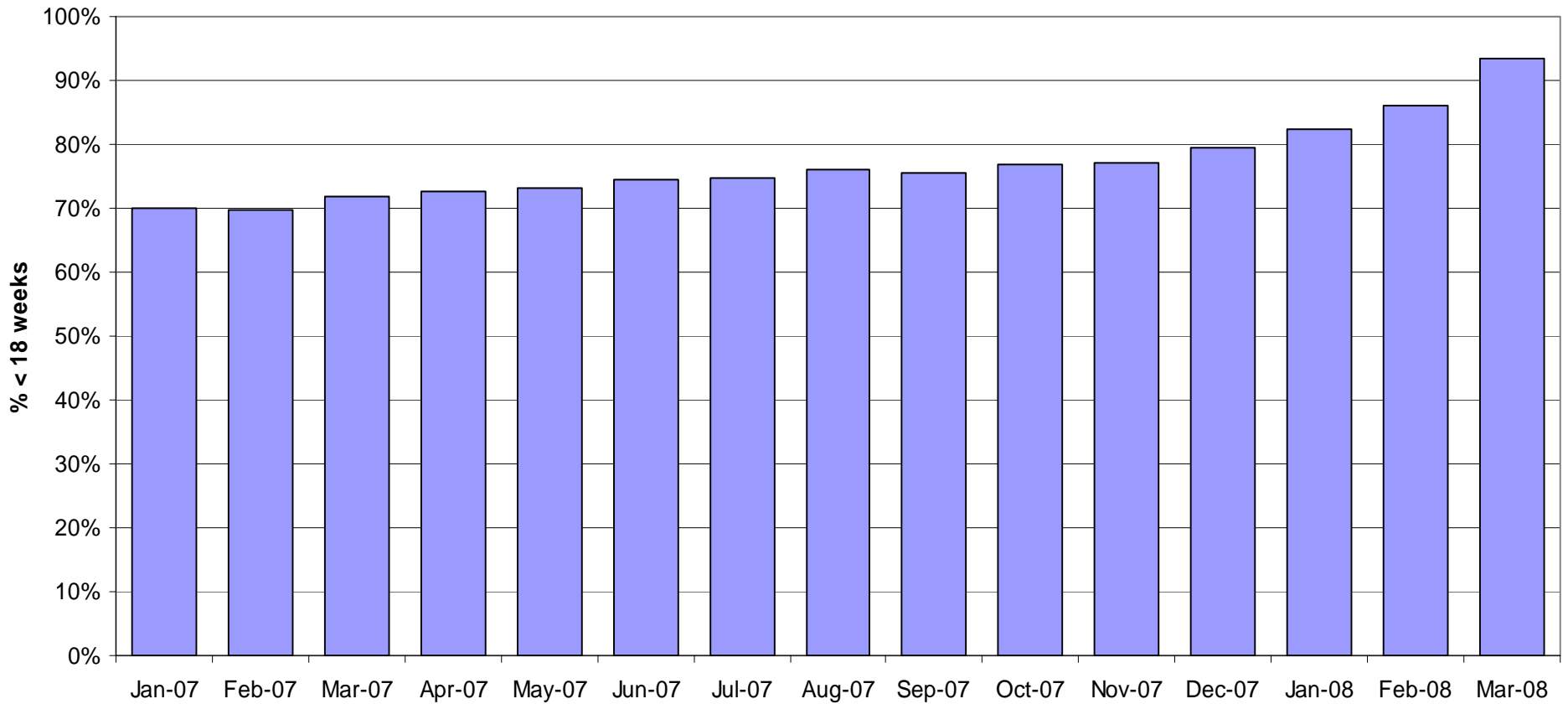


March referral to treatment performance

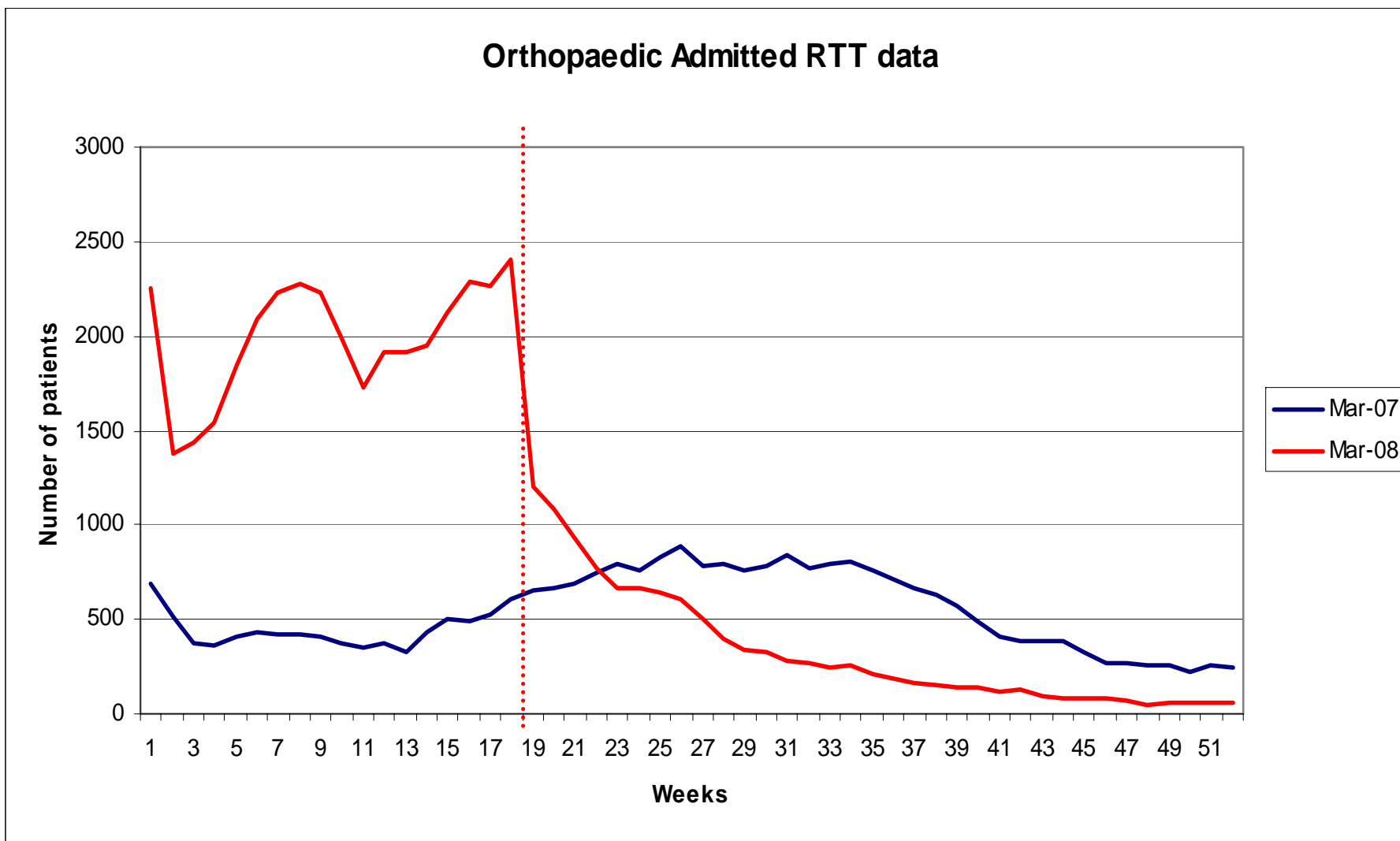


- ✓ 93% of non-admitted patient pathways under 18 weeks
- ✓ 106% data completeness

RTT Non-admitted patients % < 18 weeks



The scale of the improvement: Orthopaedics (including neurophysiology)



Key learning



- **Must be able to measure patient pathway to improve**
- **Clinicians in the lead**
- **Patients have rights and responsibilities**
- **Patient and staff experiences are improved**
- **Plan for sustainability at start**

More information:
www.18weeks.nhs.uk



Search the site Quick links

NHS



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?

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.



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Physiological Measurement good practice

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