

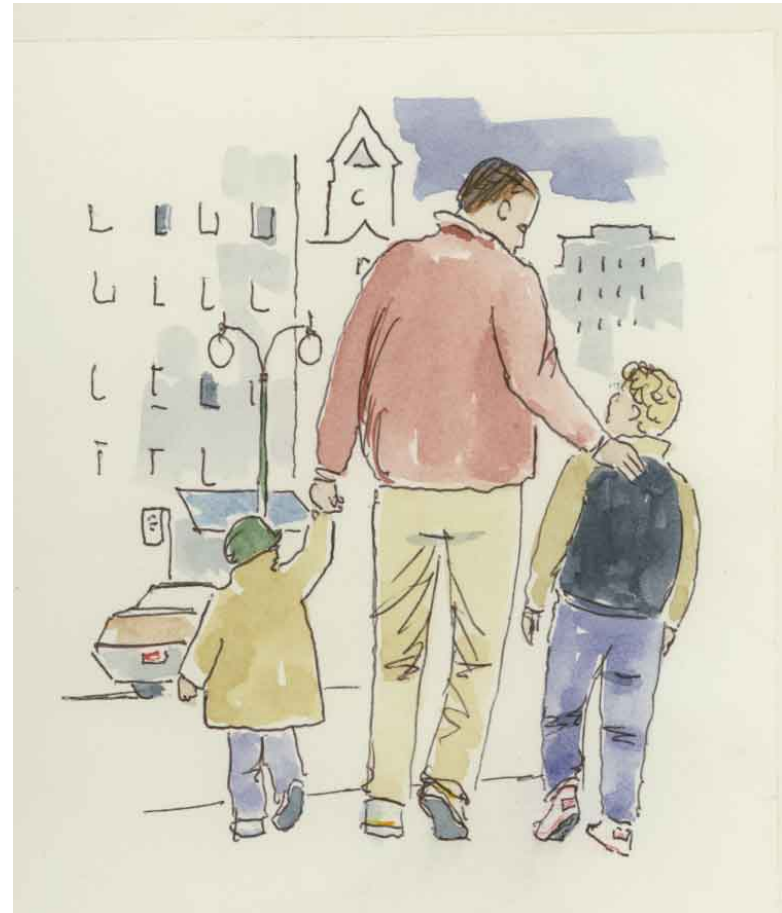
## Reducing Elective Waits: Delivering 18 week pathways for patients

Programme Director – NHS Elect  
Caroline Dove



# What I will cover

1. Why 18 Weeks is different
2. Where are we now
3. New models of delivery
4. What needs to happen now
5. 18 Weeks Programme News
6. More information



# 1. Why is 18 Weeks different?

## 18 Weeks

- **Everyone who chooses to be treated within 18 Weeks, and for whom it is clinically relevant will be.** The success will ultimately be dependent on **patients genuinely feeling the difference**
- **Scale** – nationally 12.5 million patients affected
- 18 weeks is the **maximum** – most treated quicker
- More patients should be treated **outside hospital** – NHS reforms help
- Think Referral to Treatment (**RTT**), NOT Stages of Treatment (**SoT**) inclusive of diagnostics/procedures
- **Leadership** (clinical, executive, managerial) is critical
- Financial balance and 18 weeks **not mutually exclusive**

# 1. Why is 18 Weeks different?

From March 2008

- 85% of admitted patients within 18 weeks from referral to treatment
- 90% of non-admitted patients within 18 weeks
- Maximum in-patient stage of treatment wait of 26 weeks
- Maximum out-patient stage of treatment wait of 13 weeks
- Maximum diagnostic stage of treatment waits of 6 weeks (for all tests including audiology)
- **27th October 2007, all patients will be on an 18 week pathway**

# 1. Why is 18 Weeks different?

## Principles of 18 Weeks target

- **Timeliness as a quality measure** for the benefit of patients
- **Pathway focus and service redesign** – requires joint GP and consultant leadership
- **Not just a waiting list initiative** – wide ranging, NHS wide
- **Financial balance and 18 weeks** are not mutually exclusive

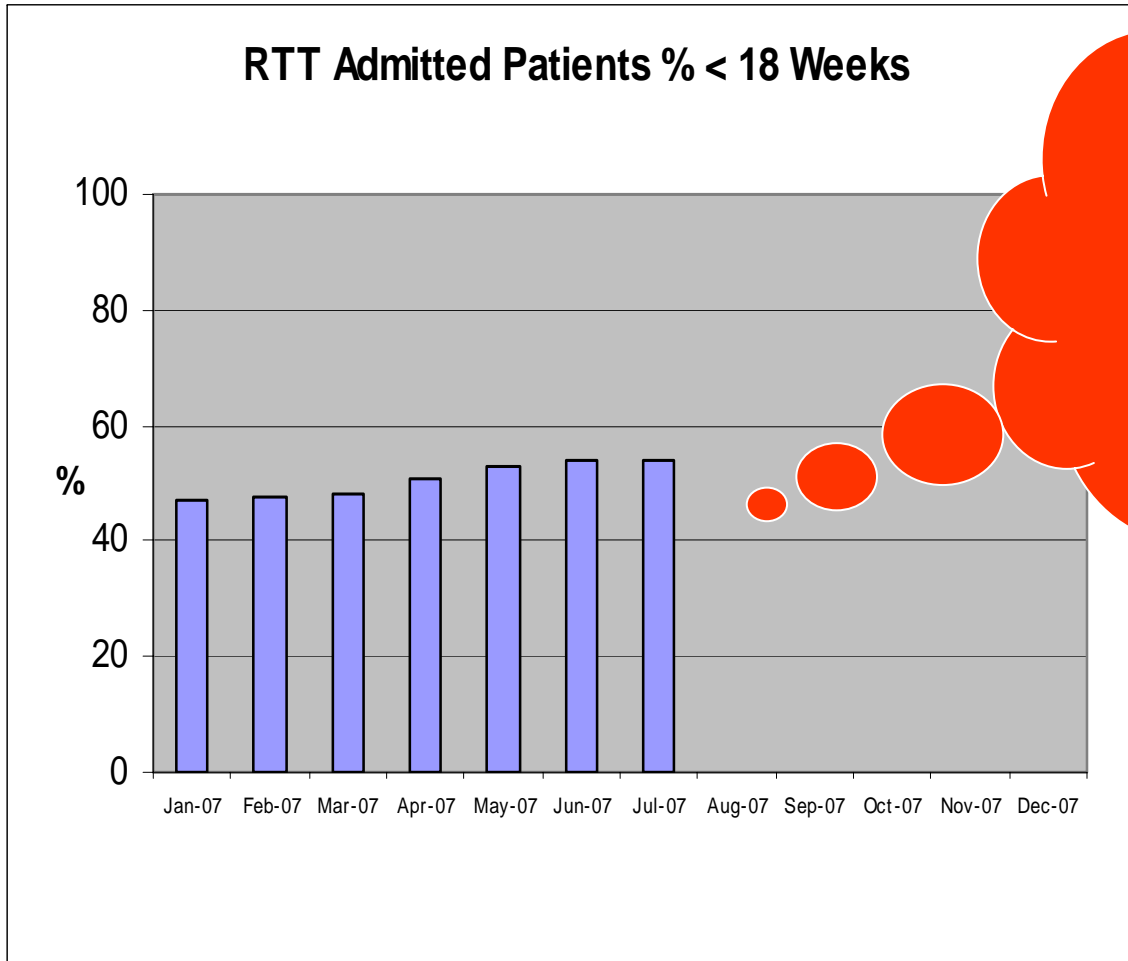
# 1. Why is 18 Weeks different?

## Key challenges for the NHS

- **Transformational change** - culture change
- **Pathway measurement** as opposed to numbers waiting
- Capture **clock stops and clock starts**
- **Capture data electronically and link events** – this will support pathway management
- **Transfer data smoothly and efficiently** between providers

## 2. Where are we now

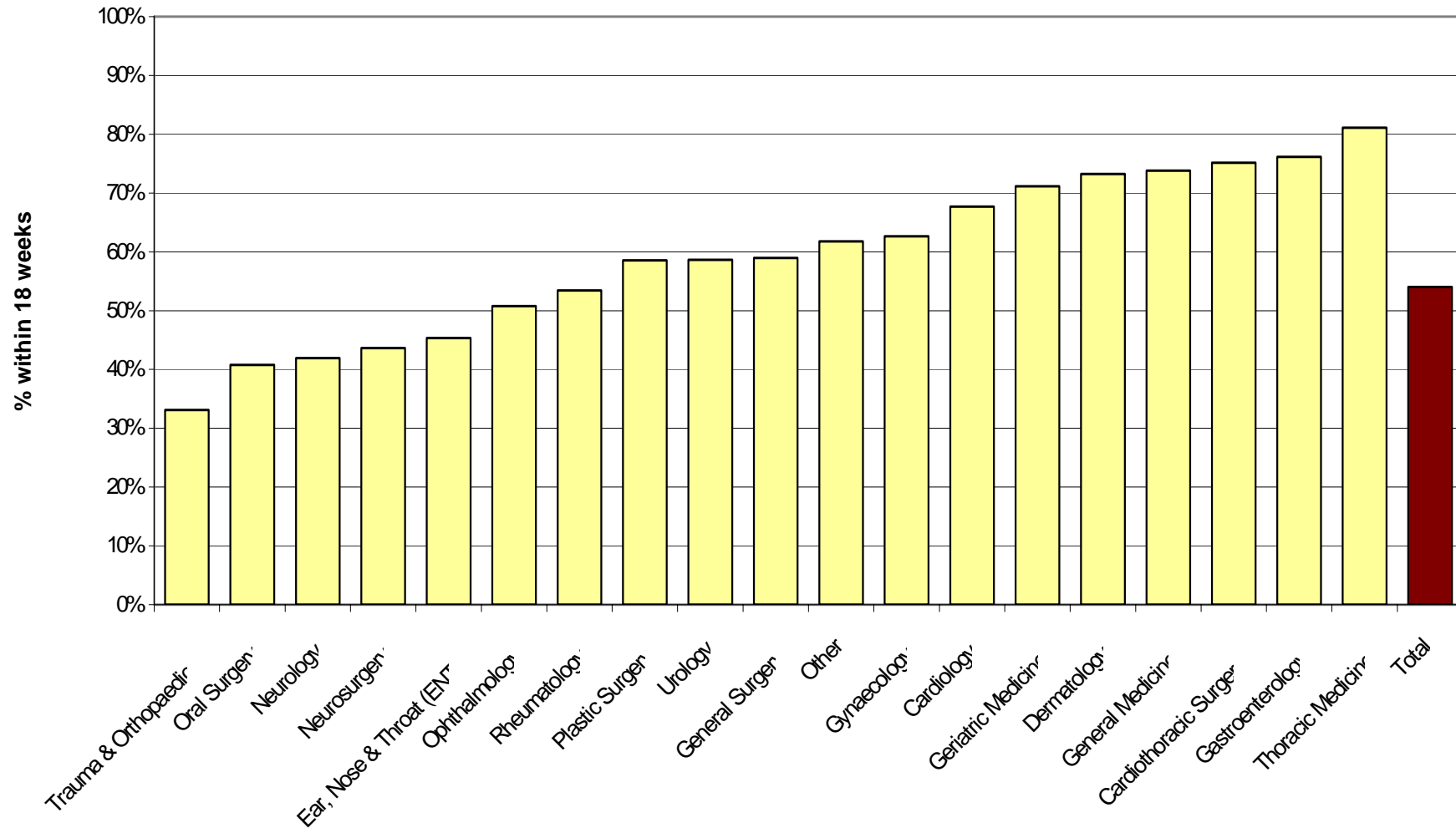
### Latest referral to treatment performance



- 54% of admitted patient pathways under 18 weeks (July 07)
- 68% for data completeness (July 07)

## 2. Where are we now RTT data for admitted pathways

3. Proportion of admitted pathways completed within 18 weeks, by treatment function - July 2007



### 3. New models of delivery

#### New models of delivery

- **Clinically driven pathways** that commence at the patient's presentation of symptoms and end at completion of the patient's 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
- **Patients only being referred on to specialist care if they are fit enough to do so. 18 weeks demands a greater emphasis on pre-operative assessment, including:**
  - initial screening in primary care
  - POA at time of OP visit

## 3. New models of delivery

### 18 Week Commissioning Pathways

- The 18 week team have led the development of 35 condition and symptom based (where possible) good practice commissioning pathways for the highest volume 12 specialties

To:

- **Challenge existing practice**
- **Utilise service improvement tools and techniques**
- **Maximise opportunities for transformational change**
- **Support commissioners to deliver 18 weeks**



### 3. New models of delivery

#### New ways of working

- New workforce – **enhanced, expanded and new roles, such as PwSI/ GPwSI**
- ICATS, CAS, CATS
- **Greater opportunities for nurses** in new, emerging and expanded roles along the whole patient pathway
- One stop clinics, text messaging, better scheduling of tests – **reducing follow ups**
- Increased emphasis on **POA**
- **Managing variation across all settings** – better planned outpatients / theatre scheduling etc allowing more efficient throughput
- **Delivering care closer to home**

## 4. What needs to happen now - Emerging themes and tips

### Emerging themes and tips & updates

- **By 27 October 2007**, you need to know everyone who could **breach 18 weeks by end of March 08**
- Deal with your **backlogs** NOW. Data at national level does **NOT** match local trajectories
- Referrals into secondary care are **rising**
- **Everyone** in the organisation needs to know about 18 weeks, their role, the rules NOW
- Shift thinking from SoT to RTT NOW
- Understand **18 week clock rules**; rules about to be refreshed in line with website and tools
- Drive improvement in quality and completeness of RTT data
- Good **operational planning** is key
- **Ensure** PAS systems compliant with DSCNs 17/18
- **Patient experience survey** –First phase completed. Questionnaire being revised for phase 2
- Toolkit of **top tips for musculoskeletal services** being developed

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

**Mark Twain**



## 5. 18 Weeks programme news - October 2007

### Latest news

- **Refreshed 18 Weeks rules, definitions and 'how to' guide** to be applying locally in development. Expected to be published shortly
- **RTT data for non-admitted patients** to be published Autumn 07
- **Commissioning Pathways:**
  - Release of phase 2 by end of November
  - Additional Commissioning Pathways by February 2008
  - To include 'top tips for 'POA'.

## 5. 18 Weeks programme news – October 2007

There are three key reasons that trusts may not be able to deliver 100% of patients within 18 weeks:

### **Choice**

patients choose not to accept the earliest offered appointments along their pathway, or choose to delay their treatment as they are not ready to proceed

### ***Co-operation***

patients do not attend appointments along their pathways, causing wasted capacity and delay

### **Clinical exceptions**

patients conditions are clinically unsuitable to be treated in 18 weeks

**18w rules needs to be defined in a way that takes account of this, and ensure that patients are not rushed through their pathways faster than they would choose.**

## 6. More information

### Weblinks

- [www.18weeks.nhs.uk](http://www.18weeks.nhs.uk)
- <http://www.nodelaysachiever.nhs.uk/>
- [www.productivity.nhs.uk](http://www.productivity.nhs.uk)
- <http://barcelona.bmj.com>
- NHS Modernisation Agency – “10 High Impact Changes for Service Improvement and Delivery”
- Directory of resources for Workforce Planning  
[www.healthcareworkforce.org.uk](http://www.healthcareworkforce.org.uk)
- [www.improvementfoundation.org](http://www.improvementfoundation.org)

## Thank you for your time

The POA 'top tips' guide is now in final draft. Anyone who would like to see and comment on this or add a local case study should contact me: ([caroline@nhselect.org.uk](mailto:caroline@nhselect.org.uk)) Thanks!

