

DELIVERING 18 WEEKS REPORT

1. Introduction

The purpose of this paper is to inform the Board of progress in delivering the 18 weeks referral to treatment time (RTT) target.

The Department of Health target for patients requiring elective treatment was that by December 2008, no one would have to wait longer than 18 weeks from GP referral to treatment. Performance reports for January, February and March 2009 show that NHS Birmingham East and North has consistently achieved the target for admitted, non-admitted and audiology patients.

This paper describes the journey, challenges and work that has been undertaken to deliver the 18 week target including improving the patient experience and outlines the next steps for ensuring that referral to treatment times are sustained for patients across all specialities

2. Current performance

The requirement for 18 weeks is that 90% of admitted and 95% of non-admitted patients receive their definitive treatment within 18 weeks of referral. In addition there is a third measure for audiology patients with 95% to receive treatment within 18 weeks.

The Healthcare Commission (from 1st April 2009 the Care Quality Commission) has been monitoring PCTs and provider organisations through January, February and March 2009 and this performance will be included in the published ratings for commissioners. Table 1 shows NHS BEN performance with achievement of 18 week RTTs month on month.

Table 1 – NHS BEN 18 week referral to treatment times

%	Target	Jan 2009	Feb 2009	Mar 2009
Admitted RTT	90%	✓ 92.3%	✓ 96.9%	✓ 92.7%
Non admitted RTT	95%	✓ 95.8%	✓ 96.5%	✓ 96.1%
Audiology RTT	95%	✓ 99.8%	✓ 99.7%	✓ 100%

To be assessed as achieving 18 week RTTs, commissioners and providers will also need to demonstrate data completeness within as yet unconfirmed range of 90-110%. All NHS BEN's main providers now fall within this range.

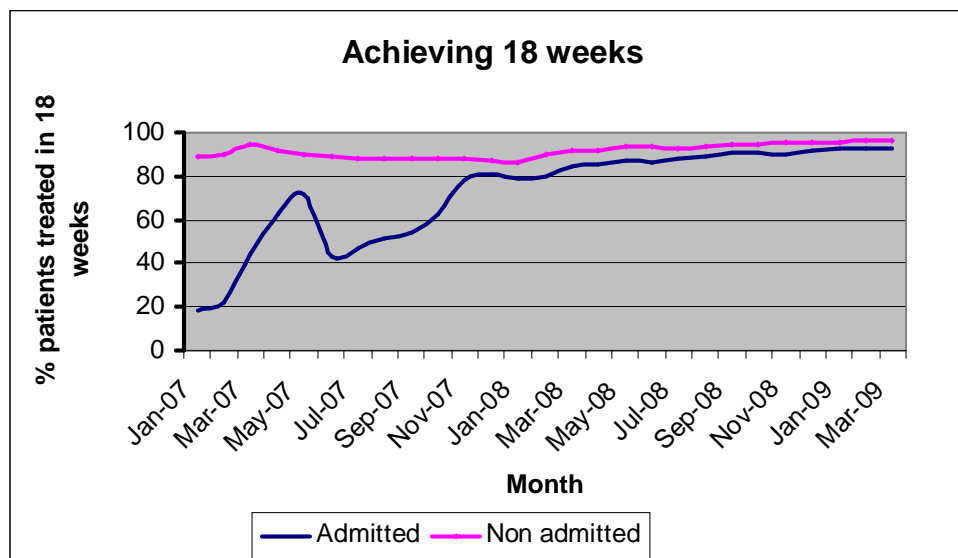
3. History

The 18 week maximum waiting time is about improving patients' experience of the NHS and ensuring all patients receive high quality planned care without delay.

When the requirement for delivering 18 week referral to treatment times was set out in the NHS Improvement Plan in 2004, waiting times varied considerably across all providers. There were very long waits for patients for treatment in specialities such as orthopaedics, general surgery, gynaecology, dermatology, urology, ENT and ophthalmology. In April 2007,

there were 139 NHS BEN patients who had been waiting over 1 year for orthopaedic treatment. Figure 1 shows the RTT from January 2007 to March 2009.

Figure 1 – RTT January 2007- March 2009



The overall challenges to delivering 18 weeks were:

- Reducing long waits and long clearance times
- Managing patients through the entire patient's journey
- Managing outpatient and diagnostics activity
- Reforming the system and redesigning services

A local health economy (LHE) approach was taken to improving services and systems to deliver 18 weeks. A programme of work in collaboration with lead clinicians and managers at Heart of England FT (HoEFT) and within the provider arm services as well as Solihull Care Trust (SCT) was established. The work was overseen and monitored by a monthly local health economy board chaired by NHS BEN and attended by other commissioners and managers and clinical leads from HoEFT and other providers.

4. Improving systems and services

The focus of the 18 week delivery plan was to address the issues in the specialties with long waiting times and to improve systems and processes that supported 18 weeks. This has included:

- Improving data recording, validity and completeness so that all clock starts and stops were recorded. A significant challenge was the recording systems within the hospital which were not 18 week compliant. This meant that manual processing was required for some of the data to ensure that clock starts were transferred when, for example, patients were put on waiting lists.
- Ensuring that the Department of Health was informed of amendments to the ready reckoner so that data completeness was accurately validated

- Developing and implementing systems for interprovider transfers so that 18 week pathways were recorded between providers
- Reducing the backlog to an acceptable size and ensuring that patients receiving treatment in excess of 18 weeks was only as a result of patient choice, compliance or complexity in accordance with agreed criteria
- Agreeing a LHE wide patient access policy to ensure the 18 week patient journey is managed appropriately and effectively
- Addressing issues with the indirect booking system ensuring sufficient slot availability for patients

HoEFT has undertaken a major programme of work to improve efficiency and reduce delays through the application of Lean methodologies. Additional capacity has been provided through evening and weekend working and commissioning of the independent sector for orthopaedic operations. This has significantly reduced waiting times for outpatient appointments, diagnostic tests and inpatient treatment.

NHS BEN has also commissioned additional capacity in the independent sector for ophthalmology patients.

NHS BEN provider arm has a number of services that fall within 18 week requirements and work has been undertaken to raise awareness with staff, develop effective recording and reporting systems and address issues causing delays eg delays in receiving diagnostic test reports.

5. The patient experience

5.1 Communicating with Patients pilot project

The Communicating with Patients pilot was a Department of Health project which took place across the Birmingham East and North local health economy (Birmingham East and North Primary Care Trust, Solihull NHS Care Trust and Heart of England NHS Foundation Trust, with support from the West Midlands Strategic Health Authority during August and September 2008.

The aim of the pilot was to introduce a patient held record for patients on 18 week pathways and provide evidence of the most appropriate and effective form of communication for the majority patients. The pilot consisted of the following:

- A patient 'passport' was piloted and patient information leaflets and posters about choice and 18 weeks were distributed across GP practices.
- The development of an 18 week calculator (based on the maternity gestation clock) produced and provided to all GPs and consultant staff across all three Trusts.

HoEFT also agreed to operate an appointment confirmation service using a combination of agent calls, automated calls and interactive text messaging across the nine specialties with the longest waits.

The aims of this service were to:

- reduce do not attends (DNAs) by 5%, and reuse cancelled appointment slots
- improve patient service and continuity of care
- positively impact upon waiting times for appointments to ensure the hospital made maximum use of its capacity and reduced costs associated with DNA/ clinic underutilisation.

Although the pilot only saw the DNA rate reduce by 1%, there was an overall capacity gain of 2.62%, which meant that a total of 373 slots were made available for reuse from advanced warning of cancellations. Following the pilot, HoEFT decided to commission this service direct and the patient confirmation service continues to be rolled out across all specialties.

The work undertaken through the pilot was acknowledged by the Department of Health as an example of good practice in improving the patient experience and managing their pathway. The tools developed are on the 18 week website.

5.2 Patient experience survey

The 18 week patient experience survey was a national survey carried out during November 2008. Each PCT were asked to identify a cohort of patients referred to a secondary care provider between the end of June – early July 2008.

The objectives of the patient survey were:

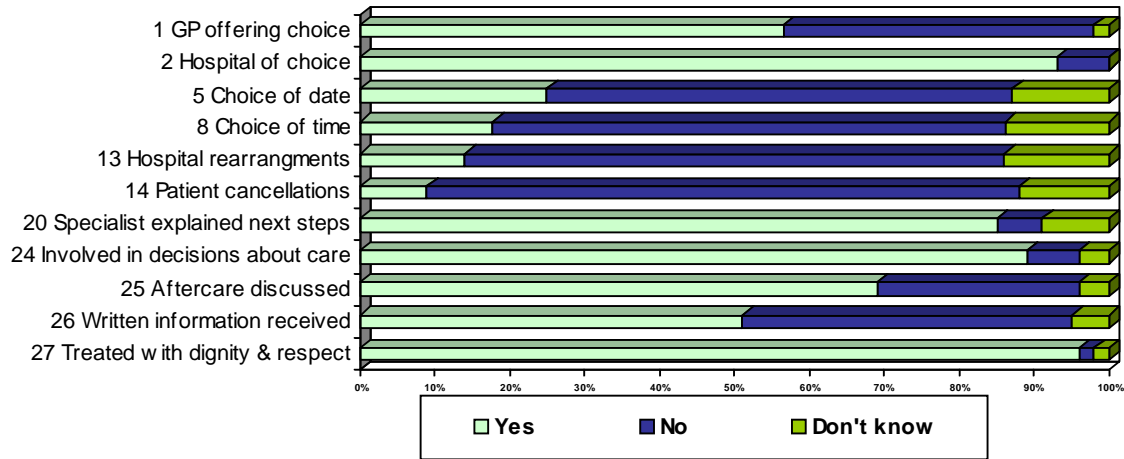
- To understand the overall experience that patients have of elective care waits
- To understand patients' satisfaction with the length of time they waited for treatment
- To provide local level data that can lead to actionable findings for PCTs to improve local service delivery

BENPCT mailed out around 1,321 postal questionnaires to patients who had been referred to a healthcare professional at Heart of England Foundation Trust .

Figure 2 shows some of the responses received by BEN patients. Overall, key findings are:

- over 50% of GPs are offering choice at the time of the referral
- 93% of patients went to their hospital of choice
- Choice offered at HoEFT in terms of date and time of appointment was below expectation and needs to be addressed
- 85% of patients felt that they were involved in decisions about their care and treatment
- 96% of patients felt they were treated with respect and dignity

Figure 2 – Patient survey responses



NB – the numbers next to each data line refer to the question number

It would seem that perception lags behind performance around waiting times, with 49% of respondents reporting they were concerned at the length of time they would have to wait (at the time of their referral). However when asked about the time between referral and treatment, only 11% of respondents felt that this should have been sooner. For patients reporting a 'delay' in treatment, top reasons for the perceived delay for NHS BEN patients were:

- Wait for appointment with hospital specialist
- Wait for operation
- Wait between GP referral and contact from hospital

In conjunction with HoEFT, an action plan has been developed and submitted to the NHS West Midlands. Areas for improvements have been identified as:

- Engaging with our diverse population to increase response rates in BME communities
- Ensuring patient choice, particularly of date and time when booking appointments
- Reducing the number of cancellations/ rearranged appointments
- Improving perception of waiting times
- Eliminating delays in clinic when patients attend for their appointment

6. Maintaining 18 week RTTs- the challenge and next steps

Over the past 2 years major improvements have been made in organisational systems and processes to ensure that patients wait no longer than 18 weeks for their treatment from time of referral. The challenges for NHS BEN are to sustain this level of performance and for a number of specialities this can only be achieved through redesigning the pathway and the development of new models of care delivery. Service redesign and development are taking place in a number of specialities including:

- Orthopaedics - a major redesign programme is underway for musculoskeletal services with the implementation of a primarily community based integrated service which will reduce referrals to orthopaedic outpatients
- Dermatology – A community based dermatology service has been commissioned for the North of BEN and a community model is being piloted in the East
- Urology – a community urology clinic is being piloted in Kingstanding
- Audiology – a new follow-up pathway for patients who have had hearing aids fitted is being developed with the RNID

The focus is also to reduce the waiting times in provider services which have not been part of 18 week pathways up to now so that patients do not experience waits for any service that they are referred to. New maximum waiting times have been agreed for all services within the provider arm with maximum waits for first appointment now 5 weeks

Finally, we need to continue to ensure that the patient experience is improved and as well as implementing the patient experience action plan a publicity campaign using the Life Channel is currently being developed which will advertise choice and 18 weeks messages across 30 sites with pre-installed television screens in primary care settings to bring public perception in line with 18 week performance

7. Recommendations

The Board is asked to note the content of this report

Jenny Belza, Locality Commissioning Director
Laura Cooper, Commissioning Manager for Scheduled Care
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