



WAITING TIMES

1. PURPOSE

The purpose of the paper is to identify the waiting time and performance guarantees on which NHS Lanarkshire will be measured in 2010/11. Those form part of the Local Delivery Plan (LDP) for 2010/11. A summary is provided in Appendix 1.

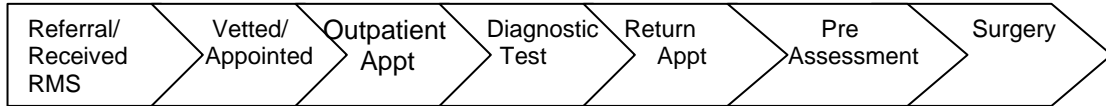
NHS Boards will sustain the guarantees delivered at 31 March 2010 for cancer (62/31 days), outpatients (12weeks), inpatients (9weeks), day cases (9weeks) and diagnostics (4weeks). Improvements will also be made in quality measures identified in the LDP. Those have the potential to increase capacity and improve the patient experience.

Of significance in 2010/11 will be the increased emphasis placed by NHS Lanarkshire in evidencing progress against 18 Weeks Referral to Treatment (RTT).

18 Weeks RTT has to be delivered by 31 December 2011. This will require clarity on current and future patient flows by specialty and sub specialty with time measures attached that can be flexed at different stages of the patient journey. It will be supported by eReferral and eVetting. It will be informed by Service Improvement, New Ways and use of Lean Methodology. Non clinical delays will be removed through increased efficiency, improved patient management, more effective use of new technology and leadership. Information on admitted and non admitted pathways will be provided routinely to the NHS Board although the completeness and quality of the information will be constrained by the inability at present to electronically link different stages of the patient journey. The ability to achieve this will improve during 2010 but will not be resolved until implementation of the new Patient Management System (PMS) in February 2011. The NHS Board will monitor progress towards delivery of 18 Weeks RTT. Information will be captured by specialty and as appropriate sub specialty and reported to the NHS Board. Proposals to monitor progress towards delivery of 18 Weeks RTT are provided in Appendix 2. Work is taken forward through work streams that are managed through the 18 Weeks RTT Project Board chaired by the Director of Acute Services.

2. MAIN ISSUES/CONTENT

The agenda to deliver 18 Weeks RTT is challenging and will involve change in how, when and by whom actions are taken. It will involve agreement on the patient pathway with intervention at the appropriate time by the appropriate clinician. It will commence from point of electronic referral through to completion. The following represents a sample timed admitted pathway.



There will be opportunities for clinical intervention to take place in Community and Primary Care settings that will enable the patient to be seen by an appropriate clinician other than a Consultant. Recent examples of that are the proposed introduction in Lanarkshire of new services in Musculo Skeletal, Optometry and Dermatology. In each instance the patient will in future be seen either by an Extended Scope Practitioner, an Optometrist or a General Practitioner with a Special Interest in Dermatology. Previously the patient would have been referred to Secondary Care and seen by a Consultant. This has the potential to represent up to 30% of referrals. Effective dialogue between the General Practitioner and patient at point of referral is essential. There is a responsibility on patients to keep appointments and to advise on unavailability or inability to attend. NHSL has recently reaffirmed its Access Principles. Those policies will be reflected in correspondence to patients and will be displayed in posters/leaflets that will be available in GP and other Community and Primary Care premises.

eReferral and eVetting are being implemented in NHS Lanarkshire. All General Practitioners in NHS Lanarkshire have the capability to refer electronically and this represents routine practice for the majority of General Practitioners. For some referrals, specific criteria have been agreed between Primary and Secondary Care and are in place. An example is referrals for patients with 'suspicious cancer'. This practice will be increased during 2010/11. EVetting has recently been introduced and a work programme is in place that will result in eVetting of all new outpatient appointments across NHS Lanarkshire by end of calendar year 2010. This will reduce significantly the turn around time between receipt of electronic referral by the Referral Management Service (RMS) to vetting and placing the patient on the appropriate pathway.

The patient pathway will be completed within an 18 week pathway. This will commence from receipt of referral by the Referral Management Service (RMS). Whilst referral and vetting will be completed within an agreed time period (up to three working days), the remaining stages of the patient journey will vary

dependent on the pathway. Some interventions may occur concurrently (e.g. diagnostic tests) whilst other stages may need to be reduced in duration to provide sufficient time for completion of different stages of the journey (e.g. surgery in six weeks rather than nine weeks at present).

In order to measure delivery of a maximum 18 weeks clinical pathway from referral to treatment it is necessary to identify the main existing clinical pathways. NHS Lanarkshire has a series of work streams commissioned by NHSL 18 Weeks RTT Project Board that will:

- Demonstrate understanding and prioritisation of work programme using Glenday sieve for admitted and non admitted pathways.
- Evidence pathway component measurement using traditional stage waiting time measures.
- Demonstrate structural, process and efficiency progress.

This approach is currently being applied to all key specialties in Lanarkshire. This work will continue during 2010 with progress reported to the NHS Board. What will emerge is a foundation on which each patient pathway will be built with clarity on prioritised areas of work that need to be undertaken with the opportunity to construct a capacity plan around delivery of a service within an 18 week referral to treatment guarantee.

The electronic sustainable solution to linking different stages of the patient journey and accurately applying New Ways and 18 Weeks RTT 'clock stops' is implementation of the new Patient Management System (PMS) in February 2011. In the interim NHS Lanarkshire will continue to update its current iSoft Express Patient Management System. In July 2010, NHS Lanarkshire will accept from iSoft version 14.4 of the software. This will enable iExpress to accept a Unique Care Pathway Number (UCPN) generated from SCI Gateway referral as well as enable the process to accept SCI Gateway referrals directly onto the database. This will improve measurement but with continued restrictions. There will be no ability to generate a local UCPN or to enter the UCPN for subsequent appointment or admissions.

The work on patient pathways is informing implementation of the new Patient Management System (PMS). The functionality of the new PMS is being adjusted to enable patient flows to be supported with the potential to increase consistency in clinical process and practice, remove non clinical delays and reduce the use and circulation of paper in line with the move to a 'paper light' organisation. This work will continue during 2010 with close links between the 18 Weeks RTT Project Board and the PMS Implementation Board. A glossary of terms is attached in Appendix 3 to inform understanding of 18 Weeks RTT.

The Access Support Team of the Scottish Government have not to date confirmed the financial settlement to NHS Boards to facilitate delivery of improved waiting time guarantees. It has been suggested that the allocation

may be less than first indicated that may restrict the pace of progress and implementation in 2010/11.

3. NEXT STEPS

NHS Lanarkshire will sustain the stage of treatment waiting time guarantees to 31 March 2011. Confirmation will be provided through reports circulated to the NHS Board. There is considerable work underway to agree patient pathways for each specialty and as appropriate sub specialty. The focus will be on high volume specialties and high priority pathways for recording of review and return for treatment attendances. This prioritises completeness for non admitted pathways. For those outcomes occurring out with the outpatient setting there is work in progress to identify, quantify and prioritise recording mechanisms by June 2010. Admitted pathways for high priority pathways and high volume specialties will have 90% completeness by September 2010.

It is intended that reports on waiting time performance and progress against 18 Weeks Referral to Treatment will be presented to the NHS Board every two months.

Further details on the content of the paper are available from Roy Garscadden, Head of Planning (Acute) on 01698 245015.

4. CONCLUSIONS

The NHSL Board is asked to note the waiting time and performance guarantees on which NHS Lanarkshire will be measured in 2010/11 with particular reference to 18 weeks referral to treatment. In addition the NHSL Board is asked to agree that waiting time reports will in future be received every two months.

Further details on the content of the paper are available from Roy Garscadden, Head of Planning (Acute) on 01698 245015.

**ROSEMARY LYNESS
DIRECTOR OF ACUTE SERVICES**

20 May 2010

NHS Lanarkshire Local Delivery Plan 2010/11

Waiting Time Guarantees

E4 - NHS Lanarkshire will deliver improved efficiencies for first outpatient attendance DNA, non routine inpatient average length of stay and same day surgery by March 2011, and for pre operative stay by March 2013.

Target / Measure		Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
E4 KPM1	Number of BADS surgical procedures performed in a day case or outpatient setting (same day care) expressed as a percentage of the total number of BADS procedures including inpatients.	Target	See Note 1										
		Actual	76.4%										
E4 KPM 2	Reduce the average length of stay in hospital for acute inpatients discharged following an urgent, emergency or other non-routine, unplanned admission. This includes emergency transfers.	Target	3.1	3.1	3	3	3	3	3	3	3	3	3.0
		Actual	4.64										

Target / Measure			Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
E4 KPM4	A 10% reduction in the first outpatient appointment DNA rate between year ending March 2007 and March 2010. Based on the percentage of first outpatient appointments where a patient did not attend (DNA); all specialties.	Target			12.0%			11.0%			10.0%			9.5%
		Actual	10.4%											
E4 KPM5	Reduce the Scotland indicative level of 15% from 2007/08 baseline in pre-operative stay days for planned admissions for surgical specialties over 3 years 2010/11 - 2012/13	Target	See Note 1											
		Actual												

Note 1 - E4 KPM1 & KPM5 - Trajectories currently under review, dialogue ongoing with Scottish Government.

E7 – Increase the percentage of new GP outpatient referrals into consultant led secondary care services that are managed electronically to 90%, from December 2010.

Target / Measure			Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
E7 KPM1	Increase percentage of GP referrals managed electronically	Target	20%	25%	40%	50%	50%	70%	80%	85%	95%	95%	95%	100%
		Actual	20%											

A9 – From the quarter ending December 2011, 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

Target / Measure			Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
A9 KPM1	Suspicion of cancer referrals - 62 days	Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
		Actual	98.2%											
A9 KPM2	Percentage of patients treated within 31 days of urgent referral - for all cancers	Target			80%			80%			85%			90%
		Actual	99.2%											

A10 – Deliver 18 weeks Referral to Treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral (all sources) to a first outpatient appointment from 31 March 2010. No patient will wait longer than 9 weeks from being placed on a waiting list to admission for an inpatient or day case procedures from 31 March 2011.

Target / Measure			Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11

A10 KPM1	18 week RTT Measure *	Target												
	% Performance	Actual												
	% Completeness	Target												
		Actual												
A10 KPM2	Number of outpatients waiting over 12 weeks at month end census, GP/GDP referrals only	Target	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0											
A10 KPM3	Number of inpatients/day cases waiting over 9 weeks at month end census	Target	0	0	0	0	0	0	0	0	0	0	0	0
		Actual	0											

A10 KPM1 - Trajectory currently incomplete, dialogue ongoing with Scottish Government.

T10 – NHS Lanarkshire will achieve agreed reduction in A & E attendances

Target / Measure			Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
T10 KPM1	Number of A&E attendances per 100000 population	Target	2825	3118	2949	2798	2825	2843	2688	2747	2787	2594	2505	2886
		Actual	2855											

Proposals to Monitor Progress towards delivery of 18 weeks RTT.

Requirements for Pathway Measurement

In order to measure whether it is possible to deliver a maximum 18 weeks clinical pathway from referral to treatment it is necessary to identify the main existing clinical pathways.

1. Demonstrate understanding and prioritisation of work programme using Glenday sieve for Admitted and non-admitted Pathways.

- 1a. Provide generic timed pathway for specialty/service.
- 1b. Provide listing of Green (50% volume) treatments for each specialty/service.
- 1c. Provide process map/value stream for each procedure identified.
- 1cii. Provide agreed timed pathway for each procedure.
- 1d. Provide revisited generic timed pathway for remainder of procedures.
- 1e. Repeat 1b-1d for each treatment to achieve Yellow (95%) coverage

2. Pathway Component measurement using traditional stage waiting time measures.

- 2a. Measure component stage of treatment waits (SoTW) against generic pathway at specialty/service level ie. New Op wait, Straight to test wait, Diagnostic waits, IPDC waits.
- 2bi. Measure component SoTW against generic pathway for each treatment (1b) THEN
- 2bii. Measure component SoTW against process map (1ci) for each treatment (1b) THEN
- 2biii. Measure component SoTW against timed pathway (1cii) for each treatment (1b)
- 2c. Measure component SoTW against revised generic pathway (1d) for remainder.
- 2d. Repeat 2bi-2c for each treatment to achieve Yellow (95%) coverage

3. Demonstrate structural, process, and efficiency progress. at specialty/service and treatment levels.

- 3a Referrals
 - i. Proportion of referrals received electronically
 - ii. Proportion of referrals with UCPN.
 - iii. Proportion of referrals to named HCPs
 - iv. Proportion of referrals subject to eVetting.
 - v. Proportion of referrals vetted in target time.
 - vi. Proportion of referrals vetted straight to test
- 3b Booking
 - i. Proportion of list booked as Urgent, In-turn, Out of turn.
 - ii. Proportion of CNAs.
 - iii. Proportion of DNAs.
 - iv. Proportion of contact method.
 - v. Proportion of list booked by Referral management service
- 3c. Attendances, Admissions and Outcomes
 - i. % completion of Clinic Outcome recording for New attendances
 - ii. % completion of Clinic Outcome recording for Return/review attendances
 - iii. % of DNA removed from list
 - iv. % of UCPN linkage to Return/review attendances
 - v. % of UCPN linkage to Admissions for treatment
 - vi. % of treatment outcomes with clinical coding
 - vii. % of admissions pre-assessed
 - viii. % of same day admissions

Waiting Times Glossary

Term	Description
18 weeks	Also known as Referral to Treatment (RTT). This is the waiting time standard for a patient's whole journey, from initial referral for a condition, to treatment. Will be introduced in December 2011.
Admitted pathway	A RTT pathway where the waiting period stops when a patient receives treatment or a medical device is fitted in an inpatient or day case setting.
Clock Start	For RTT this is the date a referral is received by a Consultant led service from an agreed source for service requests.
Clock Stop	The point where a RTT pathway waiting time calculation ends as a result of treatment or other care activity.
Consultant Led Team	A Consultant-led team is a clinical service where a Consultant retains overall clinical responsibility for the service, treatment or health care team. Includes Secondary Care services provided in community settings and GPs with Special Interests.
Could Not Attend (CNA)	Occurs where a patient has accepted an offer of appointment or admission but then cancels the date in advance. At this point the waiting time clock for that appointment or admission is reset to zero. A patient may cancel 3 times before a decision is made to return to care of original referrer.
Did Not Attend (DNA)	Occurs where a patient has accepted an offer of appointment or admission but then fails to attend on the date. Depending on the circumstances and policy a patient may either be returned to original referrer or the waiting time clock is reset to zero and another reasonable offer is made.
Direct Access Diagnostics	A referral to direct to diagnostic services where there is no transfer of clinical responsibility. The referral does not start a RTT pathway.
eReferral	The process of electronically submitting a referral request from General Practitioner IT systems to Secondary Care. All electronic referrals are sent via SCI Gateway.
eVetting	The process where referrals can be examined using software by Consultants and/or a multi-disciplinary team. The appropriate clinical urgency, pathway, and actions required are recorded as the outcome of the eVetting process. The software being used in NHSL is called eVOR.
GPwSI	A General Practitioner with Special Interests who undertakes patient care which would normally be performed by a Consultant.
Implied Acceptance	Occurs where the patient is deemed to have accepted a written offer without any further communication required. The patient is given a period of time to decline the offer.
Intersystems Trakcare PMS	The company (Intersystems) and software (Trakcare) which will replace the current iSoft PMS from February 2011. In addition to enhanced provision of existing PMS functionality the system will enable the creation of an Electronic Patient Record (EPR) and support the full tracking of patients along a RTT clinical pathway. NHSL wide clinical order communications will be introduced later in 2011.
New Ways	A set of guidance and methods for defining and measuring waiting times in Scotland from 1 January 2008.
Non-Admitted pathway	A RTT pathway where the waiting period stops when a patient receives treatment which does not involve admission as an inpatient or day case.
Pathway	The clinical journey which a patient follows from referral to treatment and beyond for any ongoing care or reviews. A pathway is likely to be made up of a number of interactions or components e.g. outpatient appointment, diagnostic test, pre-assessment, admission for treatment
Patient Focussed Booking	A process where patients are invited to contact the service to arrange an appointment or admission. More usually implemented where booking outpatient appointments.
Patient	Software designed to support the management of patient care within NHSL.

Management System (PMS)	The current iSoft PMS provides functionality to support operational management of patient identification, referrals, waiting lists, scheduling, appointments and admissions, case note tracking, and bed management. There is limited support for clinical order communications at Wishaw only. The next software release will improve electronic receipt of referrals and capture of UCPN (14.4 in June 2010). iSoft PMS will be replaced by Intersystem Trak in February 2011.
Reasonable offer	Up to two dates of appointment or admission with 7 days or more notice from the date the offer is made.
Referral	A referral is a request to a care professional, team, service organisation to provide appropriate care to a patient/client.
Referral Management Service (RMS)	Provides a central contact point (based on Hairmyres site) for receiving and processing the majority of referrals received by NHSL. Also books the majority of new outpatient appointments.
Referral to Treatment (RTT)	Also known as 18 weeks, this is the waiting time standard for a patient's whole journey from initial referral for a condition to treatment due to come into force in December 2011.
SCI Gateway	An NHSScotland wide system to provide secure communications between GP and Secondary Care systems. Used to transfer clinical and demographic information as part of the referral process based on agreed protocol templates.
Stage of Treatment	A component part of a full clinical pathway. Currently national waiting time measurement and reporting are against the new outpatient, inpatient, and some diagnostic stages of treatment.
Straight To Test	A RTT referral directed to diagnostics services where the patient will be assessed and might, if appropriate, be treated by a medical or surgical Consultant-led team before responsibility is transferred back to the referring health professional.
Treatment and care activities	Examples which stop the RTT clock include treatment as an inpatient or day case, treatment in an outpatient setting including surgical, medical, and non-Consultant led activity, supplying and fitting of a medical device, no treatment required, active monitoring, or patient declines treatment.
Unavailability	A period of time when the patient is considered unavailable for attendance or admission for social or medical reasons. The days that a patient is unavailable are not counted when determining how long the patient has waited. When a patient is unavailable the waiting time clock can be said to be 'paused'.
Unique Care Pathway Number (UCPN)	An identifier unique to each RTT referral which was established to enable linkage of components of a RTT pathway to improve tracking and measurement. Referrals received via SCI gateway referrals contain a UCPN however the next release of iSoft PMS (14.4) is required before the UCPN can be recorded in NHSL.
Waiting Time calculations	Stage of treatments are calculated as the days elapsed from receipt of referral or addition to an inpatient or day case waiting list until the patient attends an appointment or is admitted. If a patient cancels (CNA or DNA) the 'clock' will be reset and the waiting time counted from the date of the cancellation until attendance or admission. In addition any periods of patient unavailability will be removed from the calculation.