

# Annex 1:- Briefing Paper - Referral to Treatment Times

## 1. Introduction

- 1.1 The purpose of this briefing paper is to advise the Wellbeing Policy Development and Scrutiny Panel on the national standards relating to Referral to Treatment Times and the local position against these standards.

## 2. Background

- 2.1 There are a set of well established national operational standards described as Referral to Treatment Targets for patients who are referred for a planned day case or inpatient procedure in hospital. Planned care is also described as elective care. Some patient treatments require an admission to hospital and some do not. The standard covers both admitted and non-admitted pathways of care.

The national standards are shown in Table 1 below:

Service Area	% of admissions within 18 weeks in Month	95 <sup>th</sup> percentile	Median waiting time
Admitted	>90%	< 23.0	<11.1
Non-Admitted	>95%	<18.3	<6.6
Incomplete pathways *	N/A	<28.0	<7.2

Note: \* Incomplete pathways

An incomplete pathways is when a patient has an open (incomplete) RTT pathway if they have had a clock start but have not yet had either their i) first definitive treatment, ii) decision not to treat or iii) been placed on active monitoring.

### When does the 18 week pathway apply?

For most patients the start of the elective pathway begins at GP referral to a Consultant in secondary care i.e. to a District General hospital.

Referrals to medical consultants who provide secondary care services in Community settings are also included (either in outreach clinics, directly employed by a PCT or working in a community hospital).

The 18 week standard also applies to referrals from other Clinicians or entry points where patients are transferred to an elective pathway including:

- General Dental Practitioners (GDPs)
  - General Practitioners with a Special Interest (GPwSIs)
  - Optometrists and Orthoptists
  - Accident & Emergency
  - Minor injuries units
  - Walk in centres/ GP Led Health Centres

## **The NHS Constitution**

The NHS Constitution was published and adopted by the Government in January 2009, following extensive consultation and came into force on 1 April 2010. The NHS Constitution establishes the principles and values of the NHS in England and Wales. It sets out rights to which patients and staff are entitled and pledges which the NHS is committed to achieve, together with the responsibilities which the public, patients and staff owe to one another to ensure the NHS operates fairly and effectively.

In respect of treatment times The NHS Constitution sets out the following right for patients:

*'You have the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution.'*

This means patients have the right to start consultant-led treatment within 18 weeks from referral, where this is not possible, for the NHS to take all reasonable steps to offer the patient a quicker appointment at a range of alternative providers if the patient makes such a request.

Locally arrangements are in place for patients to contact the PCT if they are concerned that they will not receive their treatment within 18 weeks and steps are taken to identify where possible an alternative provider.

## **Patient Choice**

Since April 2008, the majority of patients being referred to hospital have been able to choose where they wish to be treated in line with a Department of Health Policy on *Free Choice*. Choice is supported by The Choose and Book application and the NHS Choices website :-[www.nhs.uk](http://www.nhs.uk).

Patients within B&NES have a number of local providers to choose for their elective care. These include:-

- The Royal United Hospital, Bath
- The Royal National Hospital for Rheumatic Diseases Foundation Trust
- The United Hospitals Bristol's NHS Foundation Trust
- The North Bristol NHS Trust
- U.K. Specialist Hospitals (sites at Emerson's Green & Shepton Mallet)
- Circle Health, (site at Peasedown St. John)
- BMI Bath Clinic (Claverton Down)

## **3. Performance Against the 18 week Standards**

Table 2 at Appendix 1 shows performance against the 18 week referral to treatment standards for Providers across the South West.

Locally, the PCT's main Provider of elective care the Royal United Hospital, Bath has struggled for a number of years to deliver both the 18 week Referral to Treatment Time standards and to be able to treat patients in line with the NHS Constitution.

In April 2011 the RUH began the contractual year with a backlog of 688 patients waiting more than 18 weeks.

A recovery plan has been in place since April 2011 which was agreed between the PCT, RUH and the South West Strategic Health Authority.

The recovery plan sets out that the RUH would reduce its backlog number to no more than 330 patients by the 1<sup>st</sup> October 2011 and that RTT performance for admitted patients would be restored to 90%. (The figure of 330 patients is equivalent to approximately 1 week's worth of elective activity. This is a proxy measure and is considered to be a sustainable level of backlog of activity for a provider to carry).

The recovery plan has required the RUH to deliver higher activity levels than commissioned this year by PCTs and for some patients to be transferred to alternative providers.

This plan has been achieved and the performance for September was as follows:-

Service Area	% of admissions within 18 weeks in Month	Performance	95 <sup>th</sup> percentile Target	Performance	Median waiting time Target	Performance
Admitted	>90%	90.1%	< 23.0	22.6	<11.1	13.1
Non-Admitted	>95%	96.6%	<18.3	17.3	<6.6	5.0
Incomplete pathways *	N/A	N/A	<28.0	44.6	<7.2	11.1

The backlog of 18 week patients at the end of September had reduced to 308. Whilst this is in line with the agreed recovery plan steps are being taken to reduce the backlog to a figure of approximately 170. This has been identified locally by the RUH as a more sustainable position which will ensure that the RUH is able to ensure that all patients can be treated in line with the NHS Constitution guarantee.

Performance for Incomplete Pathways has worsened since the implementation of Millennium, the RUH new patient administration system (PAS), which went live in July 2011. However, this is a result of data quality issues with the new reporting system and not a true reflection of poor performance. Reported figures for the last three months are shown in the table below;

	Jun-11	Aug-11	Sept-11
Incomplete pathways	12,013	28,881	34,725
<i>Of which: &gt;52 weeks</i>	11	1,173	1,481
Incomplete 95 <sup>th</sup> Percentile	21.7	38.7	44.6

A step change in the number of incomplete pathways was expected as a result of the new system as it provides a much more accurate method for tracking patients on their 18 week pathway. As with other sites that have gone live with Millennium, migration of information from one system to another has created a number of data quality issues that has worsened the reported position although this is not believed to be a genuine deterioration in performance.

The RUH Data Validation Team is in the process of validating all long wait records to ensure the accurate reporting of incomplete pathways on the new system. Work is expected to be completed by end of November 2011 at which time reported performance against this target should improve.

#### **4. Next Steps**

As stated above, further work is taking place to ensure that the backlog of waiting list activity is reduced further during the coming months and that performance against the admitted and non-admitted targets is sustained.

Consistent delivery of waiting times within 18 weeks requires short outpatient waiting times, short diagnostic waits and streamlined pathways. Therefore, a number of projects are underway to ensure all steps of the patient pathway are in balance. These include:

- Reducing outpatient waiting times
- Minimising delays for follow up appointments after diagnostics tests
- Ensuring capacity and demand are in balance

The plan is for the RUH to be fully compliant with the NHS Constitution for all but two specialties by the end of March 2011 and by compliant for all specialties by the end of Quarter 1 2012/13.

**APPENDIX 1 – Table 1**

**Number and population of patients treated in less than 18 weeks from referral to treatment for the period 1 July 2011 to 31 July 2011 and Year to Date (admitted pathways)**

<b>Acute NHS Trust /Primary Care Trust</b>	<b>Admitted Performance (%)</b>	<b>Median (Weeks)</b>	<b>95<sup>th</sup> Centile (Weeks)</b>	<b>95<sup>th</sup> Centile Variance On Previous Month (Weeks)</b>	<b>Number of Pathways Waiting Over National 95<sup>th</sup> Centile (23 Weeks)</b>
Royal United Hospital Bath NHS Trust	81.4	13.2	27.3	(0.7)	127
Weston Area Health NHS Trust	91.9	7.4	25	(0.2)	20
Royal Cornwall Hospitals NHS Trust	90.4	11.4	24.9	(4.6)	169
Dorset County Hospital NHS Foundation Trust	90.5	12.8	23.4	(2.5)	67
South Devon Healthcare NHS Foundation Trust	91.4	7.6	22.5	2.7	62
Yeovil District Hospital NHS Foundation Trust	92.1	6.5	22.4	0.1	38
University Hospitals Bristol NHS Foundation Trust	91.9	6.3	21.7	1.1	102
Gloucestershire Hospitals NHS Foundation Trust	89.8	8.5	21.2	0.0	87
North Bristol NHS Trust	91.4	7.9	20.4	0.3	79
Taunton & Somerset NHS Foundation Trust	92.6	6.7	20.3	0.4	65
Salisbury NHS Foundation Trust	93.5	12.1	20	(0.9)	42
Poole Hospital NHS Foundation Trust	93.6	7.2	19.2	0.7	16
Plymouth Hospitals NHS Trust	94.2	6.1	18.9	(0.8)	115
Great Western Hospitals NHS Foundation Trust	94.6	12.3	18.5	0.5	32
Royal Devon and Exeter NHS Foundation Trust	95.1	5.3	18	(2.3)	39
Northern Devon Healthcare NHS Trust	95.1	7.3	17.9	(2.2)	23
The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	95.7	5.3	17.8	0.1	57
NHS Somerset	100	9	14.2	(1.5)	0
NHS Plymouth	100	4	4	2.1	0
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	100	3	3.9	(4.8)	0
NHS Dorset	-	-	-	-	0
NHS Cornwall & Isles of Scilly	-	-	-	-	0
NHS Devon	-	-	-	-	0
<b>TOTAL*</b>	<b>93.2</b>	<b>7.8</b>	<b>20.1</b>	<b>(1.1)</b>	<b>1,155</b>

\*Includes all Organisations Activity Not Just Those Listed

**APPENDIX 1 – Table 2**

**Number and population of patients treated in less than 18 weeks from referral to treatment for the period 1 July 2011 to 31 July 2011 and Year to Date (non admitted pathways)**

<b>Acute NHS Trust /Primary Care Trust</b>	<b>Admitted Performance (%)</b>	<b>Median (Weeks)</b>	<b>95<sup>th</sup> Centile (Weeks)</b>	<b>95<sup>th</sup> Centile Variance On Previous Month (Weeks)</b>	<b>Number of Pathways Waiting Over National 95<sup>th</sup> Centile (23 Weeks)</b>
Royal United Hospital Bath NHS Trust	95.1	5.6	17.8	1.2	118
Weston Area Health NHS Trust	96.0	6.3	17.6	(0.2)	53
Royal Cornwall Hospitals NHS Trust	96.6	5.4	17.4	(0.2)	73
Dorset County Hospital NHS Foundation Trust	96.2	1.6	17.1	0.5	220
South Devon Healthcare NHS Foundation Trust	98.2	5.3	16.8	(0.3)	49
Yeovil District Hospital NHS Foundation Trust	97.5	5.8	16.8	(0.2)	7
University Hospitals Bristol NHS Foundation Trust	98.3	3.7	16.1	0.5	70
Gloucestershire Hospitals NHS Foundation Trust	97.8	6	16.1	0.7	59
North Bristol NHS Trust	97.8	3.3	15.9	0.1	132
Taunton & Somerset NHS Foundation Trust	98.1	5.3	15.7	0.8	102
Salisbury NHS Foundation Trust	100.0	4.3	15.2	2.1	0
Poole Hospital NHS Foundation Trust	97.7	3.3	14.9	0.2	85
Plymouth Hospitals NHS Trust	98.0	1.4	14.1	0.6	128
Great Western Hospitals NHS Foundation Trust	98.2	3.6	13.9	(0.6)	36
Royal Devon and Exeter NHS Foundation Trust	100.0	2	13.9	1.5	0
Northern Devon Healthcare NHS Trust	99.7	3.6	13.8	(0.1)	12
The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	99.2	6.1	13.6	0.9	3
NHS Somerset	98.1	4.1	12.9	0.0	84
NHS Plymouth	98.8	4.3	12.4	(0.2)	77
Royal National Hospital for Rheumatic Diseases NHS Foundation Trust	99.4	2.8	10.8	0.0	12
NHS Dorset	97.9	0.9	9.7	0.5	6
NHS Cornwall & Isles of Scilly	-	-	-	-	0
NHS Devon	-	-	-	-	0
<b>TOTAL*</b>	<b>98.0</b>		<b>15.4</b>	<b>0.5</b>	<b>1,350</b>

\*Includes all Organisations Activity Not Just Those Listed