



North West London Cardiac Network

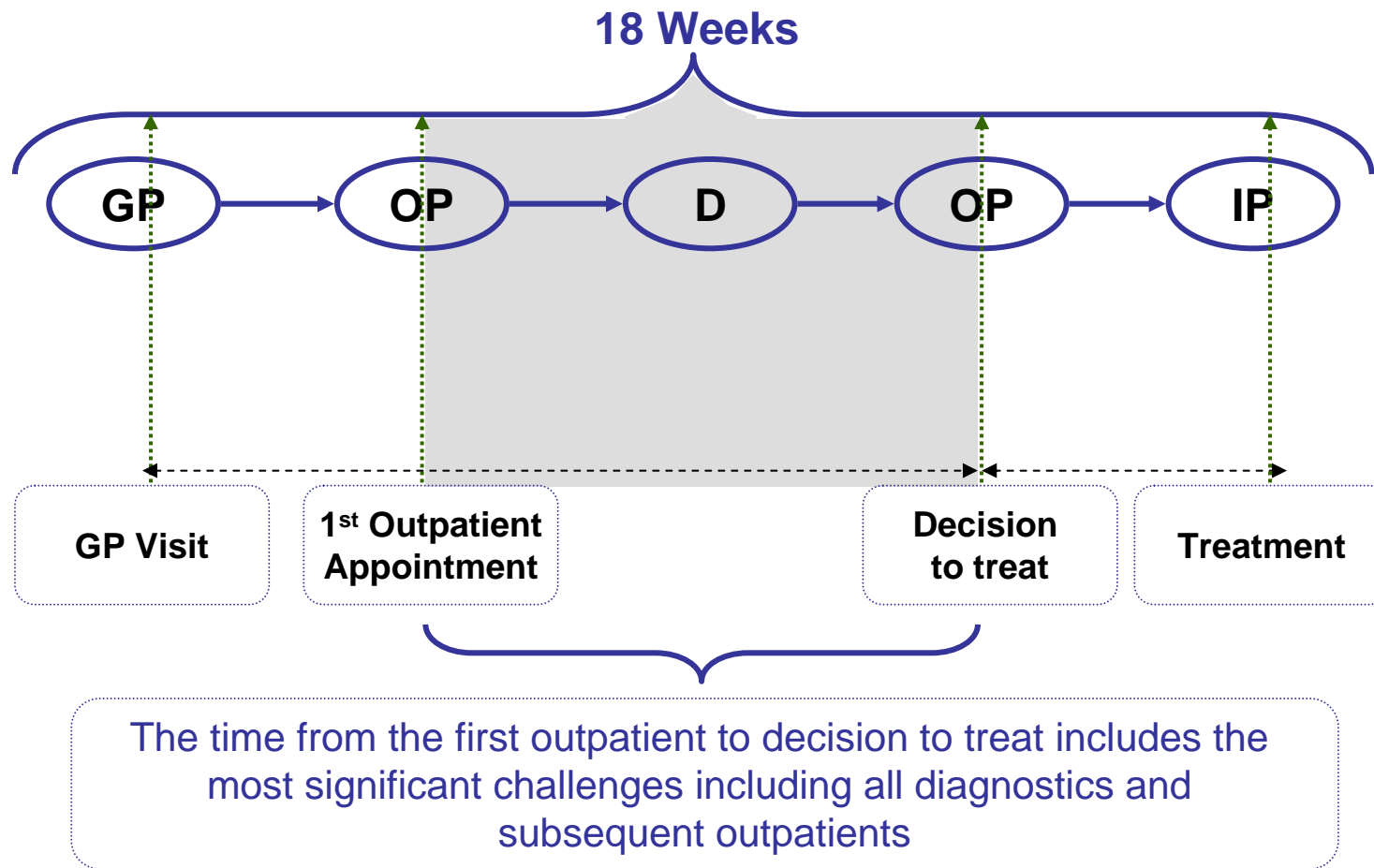
# 18 Weeks Update - NW Sector London, NWLCN

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Delivering the 18 week patient pathway

# Target: 18 Weeks Pathway - RTT



# The challenge of 18 weeks

**Long average waits** and long clearance times within Cardiology and diagnostic tests - [echocardiography](#)

**Shifting the focus** from stages of treatment to the entire patient pathway - this involves shifting mindsets and behaviours to change the way patients are managed

Additional **activity required to reduce waits** to 18 weeks specifically in outpatients, ECHO Clinics, which may impact on inpatients. Finding cost-effective solutions for these is critical

Patients on complex pathways but who are not specially managed present the greatest challenge. Medical pathways have a greater percentage of patients in this category than surgical pathways

# Work to date: 18 weeks

Assessment of NWL 8 acute Trusts took place 2005/2006. PDSA agreed with each trust and implementation of the projects being undertaken since August 2006.

The 18 week pathway will ensure that by December 2008, no one waits more than 18 weeks from referral to hospital treatment – NWL actively working towards **< 13 weeks wait** for ECHO and other Diagnostics & **< 11 weeks** for outpatient appt by March 2007

**Choice of Scan** – 20 weeks wait 2006 and <13 weeks wait 2007  
Money follows the patient, Vital to ensure 'Demand and Capacity',  
Reduce DNA rates, Create ways of managing demand - 'One Stop Service'

NWL is currently engaged in ensuring data collection for Referral to Treatment (RTT) is made possible from January 2007 when it becomes Mandatory.

# Timetable to Delivery - 18 weeks

	<u>November/ December 2005</u>	<u>March/April 2006</u>	<u>March/April 2007</u>	<u>March 2008</u>
Out patients Target	13 weeks	13 weeks	11 weeks	5 weeks
In patient Target	6 months (26 weeks)	20 weeks	20 weeks	11 weeks
Choice of Scan - Diagnostics	<u>Phase 1</u> : 26 weeks for MRI or CT or another provider	<u>Phase 2</u> : 20 weeks for ALL diagnostics or another provider	<u>Phase 3</u> : 13 weeks or another provider	6 weeks

RTT -  
18  
weeks  
in  
total

# What is being done to address the risks

- ❖ Validating waiting lists for diagnostic imaging tests (e.g. identify urgent v non-urgent, condense lists, separate planned from diagnostic, clarify policy on full partial booking, clock start & stop, capture patient details)
- ❖ Share results such as falling waiting list with staff (celebrate success)
- ❖ Analyse equipment, workforce and alternative provider capacity and prioritise resources (e.g. extending day and weekend scanning sessions, reviewing staff working practices, extending/redesigning job roles)

## Phase 3 Choice of scan:

To go live 30<sup>th</sup> April 2007

### Secondary to Tertiary Care as an option for alternative provider:

Clock starts when GP makes the referral and responsibility lies with the originating provider for managing waiting times

### Referrals to Tertiary Care for specialist test:

Referral from secondary to tertiary care **without delay\*** (without accepting on to their waiting list) would need to be sent. Clock starts at GP referral and the Tertiary care Trust becomes responsible for managing waiting time

\* Local agreement

### Referring Patient to Tertiary Trust for further specialist test:

A new clock starts at referral to Tertiary care Trust and they are responsible for managing the waiting times.

# Managing diagnostic imaging waiting lists

- ❖ NHS Trusts are responsible for identifying patients to be offered the choice of an alternative provider
- ❖ Originating Trusts remain responsible for a patient's waiting time throughout the process
- ❖ Money follows the patient between providers
- ❖ Trusts will need systems in place to identify patients to be offered Choice of Scan. Such systems are also required for the new diagnostics data collection (introduced Jan 2006) and the bi-annual census (Feb 2006)
- ❖ The same principles regarding rules and definitions for the data diagnostics collection will apply for Choice of Scan

For Cardiology Examples Use Rapport -

- [www.wise.nhs.uk](http://www.wise.nhs.uk) [select clinical themes then heart disease]

# Top tips for implementing RTT measurement from the pioneers

## **Plan for implementation**

Concentrate on the full process

Involve the people with the operational / clinical knowledge

- Don't underestimate clinical interest.

Identify clinical champions - CEO/Ops Director leadership and visible support

## **Clinic outcome sheets**

Use existing examples - include a clinic summary. Link to what you already have.

Do it once, do it well. Keep modifications to a minimum; don't start from scratch - use the pioneers experience.

Make sure you have agreement with clinicians.

No need to re-invent the wheel - 'adopt and adapt' - be flexible to allow for local adaptation.

## Changes to PAS (or alternate system solution)

Manage real time. Support outpatient staff.

Make sure future PAS has episode linkage - OP, IP, diagnostics and other local systems, Choose and Book and ICATS or community PAS

Check on current PAS functionality with local supplier. Adapt existing fields where possible.

Involve PAS supplier early (involve them in your project group). Be sure you understand what you need from PAS, make sure any new PAS system can deliver this.

## DH reporting

Make sure you understand what you are being asked to submit and make sure your information systems can provide it.

Don't underestimate how difficult it is / time consuming (including technical issues) to record the data, it needs proper resources.

Allow time and resource. Use information and data locally with clinicians as well as reporting upwards.

## **Communications**

Identify clinical buy in and leads. Unable to do this without clinical involvement. It is a clinical decision that is being captured!

Start early involving stakeholders to raise awareness. Use existing forums, networks, staff bulletins, meetings etc

## **Overall key message for implementing RTT measurement**

Don't underestimate the workload

Get on with it as soon as possible; don't wait for answers to all the questions because for some there aren't any!

Do not underestimate the challenge! You should have started already.

Start now! Do not underestimate the resources and infrastructure; be realistic about what and by when.

# Next Steps

- RTT data collection framework – Jan 07
- **Phase 3** – Choice of Scan - from 30 April 2007, patients waiting for imaging scans who do not have an appointment within 13 weeks will be offered the choice of having their scan at another provider within a maximum of 13 weeks.
- Spread of local good work achieving desirable outcomes
- Pilots rolled out – sustainability
- NWL Strategy group:
  - to agree secondary to tertiary care protocol
  - Share good practice, common challenges, queries, results

**Thank you**

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