

# AHPs and achieving the 18 week waiting time target

In June 2004 the NHS Improvement Plan outlined one of the most significant reform targets in the history of the NHS that requires us to shift the focus from individual stages of treatment to the entire patient pathway:

**“By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment”.**

Delivering an 18 week patient pathway requires **system reform** across organisational and professional boundaries and improvements in all aspects of the care pathway to enable reductions in the overall waiting

times and ultimately to improve patient experience of the services.

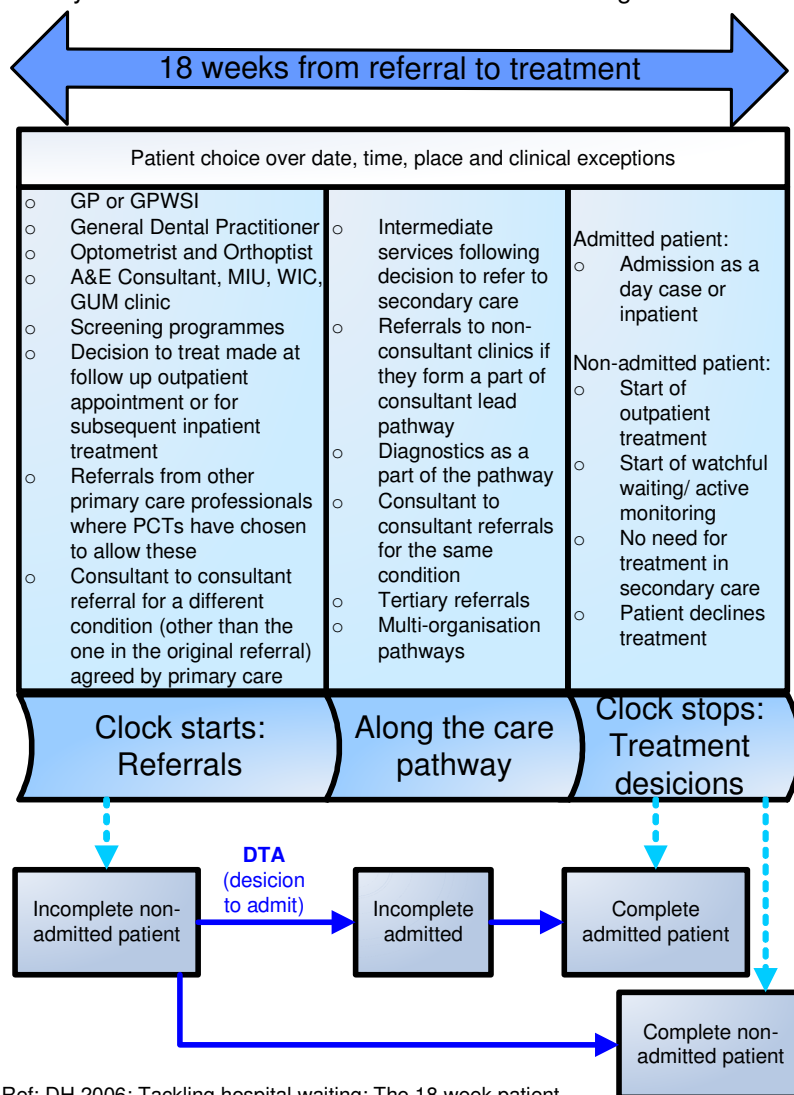
This briefing note on achieving the 18 week waiting time is written for healthcare professionals delivering change at the front line, particularly focusing on the role of allied health professionals (AHPs) in achieving the Government target. The Access Partnership is working with the Department of Health (DH) to better understand the role and contribution that AHPs can make in delivering the 18 week waiting time target.

## What is meant by the 18 week waiting time target?

The 18 week patient pathway means that the patient waits for a maximum of 18 weeks from **referral for hospital treatment to the start of treatment**. This includes all the stages that lead up to treatment, including outpatient consultations, therapy assessments, diagnostic tests and procedures if they form a part of consultant lead pathway.

For most patients, the start of the referral to treatment time period begins when their GP refers them to a consultant in secondary care. **The clock starts** when the patient makes an appointment for their first outpatient attendance or assessment either in a clinician's practice, through the Choose and Book Appointments Line or when the referral letter is received by the secondary care provider.

**The clock stops** at the start of first definitive treatment. First definitive treatment can be described as the first treatment intended to manage a person's disease, condition or injury. The clock stops if treatment that has started is *intended to avoid further intervention*. If the treatment is part of an agreed pathway, the clock does not stop.



Ref: DH 2006: Tackling hospital waiting: The 18 week patient pathway and Duncan Selbie's letter (Gateway 7328) Annex A

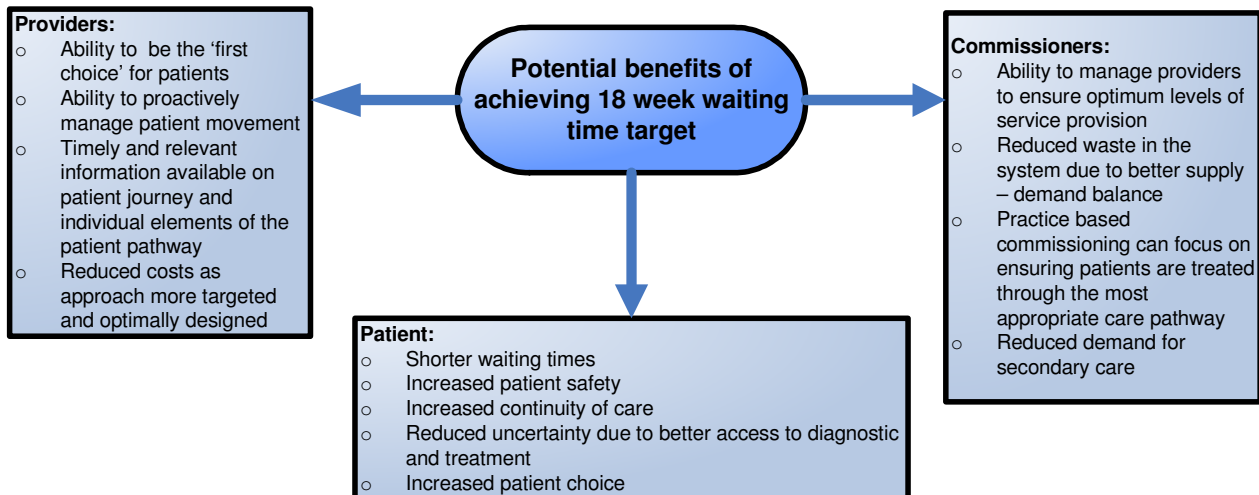
## What do we mean by measuring referral to treatment times (RTTs)?

- ✓ From January 2007 NHS organisations need to be able to produce prospective information on all 18 week pathway patients to track waiting times. The data will be collected online via Unify (the DH's online data collection tool).
- ✓ Referral to treatment pathways can be categorised as admitted or non-admitted, complete or incomplete.
- ✓ All pathways start as non-admitted pathways, but some of those pathways convert to admitted pathways upon a decision to admit for treatment, rather than diagnosis (as some diagnostic procedures require admission).
- ✓ All pathways that have not stopped and have not had a decision to admit for inpatient/day case treatment should be counted as incomplete non-admitted pathways.
- ✓ Admitted pathways end with an ordinary inpatient or day case admission for a first definitive treatment. Complete non-admitted pathways are those that have had the clock stopped as outlined in the figure above.

### Did you know that?

- ✓ A practical **guide to support delivery and transformation in orthopaedics** is now available on the 18W website. - <http://www.18weeks.nhs.uk/Content.aspx?path=/>
- ✓ **Release** of Notification **DSCN 31/2007** for a direct-access (not consultant-led) Audiology RTT collection is available which notifies the service of a new national information standard to support data collection.
- ✓ **RTT monthly data collection moves to Unify2** this month.
- ✓ In November 2006 DH issued further guidance to confirm that by March 2008, 85% of the admitted patients and 90% of non-admitted patients will need to be managed within the 18 week waiting time target.
- ✓ **Self-referrals** such as referrals to GUM clinics and **referrals to non-consultant clinics** such as nurse consultants and allied health professionals **are not covered** under less than 18 weeks **unless they form part of a consultant led hospital pathway**, e.g if a consultant decides that the definitive treatment for a patient is physiotherapy the clock stops and if the consultant decides that a therapy assessment should form a part of the pathway before the start of definitive treatment the clock continues.
- ✓ Some diagnostic tests/procedures may require an inpatient/ day case admission. If this is the only procedure carried out on the patient during their admission, then the 18 week clock should not be stopped.
- ✓ Any NHS organisation that provides services that fall within the scope of 18 weeks should complete a provider RTT return. All PCT's must submit a commissioner RTT return that covers all activity for which the PCT is financially responsible, regardless of whom it is commissioned from. If a patient is referred from one provider to another, the provider trust who holds current clinical responsibility for the patient should report the RTT time.

### What are the benefits of achieving the waiting time target?



### Can we help?

The Access Partnership has worked with many services to successfully take a fresh look at the way services are provided, leading to significant improvements in reducing unnecessary waiting leading to a positive effect on client satisfaction and staff morale and team working.

For more information about our work please see our case studies and examples of other work undertaken on this website!

[www.accesspartnership.co.uk](http://www.accesspartnership.co.uk)