About this Release
This statistics release details the monthly summary of 18 Weeks Referral To Treatment statistics (includes data to 31 March 2011).

Key Points
- In March 2011 85.2% of patients on an 18 Weeks Referral To Treatment (18 Weeks RTT) pathway were reported as being seen within 18 weeks. The figures for January and February 2011 were 82.1% and 83.7%, respectively.
- To be able to report the 18 Weeks RTT waiting time it is necessary for NHS Boards to link the patient's 'clock start' to the 'clock stop'. Hospital information systems are being upgraded to provide high levels of linkage. Performance against the 18 Weeks RTT target should be interpreted in consideration of the level of pathway linkage. In March 2011 pathway linkage was 68.3%.
- This is the first publication of 18 Weeks RTT statistics. These data are still at an early stage of development. NHS Boards are working with ISD and Scottish Government to improve the consistency and completeness of these data. This target is due to be delivered from 31 December 2011.

Background
Better Health Better Care which was published in December 2007 set out a commitment: "18 week Referral To Treatment (RTT) standard will address the whole patient care pathway, from receipt of a GP referral, up to the point at which each patient is actually admitted to hospital for treatment".

The 18 Weeks Referral to Treatment (18 weeks RTT) target builds on previous waiting time targets which set maximum waiting times for stages of treatment, for first outpatient consultation, diagnostic tests and for inpatient and day case treatment. 18 weeks RTT focuses on the entire patient pathway from referral to treatment, including for the first time treatment undertaken in an outpatient setting and promotes a holistic approach to providing clinically effective, safe and efficient care in a timely manner. This target is due to be delivered from 31 December 2011.
Defining where a patient's journey begins and ends (i.e. 'clock start' and 'clock stop') is critical to its measurement. Definitions and guidance for 18wks RTT have been developed to help ensure that each patient’s Referral To Treatment clock starts and stops fairly and consistently.

The responsibility for delivering the 18 Weeks RTT target is the NHS Board who receives the initial referral to secondary care as this Board will be responsible for agreeing with the patient and relevant clinicians the most appropriate pathway of care. In some cases patients may be initially referred to one NHS Board and then have an onward referral to another NHS Board for treatment. Due to the system constraints in linking pathways as mentioned above, this first publication is based on NHS Board of Treatment.

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**Further Information**

Further information can be found in the [Full Publication Report](#) or on the [ISD website](#).

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