

Publication Report



18 Weeks Referral To Treatment

Quarter ending 30 June 2012

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Introduction

Better Health Better Care which was published in December 2007 set out a commitment: "the 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 journey from the initial referral to the start of 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.

The responsibility for delivering the 18 Weeks RTT target lies with the NHS Board who receives the initial referral, 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 constraints in current hospital information systems in linking all stages of a patient's journey to measure their waiting time as mentioned above, these statistics are presented by NHS Board of Treatment, the NHS Board in which the patient's treatment was started. NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection

The Scottish Government has determined that the 18 Weeks RTT target should be delivered for at least 90% of patients. This target allows, for example, the relatively small proportion of cases where it is not clinically appropriate for the patient to be seen and treated within 18 weeks and also to take account of any exceptional increase in demand for secondary care services.

Key points

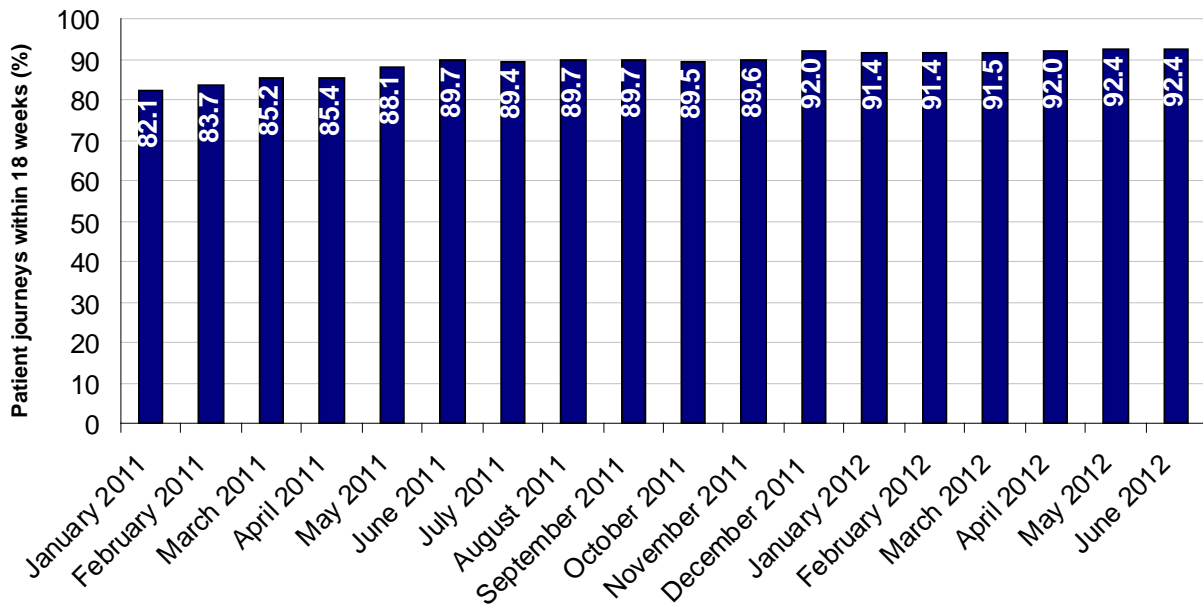
- In June 2012, 92.4% of patient journeys for which an 18 Weeks Referral To Treatment (18 Weeks RTT) waiting time could be measured were reported as being within 18 weeks. The figures for April and May 2012 were 92.0% and 92.4%, respectively.
- In June 2012, a total of 109,984 patient journeys eligible under the 18 Weeks RTT target were identified. The waiting time could be measured for 100,106 of these patients (91.0%). It was not possible to calculate the waiting time fully for 9,878 patients. NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection.
- This target was due to be delivered from 31 December 2011. This target should be delivered for 90% of patients, allowing for example, the small proportion of cases where it is not clinically appropriate for the patient to be seen and treated within 18 weeks and also to take account of any exceptional increase in demand for secondary care services.

Results and Commentary

This is the sixth publication of NHS Scotland’s progress towards the 18 Weeks RTT target for the period from January 2011 to June 2012. These data are still under development. NHS Boards are actively working with ISD and Scottish Government to improve the consistency and completeness of these data. NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection.

Chart 1 and Table 1 show the percentage of patient journeys for which an 18 Weeks RTT waiting time could be measured that were within 18 weeks. In June 2012, 92.4% of patient journeys where the journey could be fully measured were within 18 weeks. The figures for April and May 2012 were 92.0% and 92.4% respectively.

Chart 1: NHS Scotland. Patient journeys within 18 weeks, January 2011 to June 2012



To be able to calculate a patient's waiting time it is necessary for NHS Boards to link all stages of the patient's journey from the initial referral to the start of treatment. In June 2012 a total of 109,984 patient journeys eligible under the 18 Weeks RTT target were identified. The waiting time could be measured fully for 100,106 of these patient journeys (91.0%). See Table 1. It was not possible to calculate the waiting time fully for 9,878 patient journeys.

Table 1: NHS Scotland. Patient journeys within 18 weeks and patient journeys that could be fully measured, for January 2011 to June 2012

Month	Patient journeys within 18 weeks (%)	Number of patient journeys within 18 weeks	Number of patient journeys over 18 weeks	Patient journeys that could be fully measured (%)
January 2011	82.1	77,353	16,857	69.1
February 2011	83.7	76,471	14,874	70.8
March 2011	85.2	90,714	15,795	68.3
April 2011	85.4	69,967	11,994	70.4
May 2011	88.1	86,434	11,658	73.8
June 2011	89.7	90,844	10,477	74.7
July 2011	89.4	74,014	8,775	76.7
August 2011	89.7	91,862	10,601	78.4
September 2011	89.7	86,213	9,910	81.3
October 2011	89.4	84,687	10,017	83.9
November 2011	89.6	95,437	11,100	85.4
December 2011	92.0	89,478	7,770	87.5
January 2012	91.4	95,300	8,950	88.4
February 2012	91.4	97,694	9,238	90.0
March 2012	91.5	101,846	9,419	90.5
April 2012	92.0	88,073	7,623	90.7
May 2012	92.4	103,214	8,484	90.9
June 2012	92.4	92,518	7,588	91.0

The number of patient journeys within 18 weeks and the percentage of patient journeys that could be fully measured by NHS Board is shown in [Table 2](#).

Glossary

Patient journey: A patients 18 Weeks RTT journey begins with the receipt of referral for treatment and ends with the start of treatment.

Patient journeys that could be fully measured: Those patient journeys where it has been possible for the NHS Board treating the patient to link all stages of the patient's journey from the initial referral to the start of treatment.

NHS Board of Treatment: The NHS Board in which treatment starts.

Number of patient journeys within 18 weeks: The number of patient journeys where the start of treatment was within 18 weeks (126 days or less) of the initial referral, minus any periods of patient unavailability.

Number of patient journeys over 18 weeks: The number of patient journeys where the start of treatment was over 18 weeks (126 days) from the initial referral, minus any periods of patient unavailability.

Patient unavailability: Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons.

Unique Care Pathway Number (UCPN): A unique number allocated to all new referrals, to enable identification of patient journeys and the linking of all the stages in the patient journey.

List of Tables

Table No.	Name	Time period	File & size
2	18 Weeks RTT Performance and Linkage by NHS Board	Jan 2011 to Jun 2012	Excel [81kb]

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Further Information

Further information can be found on the [ISD website](#)

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Appendix

A1 – Background Information

Better Health Better Care which was published in December 2007 set out a commitment: "the 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 journey from the initial referral to the start of 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.

Further detail about NHS Scotland targets can be found at the Scottish Government's Scotland Performs [website](#).

The responsibility for delivering the 18 Weeks RTT target lies with the NHS Board who receives the initial referral, 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 constraints in current hospital information systems in linking all stages of a patient's journey to measure their waiting time as mentioned above, these statistics are presented on NHS Board of Treatment, the NHS Board where the patient's treatment was started. NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection

Definitions and guidance for 18 Weeks RTT have been developed to help ensure that each patient's journey is measured fairly and consistently.

The Unique Care Pathway Number (UCPN) is being rolled out in IT systems over Scotland to identify individual patient journeys, along with codes for outcomes following clinical consultations (Clinic Outcome Code recording, COCR). A UCPN is a unique number that should be allocated to all new referrals and will identify patient journeys in and across NHS Boards. COCR indicates the 'status' of a patient's journey after every outpatient appointment, i.e. whether treatment has started or not. UCPN and COCR will facilitate the linking of all stages of the patient's journey and the measurement of the 18 Weeks RTT waiting time. NHS Boards are at various stages of implementing these.

Some caution should be exercised in using and interpreting these data at this developmental stage. Until the linking together of all stages of a patient's journey is improved through the upgrades to hospital information systems and the use of UCPN and COCR, these data should be considered provisional and data quality notes should be taken in to consideration.

The Scottish Government had determined that this target should be delivered for 90% of patients. This target allows for example, the small proportion of cases where it is not

clinically appropriate for the patient to be seen and treated within 18 weeks and also to take account of any exceptional increase in demand for secondary care services.

As the data returned to ISD is not at individual patient level, derivation of the figures and data accuracy is a matter for individual NHS Boards and whilst it is not possible for ISD to fully validate the underlying data, ISD are developing and refining methods to compare reported data levels to previous management information and to other ISD data sources. NHS Boards are working with ISD and Scottish Government to update systems in order to further improve whole pathway information capture to support the measuring and reporting against the 18 Weeks RTT target.

Prior to publication the data for each NHS Board is verified and signed off by the Chief Executive. Quality questions are asked of the data and the summary of the responses to these can be found in the data quality section.

A2 – Data quality

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. 18 weeks RTT focuses on the entire patient journey from the initial referral to the start of treatment.

NHS Boards continue to work closely with the Scottish Government and ISD to update IT and other systems in order to continue to improve the linking of all stages of a patient's journey to support the measuring and reporting against the 18 Weeks RTT target.

While IT systems are being updated to capture information enabling measurement of the whole patient journey, NHS Boards are using a standard methodology, linking on CHI and Specialty, as per National guidance for linking patient journeys. The Unique Care Pathway Number (UCPN) is being rolled out in IT systems over Scotland to identify individual patient pathways of care, along with codes for outcomes following clinical consultations (Clinic Outcome Code recording, COCR). Both these developments will help enable the linking stages of the patient's journey. NHS Boards are at various stages of implementing these and are adjusting the standard methodology in order to improve the data collection.

NHS Boards also report that action plans are in place to address the capture of information relating to the stages of a patient's journey taking place in sites where the main IT system is not in use, in return outpatient clinics and when the journey starts outwith the Board of treatment.

Some caution should be exercised in using and interpreting these data while hospital information systems are being developed. Until the linking together of all stages of a patient's journey is improved through the upgrades to hospital information systems and the use of UCPN and COCR, these data should be considered provisional and data quality notes should be taken in to consideration.

Detailed below is specific data quality information for each NHS Board and progress with updates to hospital information systems to capture information enabling measurement of the whole patient journey.

The application of 'patient unavailability' is subject to formal audits within all NHS Boards, and these are due to report later in the year. ISD will fully cooperate with the auditing bodies and NHS Boards and ensure any implications for the interpretation of official statistics publications are appropriately communicated.

NHS Ayrshire & Arran

The linking of patient journeys is achieved by linking CHI and Specialty and looking back 12 months from the clock stop to find the clock start. Work is continuing to monitor patient journeys using Trakcare. The 18 week and UCPN will be implemented later this year.

NHS Borders

The linking of patient journeys is mainly achieved by using UCPN to link clock starts to clock stops for outpatient and Inpatient or Daycases. The remaining unlinked specialties are linked using CHI and Specialty. Work is ongoing to develop the diagnostic IT system (RIS).

NHS Dumfries & Galloway

The linking of patient journeys is mainly achieved by using UCPN to link clock starts to clock stops for outpatient and Inpatient or Daycases. The remaining unlinked specialties are linked using CHI and Specialty.

NHS Fife

The linking of patient journeys is mainly achieved by using Aridhia patient tracking system that automatically links the stages of a patients journey in real time. Workshops are being organised to raise the awareness of UCPN, which will be going live this summer. Dataset requirements have been agree with NHS Tayside, onward referral sharing will be operational this autumn.

NHS Forth Valley

NHS use UCPN to link patient pathways across the different patient management systems for Outpatients and Inpatient/Daycase. Work is ongoing to improve the linkage of patient journey's that occur out with the main hospital systems.

NHS Grampian

The linking of patient journeys is mainly achieved by the Patient Tracking system in PMS. The remaining unlinked specialties are linked using CHI and Specialty. Work is ongoing to improve processes and increase patient journey linkage. Work is still ongoing with Trakcare to be able to process and report onwards referrals.

NHS Greater Glasgow & Clyde

The linking of patient journeys is mainly achieved by using UCPN to link clock starts to clock stops. The remaining unlinked specialties are linked using CHI and Specialty. Initiatives are being undertaken to ensure comprehensive coverage of UCPN for patients on an admitted pathway. Work is ongoing with NHS Lanarkshire to share onward referral data.

NHS Highland

The linking of patient journeys is mainly achieved by the Patient Tracking system in PMS. The remaining unlinked specialties are linked using CHI and Specialty. Work is ongoing with NHS Western Isles to share onwards referrals.

NHS Lanarkshire

NHS Lanarkshire achieve automatic linkage using CHI and Specialty/Sub-Specialty. Work is ongoing to further improve systematic linkage of a patient's journeys.

NHS Lothian

An update to the patient management system is being rolled out that will enable UCPN to be assigned to new referrals and allow the systematic linking of patient journeys. This new functionality is in place for one main treatment area and roll out will continue across other treatment areas throughout 2012. While IT systems are developed to automatically link all stages of a patient's journey, NHS Lothian achieve linking by populating all stages with 'Initial referral date' together with additional matching on CHI and Specialty. Work is continuing to improve the linking of a patient's journey when stages are outwith the main hospital systems, such as patient journeys ending in diagnostics or Dental services, which are not currently collected and included. Dental services are not yet reported.

Users of this publication should be aware that some historical figures for NHS Lothian which relate to levels of attainment of the waiting times standard and levels of patient unavailability are now known to be inaccurate. Further information can be found in [this report](#).

NHS Orkney

Patient journeys are linking using a patient management system that assigns UCPN to new referrals.

NHS Shetland

NHS Shetland have a patient management system that assigns UCPN to new referrals and allows the systematic linking of patient journeys. Where UCPN linking is not possible individual patient journeys are manually linked.

NHS Tayside

NHS Tayside have a system for tracking patients and linking a patient’s journey in real time. Changes have been made to their patient tracking and management system, resulting an improvement in linking patient journeys.

NHS Western Isles

NHS Western Isles use a patient management system that allows systematic linkage of patient journeys by assigning UCPN to new referrals. Patient journeys are manually linked when UCPN linkage is not possible.

NHS National Waiting Times Centre

A combination of changes to SCI Gateway referral process and changes to admin procedures have helped identifying patients on an 18 week RTT pathway, and subsequently improvement the linking of patient journeys.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	18 Weeks Referral To Treatment
Description	Monthly summaries of whole journey waiting times across NHSScotland
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks
Data source(s)	Aggregate returns from individual NHS Boards are submitted monthly to ISD using a defined Excel template. These are derived from local systems and methods of linking whole pathways vary between Boards.
Date that data are acquired	Deadline for data submission is the 24th of each month, though files can be resubmitted up to 1 week before publication where the quality assurance process identifies differences with local figures.
Release date	The last Tuesday of the month for each publication.
Frequency	Quarterly
Timeframe of data and timeliness	From 1st January 2011 to date.
Continuity of data	N/A
Revisions statement	
Revisions relevant to this publication	N/A

Concepts and definitions	http://www.18weeks.scot.nhs.uk/downloads/1274884272-18%2BWeeks%2BThe%2BReferral%2Bto%2BTreatment%2BStandard%2BPrinciples%2B%2526%2BDefinitions%2BIssue%2B2.0%2BJanuary%2B2009.pdf
Relevance and key uses of the statistics	<p>Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times.</p> <p>Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information requests; information support to Boards; health intelligence work; parliamentary questions and HEAT targets.</p>
Accuracy	These data are classified as developmental. ISD receives aggregate data from each NHS Board of Treatment, signed off as accurate by the Chief Executive.
Completeness	
Comparability	The 18 Weeks Standard applies in England and Wales also. Methods of data collection vary, therefore until the data is out of development comparisons should be taken cautiously.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	
Value type and unit of measurement	Count of clock stops over and under 18 weeks, percentage performance against 18 weeks and percentage of clock stops linked to clock starts.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Awaiting assessment by UK Statistics Authority.
UK Statistics Authority Assessment	Developmental data. Not yet undergone assessment by UK Statistics Authority.
Last published	Tuesday 28 February 2012
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A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).