

# Publication Report



## **18 Weeks Referral To Treatment**

**Quarter ending 30 June 2013**

**Publication - 27 August 2013**

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## Introduction

Waiting times are important to patients and are a measure of how the NHS is responding to demand for services. Measuring and regular reporting of waiting times highlight where there are delays in the system and enables monitoring of the effectiveness of NHS Scotland's performance. Information Services Division (ISD) Scotland continues to be committed to improving the information on waiting times along with our key stakeholders, the NHS Boards and the Scottish Government.

The 18 Weeks Referral to Treatment (RTT) standard is different from previous and other wait time targets. It does not focus on a single stage of treatment, e.g. the time from referral to first outpatient appointment, or the time from being added to the waiting list until treatment starts; the 18 weeks standard applies to the whole pathway from a referral up to the point where each patient is actually treated.

18 Weeks RTT Standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks. This percentage 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.

ISD receives aggregate 18 weeks RTT data from each NHS Board and so patient-level information can not be systematically validated by ISD. The derivation of the figures and data accuracy is carried out by individual NHS Boards in collaboration with ISD. Further information can be found in the [Data Quality](#) section of this report.

For further information on this data and detail on UK comparison please refer to the [Background Information](#) of this report.

## Key points

- In June 2013, 91.6% of patients whose 18 Weeks RTT journey could be measured were reported as being within 18 weeks, the figures for April and May are 90.0% and 90.6% respectively.
- In June 2013, a total of 108,180 patient journeys eligible under the 18 Weeks RTT Standard were identified. The waiting time could be measured for 98,887 of these patients (91.4%). It was not possible to calculate the waiting time fully for 9,293 patients.
- NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection.
- The Scottish Government has determined the 18 Weeks RTT Standard has to be delivered for at least 90.0% of patients in NHS Scotland.

## Results and Commentary

This is the ninth publication by ISD on NHS Scotland’s progress towards the 18 weeks RTT standard from the period January 2011 to June 2013. NHS Boards provide an aggregate return at specialty level; these data are termed as under development until patient level data can be extracted from the national waiting times warehouse. Currently the national waiting times warehouse is being developed to accommodate changes to the Stage of Treatment guidance and standards (including the introduction of the Treatment Time Guarantee). ISD and NHS Boards are currently investigating ways to improve the process and ultimately allow NHS Boards to submit 18 weeks RTT patient level data. These updates could potentially decrease the workloads on NHS Boards and ISD as well as increased accuracy.

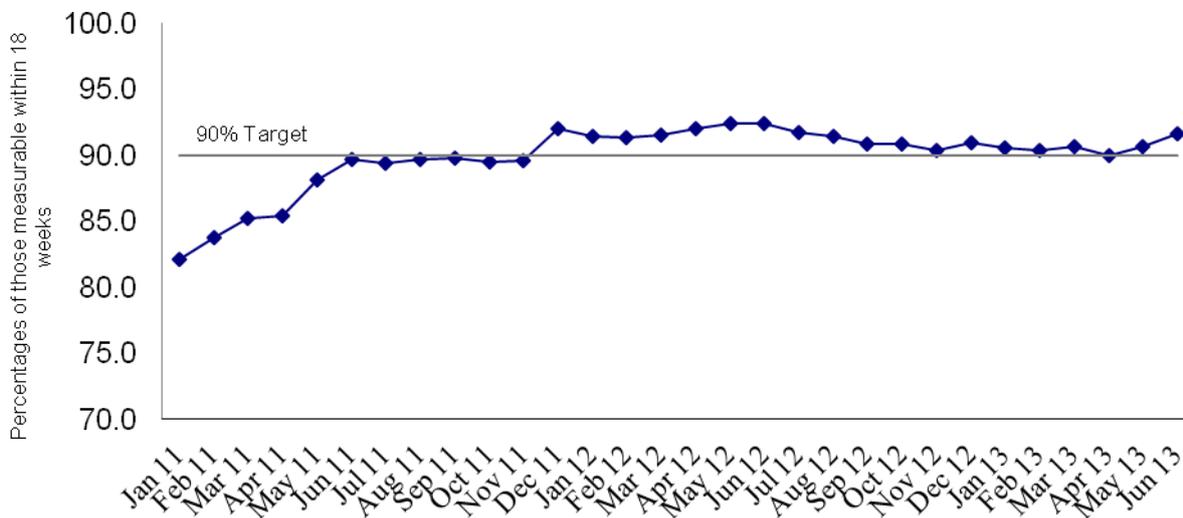
The use of Unique Care Pathway Numbers (UCPN) is being rolled out by NHS Boards to link stages of the patient’s journey which allows determination the wait is being. This process can be difficult as patients may be seen in different hospitals of the same NHS Board or could even be treated in a different NHS Board. Clinical Outcome Code Recording (COCR) is also used with UCPN to determine the stages of the patient’s journey. COCR indicates the status of the patient journey after every outpatient appointment.

NHS Boards are actively working with ISD and the 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.

## Performance

In June 2013, 91.6% of patient journeys, where the journey could be fully measured, were within 18 weeks. The figures for April and May 2013 were 90.0% and 90.6% respectively. Chart 1 shows the percentages of patients whose journey could be fully measured that were within 18 weeks across NHS Scotland, i.e. showing the percentages of patients whose journey was fully linked and how that percentage compares against the 90.0% standard.

**Chart 1: Percentage of patients whose journey could be fully measured that were within 18 weeks across NHS Scotland.**



Since December 2011, NHS Scotland's performance has been consistently on or above 90.0% for patients who could be fully measured.

In June 2013, for the patient journeys which could be fully measured the majority of NHS Boards have achieved 90.0% within 18 weeks, with exception of NHS Forth Valley, NHS Lothian and NHS Shetland for June 2013. Comparable information by NHS Board, for June 2012 to June 2013 is given in [Chart 1a](#).

## Linkage

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 2013, a total of 108,180 patient journeys eligible under the 18 Weeks RTT Standard were identified. The waiting time could be measured fully for 98,887 of these patient journeys (91.4%). See Table 1. It was not possible to calculate the waiting time fully for 9,293 patient journeys.

Table 1: NHS Scotland. Patient journeys within 18 weeks and patient journeys that could be fully measured, for April 2013 to June 2013

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 (%)	Number of unknown waits
April 2013	90.0	93,337	10,373	92.2	8,756
May 2013	90.6	98,723	10,186	92.1	9,344
June 2013	91.6	90,545	8,342	91.4	9,293

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

Linkage has been improving across NHS Scotland however during the most recent quarter there has been a slight decrease. ISD and NHS Boards are constantly working towards improving this. In June 2013, 8.6% of patient journeys eligible under the 18 weeks RTT standard could not be fully measured. Therefore the performance is based on 91.4% of all identified patients.

NHS boards have implemented individual action plans to improve their linkage. In some cases it may not be possible to fully link pathway due to complexities, tertiary treatments and multiple pathways at the same time. For three NHS Boards, all reported eligible 18 weeks RTT patients can be fully measured; NHS Forth Valley, NHS Lanarkshire, and NHS Shetland.

## Glossary

**Patient journey:** A patient's 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 patient advised 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.

**Clinical Outcome Code Recording (COCR):** COCR indicates the status of the patient journey after every Outpatient appointment.

## List of Tables

Table No.	Name	Time period	File & size
1a	<a href="#">NHS Board Performance</a>	June 2012- June 2013	Excel [45KB]
2	<a href="#">18 Weeks RTT Performance and Linkage by NHS Board</a>	January 2011 – June 2013	Excel [73KB]

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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 by the Scottish Government in December 2007 which 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) Standard 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/standards can be found at the Scottish Government's Scotland Performs [website](#).

The responsibility for delivering the 18 Weeks RTT Standard lies with the NHS Board who receives the initial referral, as this NHS 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.

Aggregate data submitted to ISD is not at patient level, the derivation of these data and their accuracy is a matter for individual NHS Boards. Whilst it is not possible for ISD to fully validate the underlying data, ISD are developing and refining methods to compare the

submitted data to data previously reported for management information purposes and to other ISD data sources. NHS Boards are working with ISD and the Scottish Government to update systems in order to further improve the whole pathway information capture and data submission to support the measuring and reporting against the 18 Weeks RTT Standard. A group of representative from NHS Boards, Scottish Government and ISD meet on a regular basis to look at new ways to improve data submission and ease the burden on the NHS Boards workloads.

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

Other uses of the data, post publication, include information requests for a variety of customers, e.g. research charities; public companies; freedom of information requests; information support to NHS Boards; health intelligence work; parliamentary questions and HEAT standards.

#### UK Comparisons

Other parts of the UK also have targets for referral to treatment pathway however there are differences in how the time period is calculated and different lengths of targets, further details on other UK targets are found on their website; [NHS England](#) , [NHS Wales](#) and [Health and Social Care in Northern Ireland](#).

Referrals to the following services or some specific procedures are currently excluded and therefore do not trigger clock starts:

- Direct referrals to Allied Health Professionals (AHP's). However, AHP's may deliver services that are part of the overall waiting time standard e.g. as part of a consultant led service;
- Assisted conception services;
- Dental treatment provided by undergraduate dental students;
- Designated national specialist service for Scoliosis;
- Direct access referrals to Diagnostics services where the referral is not part of a 'straight to Test' referral pathway as there is no transfer of clinical responsibility to the consultant-led team;
- Exceptional Aesthetic Procedures which have been specifically excluded in the CEL 27 (2011) Adult Exception Aesthetic Referral Protocol;
- Homoeopathy;
- Obstetrics;
- Organ and Tissues transplant;
- Mental health Services.

For further information on the guidance regarding waiting times please refer to the [Waiting Times Guidance](#) document produced by the Scottish Government.

## **A2 – Data quality**

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 Standard.

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 out with the Board of treatment.

The application of 'patient unavailability' was subject to formal audits within all NHS Boards. The reports and further information can be found on [Audit Scotland website](#).

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.

### **NHS Ayrshire & Arran**

NHS Ayrshire & Arran linkage is achieved by linking CHI and Specialty and looking back 12 months from the clock stop to find the clock start. Monitoring patient journeys via Trakcare is ongoing.

### **NHS Borders**

NHS Borders have a patient management system, Trakcare, achieving linkage through using UCPN to link clock stops and clock starts for Outpatient and Inpatient or Daycases. The remaining unlinked specialities are linked using CHI and Specialty. NHS Borders confirm work is ongoing to develop a system that identifies outcomes out with an Outpatient setting.

### **NHS Dumfries & Galloway**

NHS Dumfries & Galloway have a patient management system, TOPAS, which linkage is achieved using UCPN to link clock stops to clock starts for Outpatients and Inpatient or Daycases. The remaining specialities are linked using CHI and speciality.

### **NHS Fife**

NHS Fife have a patient management system, Aridhia, which automatically links the stages of a patient's journey in real time. Work is ongoing to share onward referrals with NHS Tayside.

### **NHS Forth Valley**

NHS Forth Valley use UCPN to link patient pathways across the different patient management systems, Helix for Outpatients and TOPAS for Inpatient or Daycases. NHS Forth Valley has experienced local data quality issues regarding 18 weeks RTT, work is ongoing to improve this.

### **NHS Grampian**

NHS Grampian achieves linkage through their patient management system Trakcare. The remaining unlinked specialities are linked using CHI and speciality. Work is ongoing improve processes and increase patient journey linkage. NHS Grampian is working with other Health Boards to share onward referrals.

### **NHS Greater Glasgow & Clyde**

NHS Greater Glasgow & Clyde have recently migrated onto a new Patient Management System, Trakcare. 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 continuing to ensure comprehensive coverage of UCPN for patients on an admitted pathway. The move to Trakcare in the North of Glasgow did not allow for pathway information to be transferred electronically and is now being manually transferred. Work is ongoing to share onward referrals with other Health Boards.

### **NHS Highland**

NHS Highland achieves linkage through its patient management system ISoft. NHS Highland anticipates a change in patient management systems to Trakcare late 2013. Work is ongoing with NHS Western Isles to share onward referrals.

### **NHS Lanarkshire**

NHS Lanarkshire achieves automatic linkage using CHI and Specialty/Sub-Specialty. Work is ongoing to further improve systematic linkage of a patient's journeys. Work is also ongoing with NHS Greater Glasgow and Clyde to share onward referral data.

### **NHS Lothian**

An update to the patient management system, Trakcare, is being rolled out that will enable UCPN to be assigned to new referrals and allow the systematic linking of patient journeys. 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 out with 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 linked using a patient management system, TOPAS, which assigns UCPN to new referrals. NHS Orkney does intend to replace their current system with Trakcare in the future. Work is ongoing with NHS Grampian to share onward referral data.

### **NHS Shetland**

NHS Shetland has a patient management system, Helix, which 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. Work is also ongoing with NHS Grampian to share onward referral data.

NHS Shetland reports an issue with the orthodontic service, resulting in an increase in number of patients waiting over 18 weeks. These patients had been recorded locally in the dental management system but had not been recorded in the hospital patient administration system. As a result, NHS Shetland had not identified that this cohort of patients had not been treated within national standard. The orthodontic service is now covered by the hospital system and all patients waiting for orthodontic treatment have been identified. NHS Shetland has arranged a series of orthodontic clinics to work through remaining patients waiting to be seen.

**NHS Tayside**

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

**NHS Western Isles**

NHS Western Isles have a patient management system, TOPAS, which 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 and PDF
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	Quarterly data is comparable. Some caution should be taken when comparing figures as data is still currently developmental.
Revisions statement	No revisions have been made – if a NHS Boards informs ISD of any discrepancies regarding published data then they can revise their data, if this occurs ISD will inform the users of this publication.
Revisions relevant to this publication	If NHS boards discover that data submitted for publication is incorrect, or that data are missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be reflected within the current publication. Figures contained within each publication may also be subject to change in future releases as submissions may be updated to reflect a more accurate and complete set of data.
Concepts and definitions	A release by the Scottish Government can be found on the 18 weeks RTT <a href="#">website</a> .
Relevance and key uses of the statistics	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.  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 NHS Boards; health intelligence work; parliamentary questions and HEAT targets.
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	ISD is currently reviewing ways to compare these data against other sources included data submitted to the ISD national warehouse.
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 made cautiously.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	N/A
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 <a href="#">ISD protocol on Statistical Disclosure Protocol</a> 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 <sup>th</sup> May 2013.
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Date form completed	27 August 2013.

## **A4 – 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)

#### **Early Access for Management Information**

These statistics will also be made available to those who needed access to 'management information', i.e. as part of the delivery of health and care:

#### **Early Access for Quality Assurance**

These statistics will also be made available to those who needed access to help quality assure the publication:

## A5 – 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 (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. 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](#).