WELSH HEALTH CIRCULAR

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

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Title: ACCESS 2009 – REFERRAL TO TREATMENT TIME MEASUREMENT

For Action by:
Trust Chief Executives,
Chief Executive - HCW

Action required *See paragraph(s)* : 18

For Information to: See attached list

Sender: Director, Directorate of Performance and Operations

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Enclosure(s): Measurement Guidance for 2009 Access Target, RTT Escalation Policy

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Dear Colleague,

Summary

1. The First Minister and Minister for Health & Social Services issued a Cabinet Statement in March 2005, announcing a 26 week total wait target to be achieved by December 2009. This total waiting time is from receipt of primary care referral at the hospital through to initiation of treatment and will include the waiting time for diagnostic tests or therapies.

2. Currently, waiting times are reported separately in respect of the time from referral to the first outpatient appointment, the time to the inpatient or daycase treatment and the wait for certain diagnostic and therapy services. From 2009, there will be one measure of the total wait from referral through to treatment, including any wait for the diagnostic and therapy services.

3. To help in the delivery of this target, the 2009 Access Project Team published Delivering a 26 week Patient Pathway – an Implementation Framework in December 2006 under Welsh Health Circular WHC(2006)081.

4. To help measure the implementation of the above framework and ultimately report on progress and achievement, the 2009 Access Project Team have prepared the attached document, Measurement Guidance for the 2009 Access Target.

5. The outlined approach and methodology has been approved by the Welsh Information and Governance Standards Board (WIGSB).

Background

6. The Information Management & Technology workstream of the 2009 Access Project, chaired by Informing Healthcare, undertook the work on the information management solution through a contracted consultant. The enclosed guidance is published after extensive consultation and the guidance is fully supported by Informing Healthcare and is consistent with the direction of travel toward a final national solution.

7. Consultation for this data collection has comprised of discussions with Early Adopter Health Communities, Heads of Information for Welsh Trusts, Corporate Health Information Programme, Health Statistics & Analysis Unit, Informing Healthcare, Health Solutions Wales and the 2009 Access Information Management & Technology workstream.

Main Areas

8. The guidance covers

   - Scope of the target
   - The Measurement System for RTT Reporting
   - Reporting Requirements

Timescales and Implementation

9. The delivery of the 26 week target will require contributions from all parts of the NHS, Welsh Assembly Government and other bodies.

10. The 2009 Access Project Team will continue to engage with all parts of the service to steer implementation

Queries

11. Any queries on this circular should be addressed to Martyn Rees on (029) 2080 1171.

12. Any queries on the guidance document should be addressed to James Ross, Performance Improvement Manager, 2009 Access Programme Team on (01443) 233349.

Clearance

13. This Circular has been drafted by the Waiting Times and Emergency Care Team of the Welsh Assembly Government in association with the 2009 Access Project Team at the Delivery & Support Unit.

Yours sincerely

John Hill-Tout
Director of Performance and Operations

Measurement Guidance for the 2009 Access Target

2009 Access Project Team

Delivery & Support Unit

in conjunction with

Health and Social Services Department

Welsh Assembly Government

Measurement Guidance for the 2009 Access Target

1. Background

In March 2005 the First Minister and Minister for Health and Social Services announced that by December 2009 no patient in Wales will wait more than 26 weeks from GP referral to treatment, including waiting times for any diagnostic tests and therapies required. *Designed for Life (2005)* subsequently set out a vision of a service designed around patients with a 10 year programme to transform the system and create a world-class health and social care service for the people of Wales.

The delivery of the 26 weeks commitment is being planned through a national project known as the 2009 Access Project. The approach to achievement of the target is outlined in the project "Delivery Plan". *WHC(2006)081, Delivering a 26 week Patient Pathway - an Implementation Framework*, specified measurement starting in April 2007.

This guidance is to inform and enable the measurement and reporting of the 26 week pathway by the service allowing the evaluation of the success of the service in moving towards and meeting this strategic target.

This guidance should be used in conjunction with *WHC(2006)081, Delivering a 26 week Patient Pathway - an Implementation Framework.*

2. Scope of the target

The scope of the data collection is elective treatments for all Welsh Residents whether treated in Wales or elsewhere. The full scope is identified in the document, *Delivering a 26 Week Patient Pathway – An Implementation Framework, WHC(2006)081*. The 26 week commitment will cover all referrals to secondary care from:

- General Practitioner (GP) and GP with special interest (GPwSI)
- Dental Practitioners
- Consultant or Independent Nurse (see glossary: Consultant))
- Optometrists and Orthoptists
- Referral to an elective pathway from an emergency route
- Screening programmes
- Allied Health Professionals
- Consultants to consultants
- Intermediate services
- A decision to treat made at any point on a long term pathway
- Planned follow-up treatment, where the primary procedure has taken place
- Referral management centres
- A consultant in private practice

The 26 week pathway does not replace other waiting times targets where these are shorter than 26 weeks, such as the current cancer and cardiac service targets.

Paediatric Patients

Elective paediatric patient pathways are within the scope of the standard.

Welsh Residents Treated by English Providers

Welsh resident patients treated on elective pathways by English provider organisations are within the scope of the standard.

Out of Scope

Most referrals will be covered by the 26 week pathway but some require special systems beyond the scope of the project. Mental health services will be beyond the scope of the 26 week pathway at the present time. For orthodontics, the first outpatient appointment will be included in the 26 week pathway and will also represent the stop clock point. Any subsequent treatment will be treated as a planned outpatient procedure and hence will be outside the 26 week pathway.

Patients resident in England but treated in Welsh hospitals will not fall within the scope of this standard. These patients may fall within the scope of the English target.

Patients resident in Wales but registered to English GPs, and whose entire treatment is carried out in English hospitals, fall within the scope of the English 18 week target and therefore are not within scope for this standard.

3. The Measurement System for RTT Reporting

The measurement system is based on the concept of start clock and stop clock points which will occur along an individual patient's pathway. These start and stop clock points are derived from the clinical management of the patient (e.g. referral and treatment). The exact nature of the measurement points will vary by specialty and by patient. There is extensive guidance as to the derivation of start and stop clock points in *Delivering a 26 Week Patient Pathway – An Implementation Framework, WHC(2006)081.*

Organisations are required to capture the start clock and stop clock points for each individual patient pathway in line with the definitions expressed in the implementation framework.

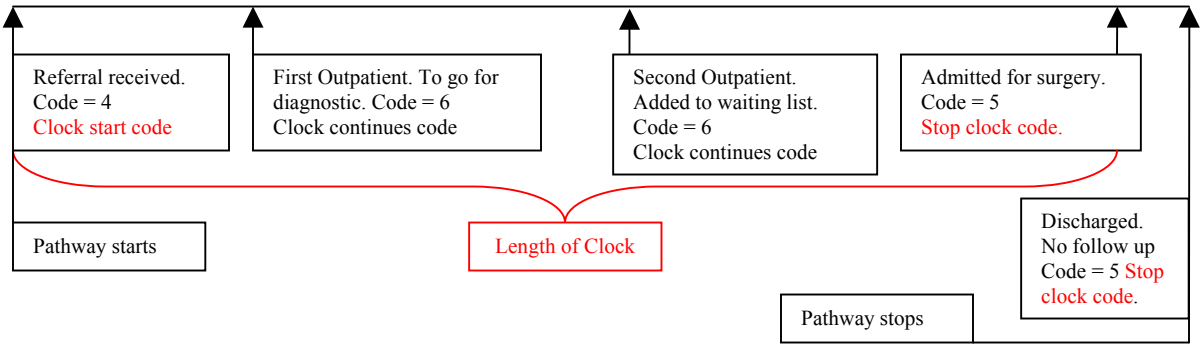
To capture these points, organisations will use existing data points for those start clock points occurring at the point of a new referral, and for those stop clock points occurring at elective or planned admission.

Organisations will be required to utilise the current outpatient clinic outcome data point to allow collection of start and stop clock points occurring in the outpatient clinic. Trusts should use codes as identified in DSCN (2007) 01 (W).

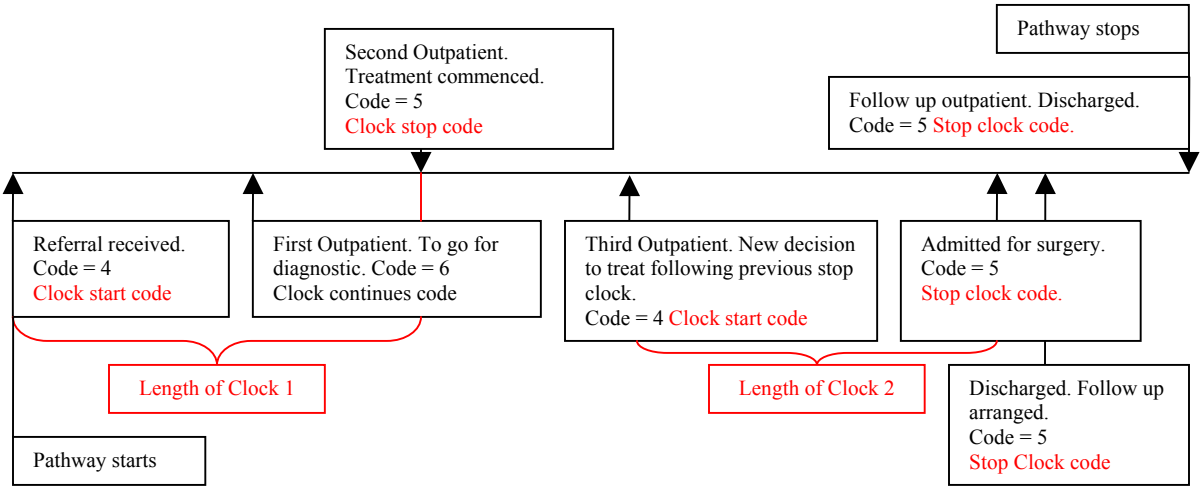
Trusts will also need to capture outcomes at each other patient interaction (e.g. Diagnostic, Consultant office decision).

In addition, Trusts will be required to create a unique pathway identifier (UPI) in order to effectively link start clock to stop clock points for each individual pathway where multiple pathways may be in progress for individual patients at any given point in time.

A pathway will be opened with each new referral and only closed when a patient is discharged. Within that pathway there may be a number of treatment clocks designated by recorded start and stop clock outcomes. In the example below a patient is referred, seen in OPD, added to the elective surgical list, admitted, treated, and then discharged.



In the next example the patient has two treatments. The first is a medical treatment in outpatients, which is found at a later appointment to be unsatisfactory. At this point a decision is made to undertake a surgical intervention. This is successful and the patient is discharged at a subsequent follow up appointment.



The final outcome here is a stop clock, but looking back on the pathway the previous outcome is also a stop clock, therefore no new clock has been started and there is no clock 3.

This type of pathway may also occur for the patient with chronic disease where a pathway may continue for years with multiple treatment episodes during that time. Each treatment episode would have an associated clock, each with a 26 week maximum length.

Further guidance will be produced in the future as the requirement is identified. There is a process through the 2009 website (**http://howis.wales.nhs.uk/2009accessproject**) to seek answers to specific queries on interpretation of the Implementation Framework and Trusts are being actively encouraged to utilise this route to raise queries to the project team.

4. Use of the National Pathway Identifier

There is a requirement to be able to identify every patient pathway uniquely and it is the responsibility of each trust to ensure that they are able to do this. It is not necessary for Trusts to use the National Pathway Identifier internally but when a patient transfers from one organisation to another, the National Pathway Identifier should be used. It must be possible for both the referring and receiving Trusts to map any internal unique pathway identifiers to the National Pathway Identifier. The format for the National Pathway identifier is specified in DSCN (2007) 01 (W)

5. Reporting Requirements

Trusts will report two sets of monthly aggregate data;

- The first extract will show the number of patients by specialty who have reached stop clock points during the reporting period by length of wait in weeks. This completed clock report will be further split by patients reaching a stop clock point due to admission and those reaching a different stop clock point.

- The second extract, the continuing clock report, will show the number of patients by specialty who, at the end of the reporting period, have not yet reached a stop clock point by length of current wait in weeks as at the end of the reporting period.

The system is designed to be used for the measurement of referral to treatment times. Individual organisations may wish to further develop the solution to obtain management information to enable advanced management of the pathway length. This functionality is not required for the measurement of the pathway however, and is not part of this requirement.

The outcome codes for use and the national pathway identifier are defined in the attached DSCN.

The format for reporting the data has been developed by Health Solutions Wales and is attached at appendix 1.

Health Solutions Wales (HSW) will be the central data point for this data collection. Health Statistics & Analysis Unit (HSA), of the Welsh Assembly Government, will work with HSW to develop the data quality and assure that the implementation plan for the collection is progressing. It is anticipated that HSA will publish the figures when the data flows have been established and the quality of the data is considered sufficiently robust.

For pathways ending in elective admission events (whether day case or inpatient) Trusts should commence measurement and report on all specialties from 1st April 2007.

For the significant majority of these patients the relevant data points (date of referral and date of admission) are already recorded. However, it is accepted that a proportion of these patients will have start dates which have occurred historically and which Trusts will be unable to identify. There will therefore, be the option for Trusts to report a limited percentage of patients as “too difficult to match”.

In the baseline assessment process HSW were able to match 60% of admission events to the relevant date of referral. It is expected that Trusts will be able to achieve a higher match than this as more data is available to them. It is therefore expected that no less than 75% of admission events will be matched to their relevant start clock point and reported as an RTT time. Any remaining instances where a match cannot be made can be reported as “too difficult to match”.

This allowance will reduce over a period of 8 months, after which time all patients should be reported.

For pathways ending in Outpatient and consultant office stop clock points reporting will build by specialty.

Each month, Trusts should add three new specialties to reporting. The order of adding specialties will be left to the discretion of the organisations although each of the first three months must include at least one of the three biggest surgical specialties; Orthopaedics, Urology and General Surgery.

By the end of month four, reporting must also encompass ENT and Ophthalmology. Through this process Trusts will build to reporting all specialties by September.

Outpatient monitoring will also follow the same pattern and the same specialties. Trusts will therefore be monitoring all outpatient attendances for the specialties in which they are recording stop points. The cumulative build up will mean that, by September 2007, Trusts will be monitoring and reporting on all patients who are attending either the outpatient environment or for elective admission.

The final groups of stop clock points will need to be picked up in addition to this timetable. The schedule indicates that therapy environments should be addressed first, with stop clock points occurring in therapies being captured not later than the September 2007 reporting period.

Diagnostic environments should be approached next, by November 2007, and finally in the New Year (2008), the other stop points must be addressed. Further work will be undertaken during the implementation phase to examine the locations in which other stop clocks appear and the methodologies for capturing them.

During the second six months Trusts will need to look again at the specialities they are reporting on to find any patients on open pathways that have not yet been recorded and reported. These are likely to be small in number but it is likely to be intensive work to identify the patients. The same phasing should occur as in the first six months leading to data completeness in reporting by March 2008.

Data Flows

The reporting format requirement for RTT reporting is attached at appendix 1. Health Solutions Wales (HSW) will receive monthly aggregate reports from the Welsh Trusts using software with which Welsh Trusts are already familiar. HSW will process the data and there will be a joint validation with HSA. HSA will report and publish the data when the collection is of sufficient quality and robustness.

Reporting Schedule

Trusts are required to report on a monthly basis, on the 25th day of the following month. Thus the report for the period 1st – 30th April will be due on the 25th May. All subsequent reports should be sent in on the 25th day of the month following, and where this date falls on a weekend, then the report should be sent on the next working day.

Diagrammatical representation of reporting schedule on next page

Measurement Guidance for the 2009 Access Target

	Closed Clocks					Open Clocks				Notes
	Pathways ending in admission		Other Clock Stop Points			OP Attendances (New & Fup)		Other patients		
			Outpatient & Consultant Office Stop Points		Other Stop Points					
	What to measure	Scope	What to Measure	Scope	Deadlines	What to Measure	Scope	What to Measure	Scope	
April	Measure those clock times where stop points occur as elective (day case or inpatient) admission i.e. Those pathways currently measured for elective component wait.	All Specialties	Measure those clock times where stop points occur in outpatients or the consultant office.	Specialties 1, 2 & 3		For all patients attending an outpatient appointment, whether as a new or follow-up appointment, determine whether or not patient is on an open clock. If yes, determine start date and monitor prospectively. Apply outcome codes to all events. Maintain monitoring until stop clock point is reached.	Specialties 1, 2 & 3	Assess which patients have not yet been included within the reporting process, but are on an open clock. Determine start date for these patients. Maintain monitoring until stop clock point is reached.	None	Organisations can select which specialties to start in each month. However, priority is to be given to Orthopaedics, Urology and General Surgery. These specialties must be included within the first three months, at a minimum of one per month.
May		All Specialties		Specialties 1 to 6			Specialties 1 to 6		None	
June		All Specialties		Specialties 1 to 9			Specialties 1 to 9		None	
July		All Specialties		Specialties 1 to 12			Specialties 1 to 12		None	Specialties added this month must include ENT and opthalmology, if not already being measured.
Aug		All Specialties		Specialties 1 to 15			Specialties 1 to 15		None	
Sept		All Specialties		All Specialties	Stop points occuring in Therapy environments		All Specialties		None	
Oct		All Specialties		All Specialties			All Specialties		Specialties 1, 2 & 3	
Nov		All Specialties		All Specialties	Stop points occuring in Diagnostic Environments		All Specialties		Specialties 1 to 6	
Dec		All Specialties		All Specialties			All Specialties		Specialties 1 to 9	
Jan		All Specialties		All Specialties			All Specialties		Specialties 1 to 12	
Feb		All Specialties		All Specialties	Stop points occuring in all environments		All Specialties		Specialties 1 to 15	
Mar		All Specialties		All Specialties			All Specialties		All Specialties	

Appendix 1.

REQUIRED FORMAT FOR THE REGULAR COLLECTION OF MONTHLY PATHWAY TIMES BY SPECIALTY, TRUST AND LHB FROM APRIL 2007

ARRANGEMENTS FOR SUPPLY OF DATA TO THE WELSH ASSEMBLY GOVERNMENT

All files should be sent in the form of a comma separated text file (csv format), i.e. in which the values in each field are separated by commas.

Main Collections

Files should be named as: xxxmmmyy.csv

where: xxx = the Trust code

mmm = first three letters of the month to which the data relates, e.g. Apr for the first submission of data relating to waiting times at end April.

yy = last 2 digits of the year

For example, Cardiff and Vale's submission of pathway times at the end December 2006 should be named RWMDec06.csv

All files are to be submitted in CSV format without a header record.

The submission should be sent via the secure upload mechanism located on **http://nwdss.hsw.wales.nhs.uk/**

Submission forms for all files are required to be e-mailed to **Waitingtimes@hsw.wales.nhs.uk** with the email subject as Referral to Treatment Times.

Please contact Sue Morris (029 2050 2284) or Tracey Taylor (029 2050 2445) for details on how to use this facility.

Notes

- **All fields are mandatory**. . Where a Trust does not carry out a specialty at a particular site, all rows for that specialty at that site should be deleted from the submission; that is, only include details of those specialties which you provide. Where a Trust does provide a specialty at a particular site but there are nil patients waiting, a zero should be placed in the zero weeks wait column for the relevant row.

- **Codes: Only codes as specified in the Appendices may be used and** codes will have no spaces and commas and should not be delimited with quotes.

Measurement Guidance for the 2009 Access Target

All Specialties Pathway Dataset

Field description	Short name	Data type	Comment
Data reference	Ref	Alpha-numeric 2 digits	OP = open pathway CP = closed pathway
Return date (date on which the list is measured - last day of the month to which the return relates)	Date	Numeric with 8 digits in the format ccyymmdd	ccyy = year with century, eg 2004 not 04; mm = 2 digit month, using a leading zero if necessary; dd = 2 digit date, using a leading zero if necessary
Site Code	Site	Alpha-numeric with 5 digits	5 Character Organisation code Eg RWMBV
Local Health Board (LHB) code	LHBCode	Alpha-numeric with 3 digits, e.g. 6B1 for Anglesey	As given in Annex B This is the LHB of residence of the patient. Patients should be allocated to LHBs using the ONS postcode to LHB look up file (see WHC 2003(19)). See guidance in WHC(2003)82 and DSCN 39/2003 (W) for location of LHB residence code in EAL CMDS
Trust code	TrustCode	Alpha-numeric with 3 digits	Trust under whose case patient is currently placed. As given in Annex A.
Main Specialty (Consultant)	MainSpec	Numeric with 3 digits	As given in Annex C.
The number of relevant residents waiting:			
Weeks Wait	WeekWait	Alpha-numeric with 7 digits	**4 Week timebands**
Count	Count	Integer numeric	**Number of patients on the pathway**

The waiting times will be reported grouped in timebands described in weeks:

0 = up to 1 week (up to and including 7 days)

1 = Over 1 week and up to 2 weeks (day 8 to 14)

2 = Over 2 weeks and up to 3 weeks (day 15 to 21)

39 = Over 39 weeks and up to 40 weeks (day 274 to 280)

Etc up to

40 = Over 40 weeks and up to 41 weeks (day 281 to 287)

Then the waiting times will be reported in 4 week time bands

41 – 44 = Over 41 weeks and up to 44 weeks (day 288 to 315)

45 – 48 = Over 45 weeks and up to 48 weeks (day 316 to 343)

49 – 52 = Over 49 weeks and up to 52 weeks (day 344 to 371)

Etc up to

101 – 104 = Over 101 weeks to 104 weeks (day 708 to day 735)

Over 105 weeks (day 736 and over)

Any patient where a match cannot be made to their relevant ‘Start Point’ will use the following default code

999 = Too difficult to match

The count of waiting time will start from the clock start time and end on the census date, which is the last day of each month.

The number of patients waiting each number of weeks is entered in the ‘count’ field.

For open pathways, the length of the pathway is measured from the date of referral to the date of the return date (end of the month).

For closed pathways, the length of the pathway is measured from the date of referral to the date of the stop clock point.

Annex A: LIST OF NHS TRUST CODES AFTER RE-CONFIGURATION AT APRIL 2000

	Code	NHS Trust
1	RVD	Bro Morgannwg
2	RWM	Cardiff and Vale
3	RVA	Carmarthenshire
4	RKU	Ceredigion and Mid Wales
5	RT8	Conwy and Denbighshire
6	RVF	Gwent Healthcare
7	RT9	North East Wales
8	RRS	North Glamorgan
9	RT7	North West Wales
10	RR6	Pembrokeshire and Derwen
11	RVE	Pontypridd and Rhondda
12	6C4	Powys Local Health Board
13	RVC	Swansea
14	RQF	Velindre
15	RT4	Wales Ambulance Service

A single code should be used for the aggregate of all non-Welsh providers' data in each former health authority area. The provider code **ENG** (standing for English or other non-Welsh Trusts) should be used for this purpose.

Annex B: LIST OF LOCAL HEALTH BOARD CODES
(from Data Set Change Notice (2006) 10 (W))

LHB Code	Local Health Board
6B1	Anglesey
6C2	Blaenau Gwent
6B3	Bridgend
6B2	Caerphilly Teaching
6A8	Cardiff
6B7	Carmarthenshire
6A4	Ceredigion
6A7	Conwy
6C1	Denbighshire
6B5	Flintshire
6A2	Gwynedd
6B8	Merthyr Tydfil
6A1	Monmouthshire
6A5	Neath Port Talbot
6B9	Newport
6A3	Pembrokeshire
6C4	Powys Teaching
6A9	Rhondda Cynon Taf Teaching
6A6	Swansea
6C3	Torfaen
6B6	Vale of Glamorgan
6B4	Wrexham

Annex C: LIST OF VALID SPECIALTY CODES AND DESCRIPTIONS (WALES*)

Main Specialty (Consultant) code	Specialty description
100	General Surgery
101	Urology
110	Trauma and Orthopaedic
120	Ear, Nose and Throat
130	Ophthalmology
140	Oral Surgery
141	Restorative Dentistry
142	Paediatric Dentistry
143	Orthodontics
150	Neurosurgery
160	Plastic Surgery
171	Paediatric Surgery
191	Pain Management
300	General Medicine
301	Gastroenterology
302	Endocrinology
303	Haematology (Clinical)
310	Audiological Medicine
313	Rehabilitation
330	Dermatology
340	Thoracic Medicine
350	Infectious Diseases
361	Nephrology
400	Neurology
410	Rheumatology
420	Paediatrics
421	Paediatric Neurology
430	Geriatric Medicine
460	Medical Ophthalmology
502	Gynaecology
990	Joint Consultant Clinics

* Specialty list in England has recently been revised – see DSCN 17/2005 - England: Updated National Specialty List - Implementation date of 1st April 2006.

Referral to Treatment Waiting Times Escalation Policy

NHS Trusts are required to ensure that validated data for specified referral to treatment waiting times is returned to Health Solutions Wales (HSW) by the **25th day of the month** and in accordance with format and definitions supplied in WHC(2007)014 & WHC(2006)081.

Failure to submit data to the required standards and timetable will result in the following:

Day	**Action To Be Taken**
On the **25th** day of the month	• HSW to compile a list, by the end of the working day, of those Trusts who have not submitted data to the required standards and timetable.
On the **26th** day of the month	• HSW to inform the relevant Regional Offices (ROs) in the Welsh Assembly Government (WAG) of those Trusts who still have not submitted data. • ROs to contact the relevant Trusts to ascertain what the problems are in submitting data. ROs to feed back to HSW with findings together with a date by which submission will be made.
On the **27th** day of the month	• HSW to submit a list of Trusts who have still not submitted data to both the Health Statistics & Analysis Unit (HSA) and the Waiting Times & Emergency Care Branch within WAG. • ROs to continue chasing outstanding submissions.
On the **28th** day of the month	• HSW to advise WAG (ROs, HSA and Waiting Times & Emergency Care Branch) of outstanding submissions. • Relevant Regional Director to decide the next course of action/escalation dependant on the issues identified on the 1st working day.
5 working days later	• Any data submitted on or after this day will not be included in the First Release published by HSA. A note will be inserted into the First Release to make users aware of which Trust/s have failed to submit data for that particular period. • Data that is supplied after this date will be included in the following quarter's First Release and marked as a revision.

When the 25th day of the month falls on a weekend the next working day is taken and all following actions are incremented by the same time.