

Publication Report



18 Weeks Referral to Treatment

Quarter Ending 31 March 2011

Publication date – 31 May 2011

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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](#).

Introduction

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.

This is the first publication of progress towards the 18 Weeks RTT target and includes information about NHSScotland's performance against the 18 Weeks RTT target for the period January to March 2011.

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. Defining where a patient's journey begins and ends (i.e. 'clock start' and 'clock stop') is critical to its measurement. Hospital information systems are being upgraded to provide high levels of linkage.

The Scottish Government has determined that this 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.

The responsibility for delivering the 18 Weeks RTT target lies with 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 constraints in current hospital information systems linking pathways as mentioned above, this first publication is based on NHS Board of Treatment, the NHS Board in which the patient's clock stopped.

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.

Results and Commentary

This is the first publication of NHSScotland's progress towards the 18 Weeks RTT target. These data are still under development. ISD is actively working with NHS Boards and Scottish Government to improve the consistency and completeness of these data.

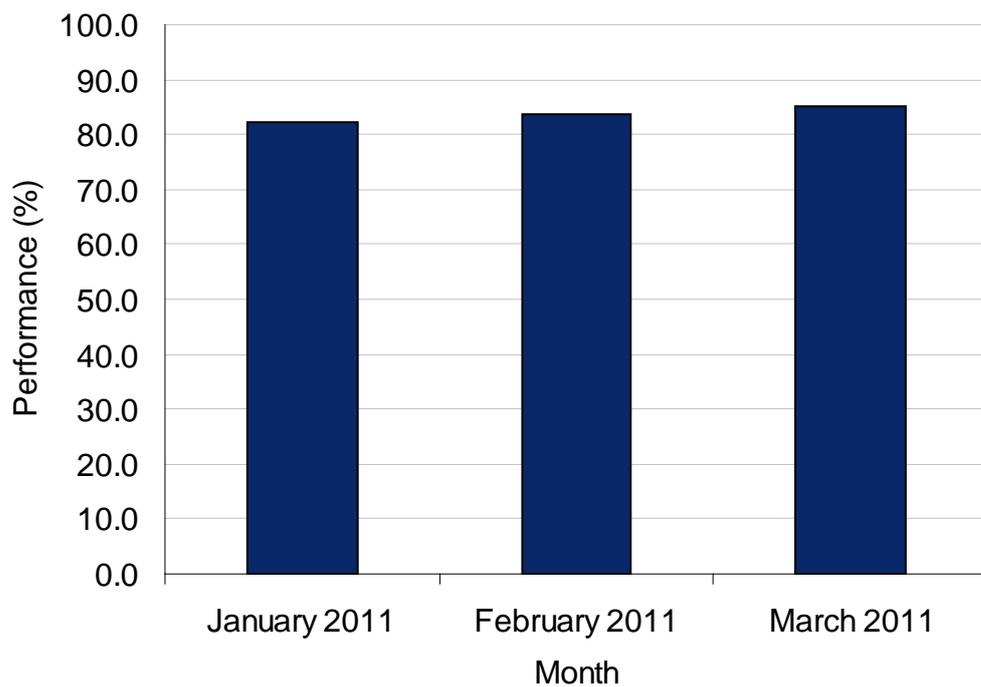
This publication shows 18 Weeks RTT performance and pathway linkage for January, February and March 2011. To be able to report the 18 Weeks RTT waiting time it is necessary for NHS Boards to link the patient's 'clock start' to the 'clock stop'. Overall Performance within 18 weeks is the number of pathways where a clock stop could be linked to a clock start and the wait is within 18 weeks. Performance should be interpreted in consideration of the level of pathway linkage. Hospital information systems are being upgraded to provide high levels of pathway linkage.

NHSScotland's 18 Weeks RTT performance and pathway linkage is show in Table 1. NHSScotland's 18 Weeks RTT performance is show in Chart 1.

Table 1: NHSScotland 18 Weeks RTT Performance and Pathway Linkage for January to March 2011

Month	Overall Performance within 18 weeks (%)	Number of pathways <= 18 weeks	Number of pathways > 18 weeks	Linked pathways (%)
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

Chart 1: NHSScotland 18 Weeks RTT Performance for January to March 2011



18 Weeks RTT performance and pathway linkage at NHS Board level is shown in [Table 2](#).

Glossary

Pathway: An 18 Weeks RTT pathway begins with the patient's referral for treatment and ends when the patient receives first treatment for their disease, condition or injury.

Clock Start: The date from which a patient's waiting time period starts to be calculated.

Clock Stop: The date from which a patient's waiting time period stops being calculated.

Linked pathways: Those pathways where it has been possible for the NHS Board of Treatment to connect the clock stop to the related clock start.

NHS Board of Treatment: The NHS Board in which the clock stop occurred.

Number of pathways \leq 18 weeks: Number of clock stops that were within 18 weeks (126 days or less) of the clock start.

Number of pathways $>$ 18 weeks: Number of clock stops that were more than 18 weeks (127 days or more) of the clock start.

Unique Care Pathway Number (UCPN): A unique number allocated to all new referrals, to enable identification of patient pathways.

List of Tables

Table No.	Name	Time period	File & size
2	18 Weeks RTT Performance and Linkage by NHS Board	Jan-Mar 2011	Excel [24KB]

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Further Information

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

Appendix

A1 – Background Information

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.

Further detail about NHSScotland performance targets can be found at the Scottish Government's Scotland Performs website:

<http://www.scotland.gov.uk/About/scotPerforms/partnerstories/NHSScotlandperformance>

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 18 weeks RTT have been developed to help ensure that each patient's Referral To Treatment clock starts and stops fairly and consistently.

The performance figures reported are based on the patients where the reporting Board can link the 'clock start' for the patient's journey to the 'clock stop' to measure the whole journey.

NHS Boards are working with the Scottish Government and ISD to update systems in order to improve whole pathway information capture to support the measuring and reporting against the 18 Weeks RTT target.

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). A UCPN is a unique number that should be allocated to all new referrals and will identify patient pathways in and across NHS Boards. COCR indicates the 'status' of a patient's pathway after every outpatient appointment, i.e. whether clock stopped or not. UCPN and COCR will enable the linking stages of the patient's pathway. NHS Boards are at various stages of implementing these.

Some caution should be exercised in using and interpreting these data at this early, developmental stage. Until pathway linkage is improved through the use of UCPN and COCR the data should be considered provisional and data quality notes should be taken in to consideration.

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.

Most patients will be seen and treated within the 18 Weeks RTT. 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. ISD and the Scottish Government are working with NHS Boards 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 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.

This is the first publication of 18 Weeks RTT statistics. These data are still at an early stage of development. NHS Boards continue to work closely with the Scottish Government and ISD to update IT and other systems in order to continue to improve whole pathway information capture to support the measuring and reporting against the 18 Weeks RTT target at 31st December.

While IT systems are being updated to capture information enabling measurement of the whole patient journey, NHS Boards are using a standard methodology as per National guidance for linking pathways. 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). Both these developments will help enable the linking stages of the patient's pathway. NHS Boards are at various stages of implementing these and are adjusting the standard methodology in order to improve pathway linkage.

NHS Boards also report that action plans are in place to address the capture of pathway information that takes place in sites where the main IT system is not in use, in return outpatient clinics and when the pathway starts outwith the Board of treatment.

Specific data quality information for each NHS Board is detailed below.

NHS Ayrshire & Arran

Staff training is ongoing in order to ensure data quality in specific areas where COCR is less robust relative to the rest of NHS Ayrshire & Arran.

NHS Borders

No specific issues beyond those mentioned in the opening paragraphs above.

NHS Dumfries & Galloway

No specific issues beyond the ongoing improvements specified above regarding the capture of pathway information that takes place in sites where the main IT system is not in use, in return outpatient clinics and when the pathway starts outwith the Board of treatment.

NHS Fife

NHS Fife have adjusted the standard National guidance methodology in order to improve pathway linkage within their system.

NHS Forth Valley

Staff training is ongoing in order to ensure data quality in specific areas where COCR and UCPN is less robust relative to the rest of NHS Forth Valley.

NHS Grampian

NHS Grampian have recently implemented a new IT system and an assessment of data quality is currently underway. NHS Grampian have adjusted the standard National guidance methodology and are employing probability matching to help ensure pathway linkage.

NHS Greater Glasgow & Clyde

No specific issues beyond those mentioned in the opening paragraphs above.

NHS Highland

Data is only available for Northern Highland. It is expected that data for Argyll and Bute will be available from June 2011 as COCR continues to be implemented. NHS Highland have adjusted the standard National guidance methodology and look back up to 60 days to link the clock stop to the clock start. An audit is underway of COCR and further staff training is planned if required in order to ensure data quality.

NHS Lanarkshire

NHS Lanarkshire have adjusted the standard National guidance methodology and look back up to 9 months to link the clock stop to the clock start. Figures reported in March 2011 are relatively low due to the move to a new IT system. Adjusted figures will be available shortly once this is complete.

NHS Lothian

Staff training is ongoing in order to ensure data quality in specific areas where pathway linkage and COCR is less robust relative to the rest of NHS Lothian.

NHS Orkney

For those specific areas where COCR and the use of UCPN is currently less robust, relative to the rest of NHS Orkney, pathway linkage will increase following the implementation of a systems upgrade.

NHS Shetland

NHS Shetland employ a manual process for linking pathways while UCPN and COCR are being implemented. An action plan to update IT systems is in place to resolve these issues.

NHS Tayside

NHS Tayside have adjusted the standard National guidance methodology in order to improve pathway linkage within their system. Staff training is ongoing in order to ensure data quality in specific areas where pathway linkage and COCR is less robust relative to the rest of NHS Tayside.

NHS Western Isles

Staff training is ongoing in order to ensure data quality in specific areas where COCR and the use of UCPN is less robust relative to the rest of NHS Western Isles.

NHS National Waiting Times Centre

Data collection at NHS National Waiting Times Centre is different from other NHS Boards as all referrals to the Golden Jubilee National Hospital are first received by another NHS Board; linking is only possible if the clock start information is available. NHS National Waiting Times Centre have adjusted the standard National guidance methodology and look back up to 28 days to link the clock stop to the clock start. A new IT system has recently been implemented and so COCR is expected to improve. Staff training is ongoing in order to ensure data quality in specific areas where pathway linkage and COCR is less robust.

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 is 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	
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. See attached link for further details: http://www.isdscotland.org/About-ISD/Accessibility/
Coherence and clarity	
Value type and unit of measure	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: http://www.isdscotland.org/About-ISD/About-Our-Statistics .
Official Statistics designation	Awaiting assessment by UK Statistics Authority.
UK Statistics Authority Assessment	Developmental data. Not yet undergone assessment by UK Statistics Authority.
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Date form completed	

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)

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

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