

To: All NHS Chief Executives

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2 February 2012

Dear Colleague

NHS Constitution maximum waiting time right for consultant-led non-emergency treatment

I am writing to re-iterate the expected performance on referral to treatment waiting times in 2012/13. This letter also sets out some of the good practice that should be in place to ensure that performance is maintained, and where necessary improves.

*The Operating Framework for the NHS in England 2012/13*¹ sets out what the NHS must deliver to ensure referral to treatment waiting times remain low in 2012/13. The key requirements are that:

- The NHS must continue to deliver the operational standards of 90 per cent for admitted and 95 per cent for non-admitted completed waits within 18 weeks. The operational standards should be achieved in each specialty by every organisation
- 92 per cent of patients on an incomplete pathway should be waiting no more than 18 weeks
- Less than 1 per cent of patients should wait six weeks or more for a diagnostic test
- PCT clusters should ensure all patients are seen on the basis of clinical need, which means there is no justification for the use of minimum waits (that one or more providers are required to comply with) that do not take account of healthcare needs of individual patients.
- Trusts should have systems in place to regularly review any planned lists to ensure that patient safety and standards of care are not compromised to the detriment of outcomes for patients. Patients should only be added to a planned list where they need to wait for a period of time for clinical reasons.

¹ See paragraph 2.30 – 2.32 of the *The Operating Framework for the NHS in England 2012-13*

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360

The NHS Constitution provides patients with a right to access services within maximum waiting times, including the right to start consultant-led treatment within a maximum of 18 weeks from referral for non-emergency conditions. Where this is not possible (and where patients request it), the NHS Constitution requires the NHS to take all reasonable steps to offer patients a range of suitable alternative providers. This right is set out in legally binding Directions (*Primary Care and Strategic Health Authorities (Waiting Times) Directions 2010*)².

Current Performance

Overall, the NHS continues to deliver the NHS contractual operational standards of: 90 per cent of admitted patients and 95 per cent of non-admitted patients to start consultant-led treatment within 18 weeks of referral.

However, in November 2011, 47 commissioners and 30 acute trusts failed to meet the 90 per cent admitted standard. Performance in some treatment functions also needs to improve – most notably in Trauma and orthopaedics where the largest numbers of patients continue to wait longer than 18 weeks.

On diagnostics, at the end of November 2011, 1.1% of patients were waiting 6 weeks or more for one of the 15 key diagnostic tests.

Waiting times are a key part of patients' perceptions of the NHS and their care and can impact on patient outcomes. It is unacceptable for performance to fall below the expected standards. The contractual operational standards should be achieved in each specialty by every organisation and this will be monitored monthly. Diagnostic tests and investigations play a key role in supporting earlier diagnosis and in effective management of existing conditions, they therefore need to be carried out in a timely manner at all points in the care pathway. Therefore, we also expect less than 1 per cent of patients to wait longer than six weeks for a diagnostic test.

Long waits for diagnosis and treatment

The only patients who should wait longer than 18 weeks are those who have chosen to do so or for whom waiting longer than 18 weeks is in their best clinical interest. However, published referral to treatment incomplete pathway data shows that too many patients are still being reported to be waiting a long time, in particular, those waiting over 52 weeks before starting their treatment.

Feedback from organisations reporting the largest numbers of incomplete pathways indicates that some of these waits are data errors and are not reflective of true waiting times. Regardless of the reason, all organisations should be regularly validating their waiting lists to ensure that they report accurate information. Where patients are found to be genuinely waiting a long time, action must be taken to treat them as quickly as possible and in order of clinical priority.

² http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_113557

To address this, and in order to sustain the delivery of the contractual operational standards, commissioners and providers will need to ensure that from April 2012 a minimum of 92 per cent of their patients on incomplete referral to treatment pathways should be waiting less than 18 weeks.

Patient and staff awareness of the NHS Constitution maximum waiting time right

Recent research showed that few members of the public are aware of their right to start treatment within maximum waiting times. It is important for patients to understand their rights. As set out in legally binding guidance *Implementation of the right to access services within maximum waiting times*³, it is the responsibility of commissioners and providers to publicise patient rights and the options available to local people where treatment within 18 weeks is at risk - for example by:

using posters and providing leaflets on maximum waiting time rights for patients in GP surgeries and waiting areas in hospitals. Posters can be ordered or downloaded from www.orderline.dh.gov.uk, quoting product code 408795;

- including information on maximum waiting time rights on patient appointment letters and cards.

PCTs are also under a duty to ensure patients are provided with two easily accessible dedicated points of contact and to make sure patients are aware of these contacts – both of which should be able to deal with patients' requests to be treated by an alternative provider.

Making information on waiting times available to patients

Timeliness of diagnosis and treatment is what patients expect and information on waiting times should be made available to patients to assist them in making an informed choice about where they receive treatment. The Department will continue to publish referral to treatment and diagnostic test waiting times and work with partners, such as NHS Choices and Choose and Book, to ensure that up to date waiting times information is made available to members of the public. NHS commissioners and providers should also publish information on waiting times locally that can be easily accessed by their patients.

Complaints

Good complaints handling in the NHS is vital in ensuring a culture where patients are listened to and organisations learn from patient experience – good or bad. PCTs and providers are required to publicise their complaints

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http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113078

arrangements and respond to all complaints. Commissioners should also appropriately investigate complaints about long waiting times to help them to understand the causes of unnecessary waits and use this information to drive further improvement in services and patients' experiences of care pathways.

Support and guidance

The Department of Health website (<http://www.dh.gov.uk/en/Healthcare/Electivecare/index.htm>) contains a range of information and tools to assist NHS organisations in validating, managing and measuring referral to treatment pathways. This includes:

- A clearance time and sustainable waiting list analytical tool⁴
- National rules and definitions for 18 weeks
- A How to Measure Guide and underpinning FAQs
- Guidance on reviewing the pathways of patients who have waited longer than 18 weeks before starting treatment

Further tools that will be available soon include:


- Practical guidance on elective waiting list management
- Guidance on patient tracking lists
- Capacity and demand planning tools

Operational advice and support is also available to acute trusts, foundation trusts and primary care trusts from the NHS Interim Management and Support Intensive Support Team (IST). The IST can be contacted by emailing nhsimas.ist@southwest.nhs.uk.

Improvements to pathway design can also support sustainable low waiting times. Clinical engagement is essential in redesigning effective, efficient pathways. Examples of good practice pathways can be found on the NHS Improvement website (<http://www.improvement.nhs.uk>), for example for diagnostics, audiology and other major conditions.

Please address any questions about this letter to Claire.Young@dh.gsi.gov.uk

Yours faithfully,



David Flory
Deputy NHS Chief Executive

⁴ <http://www.unify2.dh.nhs.uk/Unify/reporting/library.aspx>

