Setting the Context of 18 Weeks RTT

The Scottish Government published Better Health, Better Care outlining the important and ambitious action plan to address the continuous need to improve and develop services in NHS Scotland for the benefit of patients and staff. A key component for delivery of patient-centred and high quality care is by reducing access times for services and the Scottish Government has set the ambitious goal of ensuring that from December 2011, patients will be treated in less than 18 weeks from receipt of referral into secondary care.

The 18 weeks Referral To Treatment (RTT) builds upon previous work of NHS Scotland to deliver reductions in access times, the result of commitment and enthusiasm from staff across all NHS Boards. However, access times remain too long and further work is required.

From 2011, 18 weeks will become the maximum wait from referral to treatment for non-urgent patients, but most patients will be seen more quickly.

Shorter waits can:

- Lead to earlier diagnosis and better outcomes for many patients;
- Reduce unnecessary worry and uncertainty for patients;
- Reduce inequalities by addressing variations in waiting times between NHS Boards or individual hospitals;
- Save the time, energy and other resources that are wasted in the task of managing queues for diagnosis and treatment.

The 18 Weeks RTT access standard is different from other access standards as the focus will not be based on a single stage of treatment – the standard will apply to the whole pathway from the receipt of GP referral to the point where the patient is actually treated. The definitions and principles for the measurement of the pathway will be released at the beginning of November 2008.

Achieving an 18 week pathway from referral to treatment by 2011 will require a contribution from everyone working in NHS Scotland. Where it is needed, extra activity will be commissioned and radical new approaches will be extended and developed throughout the Scottish healthcare system to make better use of current capacity.

Almost all patient pathways begin (and end) through interaction with primary and community health services. In the past, access standards have focussed on hospital services. The 18 weeks RTT standard will seek to further develop the potential for primary and community care services to work with secondary care in ensuring, where possible, diagnosis and treatment can take place locally without the need for unnecessary hospital visits.

This article is continued on page 2.
Setting the context for 18 Weeks RTT continues . . .

The emphasis on whole systems working will be reflected in the work of the national delivery team coordinating national work streams towards achieving the access standard. The work of the Programme will partner other improvement programmes, such as the Scottish Patient Safety Programme (launched in January 2008) to enable an integrated approach to improving healthcare services for patients and carers.

The 18 Weeks RTT Programme comprises four strategic elements:

- **Service Redesign and Transformation Strategy** – getting the most out from current capacity, improving flow and bringing best practice to systems and healthcare delivery.
- **Capacity and Workforce Planning Strategy** – planning and implementing effective and efficient reduction in access times locally, regionally and nationally.
- **Information Strategy** – developing and using information and eHealth technology to support the Programme.
- **Performance Management Strategy** – ensuring clear targets are set, and service improvement momentum is maintained, between 2008 and 2011.

The 18 Weeks RTT is an important programme – both in scale of ambition and in practical application. Nobody expects overnight change. Realistic short, medium and long term goals have been set within a considered structure. By working together and focusing on these goals we can deliver the new standard; significantly improving provision and delivery of care.

“The support is there. The vision is achievable. With everyone working together it can be done.”

**Governance structure of the 18 weeks RTT strategy**

Some of the elements required to achieve 18 weeks RTT are either in place or under development. This includes the Waiting Times Management Teams in NHS Boards, National Improvement Programmes, National Delivery Teams, Tailored Support Teams and Information Services Division functions. These local and national processes have delivered significant reduction in waiting times over the past 5 years. Therefore, it is the intention to **refocus**, rather than **recreate**, the current waiting times structures as much as possible, especially where structures and processes have been proven to succeed. Support and direction will continue through Scottish Government Health Directorates, with lead role under Health Delivery Directorate. Details as follows:
**Background**
The 18 Weeks Service Redesign and Transformation Programme has developed a series of key changes NHS Boards should consider to support service transformation to achieve the 18 weeks RTT access standard.

The key changes are outlined below:

**Focus on 5 Key Changes**

1. **Improve referral and diagnostic pathways**
   - Reducing variation in referral patterns will help to manage capacity.
   - Streamlined processes result in fewer process bottlenecks.
   - Redesign of services and matching demand and capacity to improve flow are essential.
   - Diagnostic tests are a key component of many pathways.

2. **Treat day surgery as the norm**
   Improvements to provision of short-stay surgery will enable NHSScotland to improve:
   - Use of day case facilities.
   - Flow across the week.
   - Theatre utilisation in each session.
   - Efficient bed utilisation.

3. **Actively manage admissions to hospital**
   - Elective admissions are often a major source of variation across the system.
   - Patients are admitted to hospital and no main procedure is carried out, for diagnosis only or they are unfit for surgery.
   - A pre-assessment service reduces patient cancellations and reduces waiting list management.

4. **Actively manage discharge and length of stay**
   - The most effective strategy for reducing total patient journey time is to focus on the bottlenecks.
   - Focus on discharging patients as soon as they are ready rather than when the system is ready to discharge them.
   - Variation in discharge processes leads to variation in patient length of stay.

5. **Actively manage follow ups**
   - Evidence demonstrates that a significant number of follow up appointments are clinically unnecessary, create inconvenience for the patient and waste resources.
   - Up to 75% of all outpatient DNAs are for follow up appointments.
   - Emphasis is placed on the front end of healthcare delivery processes, however planning the whole patient journey is essential.

**For further information**
The 18 weeks Service Redesign and Transformation Programme has developed a document outlining ways to implement the key changes, if you would like a copy or for further information, please contact Esme Wilson, Project Support Officer, esme.wilson@scotland.gsi.gov.uk 0131 244 3285.
Regional Teams

All of the NHS Boards submitted a Planning Initiation document (PID) for the 18 Weeks Service Redesign and Transformation Programme in April 2008 outlining their approach to achieving 18 Weeks RTT, and how this approach will be integrated across the different NHS Boards and programmes, such as Mental Health and Long Term Conditions. Since April, NHS Boards have been recruiting local improvement teams (please see key contact details below) and are beginning transformation and improvement projects. The 18 weeks regional teams (contact details listed on page 1) are in regular discussions with NHS Boards about how we can support a local improvement work.

Please see the next 2 pages for updates on how some NHS Boards have progressed over the last few months. Future newsletters will feature transformation and improvement stories from across NHSScotland.

NHS Board local improvement team contacts
Please find below key programme contacts for your NHS Board

West of Scotland
NHS Lanarkshire
Cathy Dunn (Programme Manager)
Cathy.Dunn@lanarkshire.scot.nhs.uk

NHS Greater Glasgow and Clyde
Marion Hodge (Programme Manager)
marion.hodge@ggc.scot.nhs.uk

Golden Jubilee National Hospital
Lynn Graham (Programme Manager)
Lynn.Graham@gjnhs.nhs.uk

NHS Ayrshire and Arran
Joan McGhee (Programme Manager)
Joan.mcghee@aaaht.scot.nhs.uk

North of Scotland
NHS Highland
Mairi Thompson (Programme Manager)
Mairi.Thompson@haht.scot.nhs.uk

NHS Orkney
Mark Clouston (Programme Manager)
Mark.clouston@nhs.net

NHS Shetland
Kathleen Carolan (Assistant Director of Service Improvement)
Kathleen.carolan@shb.shetland.scot.nhs.uk

NHS Grampian
Aileen McVinnish (Interim Programme Manager)
Aileen.McVinnish@ghb.grampian.scot.nhs.uk

NHS Tayside
Gillian Borthwick (Interim Programme Manager)
gborthwick@nhs.net

NHS Western Isles
Sheena Wright (Programme Manager)
Sheena.wright@nhs.net

South and East Scotland
NHS Forth Valley
Amanda Forbes (Programme Manager)
Amanda.forbes@nhs.net

NHS Lothian
Andy Jackson (Programme Manager)
Andrew.c.jackson@nhslothian.scot.nhs.uk

NHS Borders
Ralph Roberts (Executive Sponsor)
ralph.roberts@borders.scot.nhs.uk

NHS Dumfries & Galloway
Nicole Connell (Programme Manager)
nicole.connell@nhs.net

NHS Fife
Helen Woodburn (Programme Manager)
Helen.woodburn@faht.scot.nhs.uk
**Pathway Transformation in NHSScotland**

**Pathway Transformation** has been taking place across NHSScotland, supported by Elizabeth Bradbury, Clinical Systems Specialist (Bolton PCT).

Pathway visioning takes a whole systems approach — looking at the future, ideal service for patients and their families, eliminating waste and non value added activity and using innovative solutions to reduce service bottle-necks. Pathway visioning uses a multi-disciplinary team to problem solve and action plan to develop an improved pathway.

Visioning events have taken place in the following NHS Boards:

- **NHS Highland** — ENT
- **NHS Lothian** — Plastics
- **NHS Fife** — Orthopaedics
- **NHS Forth Valley** — Oral surgery

Future newsletters will feature more on outcomes from these events.

**Pathway Transformation Readiness Assessment**

The 18 Weeks Service Redesign and Transformation Programme Team has developed a Pathway Transformation Readiness Assessment to assist NHS Boards determine their state of readiness to achieve the 18 weeks RTT access standard. For a copy of the tool please email ISTmailbox@scotland.gsi.gov.uk

**NHS Shetland Core Improvement Skills Session**

The North regional 18 weeks team travelled to Scotland’s most northerly and second smallest NHS Board at the beginning of October to deliver a two day Core Improvement Skills taster workshop, to launch the 18 week programme and support delivery of all the Collaborative programmes in NHS Shetland.

The event was well received by 22 Heads of Department, Clinical Leads and Senior Managers, who were particularly inspired by the Human Dimensions of Change and application of the PDSA improvement model.

Colleagues from NHS Grampian’s Better Care Without Delay 18 week programme joined the process mapping session, focusing on the orthopaedic and MRI pathways, and highlighted some key areas for further focus for both NHS Boards.
Moving from strategy to operational delivery of the 18 weeks RTT access standard
NHS Forth Valley’s journey so far — an interview with:
Jonathan Procter, Director Strategic Access & Capacity Planning
Andy Rankin, Head of Access
Amanda Forbes, Programme Manager, 18 weeks Referral to Treatment

How did you approach planning for the achievement of the 18 weeks RTT access standard?
We were asked to present at the first national 18 weeks RTT meeting to outline how NHS Forth Valley were approaching the delivery of the 18 weeks RTT access standard.
At this point we realised that although, having visited South Devon, we had an idea of the challenges of delivering the 18 weeks RTT standard, but we had not yet developed a vision of what delivery of this target would mean for both the staff and patients.
We were also very conscious that although this was an access standard, that it had to be delivered through service redesign and transformation to ensure the sustainable delivery of services.

What did you do next?
We sat down with some blank flipchart paper and mapped out what 18 weeks RTT meant for NHS Forth Valley. Mapping out the 18 weeks pathway for the organisation highlighted where we believed our bottlenecks were currently in the system.
We developed a Strategy Map which absolutely linked back to the National Strategy Document that was published in February and picked up the key tenets of focus.
We carried out activity modelling to start to link data to our knowledge of the organisational challenges we faced. Having both the map and the data enabled us to develop an initial project plan.
It started to make sense when we had both the map and information on what challenges we faced.

What other elements do you believe are important?
Organisational buy-in was very strong and we had a sound basis for moving forward. Having a Directorate which has strategic responsibility for over-seeing the delivery of the 18 week project is a major bonus in NHS Forth Valley. The Directorate also encompasses eHealth, Information Management, IT, Health Records, as well as capacity planning and having all these things in the one place, pulling the same way, has allowed us to develop our approach quickly and without the traditional barriers.
There is excellent Operational Management buy-in and leadership and this is also critical to delivering sustainable change. We sat down with Operational Management teams to agree how they were going to deliver the 18 weeks RTT access standard, using the experience from the Ophthalmology Collaborative as an example. We have also linked the programme to each Operational Managers’ objectives.
Building on previous experience and expertise gained from the Planned Care, Ophthalmology, Diagnostics Collaborative and Theatre Benchmarking programmes has been key to ensuring that we are able to start our 18 Weeks journey immediately.

How have you established your clinical leadership structure?
Our clinical leadership is key to the delivery of service redesign and transformation and we have a very strong team in NHS Forth Valley. The chairs of our Medical Boards sat on the interview panels for the Clinical Leads. The Clinical Leads and the Chairs of the Medical Boards meet every six weeks informally to discuss issues and gain support for implementation of ideas.
As part of our Clinical Leadership Team, we have appointed a GP locum to assist us in making the 18 week RTT access standard ‘real’ and relevant for GPs and CHPs.

“Our clinical leadership is key to the delivery of service redesign and transformation”
How are you monitoring the delivery of the 18 weeks Service Redesign and Transformation Programme?

The team meets on a fortnightly basis to discuss the action plan and progress to date. We are reviewing our reporting system to establish more routine meetings with operational managers to discuss action plans linked to the day to day performance management that the Access Team support.

The development of our Information Team over the past 14 months has been critical to enabling to start our 18 weeks journey. The Information Team have analysed our current available data and highlighted the high risk pathways for Out Patients, Inpatient/Day Case and the overall high risk specialities. Using this information, we have developed a detailed action plan outlining service redesign and transformation elements as well as Information, Planning and Performance Management.

How are you approaching sustainable service redesign?

It is a challenge to deliver sustainable service redesign whilst at the same time delivering the HEAT targets. We are being very structured in our approach to service redesign and as previously mentioned, our operational managers are accountable for delivering both.

At the same time as the 18 weeks Service Redesign and Transformation Programme, we are also building the new hospital at Larbert and have an organisational wide redesign programme running in parallel.

The development of our Information Team over the past 14 months has been critical to enabling to start our 18 weeks journey. The Information Team have analysed our current available data and highlighted the high risk pathways for Out Patients, Inpatient/Day Case and the overall high risk specialities. Using this information, we have developed a detailed action plan outlining service redesign and transformation elements as well as Information, Planning and Performance Management.

"We also know that we have to redesign our whole pathways to enable us to deliver the sustainable change required for 18 weeks."

How are you approaching sustainable service redesign?

It is a challenge to deliver sustainable service redesign whilst at the same time delivering the HEAT targets. We are being very structured in our approach to service redesign and as previously mentioned, our operational managers are accountable for delivering both.

At the same time as the 18 weeks Service Redesign and Transformation Programme, we are also building the new hospital at Larbert and have an organisational wide redesign programme running in parallel.

The development of our Information Team over the past 14 months has been critical to enabling to start our 18 weeks journey. The Information Team have analysed our current available data and highlighted the high risk pathways for Out Patients, Inpatient/Day Case and the overall high risk specialities. Using this information, we have developed a detailed action plan outlining service redesign and transformation elements as well as Information, Planning and Performance Management.

How are you monitoring the delivery of the 18 weeks Service Redesign and Transformation Programme?

The team meets on a fortnightly basis to discuss the action plan and progress to date.

We are reviewing our reporting system to establish more routine meetings with operational managers to discuss action plans linked to the day to day performance management that the Access Team support.

We meet as a Project Board on a 6 weekly basis and this group reports directly to the Strategic Access and Capacity Planning Board, which is chaired by the Director (which has a wider remit including emergency care etc.) and this in turns reports to the Health Board’s Service Design Board.

For more information please contact Amanda Forbes, Programme Manager, 18 weeks RTT, NHS Forth Valley, Amanda.forbes@nhs.net

The IST aim to support NHSScotland to make services better for patients and their families. Quality improvement should be based on delivering across six dimensions (see adjacent).

These are the six dimensions of quality as defined by the Institute of Medicine.
No Delays Scotland

IST recognises the importance of supporting NHSScotland staff with the tools and techniques required to assist the journey towards delivering 18 weeks.

The team have recently been working with the NHS Institute for Improvement and Innovation to develop an online service improvement tool which is focussed on improving access and will meet the needs of NHSScotland. The tool will be called No Delays Scotland and will initially integrate over 100 service improvement tools, techniques, case studies and guides which are all aligned to the pathways and work-streams involved in 18 weeks.

The second phase of No Delays Scotland will introduce the Patient Journey Analyser (PJA) function which will help analyse NHS Board data to identify the patient pathways with the greatest variation in length. This tool consists of a wide array of charts that help to analyse NHS Board, Hospital and Primary Care data by specialty, procedure and consultant and will automatically direct users to the most relevant case studies and service improvement tools from each chart depending on the outcome of the analysis. This will be extremely useful for staff working on 18 weeks as it will help to prioritise NHS Board service improvement activities. The first phase of the implementation will ‘go live’ in early November 2008 and the planned launch of the Patient Journey Analyser will follow in early 2009.

Information for Improvement

The 18 Weeks Service Redesign and Transformation Programme aims to improve patients’ experience by reducing unnecessary delays to the patient journey, with a focus on service improvement. The message we keep hearing from our NHS colleagues in England working on 18 week pathways and also from our NHSScotland colleagues who have been involved in improving patient journey times for patients on cancer and cataract pathways, is not to underestimate the importance of information.

The Improvement & Support Team (IST) has delivered a number of successful improvement programmes in which all used ‘information for improvement’ as a cornerstone to their success. The development of collecting, measuring, analysing and reporting meaningful data is crucial to supporting improvement and is essential to fully understanding the effect of change. Building upon the principles from these past programmes, this programme aims to provide information management support to local 18 week teams to develop the capability and capacity for service improvement by using approaches such as:

- Analysis tools to help focus on high volume / high risk activity
- Demand, Capacity, Activity and Queue (DCAQ) theory to help control variation
- Statistical Process Control

These are just some of the tools that can help identify the scale, scope and direction of the service improvement work NHS staff will be involved in. The experts in DCAQ theory indicate that most waiting lists in the NHS are relatively stable, therefore suggesting that variation between capacity and demand is one of the main causes of prolonged patient journeys. Collecting and analysing information for improvement by using such tools and techniques will go a long way to support the delivery of the 18 weeks RTT access standard by 2011.
**Task and Finish Groups**

Based on the available data, several ‘high risk’ specialties have been identified at a national level. As a result, five ‘mini delivery teams’ have been formed to look at their specific issues and solutions, building on work done locally to minimise risk to deliver the standard. Each group uses a set of core work strands which include measurement and definitions; demand/capacity/activity/queue; demand side solutions; performance management; service redesign and transformation; and workforce. This work should be fully integral with operational delivery and with NHS Boards’ 18 weeks programmes. Some examples of current emphasis of the Task and Finish Groups is detailed below.

Audiology

- The 18 weeks RTT standard now applies to audiology which should therefore be fully integrated into NHS Boards’ generic 18 weeks work, including waiting times performance monitoring & management and service redesign & pathway work.
- Patient pathways through ENT and audiology require careful management to ensure their fit within a total 18 weeks journey time. Pilot work is being set up in several Boards to ‘frontload’ the timing the difference aspects of the pathway.

Plastic Surgery

- There remains considerable variance between pathways & referral practices across NHS Boards and roll out of existing pathway work and good practice will be hugely important.
- A current priority is revisiting the exceptional referrals protocol, with a view to promoting its use for other specialties and linking with national initiatives on bariatric and post bariatric surgery in particular.

Dental Specialties

- A major risk is the limited data capture of outpatient treatments undertaken as return outpatients, which now fall within the 18 week RTT, and long waits are being reported anecdotally. As a first step, work is being done to scope the best way of collecting this data.
- Early discussions are underway about formalising the use of the Index of Orthodontic Treatment Need (IOTN) score.

Neurological Services

- Following a scoping workshop in September, initial concerns have been identified, and a baseline assessment tool sent to NHS Boards to quantify risk areas and opportunities for revised patient flows.
- Rolling out existing good practice and some further pilot work are planned.

Orthopaedics

- Building on redesign work in recent years, further information analysis will be used to inform next steps.
- As this specialty has high volumes of long waiting patients, it is likely to be priority area for each NHS Board.

**Information Delivery Team**

The Information Delivery Team, chaired by Richard Copland has responsibility for developing and supporting the structures to ensure NHS Boards can Define, Record and Report the 18 weeks RTT standard.

Defining the 18 weeks RTT standard has been a consultative process to ensure a suite of rules is developed that is applicable to any specialty. Principles and Definitions, Version 2.0 will be released in November 2008. This paper includes many scenarios as examples to support local interpretation, however it is recognised that there may be further updates required as these definitions go into practice and this will be reviewed throughout the programme.

A sub group of the Information Delivery Team has been focusing on recording the 18 week RTT. This measurement and systems group has been working to identify a unique identifier that will be transferable within specialties and NHS Boards and will follow each patient pathway. Methods of clinical outcome recording and coding are also being considered and the group is working closely with NHS Boards to develop a minimum data set to guide NHS Boards in developing local solutions.

Reporting of the standard is currently under consideration and it is anticipated that this structure will be released with HEAT and Local Delivery Plan guidance for 2009/2010 during December 2008.
Within the context of the 18 week RTT standard, every patient’s journey will start with a referral, although clearly there may be many steps that preceed this in primary care.

The 18 Weeks Service Redesign and Transformation Programme will be hosting regular Development Forums to engage with a number of invited clinical experts in a particular field. Discussion will be focussed on a specific topic, so the membership of the group will be fluid, depending on the subject. Effort has been made to include all professional groups with appropriate geographical representation.

The output from the Development Forum will be concise and will include recommendations where appropriate. It should act as a well validated endorsement of both good and best practice. It will be available to all local teams and to the Operational Delivery Team. The first meeting of the Service Redesign and Transformation Development Forum will concentrate on “Making the most of the Referral”.

This will consider two main issues for referrals:

- How to handle the referral in order to minimise delay, and
- How best to address the complex issue of variation in referrals.

Recording the outcome of that referral is another area worthy of attention. This information will be invaluable in planning patient pathways even before it starts to be collected as part of the information for “clock stops”. Each service will need to build up demand and capacity information and use this. Knowing whether people are discharged after a clinic visit, referred on for investigations or to another team starts to build a picture of the patient journey. This information is needed for improvement and redesign as well as ultimately for measurement and reporting of the journey against the 18 week RTT access standard. So encouraging all members of the clinical team to record the outcome of the patient visit is a positive area to focus redesign work at an early stage.

For more information about the Development Forum please see page 12.

---

‘Improve the flow and reduce unnecessary waits’ – a remote and rural perspective

A one-day specialist clinic every two or three months ...a day of fog and planes are grounded ... consultants and patients can’t travel and clinic appointments are cancelled! The weather and transport links pose an additional dimension to managing and monitoring patient flow and reducing unnecessary waits for remote and rural and Island health services, but there are a number of initiatives underway to help address these, and the many other challenges being faced, to achieve and sustain the 18 week RTT target.

Earlier this year Nicola Sturgeon, Cabinet Secretary for Health and Wellbeing, launched Delivering for Remote and Rural Health Care, government policy outlining the vision for the development of a sustainable health system for remote and rural Scotland. The paper advocates improving the infrastructure to support an increase in the use of e-health and telemedicine, as well as formalising obligate networks with larger centres.

‘Access to health care should be as local as possible, for everybody in Scotland, regardless of where they live’, but as attention turns to increasing access to diagnostic tests across our remote communities how we define local delivery of services may need a re-think. Postal testing and pill endoscopy may become the norm, taking the test to the people without the need to travel beyond the doorstep, and providing a direct link to a centre of excellence.

Remote and rural and island communities are very resourceful and imaginative when it comes to problem solving, reliant on cooperation, collaboration and pragmatism – look out for some inspired solutions, particularly over the next three years.
Patient-centred Service Redesign and Transformation for 18 Weeks RTT Event

The 18 Weeks Service Redesign and Transformation Programme hosted a one-day learning event for all health and social care staff involved in the 18 Weeks RTT patient pathway and for those involved in service transformation and redesign work. The event was chaired by John Connaghan, Director of Delivery, Scottish Government Health Directorates and supported by the national 18 weeks team. The objectives were:

- To raise awareness and understand the strategic elements of the 18 Weeks Service Redesign and Transformation Programme.
- To share knowledge, understanding and best practice examples of High Impact Changes through focused and interactive learning sessions.
- To explore early learning of patient pathway measurement.
- To share NHSScotland experiences of early pathway transformation work.
- To learn from 18 Weeks RTT achievers and highlight best practice in pathway redesign.
- To identify, understand and establish links with NHS Boards and other improvement programmes.

Learning from England

Aidan Kehoe, Deputy Chief Executive and Dr Paul Kelsey, Medical Director: Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust shared their experiences of delivering patient focussed service redesign to achieve the 18 weeks RTT access standard – both from an operational and clinical perspective. The key messages from the plenary speakers included the following:

- Transformation to achieve the 18 weeks RTT access standard is about culture change and this should be embedded in the OD programme.
- Central to improvement activity is the patients, not targets.
- Blackpool linked the vision of the improvement agenda to the vision of the organisation.
- An integral part of the achievement of the 18 weeks RTT standard was the engagement and collaboration with primary care clinicians.
- A continuous focus and commitment to improving processes is the driver in Blackpool, therefore targets are no longer the primary focus of core business.

Executive and clinical perspectives

Elaine Mead, Chief Operating Officer, NHS Highland presented a plenary session asking “How the 18 weeks RTT access standard will affect me and my NHS Board?” However, Elaine Mead refocused the question to what the 18 weeks RTT access standard will mean for the focus of all healthcare services – the patient. The presentation highlighted the huge opportunity this access standard will create to transform the health service with shorter and faster treatment, improving patient experience. The target also has benefits for the organisation – the access standard is a catalyst for change and an opportunity to bring improvement agendas together; an opportunity to streamline information and patient flows. Elaine Mead concurred with previous speakers, stating that achievement of the access standard will require fundamental culture change and different ways of working. Elaine challenged the audience when planning to achieve this access standard, NHS Boards should think the unthinkable!

Tracey Gillies, National Clinical Lead, 18 weeks Service Redesign and Transformation Programme highlighted the importance of the integral role of primary care and making the most of the referral and the essential role of information for improvement. Tracey Gillies also asked NHS Boards to feedback to the national team how best we can help support local improvement teams to deliver this access standard.

Conference Chair, John Connaghan, closed the event by highlighted the key messages from the day and recognising the enthusiasm and dynamism demonstrated by the delegates.

To view the webcasts, free of charge, from the event, please email ISTmailbox@scotland.gsi.gov.uk for details of how to register and access this resource.
Diary Dates:

28 October 2008
18 Weeks Service Redesign and Transformation Programme North of Scotland Regional Event
Aberdeen Exhibition and Conference Centre
To access the presentations, please visit http://conventions.nss.scot.nhs.uk

13 November 2008
18 Weeks Service Redesign and Transformation Programme South and East of Scotland Regional Event
Heriot Watt University, Edinburgh
This event is aimed at NHS Board programme teams, please contact your local Programme Manager to book onto this event.

14 November 2008
18 Weeks Service Redesign and Transformation Programme West of Scotland Regional Event
Hilton Bellshill
This event is aimed at NHS Board programme teams, please contact your local Programme Manager to book onto this event.

28 November 2008
18 Weeks Service Redesign and Transformation Programme Development Forum — “Making the most of Referral”
*By invitation only*

Resources

Imagrovement and Support Team website
www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement

Improvement and Support Team Continuous Improvement Toolkit
http://member.goodpractice.net/ContinuousImprovementToolkit/Welcome.gp

18 Weeks Referral to Treatment Standard (RTT) website
www.18weeks.scot.nhs.uk