

WELSH HEALTH CIRCULAR



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Title: 2009 ACCESS - DELIVERING A 26 WEEK PATIENT PATHWAY - INTEGRATED DELIVERY AND IMPLEMENTATION PLAN

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

Action required *See paragraph(s) :*

For Information to: See attached list

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Dear Colleague,

Introduction

1. This Welsh Health Circular introduces the 2009 Access Project Integrated Delivery and Implementation Plan, and specifically highlights the actions required from Trust and LHB Chief Executives towards the achievement of the 26 week Referral to Treatment target.

Context

2. In March 2005 the First Minister and Minister for Health and Social Services announced 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 start of hospital treatment and will include the waiting time for diagnostic tests or therapies.
3. The 2009 Access Programme was set up in September 2005 to deliver the total pathway target of 26 weeks by December 2009. In December 2005, a Delivery Plan was published, setting out the strategic and operational direction of the programme.
4. 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. For the 2009 Access target, there will be one measure of the total wait from referral through to treatment, including any wait for the diagnostic and therapy services.
5. 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. The Minister approved the framework and all bodies should be making progress in implementing this pathway with the help of the 2009 Access Project team. Issues emerging following the application of this framework will be addressed through supplementary guidance during 2007/08.
6. From 1st April 2007, health communities were required to implement referral to treatment (RTT) measurement and needed to produce prospective information to track patients, for the first time, through the entire RTT pathway. This is outlined in WHC (2007) 014 which provided measurement guidance in Referral to Treatment Time Measurement.

The Integrated Delivery and Implementation Plan

7. The 2009 Access Project Team has prepared the document, an Integrated Delivery and Implementation Plan: Delivering 26 weeks from Referral to Treatment by December 2009. The plan provides a programme of work for NHS organisations, the 2009 Access Project team and Regional Offices for 2007/08. This document updates the December 2005 delivery plan. The Integrated Delivery and Implementation Plan is available from <http://howis.wales.nhs.uk/2009accessproject>.
8. The initial section of the plan summarises the progress to date against existing targets and other indicators of waiting list performance. It then sets out the major areas of

work required in 2007/08 and beyond. Each area of work is subdivided into key deliverables. Further detail is provided against areas of required work in a number of core areas:

- the key deliverables
- the tools for delivery
- implementation timelines
- programme management and governance.

The five key goals for delivery (see figure 1) are:

- Engage with the NHS in Wales
- Robust planning to achieve local delivery
- Develop RTT performance measurement
- Assess progress toward target achievement
- Provide support and challenge

9. The plan identifies the challenges that NHS Wales health communities will need to overcome in order to achieve the 26 week access target by December 2009, and sets out the main priorities for the 2009 Access Project team to support that work. The next section of this circular gives more detail on key parts of the Plan.

Main Aspects of the Integrated Plan

10. The Integrated Delivery and Implementation Plan covers:

Progress to date

A number of indicators are examined including;

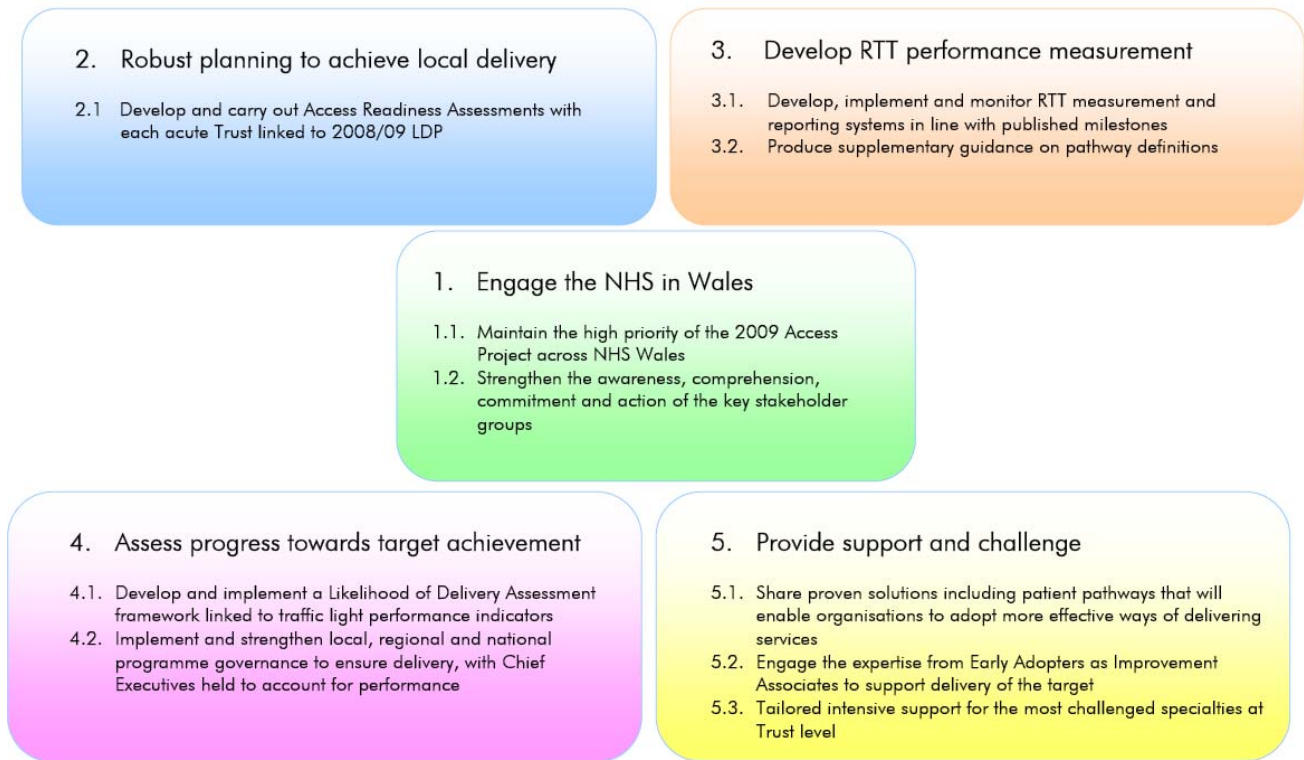
- Performance against component waits
- Total waiting list size
- Clearance times
- Waiting list profiles

These indicators taken together show significant progress has been made, but also show that the pace of change is insufficient to meet the 2009 Access Target, particularly in Orthopaedics, ENT, and General Surgery. The analysis also suggests inconsistent management of the waiting list, and of suspensions. It suggests that there will need to be an increase in capacity (managed through the LDP process) to meet the planned reduction in backlog, but that this extra capacity should be viewed as an interim measure. There is a requirement for improved waiting list management, validation, and demand management.

Key Deliverables

The ten key deliverables for the project are grouped under five headings (see Figure 1). These ten key deliverables are then further developed into must do actions and areas for feedback from the service and central bodies.

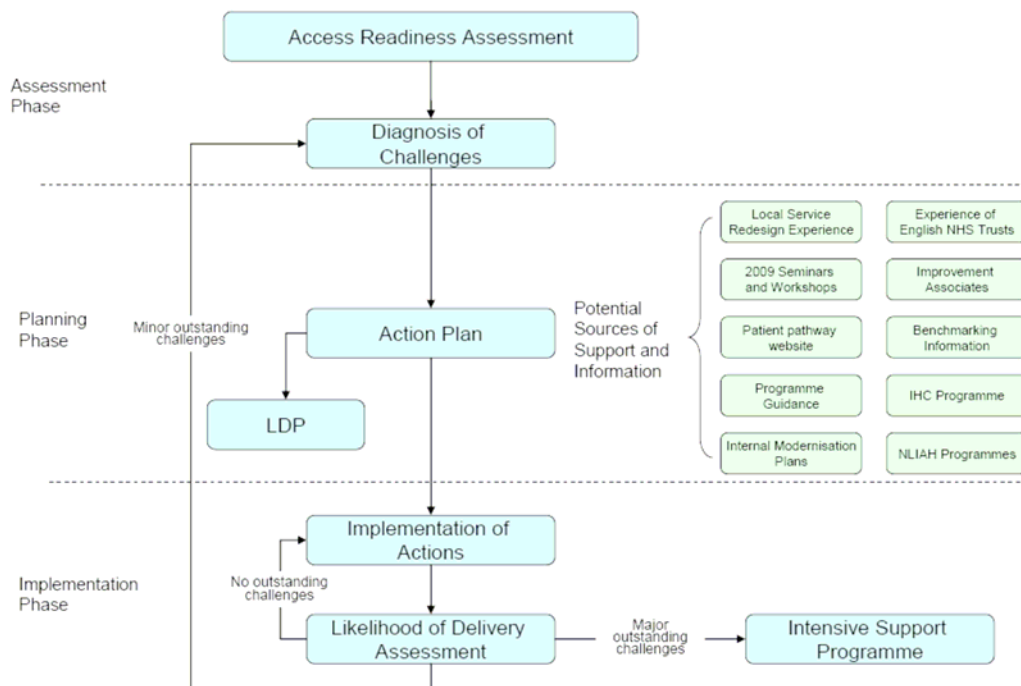
Figure 1: The Framework for Delivery



Tools for Delivery

The next section of the plan identifies a number of tools for delivery, including the support and challenge framework (see Figure 2), the Access Readiness Assessment (ARA), the Likelihood of Delivery Assessment (LODA), and plans for awards, engagement and the LDP process.

Figure 2 – Support and Challenge Framework



Access Readiness Assessment (ARA)

The ARA process is a baseline assessment of each Trust, examining the current state of readiness to achieve the 2009 Access Target. The ARA process will result in an agreed assessment of the challenges, and Trusts will then be required to develop an action plan to address these.

The ARA will take the form of a self assessment template, with both quantitative and qualitative aspects. The template will be pre-populated by the DSU with data from central returns. There will, however, be the facility for the Trust to enter their own data if there are issues with the central data. All of the data required is readily available, to avoid placing a significant burden onto the organisation. The template will then be assessed by the 2009 team, following which staff from the team will visit the organisation to discuss the findings and to facilitate the agreed assessment of challenges referred to above.

Likelihood of Delivery Assessment (LODA)

The LODA framework is designed to provide a structure to help local organisations judge the likelihood of delivering the national targets. It will form part of the performance and governance cycle required to complement delivery of the programme targets. The cycle includes monthly assessment of the overall project deliverables at a local health community level by means of the LODA, reinforced by regular Regional Office review and sign-off of the actions required to ensure local delivery. The LODA will also be used by the national 2009 Project team to develop an assessment of the overall progress towards delivery. The 2009 Access Project Board will receive a formal three-monthly review of progress, risks and actions required to assure sustained delivery of the target.

The Likelihood of Delivery Assessment process focuses on four indicators:

- Performance towards March 2008 milestones
- Performance towards achieving lead indicators for December 2009
- Performance in implementing RTT measurement
- Performance in managing waiting lists

The information and data in the report is based on centrally held data submitted by Trusts, linked to the national benchmarking tool (see DSU website: <http://howis.wales.nhs.uk/deliveryandsupportunit>) and will be collated and presented by the 2009 Access Project team. It will be provided one month retrospectively. If data has not been submitted the automatic rating will be 'black' against that key indicator.

Each of the four indicators is underpinned by a number of key elements which form the basis of the assessment and are traffic light rated according to progress towards target and the degree of challenge identified. The overall assessment, based on a combination of the outputs for the four components, provides the final assessment of the 'Likelihood of Delivery':

- Serious concern – little progress towards implementing policy, with regular breeches of target performance (black)

- Limited progress – implementation in some specialties or pilot areas only, with occasional breeches of target performance (red)
- Significant progress – implementation impacting the whole organisation and planned outcomes being delivered (amber)
- Excellent progress – targets being exceeded with change embedded to sustain delivery (green)

Awards

The Integrated Delivery and Implementation Plan introduces two award schemes that offer recognition to those services and specialties making the most progress towards achievement of the target. The criteria for the awards are based on the outputs of the Likelihood of Delivery Assessment process, and on the implementation of the pathway redesign process.

Implementation Timeline

There is a detailed implementation timeline identifying actions for the 2009 Programme Team, the Trusts and LHBs, the Regional offices and the Welsh Assembly Government. The implementation timelines are shown on pages 48 – 52 of the Integrated Delivery and Implementation Plan.

11. Pathway redesign is one of the keys to success in the achievement of the 26 week patient target. The 2009 Access Project website is now available at <http://howis.wales.nhs.uk/2009accessproject> and will be continually updated and developed into a key reference point for NHS Wales' staff involved in implementing and managing the 26 week patient pathway.

The '26 week Patient Pathway' web pages provide practical examples of the academic theory underpinning pathway redesign and development in healthcare in the section entitled 'Practical Pathway Design and Development'. The second section, 'Sample Pathways and Early Adopter Learning', has downloadable pathway reports from the three Early Adopter health and provides links to pathway work undertaken outside of Wales. 'Tools for Pathway Redesign', identifies a number of methodologies and tools frequently used in organisational process redesign and the fourth section, 'External Pathway Links', provides links to the websites and documents prepared by non-NHS Wales organisations.

The Integrated Delivery and Implementation Plan places an emphasis on the support available to Trusts undertaking pathway redesign processes through the initial development of the Early Adopter organisations into Improvement Associates and the development of a pathway development programme within this virtual community. Organisations are openly encouraged to submit pathways that have been designed and implemented to deliver 26 week patient journeys to the 2009 Access Project Team for publication on the website.

The Integrated Delivery and Implementation Plan also highlights the importance of progression of this work across challenged specialties within each organisation through the application and analysis of the Likelihood of Delivery Assessment, and the introduction of intensive support programmes into organisations where applicable.

12. Further information relating to the Local Delivery Planning process to be undertaken during 2007/08 for the 2008/09 financial year will be notified under separate cover.

13. A summary of the key actions for Trust and LHB Chief Executives during 2007/08 is as follows:

- Chief Executives to identify lead clinicians and managers by 30th June, and notify sue.rowe@dsu.wales.nhs.uk. These lead clinicians and managers will act as the point of contact across the interface between the service and the 2009 Access Project team; to ensure that effective patient pathways are in place that remove unnecessary steps; to enable clinical teams to deliver 26 weeks.
- Chief Executives are required to ensure organisational participation in national programme and project manager events. The inaugural events will be held on 27th June and 24th July respectively.
- Trusts and Powys LHB are required to undertake the Access Readiness Assessment (ARA) to identify their key organisational challenges in June and July 2007. Full timescales for individual organisations will be notified.
- Trusts and LHBs must implement the RTT measurement system and develop monitoring incrementally as per WHC (2007) 014 leading to full reporting by March 2008.
- LHB Chief Executives must ensure that robust commissioning arrangements are in place for achievement of the interim and December 2009 targets.
- Chief Executives must ensure that provider Trusts have appropriate measures in place to achieve the target. This includes a comprehensive local understanding of the degree of the challenge, high quality of planning for achievement, effective local performance management systems and corporate leadership. Evidence that these measures are in place will be assessed as part of the Access Readiness Assessment (ARA).
- Local Health Communities are required to undertake monthly Likelihood of Delivery Assessments (LODA) to enable local review of progress and ongoing assessment of challenges. The LODA metrics are included within the Access Readiness Assessment, and the LODA process will then continue on a monthly basis from August 2007.
- Trusts should work with Improvement Associates and adopt best practice to develop and implement patient pathways designed to deliver 26 weeks. The 2009 Access Project has formally agreed Improvement Associate status with:
 - Bro Morgannwg NHS Trust
 - Cardiff and Vale NHS Trust
 - Conwy and Denbighshire NHS Trust
 - North East Wales NHS Trust

Timescales and Implementation

14. The delivery of the 26 week pathway will require contributions from all parts of the NHS, Welsh Assembly Government and other bodies. A full implementation plan

timeline for NHS Trusts, LHBs, Welsh Assembly and 2009 Programme Team can be found on pages 48-52.

15. The 2009 Access Project team will continue to engage with all parts of the service to steer implementation. Please see the Key Deliverables section on pages 25-36 and the Programme Governance Structure on page 54.

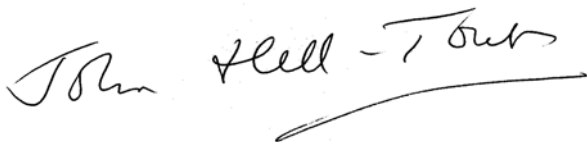
Queries

16. Any queries on this circular should be addressed to Martyn Rees on (029) 2080 1171.
17. Any queries on the framework document should be addressed to Sue Rowe, Project Manager in the 2009 Access Project team on 01443 233390 or to James Ross, Performance Improvement Manager in the 2009 Access Project on 01443 233 349.

Clearance

18. This Circular has been drafted by the Waiting Times and Emergency Care Branch of the Directorate of Performance and Operations, Welsh Assembly Government.

Yours sincerely

A handwritten signature in black ink that reads "John Hill-Tout". The signature is written in a cursive style and is underlined with a single horizontal line.

John Hill-Tout
Director of Performance and Operations